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From Motivator to 'Psychoeducator'
A Critical Exploration of Emotional Distress
and Recovery

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The views expressed in this research project are those of the author and do not necessarily reflect the views of the supervisory team, Middlesex University, or the examiners of this work

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The Paradox of Healing

ITEM 1: COMMENTARY

ABSTRACT

The overall purpose of this research is to contribute to a deeper understanding and alleviation of emotional distress, which has individually unique as well as generic features. To contribute to that purpose, the aim of this research undertaking was to make sense of my own experience of emotional distress and the search for a cure from the perspective of an author of several self-help books, a motivational speaker and a coach. The chosen method is critical memoir. The objectives to achieve that aim were dialogues with the internal and external influences on my route to recovery. The artefact presented which accompanies this commentary is a draft of an intended publication that diverges from my usual publications and seeks to share insights into a personal journey which have taken my professional work in a new direction. From seeing myself as a motivational expert giving speeches to ‘unleash potential’, my role is shifting more intentionally to ‘psychoeducator’, one who facilitates a process of learning to assist in emotional healing. This research ensures that I continue my own personal and professional development to fulfil my purpose of helping those who try to cope quietly and privately with anxiety behind their successful personas.

Note: To avoid confusion, in this work I use ‘practice’ as a noun and ‘practise’ as a verb. The exception may be when I am quoting an author. Also, wherever possible, male, female and trans will be referred to with the pronouns ‘them’ or ‘they.’

NAVIGATING THE SUBMISSION

This submission is in two parts

1. A critical memoir draft originally intended for publication entitled: *The Paradox of Healing*.
2. A critical commentary of the memoir entitled: *From Motivator to 'Psychoeducator': A Critical Exploration of Emotional Distress and Recovery*.

About the Researcher: I am a professional speaker, author of several self-help publications and occasional television personality (Appendix). I am based in South Africa, where much of my work is, but I also have regular international engagements.

Navigation

The following guides the reader through **the Critical Commentary**.

The Prologue expands on who I am professionally and what motivated me to undertake a doctoral degree.

Chapter 1 covers the personal and professional context in which this research takes place. Professionally, I look at the personal development field in which I operate, its various aims and assumptions and the ones I have adopted and, through this research, now question. Personally, I address my own struggle with anxiety and the impotence of many of the strategies I applied to heal myself and how this led me to deepen my exploration in search of recovery. I attempt to reveal my onto/epistemology and the hermeneutic lens through which this study is conducted.

Chapter 2 addresses the social context, focusing on the rise of anxiety and other mental illnesses and the possible explanations for this, and how these have informed my own exploration and recovery.

Chapter 3 looks at the various influences on my research design, including positionality, reliability, accessibility, literature, ethics, audience and epistemology.

Chapter 4 addresses my chosen method, critical memoir, and its potential pitfalls of reliability and subjectivity. I also present the other methods that have informed my approach to this study: narrative as a theoretical framework; first person action research; storytelling and living theory.

Chapter 5 explores the knowledge landscape, adding two other areas of literature to those of the methodology: the nature of emotional distress and the various treatments for emotional distress, along with the impact each had on me.

Chapter 6 uses Joseph Campbell's monomythic storytelling structure of the hero's journey to reveal the details of my own journey from emotional distress to recovery.

Chapter 7 raises the ethical issues of critical memoir relating to myself as both the researcher and subject of the research, the protection of people mentioned in the critical memoir and disclosure and impact on those who may read it.

Chapter 8 looks at how this research has changed my ways of knowing and therefore my professional practice; how it has assisted me not only in dealing with my own emotional distress but also of those whom I facilitate/coach; how it has helped me to identify myself not solely as a professional motivational speaker but as a psychoeducator, which is how I have always seen myself but was not able to claim.

The **Postscript** provides the most up to date description of my current practice and why I have decided not to publish the memoir.

PROLOGUE

As a personal development author and speaker, I am an independent operator, synthesizing personal development information to share with others. In this research, I am both the subject and volunteer. This is a story of my self-experimentation. I have always looked for nomothetic rules to improve my life and the lives of others. However, when I developed an anxiety disorder myself, I found the rules no longer worked and I was left helpless. While continuing to teach through presentations, books and seminars, my private distress was compounded by feelings of hypocrisy. With certainty in my 'rules for living' shaken, I embarked on a multi-year journey to discover a solution, researching and applying just about every major treatment for emotional distress. There were many paradoxical insights along the way, including how the search for solutions had become the problem, relieving my anxiety at first and then extending it, much like a drug addiction.

Curiosity may in fact become an addiction. It arises from the information gap, the difference between what we know and what we want to know. Its value is in reducing the adversity of uncertainty (Loewenstein, 1994). Closing (and seeking to close) that gap boosts the pleasure-producing neurotransmitter, dopamine, similar to a drug like cocaine, if not in the same proportion. As Heshmat (2015, p.1) says, "This implies the addictive quality of curiosity [as the] quest for knowledge can never be satisfied." There is always more to know, and certainty is always elusive. This is what I found, but the quest produced an addictive cycle that exacerbated my anxiety.

I had always viewed science as a means to explain, predict and control, and now the more I tried to control, the less control I seemed to have. I was stuck in a Newtonian epistemology, convinced that even psychological phenomena could be reduced to mechanistic cause and effect. When I did find relief, I was quick to assume that I had discovered the holy grail, not realizing that what makes the grail holy (whole) is filling it, which means that it will be drunk and require refilling continually. There is no final destination unless that is how the

path is defined. It was not that I was wrong before and now I was right; my experience existed in an open system where conditions were in continual flux and no truth existed without a context.

I chose the method of critical memoir, which is distinct from autobiography. The memoir focuses more on theme, emotion and one part of a person's life, often to illuminate insight (Hussey, 2018). A memoir enables the researcher to research the researcher. Although I have never written a memoir before, all my books contain personal information to illustrate emergent insights and how I arrived at them. This memoir focuses specifically on my emotional distress and recovery. This method is shaped and influenced by four others: narrative as a theoretical framework; storytelling; first person action research; and living theory. These constitute an epistemology of practice which sees practice as holistic. The practitioner is not separated from their practice but rather continually shapes and is shaped by it. Raelin calls this "the recursive relationship between structure and agency" (2007, p.497).

Within the memoir, I share both my direct experience and interpretations of my experience through the paradigms of the various therapeutic treatments with which I experimented. These include psychodynamic therapy, cognitive behavioural therapy, exposure therapy, metacognitive therapy and Buddhist practice. I reflect on the therapy, conversations, books, seminars, self-experimentation and personal insights. My approach to life and work has always been, and for which I now have a name, as a transdisciplinary practitioner. I am used to transgressing epistemological boundaries in the search for what works. This helped me to question and cut across the dogma of therapeutic frameworks.

"The transdisciplinary researcher/practitioner," in the words of Maguire, "has to know about, but not necessarily be a deep miner in a range of disciplines..." (2018a, p.5). To improve myself and my practice, I have greedily sought not one precious metal but many, pushing me to mine across disciplinary pits and assemble those metals into new artefacts. Not only have I been an interdisciplinary practitioner, integrating and synthesizing methods

from aligned disciplines, but as a *transdisciplinary* practitioner I have also created new frameworks that have gone beyond disciplinary perspectives, some of which will be touched on in this doctorate. According to research by Keck et al (2017):

Compared to traditional education, a TD focus during doctoral training led to ... significantly greater publication impact and collaboration across disciplines (p.5).

Collaboration produces the kind of cross pollination of ideas that can be so fruitful. For instance, development of the mRNA vaccine was triggered by conversations between two researchers from different disciplines who kept meeting by chance at an interdepartmental photocopying machine (Park & Ducarme, 2021). One of the problems of virtual meetings is that there are lower chances of these kinds of serendipitous meetings. Transdisciplinary thinking will help to bridge this divide.

My epistemology of practice – my forms of knowledge and knowing – intimately connect my life and professional practice. According to van Manen (2016), “In some sense all phenomenology is oriented to practice – the practice of living” (p.13). The forms of knowledge that inform this exploration and insight can be defined in terms of three main areas of phenomenological knowledge. First, there is ‘knowledge as text’. This is the research of those who have gone before me. We could think of this as ‘research heritage.’ To quote Newton, “...standing on the shoulders of giants.” (1675 as cited in Merton, 1993, p.139). Second, there is ‘knowledge as understanding’. This is the application of those giants’ discoveries through personal experimentation and innovation. Finally, there is ‘knowledge as being’. This is a personal knowledge that emerges both from ‘text’ and ‘understanding’ and through ‘practice’. As others apply and experiment with my insights, I too will be learning from them and continually learning from my own work about how these insights can be improved, not as absolute, universal principles but flexibly within an individual context. This knowing is situational and relational and never arrives at an endpoint. According to Kincheloe (2006):

In this context knowledge is viewed less as an abstract entity that can be stored in the computer folders of a mechanistic model of the brain and more as a living entity embedded in diverse situations and in practise (p.9).

To illuminate this 'living entity', we have to illuminate the one who does the illuminating – the subjective self. In the hermeneutic tradition, the interpreter is always part of what is being interpreted (Nixon, 2017). This is especially true as my personal experience with distress was the motivation for this research. The excavation of the interpreting self should not be mistaken for pure introspection. It is much more than that, in the words of Gadamer (1960):

Long before we understand ourselves through the process of self-examination, we understand ourselves in a self-evident way in the family, society, and state in which we live. The focus of subjectivity is a distorting mirror. The self-awareness of the individual is only a flickering in the closed circuits of historical life. That is why the prejudices of the individual, far more than his judgments, constitute the historical reality of his being (p.278).

This is, in part, the enterprise of the critical memoir: shining the light on the self through its various contexts. This commentary charts that path, experimenting, questioning and extracting learning from every encounter, both personal and professional, to better engage with myself and with people who are in anxious and distressed states. This engagement, the reflection on self, literature and memoir, is the never-ending dance between knowledge, action and knowing.

CHAPTER 1

PERSONAL AND PROFESSIONAL CONTEXT

Those who do not have power over the story that dominates their lives, the power to retell it, rethink it, deconstruct it, joke about it, and change it as times change, truly are powerless, because they cannot think new thoughts (Rushdie, 1991, p.1).

Context is key to how we interpret anything. To understand the self, we need to understand the culture and history to which the self belongs. As Gadamer puts it, “History does not belong to us, we belong to history” (1960, p.278).

These histories, these stories, what Gadamer also refers to as our ‘traditions’ (1960, p.312) and referred to in Nixon (2017), usually go unseen. Part of an epistemology of practice must be to reveal those traditions. In practitioner research, the practitioner researching is part of the context of their research. Just as each of us is surrounded by small and large influences that shape what we do, so we as practitioners in turn also shape our environments and influence others. Practitioner research seeks reliability not in repeatability but in transparency and critique of assumptions on the part of the researcher as the agent of change. Positivistic paradigms focus more on the compliance of the researcher as an agent of the paradigm. A road map for compliance is seductive, but it ignores the fundamental problem with maps, in the words of Raelin:

Even a detailed map tends to smooth over the multiple conditions that might suddenly occur in travel: wrong turns, unexpected traffic, personal fatigue, parades, an unexpected thunderstorm, and, of course, arguments about directions (2007, p.505).

Practitioner research focuses more on the road and the driver than the map. In highlighting the particular, we hope to understand something that may be more general. For instance, not all drivers suffer fatigue, but describing one driver’s fatigue tells us when others might suffer similarly.

The 'I' in and of the context

I am a personal development author and speaker. My work is international, but I live and do much of my work in South Africa. It would be important in the context of South Africa to say more: I am white and from a minority group in that context. My heritage is Jewish. African traditions, Jewish traditions, traditions in general are abundant with stories. The oral tradition is endemic. In my professional role, I tell stories and I am told stories. We all tell stories as ways to explain who we are, what we do, why we do it and what the practices, rituals and traditions are of our 'cultures'. I tell stories about how to be better at practising whatever one is practising in whatever environments. I draw from the big narratives of disciplines. I research them, I check them, I distil and translate them into stories for these diverse audiences, situations and purposes. Sometimes I tell my own story. I am at times an illustration. In the personal development world, personal storytelling dominates (Burchard, 2011). Sharing the solutions, we discover how to overcome our own problems, and we turn ourselves into case studies from which others can learn. Although I have written a book on the educational power of stories (Cohen, 2008), I am concerned about the narrative fallacy (Kahneman & Egan, 2011), the tendency to assume that replicating the circumstances and actions of one successful person will ensure one's own. Life is multifactorial. What helps one person cannot be assumed to help humanity and as I discovered, what helped me at one point failed to help me later. Therefore, this is less a didactic story; I am not replicating an approach I have written in the past; this is more of an explorative, inquisitive, dialogic story; it is story as research. The locus of my story is also diverse, as I have travelled extensively both geographically and mentally, journeys in which I thought I was sure of the direction, the destination even, only to discover myself in circumstances which then directed me on a different course. This story of unintentional wanderings is as old as written history; the most recognized is the Odyssey of Homer, whose hero's journey is marked by a series of challenging diversions, as was mine.

My narrative, unlike Homer's epic poem, is captured in the form of a critical memoir which attends to the agency of the author. This is what has shaped and motivated me. It is my ontology and the lens through which I choose *how* I know what I know, my epistemology. Perhaps 'onto/epistemology' is a better term, given how entwined are myself, knowledge and practice. This has always been my *modus operandi*. When an unexpected disruption in my life, an emotional crisis, shattered so much of my beliefs about knowledge, self and practice, it led to a shift in my perception of all three. I was forced to question the very nature of my agency which, while humbling and at times terrifying, is exactly what turned out to expand my knowledge and knowing. In the words of Raelin:

Rather than accept preordained content and methods, cooperative inquirers search for their own patterns of knowing while continually examining their practices, asking such questions as: "Who am I that is engaged in this knowing?" Thus, participants become decentred from a narcissism that characterizes human agency (2007, p.505).

Any of my own nascent narcissism was crushed not so much by enquiry but by the realization that my knowledge, now that I faced real anxiety, was impotent, worse, destructive. This was what compelled the enquiry and led to a radical reconceptualization of my very identity. I was not initially a 'cooperative enquirer'; I was forced like a reluctant protagonist into an epic tale. So, who was this reluctant protagonist?

I position myself professionally in the personal development field as a transdisciplinary practitioner. It is an approach to how we understand and engage with the world that is unconfined to an academic discipline. It supports the development of a multi-perspective view of the world and a means to look both at disciplines and beyond them in the pursuit of more effective solutions. The disciplines themselves lack the clarity and rigour that the word 'discipline' implies.

The pursuit of research within university departments has given rise to the ongoing specialisation of disciplines and thematic fields with fuzzy, somewhat arbitrary, shifting boundaries (Hadorn et al., 2008).

As Brewer (1999) puts it, “The world has problems but universities have departments.” To find solutions, I needed to look far beyond any one discipline. In my case, this includes psychology, philosophy, physiology, economics and more. Personal development is a non-academic, pragmatic field that focuses on, to use Burke’s distinction, ‘knowing how’ rather than ‘why’ (Burke, 2015). The aim is to identify ‘what works’ wherever it comes from and for as many stakeholders as possible. The downside of the personal development field is that much of what it promotes is non-evidence based. It is an industry, not a discipline. What works is what sells, and what sells does not always work for the consumer. That may be the case of some relational approaches to well-being such as psychotherapy. Even as a professional body regulated practice, it can often come down to the quality of the individual practitioner.

Once again, my epistemology has always been intimately tied up with my agency. I wanted to know how to change myself first if I was to achieve anything in the world. I was a skinny, unconfident, depressed and at times suicidal kid who struggled at school. We had fewer financial means than most people in our immediate community. School taught nothing about how to be wealthy, happy, confident, socially and emotionally adept; in a word, how to ‘live.’ We may have been taught how to survive but not how to thrive. At that time, this was what I ‘considered worth knowing’ (Burke, 2015). As the anthropologist Cathrine Hasse points out, in researching ourselves and others, it is important to think of ‘what matters’ (2015). Certainly, these states are what mattered to me. Once I saw the impact on my own life of striving and succeeding to achieve these goals, I wanted to share my ideas and my

solutions with the world. In sharing, through several publications and events, those ideas were further enriched and redefined ([CM, 1.1. Before the Fall](#)).¹

When those neat formulas I had created for myself and others began to fail me, I became distressed and confused ([CM, 2.3. Defining the Problem](#)). They had worked before, why were they not working now? It was through this research that I began to expand my epistemology beyond a 'knowing how' to what Maguire calls a 'way of knowing', one that accounts for complexity and interrelatedness (Maguire, 2018). My agency and practice still drive me to seek an epistemology of what works but works within the particulars of a personal and social context. Like truth, there is no practice without context (Proust, 2015).

Being a solo agent of change is my profession (Caldwell, 2001). I have come to see it as a matter of professional and personal integrity to be transparent about myself. Unlike most professionals who work in organizations, I am entirely responsible for the product that I am 'selling', for its delivery and its impact.

As a professional speaker, in some ways, I am the actor, writer, director and producer of a play with an audience that is seduced rather than critical. I am an 'edutainer', where what I say is less important than how I say it. In this field, if you are entertaining and not very transformational, you are far more likely to succeed than if your content is transformational, but you, as the speaker, are not very entertaining. That should explain why I cannot rely on my audiences to assess the impact of what I do, particularly with this, my most important message to date. While we have associations, certifications, codes of conduct and ethics, there is very little stopping anyone from positioning themselves as a professional speaker or personal development expert. I have undertaken this research so that I can subject myself and my work to the critical eye of academia relating to a field that traditionally has no place in academia, but in a way may also be of benefit to others.

¹ CM refers to Critical Memoir. The first number refers to one of the three parts of the book, the second number refers to the heading under that part. For instance, 1.2 refers to Part 1 and heading 2.

Shifting Purpose

This research is already transforming my practice, both in what and how I share as a self-help expert. The draft publication, the critical memoir that accompanies this commentary, is part of the outcome of this exploration. Up until now, I have provided easy ‘pearls of wisdom’, often in the form of acronymised steps or actions, in books and motivational presentations, (Appendix). Focusing on the business world, the personal development information that I delivered was geared to improving sales, service or work performance. For over twenty years, my practice has been based on a clear life purpose: *to equip and inspire people and organizations to realize their potential.*

The major shift in my purpose, which has come about through undertaking this doctoral programme, is one of agency, moving it from myself to others. My new purpose statement seems to be evolving to *Sharing insights that enable people to heal themselves.* In the spirit of dialogic pedagogy going back to Socrates, it is a shift from teacher to facilitator. It is less a monologic download and more a dialogic making of meaning (Skidmore & Murakami, 2016).

I still do those monologic downloads in my corporate work, but in the new work that I do directly with the public, it has become more dialogic. In workshops and one-on-one coaching, I share lessons I have learned in my own recovery, but the focus is on the other, their story, their recovery. The feedback has been encouraging ([CM, 3.6. Return with the Elixir](#)), but is no cause for complacency; contexts change, roles change, stressors change. This is why supporting people to be more effective agents of their own lives can result in resilience and adaptive capacities to meet the changes of a fast-moving world that can undermine the values we have held dear. As I find myself shifting from the ‘showman’ to more of a ‘facilitator’, I have become more at ease with the value that I offer. It will be helpful to understand this in the professional context of the personal development sector.

The Personal Development Sector

I am undertaking academic research in a sector that is not discipline-based nor subject to academic evaluation. It varies greatly in terms of quality and effectiveness. It has become important to me to more rigorously assess the work I do in this sector to ensure that I can effectively serve my clients. Personal development covers activities that develop potential and raise quality of life (Matsumoto, 2009). While there are overlaps with academia, most notably in positive psychology (Linley et al., 2004), personal development is far more about practice than research, and those practices span multiple cultures, eras and ideologies; anything from Boy Scouts to the Hitler Youth, which was modelled on the former (Lewin, 1947), could be considered personal development. This is by no means an exhaustive review of the sector. What I aim to do is provide historic, cultural and academic context for the work that I do. This will demonstrate how varied and pervasive personal development is. It will also show which areas my own work resonates with and departs from the mainstream.

While studying to be a mechanic would not ordinarily fall under the personal development sector, if acquiring that skill raised one's career prospects, confidence, quality of life and helped in realizing one's potential, the term fits perfectly. Although any form of learning could be considered personal development, for the purposes of this research, I will focus on the development of the psychological qualities that enable one to achieve desired outcomes, be that to do with health, wealth, career relationships or happiness. The term 'psychological' should not overlook the many ancient forms of personal development which also aimed to develop these states.

Early evidence of personal development can be seen in the Indian and Abrahamic religions with their focus on living a moral life. If God's approval or heaven is the goal, it would be imperative to develop oneself in accordance with the prescriptions of one's religion. Personal development is a prominent theme in Greek philosophy going back to Aristotle and his concepts of 'phronesis' or 'practical wisdom', which would lead to 'eudaimonia', usually

translated as 'happiness' but better understood as 'living well' (Ameriks & Clarke, 2000). Later, Stoicism, founded by Zeno of Citium, taught that the good life depended on accepting the moment, instead of being governed by the fear of pain or the desire for pleasure (Jedan, 2009). This version of personal development concurs strikingly with aspects of Buddhism, which emerged about eight hundred years later, in India. Buddhist practices also focus on the present moment and see desire as the root of 'dukkha'/suffering (Donner, 2010). Buddhism and Stoicism's emphasis on acceptance stand in contrast to Western forms of personal development, which are geared towards achieving mostly material goals in the pursuit of happiness.

Today in China, the teachings of Confucius from two and half thousand years ago continue to exert considerable influence. His version of personal development emphasized thoughts and behaviours that would enhance social harmony (Yao & Yao, 2000). This is, once again, a different type of personal development from that in the West, with its emphasis on personal fulfilment.

In the West, some of the first links between personal development and psychology appear with Adler in the early twentieth century. Originally a follower of Freud's psychobiographical approach that emphasized childhood events and pathology, Adlerian therapy became more focused on aspirations and 'lifestyle', a term he coined (Adler et al., 1964). Even before this, Maslow popularized the term 'self-actualization' as the highest point of personal development. This is where an individual is realizing their potential for self-fulfilment, which varies from person to person. According to Maslow:

In one individual it may take the form of the desire to be an ideal mother, in another it may be expressed athletically, and in still another it may be expressed in painting pictures or in inventions (1943, p. 382).

This connection between psychology and personal development comes to its apex in 1998 when Seligman wins election as President of the American Psychological Association and coins the term 'positive psychology'. While

self-fulfilment is still an aim, he links the field to psychopathology as a form of prevention:

We have discovered that there is a set of human strengths that are the most likely buffers against mental illness: courage, optimism, interpersonal skill, work ethic, hope, honesty and perseverance. Much of the task of prevention will be to create a science of human strength whose mission will be to foster these virtues in young people (Seligman, 1998, p. 1).

Goleman, a pioneer in emotional intelligence, describes these qualities as being either interpersonal or intra-personal skills, the former having to do with relationship building and maintenance and the latter with emotional self-management (Goleman, 2005). However, there is some dispute as to whether EQ (emotional quotient) and related ideas from the personal development sector provide any incremental value over IQ (intelligence quotient) and the Big Five personality traits² (Harms & Credé, 2010). For instance, Duckworth, creator of the Grit Scale³, claims that grit is highly related to performance. Yet meta studies have shown only a modest relationship, and the term is inadequately distinguished from conscientiousness (Credé et al., 2017).

Personal development can be initiated through books, speeches, workshops, courses and coaching, all vehicles of communication which I use to deliver my message. A book or motivational speech are different means from the others. There is no direct coaching or facilitation. Ideas are delivered and applied

² The Big Five personality traits are the most valid and reliable personality profiling system. The traits form the acronym OCEAN. They are openness, conscientiousness, extroversion, agreeableness and neuroticism. Each trait is normally distributed along a bell curve, which means that most people are somewhere in the middle, having a moderate amount of each trait. The Big Five remain relatively stable throughout life. They are determined by both genes and the environment, with an estimated heritability of 50%. They have some power in predicting life outcomes such as health, happiness and achievement. (Lim, 2020).

³ The Grit Scale measures the degree to which individuals are able to sustain focus and persevere in achieving long-term goals. ... The items on the scale were developed out of existing theoretical and empirical literature on grit and persistence (Hadorn et al., 2008).

without interaction or feedback. Over the past ten years, the biggest growth in delivery has been online. Some of this involves live training and coaching, but much of it takes place through automated apps using text, audio and video. While questions have been raised about the effectiveness of this, there is evidence that non-therapist-guided online information can significantly reduce anxiety and depression (Saddichha et al., 2014). Online or offline, there is plenty of anecdotal testimony of the impact of self-help information, not just on life in general but specifically on reducing anxiety (Hoare, 2019).

There is much criticism of personal development. This is understandable, given that it is more an industry than a field of study. Claims are often misleading, incorrect and couched in a veneer of scientism to increase their perceived validity (Davis, 2012). In *SHAM: Self Help and Actualization Movement*, Salerno (2005) claims that the sector is clearly ineffective because: "80 percent of self-help and motivational customers are repeat customers, and they keep coming back 'whether the programme worked for them or not'" (Kunkel, 2012, p. 94). This assumes that because people keep coming back, they are not improving. A dentist would never be accused of lack of improvement if he kept reading books on dentistry. Why then should a person be considered as not learning or progressing for continuing to learn about personal development? Personal development could be conceived as a lifelong endeavour with no destination. Wolf (1927) captured this sentiment in *To the Lighthouse*:

What is the meaning of life? ... A simple question; one that tended to close in on one with years. The great revelation had never come. The great revelation perhaps never did come. Instead, there were little daily miracles, illuminations, matches struck unexpectedly in the dark (p. 161).

Nevertheless, some personal development programmes are unhelpful or even destructive. While positive psychology has researched and validated many claims that are made in the sector, such as the link between optimism and

happiness and success (Seligman, 2006), much of the personal development sector takes these insights to fantastical proportions.

One recent bestseller on this topic is *The Secret* (Byrne, 2008), a slick reiteration of Peale's 1952 bestseller, *The Power of Positive Thinking* (1953). There are now five widely distributed books and audiobooks in the series. *The Secret* took Peale's message even further, claiming that all you needed to do to cure disease or get rich was believe. Belief is critical to accomplishment; one would not try if one didn't believe one had a chance of succeeding. Yet belief is obviously not enough, and trust in its alleged magical powers can lead to dangerous denial.

The human capacity for belief has evolutionary advantages. Dispositional beliefs negate the need for continual assessing of evidence to establish truth, which would be too time-consuming. But, like thought in general, belief is intimately connected to emotion (Mercer, 2010), which is what makes it so impervious to change. The adolescent propensity to believe in their invincibility, which leads to irrational risk-taking, is linked to feelings of being special (Elkind, 1974). Books like *The Secret* in some ways reignite this early developmental delusion. Dropping a belief in one's omnipotence would likely produce negative feelings of vulnerability, creating a strong incentive to ignore counter-evidence. The danger is that these beliefs ultimately make us more vulnerable, not just to disappointment but to death.

When the COVID-19 pandemic had already killed tens of thousands of Americans, President Donald Trump proclaimed that it was not that bad, a cure was imminent, and it would soon disappear. His early flouting of facemasks and shutdowns is estimated to have killed 160 000, 40% more than those of other Group of Seven nations (Lee, 2021). Yet, according to a CNN article (2020), asked to grade his administration's response, he said, "I'd rate it a 10." Trump happens to be a big fan of Peale and his *Power of Positive Thinking*. Not only was the Trump family part of Peale's church, Trump said that Peale "thought I was his greatest student of all time." His self-praise in the face of mass death was certainly evidence of that.

A more universally applicable criticism of the sector may be the way it promotes neat formulas as panaceas. As a commercial rather than an academic field, the emphasis is on giving people what they (or their managers) want rather than what they really need. Generally, what is wanted is an immediate solution to a problem. Formulas represent those solutions even if they often fail to fulfil their promise. I was not just the peddler of these formulas; I was their chief consumer. Part of my personal crisis was facing the fact that my formulas were now failing me. When I began to see human experience as the product of a complex system with interdependent parts rather than a single, independent mental system, I realized that something could both work and not work depending on the conditions of each of those parts. I recall a lawyer telling me that, "There is no law without a context." Well, neither is there a formula. Formulas are a form of binary thinking: do this, do not do that. But sometimes you have to do 'this', and sometimes you have to do 'that,' and sometimes neither and sometimes a bit of both. As Johansen puts it, "Categories move us towards certainty but away from clarity" (2020, p. 9).

Perhaps there is a way for personal development to alert people to the non-binary nature of reality. This is in part what I have tried to communicate in my memoir. First though, I had to explore it myself, which is a core part of this practitioner research. Formulas are theories, and when they are tested in reality and found wanting, as were mine, they must be revised. However, I am a practitioner, like many others, who is usually dealing with someone who needs a practical solution and quickly. To quote Jack Nicholson's character in *Good as it Gets* (1997), "I'm drowning here, and you're describing the water." Sometimes you do just need a simple formula for getting out the water.

While the personal development sector certainly has its downside, from peddling dangerous falsehoods to making unfounded claims of the universality of its neat formulas, there is also value. Each personal development programme needs to be assessed on its own merits. This is

precisely why I am doing this research; to ensure that the programme I develop is thoroughly investigated and based on rigorous analysis and review of the literature.

Receiving little benefit from all the conventional treatments for emotional distress, I always vowed that if I found relief, I would share my experience. Given the epidemic of emotional distress, this has even greater urgency for me. This next section takes a closer look at what I mean by an epidemic of emotional distress, which has an extensive array of manifestations from breakdown to substance misuse to suicidal ideation. However, because we do not categorise these under emotional distress have cultural and human taboos surrounding them, or over-psychologise them, then a way to prevent or cope with emotional distress will continue to elude us.

CHAPTER 2

THE SOCIAL CONTEXT

Much distress is held privately. That is because, in many contexts, to show it could be considered a sign of unfitness to carry out a role, from being a good father to a CEO or, in my case, a self-help expert who is supposed to be able to help himself. I began to see myself as part of a group of people I have called SAPD: Successful And Privately Distressed. By 'successful', I mean those who have achieved an above-average level of professional or financial success. To illustrate, while doing sales training for a high-performance sales team at a luxury hotel in Cape Town, one person in the group asked me about my doctorate, which led me to share my own experiences with anxiety. Afterwards, 70% of them revealed a struggle with emotional distress. From my perspective, as an informed listener, I would say a third were exhibiting symptoms for a clinical diagnosis of anxiety disorder.

This observation stimulated a question as to whether striving to be and then stay successful might contribute to anxiety. Mild to moderate anxiety does seem to correlate with increased work performance when coupled with higher cognitive ability (Perkins & Corr, 2005). High-functioning anxiety is not a clinical disorder because, to be considered one, a condition usually needs to impair functioning (Bolton, 2008). This is one of the reasons it may be overlooked and fall into the 63.1% of people with anxiety disorders who will go untreated (Skarl, 2015).

The successful tend to be good at taking personal responsibility, taking action and driving themselves and others doggedly towards desired outcomes (Wood & Vilkinas, 2007). These are attributes I have advocated in many of my books and programmes (Appendix). These characteristics are useful in creating external outcomes but can backfire when used to control the mind. For instance, trying to stop thoughts can lead to a rebound effect that paradoxically increases their frequency (Wegner, 1989).

The successful may also be driven to success by underlying feelings of inferiority. During my research, I coached a group of professionals and entrepreneurs, sharing a five-question process ([CM, 3.5. The 5 Master Question Coach](#)). The last question is designed to reveal the key thought underlying their psychological pain. No matter how successful they were, what emerged most often were statements such as: 'I am a loser,' 'I'm a failure,' or 'I am not good enough.' Sometimes there was evidence of the imposter syndrome, but what seemed virtually universal was a sense of shame.

No matter how much success they enjoyed in one area of their lives, there were always areas in which they felt like a failure. One woman, who had largely created her ideal life, told me that she still felt like a failure because her daughter was academically average. Carl Rogers, a founder of humanistic psychology, theorized that people's emotional distress largely originates in their underlying feelings of worthlessness; this can be despite their outward success (Rogers, 1977).

It is not just the successful who suffer. The past 60 years have seen some of the greatest advances in medicine and technology. The middle class live in the most unprecedented comfort and safety in the history of humankind, yet severe depression is ten times more prevalent than it was seventy years ago and strikes a decade in life earlier than it did a generation ago (Seligman, 2006). In 2019, even before the COVID-19 Virus emerged, two-thirds of employees said they had suffered from burnout during the year (Inc & Wigert, 2020). 33.7% of people will develop a full-blown anxiety disorder (Bandelow & Michaelis, 2015), and everyone will experience a state of anxiety at some point.

Not only is anxiety a disorder or a short-term or chronic state, it is also considered a personality trait. On the 'Big Five' personality traits scale – considered the most authoritative personality profiling system (Digman, 1990) – one of the five is neuroticism. There is considerable disagreement in the scientific literature on what exactly neuroticism is (Ormel et al., 2012). Broadly, it can be seen as a negative response to stressors and can overlap

with anxiety. The 'Big Five' exist on a continuum, from low to high, which means everyone is neurotic or anxious to some degree. While not everyone will develop an anxiety disorder like I did, unnecessarily high rates of emotional distress seem endemic to the human condition. This was a core question for me, and I found the most compelling explanation so far in evolutionary psychology.

Homo Anxious

Fear is an appropriate response to real threat; anxiety is usually an inappropriate response to a perceived threat, both present and future. Evolutionary psychology suggests that anxiety acts like an over-reactive smoke detector, generating more false alarms than real ones (Bergstrom & Meacham, 2016). There is good reason for this: underestimate a threat, and you could die. Overestimate a threat, and you may live another day. So, it seems there is an algorithm underlying the human mind: *overestimate threat*. Not great for happiness, but evolution cares far less about happiness than survival. Just as the obesity epidemic is driven by our evolutionary drive for fat and sugar, which used to be scarce but are now abundant, the anxiety epidemic is driven by our evolutionary drive to avoid threats, which used to be abundant and are now scarce. This is known as an 'evolutionary mismatch', when evolved traits are no longer optimal for current circumstances (Williams & Nesse, 1991).

I am not suggesting that there are no real threats out there that impact mental health, such as violence, poverty, abuse, loss and financial insecurity. Diseases of despair, including opioid addiction, alcoholism and suicide, are considered the reason for the first drop in life expectancy in the USA in decades (Parmet & Huer, 2018). Social activist Johann Hari has argued that the way to fix substance abuse, depression and anxiety is to fix the social environment (Hari, 2020). Yet a study (Mok et al., 2013) seeking to explain why Scotland's suicide rate was 79% higher than England's concluded that:

Overall, the contribution of socio-economic deprivation and social fragmentation was relatively small (p. 2).

In fact, the biggest contributing factor was the higher rate of psychotropic drug prescription in Scotland. This could be an indicator of higher prevalence of mental illness. It may also have something to do with the nature of these prescriptions or what they are prescribed for. While a more recent Scottish study (Moore et al., 2021) found an inverse correlation between suicide and prescriptions of antidepressants and antipsychotics, there was a positive correlation with prescriptions of hypnotics, anxiolytics and benzodiazepines, most commonly prescribed for anxiety and insomnia. Suicide risk does increase for patients with an anxiety disorder who receive benzodiazepines without therapy or antidepressants (Boggs et al., 2020). Clearly, socio-economic factors are not a definitive cause of mental well-being. There are even studies demonstrating a strong correlation between suicide and mental disorders like anxiety and depression, due to a deficiency of Vitamin D related to limited daylight in places like Scotland (Bicikova et al. 2015).

The idea that mental illness is just an inevitable response to social ills is not a new one. Clearly, there are social issues that need fixing that would alleviate some mental illness. Yet internationally, while poverty and violence are in long-term decline, mental illness is on the rise. Most clinical anxiety disorders are not related to violence or poverty; certainly, mine was not. For me and the professionally successful people I have worked with, anxiety is like taking a sledgehammer to a fly.

This evolutionary mismatch is reflected in our negativity bias. In the words of the neuroscientist Rick Hanson: "Our brains are Velcro for the negative and Teflon for positive." (Hanson, 2016, p. 27). At the very time I was having what was essentially an inconsequential conflict with my neighbour, triggering an anxiety disorder, I moved into my beautifully renovated apartment and won a major training deal with a big corporate. Yet those positive events, which had

far more actual impact on my life, are not what I was thinking about. I was focusing on the threat, a fractured relationship.

Relationships are at the source of most emotional distress because nothing is more important for survival. While food and water are essential, the infant depends on their parents for these. Even adults generally do not forage for their own food; they depend on others to get what they need to survive. One of the biggest fears I had about my father's domestic violence was that if he left, which part of me fervently wanted, we would be destitute.

The social threat need not be violent for it to have physical implications. If we are not good enough for our boss, our mate or our friends, we could be rejected. For our ancestors, rejection from the tribe usually meant death. Not just for our ancestors; studies show that people with the weakest social bonds increase their chances of dying by 50% (Pomeroy, 2019). Perhaps that is why when someone does not return our call, it feels like a 'slap in the face; if our loved one ignores us, it feels like a 'punch in the gut'. Our boss frowns, and we wonder if we are about to lose our job.

Scientists have found that social pain activates the same brain circuitry as physical pain. This is why, according to Fogel (2021), over-the-counter painkillers like Tylenol, that contain paracetamol, ease the pain of rejection (2012). We are 'thin skinned'; that's more than a metaphor. It captures not just our psychological but our physical vulnerability. According to Valliant, the single biggest external predictor of happiness is the 'warmth of our relationships' (2002). One of the reasons therapy may be popular even when it does not cure anxiety or depression is that it provides love, care and bonding. Whatever their theoretical leanings, most therapists will at least provide non-judgemental positive regard. I know people who have been in therapy for years with no substantial improvement in their mental health but consider it essential ([CM, 2.29. When Self Awareness Backfires](#)). Perhaps they would be worse off without it, but I wonder if they have become dependent on a weekly session of surrogate mothering. Or more charitably, benefiting from talking without having to take care of the listener.

Whether it is towards our relationships, ourselves or anything else, the evidence for the over-reactive threat detector lies deep in the brain. Neuroscientists have shown people either positive images, such as a magnificent sunset, or negative images, such as an injured person, and found that there is more electrical activity in the brain in response to the negative than the positive (Ito et al., 1998). In the media sector, there is an old saying: 'If it bleeds, it leads.' Good news does not sell like bad because the brain just does not get as aroused by it. Other researchers have found that a negative step back in achieving a goal is more than twice as powerful in reducing our happiness as a positive step forward is in increasing it. We are also better at *expressing* negativity. There are about twice the number of negative emotional words in the English dictionary as there are positive (Hanson, 2016). As the French renaissance philosopher Michel de Montaigne is reputed to have said in one of many variations: "There were many terrible things in my life, and most of them never happened" (De Montaigne, 2018).

The negativity bias does not account for why we would experience more emotional turmoil today than during periods of far greater upheaval, such as World War 2 when we had the same evolutionary baggage and worse environmental circumstances. One possibility is that war provides a clear external adversity that may produce a greater sense of purpose and social cohesion, both protective against mental illness. Also, if anxiety is a maladaptive response to perceived threat, war may substitute it for fear that evokes an adaptive response to real threat.

Anxiety On the Rise

Some commentators believe that the significant increase in anxiety and depression, particularly amongst millennials over the past few years, is due to the rise of social media. There are the algorithms that preference negative news, giving us the sense that the world is in far worse shape than it is. Then there are feelings of inferiority as we are inundated with idealized versions of other people's lives (Orlowski, 2020). Others have suggested that we are just

more open about reporting our emotional distress, but that does not account for the 30% increase in suicide from 2000 to 2016. For girls and women, the increase was 50% (Winerman, 2019). One compelling explanation is that our increasing comfort is ironically, the very source of our discomfort. Anxiety and depression rates in college students increased by 80% in the generation after the advent of helicopter parenting, which is why Easter proposes that overprotective parenting may heighten perceived risk (2021). Then there are the effects of certain college campuses that have sensitized students to 'microaggressions', accentuating perceived slights to their identities. As an article in the Atlantic puts it:

In a variety of ways, children born after 1980 – the Millennials – got a consistent message from adults: life is dangerous, but adults will do everything in their power to protect you from harm, not just from strangers but from one another as well (Haidt & Lukianoff, 2018).

One of the basic tenants of psychology is that avoiding the things that make us anxious heightens anxiety. This is not to say that there should not be parental and college protections, particularly when it comes to prohibiting racism and sexism, only that over-policing of communication may be harmful to mental health.

While it seems that there has been an increase in all mental illness, classifications of mood disorders are far from conclusive. The Diagnostic and Statistical Manual of Mental Disorders (USA) is the most widely accepted authority but has been criticized for a lack of validity. There are significant overlaps of categories. Of even greater concern is its lack of reliability; clinicians often do not agree on a diagnosis of the same patient (Roehr, 2013). According to a 2019 study at the University of Liverpool, psychiatric diagnoses reported as 'real illnesses' are frequently "made on the basis of internally inconsistent, confused and contradictory patterns of largely arbitrary criteria". (Allsopp et al., 2019). Diagnoses tend to tell little about the individual patient and what treatment they need. (What comes to mind is Big Pharma marketing blanket cancer treatments when they know that each cancer has its

own DNA requiring its own specific treatment.) On the other hand, evidence suggests that there are transdiagnostic mechanisms (Harvey et al., 2004), such as overthinking, negative self-beliefs and threat focus that may produce and maintain a variety of mental disorders, particularly anxiety and depression. Rather than focusing on separate disease entities, it may be more helpful to focus on these mechanisms as they manifest in each individual.

There are clearer differences between psychoses and what was traditionally called neuroses which, while marked by distress, involve neither hallucinations nor delusions. Examples of these include anxiety and depression. However, there is significant overlap between these. While my own emotional difficulty could have been described as an anxiety disorder, specifically 'Pure O'⁴, most anxiety disorders, and many other emotional disorders share some core symptoms: high reactivity to stressors, negative thoughts, bodily feelings of distress and general negative emotion. When treatment is effective, it often seems to treat both in the same way. I use the term 'emotional distress' to cover these disorders. While distress can be a fear response to real threat, I use the term in the way anxiety is used, as a response to perceived threat (Lox, 1992). However, broader than anxiety, it will apply to all chronic negative emotions that are not directly linked to an ongoing external stressor. This locates the research in the personal development rather than the mental illness field.

I am not a psychiatrist or psychotherapist diagnosing and treating pathology. Increasingly, I see myself as a psychoeducator, providing people with information and methods that they can self-administer to improve their emotional well-being. Most people can benefit from personal development in that no matter where anyone is in their life almost everyone can improve. Whether an individual is suffering from a full-blown anxiety disorder, is high in trait anxiety or just going through a rough patch, one of the questions I ultimately want to answer is: *what could improve their emotional well-being?*

⁴ 'Pure O' is a variant of obsessive-compulsive disorder. Intrusive thoughts are the obsession and there are usually no external compulsions. Although there could be an internal compulsion, such as praying after having a blasphemous intrusion.

Almost everyone will experience emotional distress at some point to some degree, but I need to ascertain whether my insights are capable of shifting not just short-term states (many things can do that), but rather long-term traits. This research is first to help me better understand how I did that in my own case and influence my direction of practice.

In the next Chapter, I explain the influences I considered in choosing a research design that would help me to discover what I needed to know, harnessing the knowledge and experiences I already had and attending to my desired outcomes for myself and others.

CHAPTER 3

INFLUENCES ON CHOICE OF RESEARCH DESIGN

When I first decided to become a doctoral researcher, I had a preconceived notion of what I was going to do. I was going to test and measure the impact of a new method for dealing with emotional distress. I soon realized that the complexity of emotional phenomena makes external reliability elusive. Instead, I decided to attempt an honest account of my own experience. My own healing had come about in contradiction to much of what I and many others had been learning and teaching. It seemed a worthwhile pursuit to understand why. An appropriate research design needed to account for my positionality, personal and professional; the literature that both supported and, more commonly, contradicted my experience; ethical considerations; accessibility to the phenomenon; reliability when the subject matter is the researcher; and the intended audiences.

Positionality

Within the complexity in which we live, the individual can have agency to bring about positive change within one or more of the systems in which the individual exists. That agency is shaped by those systems. This is where the individual's knowledge and beliefs are acquired that are reflexively fed back into the system through agency. I have always drawn my knowledge and beliefs from a diverse array of models, being more interested in solutions than disciplines. I was a transdisciplinary researcher without knowing the term. I look for insights and connections and the best way to translate them for myself and others. When those beliefs were challenged by experience, I needed to explore deeper, which is what brought me to this research.

Positionality defines the researcher in relation to the research, which affects how data might be collected and interpreted (Qin, 2016). In my case, the researcher is the research subject. My own personal, social and professional contexts would provide both a hermeneutic lens and a focus. The researcher

would be both insider and outsider, setting up a dialogical process between the two. By going back and forth in this way, assumptions could be checked and questioned, and the phenomenon of emotional distress and recovery could be explored both from the subjective insider and through the psychological paradigms of the researcher outsider. I needed a research design that would best serve this duality. I needed to be able to describe subjective experiences and events as an insider but also to interpret them as an outsider, taking into consideration various contexts from the personal to the professional. While a positivist adopts a third-person narrative, creating an impression of unbiased research (Finlay, 1998), I needed a qualitative design that revealed my biases and accommodated the reflexivity that studying oneself demands.

The sociologist Erving Goffman said, “We are all just actors trying to control and manage our public image; we act based on how others might see us.” (Goffman, 1959, p. 22). A critical memoir can both reveal the roles we play and what might lie behind them, even if that is another role, only less encumbered by social expectations. Of course, autobiographies, of which memoir is a type, are notorious for aggrandizing self-presentations, a text-based way to ‘control and manage our public image.’ This is not the purpose of this memoir. This memoir is an act of individual agency, not in the pursuit of social credits, but to explore and understand. Yet it would be disingenuous to suggest that there is no social credit motive. Writing this memoir may earn me a doctorate and perhaps a book on the shelves; both are what Goffman would have called ‘prestige symbols’, clearly a way to enhance public image. But to earn that doctorate, it will have to be in line with my stated objectives: to explore and understand.

If there is a core motivation ahead of public image management, it is curiosity. My position is that of a curious observer of myself. The very nature of memoir is to describe the memoirist within the various contexts that embed the themes under consideration. Unlike autobiography, the memoir provides a narrower focus. Instead of a life, it explores a particular period or event

(Hussey, 2018). This is ideal for addressing a particular topic of research in the various contexts in which it lives and changes.

Literature

One of my surprises as a young undergraduate studying psychology and English literature was how many of the great writers, from Shakespeare to Achebe, seemed to be better psychologists than clinical psychologists. Stories, even fictional ones, are in some ways more conducive to illuminating the human condition than abstract principles. They are richer, more multi-layered and more open to a variety of interpretations than any one school of psychology. Ungoverned by dogma, they better capture the complex nature of reality. That is not to say I did not love psychology and its abstract principles, which were better at helping me to categorise, order, remember and apply important ideas. This memoir enables me to capture the best of both worlds. I can tell my story without withholding any of its complexity, but I can also address my experience through the various psychological paradigms that I am steeped in, discovering how these principles helped or hindered my recovery.

As a student of psychology, these paradigms had immense influence on how I dealt with my emotional distress. Many of these views and practices had become unconsciously part of the way I saw and dealt with my emotions and informed my relationships with others. The researcher/outsider needs to peel back these paradigms or 'traditions', as Gadamer might call them (1960), to assess their validity and to see how they influenced the researcher. I also needed to go beyond what I knew, exploring the literature to identify new, more useful paradigms.

Critical memoir allows for the consideration of these multiple layers. It is not simply a description of events; it involves analysis, commentary and interpretation (Di Summa-Knoop, 2017). This can be done from multiple angles. Each 'memoirist' is really a plurality of 'memoirists' with each paradigm or perspective providing a different hermeneutic lens through which the phenomenon, i.e., the memoir/memory, can be explored.

Ethical Considerations

While this research is an exploration rather than a test, the purpose is to understand what might help not just myself but others to overcome emotional distress. To arrive at the method that helped me, I needed to explore multiple methods. It would not have been ethical to test these on others, certainly not before testing them on myself.

I needed a way to document my Lomex style, action/reflection cycles (Whitehead & McNiff, 2006) and to expand my understanding of what was working and what was not. Writing about the experience would enable me to pinpoint the insights that arose from my self-experimentation. Self-experimentation requires similar ethical guardrails to experimentation on others, which I will share later, but it certainly limits potential harm (Altman, 1998). A memoir would enable this harm-limiting self-exploration.

“A little bit of self-experimentation never hurt anyone, except when it did.” So said a character in one of bestselling author Daniel Wilson’s novels (2013, p.53). Of course, self-experimentation has its dangers, but a memoir is unlikely to contribute to them. A memoir could be considered a more structured form of self-journaling. There is an extensive body of research on this kind of written self-expression. While writing about personal trauma can initially exacerbate negative states, in the long term, it tends to produce significant improvements in both psychological and physical well-being, comparable to good therapy (Baikie & Wilhelm, 2005).

Accessibility

“No one is so well qualified as myself to describe the series of my thoughts and actions” (Gibbon, [1796], 1897, p. 2). Qualified or not, when Gibbon wrote these words in his autobiography, he was certainly the one with the most access to them. My research required me to look at my thoughts, emotions and actions from before, during and after my anxiety disorder. Given the

subjective nature of emotion, a memoir allows for that direct access and description. Yes, it is more threatened by personal biases (more on this later), but that is why this would need to be a *critical* memoir, with the emphasis on revealing and critiquing those prejudices.

Reliability

Reliability in quantitative research is understood to mean replicability. A method is considered reliable if it produces a consistent measure under similar conditions (Golafshani, 2003). Given the replication crisis in the social sciences (Schooler, 2014), which will be explored later, even in quantitative studies, this can be an elusive goal.

In qualitative research, the purpose is not to explain but rather to 'generate understanding' (Stenbacka, 2001, p. 1). The researcher, seeking not to eliminate variables but rather understand their impact, aims not for replication but rather trustworthy description within the variety of contexts that the phenomenon might appear. This research aims not to reduce complexity but rather illuminate it. In qualitative research, the dictionary definition of reliability is more apt: "The degree of being trustworthy".

While a memoir would serve many requirements, its greatest challenge lies in providing trustworthy results through a transparent process to ensure the reliability of shared learnings. Without any external verification of the internal experience, how do you trust a memoirist? How does he/her trust themselves? The very word 'memoir' comes from the French 'memoire', meaning 'memory', and memory, almost by definition, is unreliable. As he grappled with his own memoir, the historian Arthur Schlesinger Junior mused that "The generic title for all memoirs should be, 'Things I remember ... and things I think I remember'" (Schlesinger, 2000, p. xii).

Memories can be constructs with little fidelity to the original event, but in a memoir whose stated intention is to illuminate a theme or idea, what is being judged is not so much the veracity of the memory, which to the outside

observer interiority bars, rather its explanation and contextualization. The power of the memoir is not just the experience that it reflects but the interpretation of that experience and the awareness and communication of the contextual factors. That can be judged as reliable or not based on its justification, plausibility and internal consistency. Here reliability is forged through transparency. Even more than a memoir, a *critical* memoir's express task is to critique the contextual influences, including the personal, professional, cultural and ideological, revealing both the insider and outsider, the researcher and researched.

Intended Audiences

Writing, to me, is simply thinking through my fingers.

Isaac Asimov

While there are several intended audiences for this work, the primary one is me. As Asimov suggests, I write to think, to make sense, to concretize my ideas so that I can better remember and apply them. Allyn said, "Reading is like breathing in, writing is like breathing out" (2018, p. 1). I write because I cannot hold my breath for too long. In sending it out, I nourish myself and perhaps a few others. This memoir helps me to better understand the nature of my emotional distress and recovery. It is in part a therapeutic endeavour. By crystallizing my insights, I am better able to apply them. In addition, as a professional, this memoir has helped to package my ideas in a way that serves my practice.

There are at least four other intended audiences for this work.

- 1) The academy that will assess its reliability and validity.
- 2) Academic students, who may use this as an example to help produce their own critical memoir.

These first two audiences would primarily require this critical commentary, the artefact of the embodied experience, but the memoir would give them access to the personal experience being researched.

- 3) Members of the public looking to understand their own emotional distress.

Members of the public would generally be less interested in the critical underpinnings of this research and more in finding something to illuminate their own distress and help them better deal with it. The power of personal stories to convey insights is well documented (Cohen, 2008; Biesenbach, 2018). They are more persuasive and memorable than abstract facts and therefore more likely to be acted on (Heath & Heath, 2007). A memoir would make these insights accessible to a lay audience. Besides practical insights, revealing my own difficulties is likely to build an empathic bond with a reader suffering similar difficulties that will make them feel less alone.

- 4) Professionals looking to help others better deal with their emotional distress.

This cohort would be served, like members of the public, with a compelling story to drive home insights. However, they would have the additional support of this commentary if they wanted to delve into the many references that have helped to produce the insights in the memoir.

I have already done a workshop for 200 counsellors of the Depression and Anxiety Group of South Africa, and while I did not share the memoir nor commentary, both informed the workshop. Participants seemed to resonate with my personal journey and seemed to trust its reliability based not only on my personal openness but on the transparent contextualization of my academic, amongst other influences. Thinking about the professionals who might be helped in their own practice has influenced what I share in the memoir. For instance, I have gone into some detail about the specific processes that I have developed in the hope that others might be able to use

them too. This is something that I am likely to preserve in any version that I decide to publish.

Epistemology of Practice

Higher education often ignores what practice can contribute to knowledge. This is short-sighted, given that theory is frequently generated through practice. We will achieve better results through “a synthesis of theory and practice” (Raelin 2007, p. 1). My critical memoir would in effect provide an epistemology of practice, describing what I know and how I came to know it. It would draw both on theory and practice but specifically on how theory at times contradicted, impaired or improved my practice. While a critical memoir would describe my practice and particularly my practice on self, this commentary provides a critical lens, reflecting on this approach. While critical memoir is my primary method, there are four others that have influenced this research.

CHAPTER 4

APPROACHING RESEARCH

Part of my motivation is to share my insights so that people do not make the same mistakes that I did. I needed a conceptual framework that would do several things – embrace the subjective experience, enable my exploration of the nature of emotional distress and the various ways in which I tried to alleviate it, and be something to be shared with others manifesting such disabling forms of anxiety. Before my experience could be useful to others, it needed to be useful to me. “*How did my distress arise?*” “*What reinforced it?*” “*What helped initially and made things worse later?*” “*What finally seemed to quell it?*” I could only answer these questions by looking again – re-searching – my experience.

The scientific method has enabled humans to explain, predict and control much of the world, but this has limitations in the social sciences, particularly in the humanities, where there are so many factors determining an individual’s experience and how they make meaning of those experiences. The nomothetic approach (from the Greek word ‘Nomos’ meaning ‘law’) looks for principles, classifications and correlations that apply to broad swaths of the population. Psychometric personality testing is a good example of this. It assumes that everyone’s personality can be classified on a small number of traits (Mcleod, 2019).

In contrast, in the ideographic approach (from the Greek, ‘idios’ meaning ‘private’ or ‘own’), there are as many different personalities as there are individuals. No two humans are the same, which is one of nature’s great wonders. Of course, there is truth in both. A person could be described as anxious because they have panic attacks, but the quality of their panic attacks is unique to them, and the form of their manifestation, not always generic.

The ideographic approach is well-suited to psychotherapy, which sees itself more of an art than a science where each person can be treated as an

individual rather than as a member of a predictable subset. Research is qualitative, case study based. However, the personal development practitioner aims to provide tools that are useful to as wide a group as possible. Here the nomothetic approach dominates, which is experimental and quantitative.

In the past, I was attracted to this approach because it seemed to provide clear lines of cause and effect. In answer to the question: '*What is the most effective way to reduce distress?*' I would have expected to find one way for all people at all times. In retrospect, this seems hopelessly naïve. No single treatment has ever been found to be effective for all people at all times, even if that is often their implicit assumption. A man with a hammer thinks every problem is a nail. Even the most effective psychotherapies usually do not provide lasting recovery for more than 57% of people (Hanrahan et al., 2013), and even then, it is not always simple to exclude the placebo effect or spontaneous remission.

Psychological states are transient and complex. No wonder the human sciences are reeling under the replication crisis (Schooler, 2014). An alarming number of rigorous psychological studies coming out of the most esteemed universities cannot be reproduced, even under similar conditions. Many of these studies I myself have quoted in my books and presentations over many years. There is the Stanford marshmallow experiment on delayed gratification, which originally 'proved' a correlation between an early ability to delay gratification and better life outcomes. In 2018, a much larger study showed the effect to be at best only half as big as originally thought, with the other half of the effect due to economic background (Calarco, 2018). With over fifty-five million views, Harvard Researcher Amy Cuddy has the second-most-watched TED talk of all time. In it, she describes her research on the effect of power poses to shift hormone levels and increase assertive behaviour. There is just one problem: meta studies have found virtually none of the effects she claimed (Jonas et al., 2017). That does not mean there is not an effect for *some* people under *some* conditions, just not enough to be considered a rule for all.

This is a reminder that while there are some nomothetic rules that apply to most people, for example, trying to suppress a disturbing thought increases its frequency, there are ideographic differences in the best way to deal with a disturbing thought, including exposure, reinterpretation or acceptance. There are even temporal ideographic differences; one approach may work better for the same person today than it did yesterday.

I am still interested in finding useful rules or debunking erroneous ones. I believe I developed an anxiety disorder because I applied the wrong tools to myself, tools that are widely believed to be helpful. That very word 'tools' may have been part of the problem. A tool is an object used to control the environment, but the internal environment of our thoughts is less amenable to control and paradoxically may require the relinquishing of control (Harris, R., 2009).

Not only am I an independent operator, synthesizing personal development information to share with others, in this research, I am the subject and volunteer. This is a document of my self-experimentation. A memoir enables the researcher to research the researcher. While I have never written a memoir before, all my books contain personal information to illustrate insights and how I arrived at them. This is an epistemology of practice with which I have some experience. However, this is a critical memoir. What adds to the criteria for its claim to be 'critical' are the ethical considerations, particularly with regard to my self-experimentation, which I go into in more detail later on.

Additionally, it is the way it was consciously shaped and informed by four other approaches to researching that deep interaction between the subjective and objective prisms through which we perceive our reality; the 'subject' and 'object' shaping and being shaped by each other in a recursive flow. These approaches capture this reflexivity. They have provided guidance, an organizing frame, as well as a mirror for putting the pieces of my mosaic together into a comprehensive and questioning story of how I have arrived at where I am now, with hints of future travel. The four approaches are narrative

as a theoretical framework: Marshall's first-person action research, storytelling using Campbell's monomythic structure and Whitehead's living theory.

METHOD: CRITICAL MEMOIR

The most important gift of all - to recognize all of life is story and to be simultaneously inside and outside of the story (Sangoma, 2001).

When a self-help expert becomes helpless, where does he turn? I had read the books. I had written the books. I had applied the insights. I had taught the insights, and now those insights were no longer working, and like blinkers, I could not see through them. What happened? The best way I knew to answer that question was to tell a story. It is what I have done for nearly twenty years in books and motivational speeches. But this story would be nothing like the ones before. Back then, the primary aim was to teach; now, the primary aim was to learn. By writing a critical memoir of my experience of emotional distress and recovery, I would not only discover but construct my understanding.

I was encouraged by Bathmaker's words about the value of life history and narrative research in learning, formulating identity and conceptualizing the interconnection between these and the everyday personal, social and professional issues which make up much of the fabric of our being and sense-making:

Narratives have helped us to do what C. Wright Mills (1959: 248) would refer to as linking 'personal troubles' to 'public issues' (Bathmaker & Harnett, 2010, p. 1).

My critical memoir includes what has shaped and motivated me, my ontology, and how I know what I know, my epistemology. There are distillations of received wisdom on seminal work and trends and their value, conversations

with friends and colleagues, the live literature of conferences, learning that emerges from self and other, development workshops and above all, my own raw experience. However, these go beyond an account. My aim was to make them a *critical* account which might produce insights into how emotional distress can be alleviated. Initially, I wanted to tell the world my solution, write another book, discuss my formula on talk shows as I have always done. This time, however, I realized that I needed to challenge my usual approach to solution-focused learning and see what emerged. This was daring and, at times, unsettling. Just as Proust wrote *A La Recherche du Temps Perdu* (Proust, 2015), *la recherche* being the French word for both search and research, I had to go to the root of the word 're-search' to look at my experience again and again, to discover what was beyond the veil of my knowledge. The memoir not only contains dialogues between self and other, it is also a dialogue between the searching self and the self being searched for. It is through this dialogue that new insights emerge.

Self-help experts often share solutions they discover to overcome their own problems. They turn themselves into case studies from which others can learn (Burchard, 2011). This research shares my own story as a way to better understand my emotional distress and recovery. For a critical account, telling a good story is not enough. Disney tells good stories that would not qualify for a doctorate. Academic storytelling requires criticality and reflexivity. For that, I have conducted this exploration through what I term 'critical memoir'.

Autobiography, Biography & Memoir

Autobiography and memoir are often used interchangeably, but there are differences. While autobiography covers the author's entire life and is usually written chronologically, with an emphasis on facts, memoirs usually only cover part of a person's life, focus on a particular theme and place greater emphasis on emotional experience and interiority (Hussey, 2018). As I would be focusing on my emotional distress and recovery, it would be better to describe this as a memoir. I am inspired by writers such as Marc Lewis, a neuroscientist and past drug addict who wrote *Memoirs of Addicted Brain*,

combining science and personal experience to deliver a critical insight into the physical and phenomenological nature of drug addiction (Lewis, 2012).

Closer to home is *The Woman Who Cracked the Anxiety Code*, about Dr Claire Weekes. This is a biography rather than a memoir, but it charts the life of someone whose experience partly maps my own. Like me ([CM, Part 2.15-21](#)), Weekes found anxiety was exacerbated by established treatments like psychoanalysis and desensitization using relaxation. Finally, she recovered using a much less intrusive approach, not dissimilar to the one I found for myself ([CM, 2.27. Just do nothing](#)). Incidentally, I came across her book long after I had recovered. What I found reassuring was that she too was not a psychologist; she was a medical doctor and zoologist, and yet her books on anxiety brought relief to hundreds of thousands of people around the world, many of whom credited her books with saving their lives (Hoare, 2019).

Weekes was frequently dismissed by the academic establishment, particularly in her use of the word 'cure.' In her own words:

I am aware that many therapists believe there is no permanent cure for nervous illness. When I was on the radio some years ago in New York with a physician and psychiatrist, the psychiatrist corrected me when I used the word cure and said, "You mean remission don't you, Dr Weekes? We never speak of curing nervous illness!" I told her that I had cured far too many nervously ill people to be afraid to use the word (Hoare, 2019, p. 12).

In fact, as she later said, it was not that she cured them as much as she taught them to cure themselves. Incidentally, the word 'cure' comes from the Latin *curare*, which means to take care of. The original noun senses were 'care, concern and responsibility' (Wedgwood & Atkinson, 1872). This better captures my own cure. It was not that my symptoms totally vanished; rather, my improved response to them reduced their intensity, duration and frequency.

Weekes proposes that stepping outside of the establishment and crossing disciplinary boundaries can yield fresh fruit, a natural transdisciplinary in practice. Credentials do not equal effectiveness, while lack of credentials does not equal ineffectiveness. Yet, without the halo effect of formal authority, how can effectiveness be evaluated? In my own case, a first step was documenting my own recovery critically.

Criticality

To ensure my memoir is 'critical,' I was guided by the Sangoma's quote with which I opened this section, aiming to be both 'inside and outside of the story'. I did this by exploring my experience through Marshall's recipe for living life as enquiry (2016) and looking at my insights through the lenses of the various theories and treatments for emotional distress. Finally, I subjected my insights to the criteria for validity as detailed in Whitehead's living theory (2018). While generally referring to this as a critical memoir, I will occasionally use the term 'autobiography', as the etymology of autobiography does help to enrich the explanation of what I am doing. Also, most of the source material I draw on exists within the field of 'critical autobiography' (Di Summa-Knoop, 2017; Walker, 2017).

A critical memoir could be considered a case study. While single case studies are sometimes dismissed as insufficiently generalizable, they can generate groundbreaking discoveries. Penicillin was famously discovered through a single accidental growth of mould by Fleming, often called 'the careless lab technician' who, according to published reports, later said of his discovery:

One sometimes finds what one is not looking for. When I woke up just after dawn on Sept. 28, 1928, I certainly didn't plan to revolutionize all medicine by discovering the world's first antibiotic or bacteria killer. But I guess that was exactly what I did (Haven, 1994).

Perhaps there is a lesson in this account of the value of being a little less controlling in one's research.

In management research, a single case study of a psychopathic CEO has revealed a rich set of data about how other psychopathic CEOs will behave, possibly because this cohort tends to have relatively similar personalities that operate in a relatively similar environment (Boddy, 2016). Yet in neither of those examples is the researcher the subject of the research.

Should the researcher be researching themselves? Every day, driven by the evolutionary goal of survival, most humans look within to know what they want and need. They analyse their past to improve their future. The thinking mind is almost constantly using words to try to make sense of experience. The word autobiography comes from the Greek: 'autos' meaning self, 'bios' meaning life and 'graphein' meaning write. In an autobiography, the self writes its life. We may not all be autobiographers, but we are all what I call 'autobiothinkers'. The self is almost constantly thinking about its life.

This 'autobiothinking' is our primary method of self-knowledge. The purpose of research is, among other things, to describe, explain, predict and control. While quantitative methods are deductive processes designed to test theories and hypotheses, qualitative methods are descriptive, abductive and inductive and may be used to formulate theories or hypotheses (Turabian, 2013). Every day, humans are involved in informal qualitative research as we 'search' our world and mind to find causal patterns that we might use to predict and control our lives. This is the constant unfolding of knowledge from experience.

One way to think of the memoir is as a theory of self. While there are those such as Metzinger (2009), who argue, like the Buddhists, against the existence of the self, others such as Dennet (1992), claim that all we have is a narrative self, a constructed identity that I call the 'biographical self.' The memoir aids in the understanding, exploration and construction of that self.

Most people would assume that they are better at knowing themselves than knowing others, but most people are not conducting formal research. Are autobiographies more valid than biographies? Certainly, as a way to articulate

direct experience, they are. The biographer relies on facts and interpretations. The auto biographer can directly access thoughts and feelings. Yet an account of self can still only be an interpretation. The act of representation is distancing, but if research is improved by proximity, autobiography is the closest we can get. One of the critiques of autobiography is that the researcher is the subject of research, but that is also its advantage. With unfettered access to the subject of research, there is an increased possibility of articulating direct, raw experience (Di Summa-Knoop, 2017; Walker, 2017).

Of course, it has its pitfalls but then so does third-person research. In academic terms, biography is a single case study. Most psychological case studies are documented by therapists of their own patients, most notably Freud's (Merriam, 1998). This brings in potential bias. The therapist may have a vested interest in seeing healing. Also, the interpretation of phenomena is easily subjected to confirmation bias and modality lenses. For instance, a Freudian would see an anxiety symptom as a product of repressed trauma, whereas a cognitive therapist would see it as a consequence of a faulty belief.

Memoir suffers similar biases and more. If I believe I have developed a better way to deal with emotional distress, my research may be filtered through this belief, potentially concealing information that may contradict it. To minimize the problems with this approach, I have been systematic in my own personal investigation, both as insider and outsider.

As insider, I have investigated my own experience as honestly and thoroughly as possible. I experimented extensively with multiple forms of treatment, approaching each with a 'beginner's mind', what the Zen Buddhists refer to as *Shoshin* ([CM, Part 2](#)). This is the attitude of openness, enthusiasm and a lack of preconceptions when studying a subject at advanced level. For instance, while many years before, I had studied psychoanalysis and found it unhelpful, I reapplied it with the conviction that I could well have missed something the first time around.

True psychoanalysis usually involves multiple sessions for months or, more commonly, years. I had more of a one-night stand with a practitioner who was a psychodynamic therapist rather than a certified psychoanalyst. One session of most therapies would not qualify as treatment, although single sessions of psychedelic or MDMA-assisted psychotherapy, and even some forms of cognitive behavioural therapy with an extremely skilled practitioner, have produced lasting transformation (Burns, 2020). Nevertheless, at this point, that is the exception and not the rule. Fundamental to the effectiveness of most therapy is the relationship of the therapist with the client; one-night stands are not renowned for building great relationships. Yet there is also evidence to support the effectiveness of self-administered therapy once core principles are explained (Abramowitz, 2011). Indeed, I did apply the core principles of psychodynamic therapy, which I had extensively studied, and found no lasting relief ([CM, 2.15. Depth Therapy](#)). Yet many people have been well served by this therapeutic modality. My memoir prompted me to think about when that might have been the case in my own experience.

I have personally found a psychodynamic approach helpful in identifying underlying cognitive distortions. For instance, a woman I worked with was depressed about not being able to have a second child. Through empathic listening, we discovered that she had felt abandoned by her mother and her sister, who emigrated to the UK when she was very young. She was concerned that if anything happened to her, without a sibling, her only son would feel abandoned. Her feelings about her son were in part a projection about how she had felt as a child. This helped her to reinterpret her situation. Her husband was there if anything happened to her, and her son would develop friendships to substitute for not having a sibling. While we had made some progress before uncovering this, connecting current to past feelings seemed to reduce her emotional distress further. Seeing the historical connections to my own distress was not as helpful, suggesting the importance of a multidisciplinary approach.

The memoir gave me the chance to look at my experience through the lenses of these different disciplines. Trying to see myself from the outside, I spoke to

many friends, colleagues and therapists. I did this not, as the old saying goes, as a drunk looking for a lamppost for support, but rather looking for illumination, always on the lookout for what I may have been missing ([CM, Part 2](#)). Like Shoshin, I was guided by the principle of ethnographers to look at the familiar as if it was strange. Without this willingness to see beyond what I thought I knew, I doubt I would have ever finally seen that the very source of my suffering was my continual attempts to end it.

Art and Validity

Even with this level of self-interrogation, any description of self is subject to the fallibility of memory, an editing of the facts to fit a narrative, and the question of whether a subjective account can provide objective and verifiable truth (Di Summa-Knoop, 2017). Then again, what is truth, and is truth always preferable? As Picasso said, “Art is the lie that tells the truth” (Picasso, 1923). An artless account of the facts can reveal far less than a fable. Part of the impact of, for example, narrative therapy is the artful ‘reauthoring’ of identity into a more ordered and helpful version (Bavelas et al., 2000). This is not to create a false or idealized self but to acknowledge that the self is a construct and the way we construct ourselves has a significant impact on our well-being. Like narrative therapy, autobiography is less a discovery of the self than a construction and imagining of the self (Brady, 1990). It is this constructed self that may be both a guide to the self and to others.

While my primary aim was to reveal, my memoir was written with rhetorical devices to engage, move and persuade. That may sound like a manipulation of the reader, but the most important reader was me. Given the fallibility of memory, I wrote to engage, move and persuade myself. Relapse is a form of forgetting. I would frequently slip into my old unhelpful ways of dealing with anxiety, much like an ex-drug addict giving into temptation. Part of why I first started to write was to recover from relapse, to remind myself what I needed to heal again.

In a scientific enquiry, validity is key. The challenge with narrative is that the line between fact and fiction is not always sharp. Most people can appreciate the difference between memoir and novel. When one parades as the other, as James Fry's did in *A Million Little Pieces*, it is called fraud (Carr, 2014). And yet when Rousseau plays with different voices and expounds on philosophical principles with a far from faithful description of events, it is called autobiography. One of the first memoirs, Augustine's *Confessions* is a blend of personal narrative, theology and philosophy. Virtually every event described has a questionable religious explanation (Kenney, 2005). One can assume he is not deliberately lying, even if it is not all fact.

It is not just religious visions that are internal, unverifiable and constructed. My memoir primarily deals with my emotional experience. The reader has to trust my reporting, but can I even trust myself? How do I know that my memory is accurate or that it is not being twisted by some unconscious bias to arrive at a particular interpretation of events?

The best I can do is describe my suffering and the different ways I tried to alleviate it, along with the results that followed ([CM, Part 2](#)). The reader could have some confidence in the fact that my biases were contradicted. For years, I had believed that CBT and meditation were the best ways to relieve distress. It was when the particular forms of these that I was applying began to make things worse that I had to admit that I was wrong. The reader could see that far from trying to prove myself right, motivated by intense suffering, my primary interest was in finding relief.

Throughout, my guiding philosophy has been pragmatism. I was suffering, and I needed to find out what would work to end it. Pragmatism was the informal philosophy underlying my day-to-day dealing with my issue. To William James, the founder of pragmatism, what is true is what works (Menand, 1997). Words and thoughts are primarily tools – there is that word again – for prediction and control, not description and representation (James, 2016). Along the way, my dogged pursuit of 'what works' backfired. I had to

learn to put down my tools, although that was still in pursuit of 'what works'. Sometimes, as I would discover, the best tool is dropping the tool.

Misguided as I was at times, I was in continual search for a solution to alleviate my suffering, no matter where it came from. Part of this research is to highlight what worked and what did not, drawing both on my personal experience and the various psychological treatments I experimented with. The purpose was for me, the practitioner, to get clarity on my experience and one day to share my insights in the hope that they may be of value to others.

Memoir is a container for a particular kind of narrative. Narrative itself has a rich tradition as a theoretical framework. While it is now formally recognized as a research method, it has been used for informal research as long as storytelling has existed (Bruner, 1998; Cohen, 2008). Not only do we tell stories to entertain, inform and persuade; we tell them to ourselves and others to try to figure out what happened. Storytelling is informal theory-making that we use to understand and explain.

NARRATIVE AS A THEORETICAL FRAMEWORK

Ever since I was a child, entranced by Danny Kaye's portrayal of Walter Mitty's heroic fantasies in the 1947 film, *The Secret Lives of Walter Mitty*, I have been intrigued by stories and the stories we tell ourselves to enhance our lives. In my 2008 book, *The Astonishing Power of Story*, I coined the term *homo-storian*, redefining what it is to be human in terms of our ability to tell stories through our capacity for consciousness, memory and imagination (Cohen, 2008). My memoir is a revelation of my secret life. Not quite the hero I had fantasized about while watching Walter Mitty's antics as an ace fighter pilot or an avenging cowboy, but similar in the edifying of identity that narrative performs. It has been immensely therapeutic to construct and make sense of my experience, to carve a narrative out of the messy clay of my life.

More than a construction of self, De Fina describes narrative as a mode of thought that is fundamental to the human cognition (De Fina & Georgakopoulou, 2011). It may be an innate property of the mind, similar to a Kantian category, an inherent part of our cognitive architecture, providing a key filter through which the world is experienced and expressed. It is not necessary nor sufficient for conscious experience, but it is so ubiquitous that, as Bruner suggests, “it is easily overlooked as the fish will be the last to discover water” (1991). Narrative may be the water in which we swim, but some water is clearer than others. Memoir is a filtered narrative with a clear objective to reveal something of significance to others.

Up until the last few decades, narrative was not considered a legitimate form of scientific enquiry. Where science traditionally preferences the abstract, rational and conceptual, narrative is specific, emotional and concrete. The very definition of science is to observe and experiment. Narrative may observe, but it does not experiment, although it may report on experiments, formal or informal. It can produce rich and meaningful data, but it cannot assert objective truth. As Bruner puts it, narrative is about verisimilitude rather than verification (1991). *Mein Kampf* provided that verisimilitude, reminding us that a powerful narrative has no innate moral compass, but then the Nazi’s eugenics movement proved that neither does physical science.

Do stories even require verisimilitude – the appearance of truth? Religious texts with improbable ‘miracles’ and imaginary deities are accepted as objectively true by billions of people even without an ‘appearance of truth’. To believe them in their entirety, all one has to believe is their original premise: that they are a revelation from an omniscient being.

Yet stories are the way laypeople make observations, and observations are the basis of science. They look at their lives to find causal patterns so that they can explain, predict and control. Even if they do not acknowledge it, positivist scientists do the same, at least in their initial apprehension of their experience.

More than a theoretical framework, stories *are* theories. They are theories of what was, is and can be. As theory, my critical memoir is filled with speculative explanations of what happened to cause my emotional distress, what seemed to make it worse and, ultimately, better. I could then seek to test those theories and derive more generalizable truths. I could do that informally through story gathering to see how many other people's stories resonate with my own, or I could set up a quantitative study to test the theory.

Stories are an account and ordering of events. As Ricoeur puts it, they register 'human time', imposing an order on the 'heterogeneity' of experience (1991). Polkinghorne calls it their 'emplotment', converting disconnected events into a plot with a theme and message (De Fina & Georgakopoulou, 2011). The plot implies a cause-and-effect relationship between events (not necessarily chronological). This may be their primary deceit, for, of course, the events are often not causal; they may even be random, but in ordering them the way the storyteller chooses, the storyteller implies a 'truth'.

Which Story?

The danger of stories lies in their power. As a rhetorical device, they increase persuasion and reduce scepticism. This is what I have written about and taught over many years (Appendix). Perhaps all writing is an attempt to persuade, but in this work, my primary aim was to reveal me to myself. And so, it became even more important to identify the pitfalls of narrative; how it can deceive both self and other.

There is a common marketing expression, 'owning the narrative', that has been unsurprisingly adopted by politicians. It implicitly acknowledges that there are many ways to frame reality, and if you want people to think and act in a particular way, you need to make sure your version dominates. Narrative control is control in general. Clearly, then, narrative can do more than reflect reality; it can create realities, adherents and believers.

Stories do this by editing, framing and evaluating. How the storyteller edits, frames and evaluates may tell us even more about their beliefs than their experience. At the time of COVID-19, anti-social distancing protestors in the US tried to supplant the 'health and humanitarian' story of social distancing into an 'authoritarian violation of liberty' story. A social distancing protestor may not actually experience a violation of liberty but rather be expressing a belief: a belief from Fox News, their oracle of truth. This is another example of how story may have more to do with authority and social proof (how many of one's tribe believe it) than verisimilitude.

Personal stories like mine are plagued by the self-serving bias. For instance, they tend to frame positive life events as self-created and negative life events as externally determined. Storytellers tend to take credit and allocate blame. Depending on how it affects our status, we may cast ourselves as victim or victor. Israel's 'his-story' swings wildly between these positions. Even today, as a regional superpower, when criticized for its aggression and victimizing, it is not averse to reminding the world of its original victimhood.

Yet despite these failings, without looking at events and how events form and connect to one another, we cannot understand anything. Stories illuminate how things happen or at least how we think they do. We may distil abstract facts from them. Ordinarily, these are considered the true theories, the cause and effect that applies across the single instance, but it is the story that provides the interpretation of the direct raw experience which must form the basis of any theory. Even if there is no generalization from the specific instance, the account is still a theory of what happened in that instance.

There is no single narrative approach, framework or methodology. Narrative method does not get replicated from one discipline to another. Instead, it is "radically recreated, reevaluated and transposed" (Livholts & Tamboukou, 2015, p. 6). My approach was governed by my purpose: to illuminate my emotional distress and recovery. In part, I told my story through the interpretative lenses of the various psychotherapeutic paradigms with which I experimented. Labov's narrative structure reminds us that 'evaluation' is

intrinsic to narrative, particularly in first-person stories like mine (Labov, 2008). The danger of these evaluations is not only that they are implicit and therefore less transparent to critique, but they may express firmly held beliefs more than actual experience.

The purpose of this commentary is to provide such a critique. Writing it partly in conjunction with my memoir, it kept me in check, reflecting on my assumptions and frequently revising them. I did this by preferencing my experience over my beliefs. This is the true power of stories. While we may struggle to escape our beliefs, by focusing on experience, we can at least try. That gives stories the power to refine, alter or even overhaul our beliefs.

Bruner argues that this too is a key quality of a story, or at least a story worth telling. It needs to breach the 'canonical script' and enable people to see things in a new way (Bruner, 1991). Cognitive dissonance may be integral to learning (Guzzetti et al., 1993). Good stories break with the expected in a way that, while dissonant, is resonant. There is a Hollywood saying that a good story's ending is always 'surprising but inevitable'. It breaks with expectation, but it feels plausible. The mind is now ready to embrace a new way of seeing.

I wrote my story because of the immense dissonance I experienced in relation to my emotional discomfort. None of my usual tools worked anymore. What finally did work was relinquishing those tools ([CM, 2.27. Just Do Nothing](#)). This was surprising and inevitable. Anxiety is produced in part by trying to control the uncontrollable. The more I tried to control what was beyond control, even with tried and tested therapeutic techniques, the more powerless and anxious I felt. When I relinquished control, my anxiety lifted. This insight arrived through reflecting on my experience and telling my story to myself.

The story is a virtual reality machine that enables us to experience reality from without rather than within. This enables us to draw insights that may be less available when we are in the story. In the moment of trying to control my anxiety, I was the protagonist being slain by my internal adversary. When I

reflected on that experience like a spectator watching a movie, I was better able to see the source of my suffering.

While I aimed to reflect my experience as accurately as I could, the story can never escape the moulding hand of narrative. I have been transparent about my criteria for evaluation. This was based on one main guiding question: 'What sustainably eases emotional distress?'

Each psychotherapeutic treatment has its own narrative framework to which I subjected my experience. For instance, in Depth Therapy, which is derived from psychoanalysis, the narrative hinges on repressed or known childhood trauma. For CBT, it is interpretation itself, the story we tell ourselves about those childhood events, or more commonly, current events. I used each as a hermeneutic lens to interpret my own experience. I also evaluated each in terms of its impact on me.

Of course, interpretation itself is a kind of story. What stops one from interpreting the interpretation, analysing the analysis, telling a story about the story ad infinitum? The psychoanalytically inclined take the position that, in the words of Josselson, "the told story conceals an untold one" (De Fina & Georgakopoulou, 2011, p. 22). But why should that untold story not conceal another and another? At some point, the story needs to end and, in the case of doctoral research, be judged. Mine could be judged on the extent to which it illuminates my emotional distress and recovery in a way that is cognisant of the established ways that currently exist to produce recovery and contributes to practice, thinking and knowledge. It should hopefully tell something fresh or 'canonical script breaching' about emotional recovery.

This is primarily a knowledge narrative with a focus on content more than form. However, in this commentary, I take a metanarrative view, looking at my story through Campbell's monomythic structure. Ironically, narrative theory is not very narrative; it is usually general and abstract, lacking the 'juice' of good stories. When you dissect a butterfly to see how it lives, no prizes for guessing what happens to the butterfly and, more importantly, our experience of it. I

would like my story to avoid that fate. And yet, academic research requires a level of dissection without killing the spirit of the phenomenon.

This is why I wrote a critical memoir unencumbered by metanarrative. This helped me to stay true to my experience. This commentary is, in part, a meta-narrative analysis. For instance, I will be looking at how the text mimics or departs from Campbell's *Heroes' Journey (1949)*, or scrutinizing instances of implicit evaluation in line with Labov's narrative structure, showing where my beliefs may be betraying my experience. While the critical memoir and the commentary are separate documents, they were written in conjunction, the one acting as a lens for the other. The commentary identifies the stages of the hero in the memoir; the memoir amplifies the stages identified in the commentary ([CM, 3.7. The Story](#)).

Memoir is largely a product of introspection. Later I will address how it is possible to evaluate a subjective account. In the meantime, it is important to remember that the quality of all research depends on its validity and reliability. In qualitative research that focuses on the researcher, these can be enhanced through the principles of first-person action research.

FIRST PERSON ACTION RESEARCH

An autobiography is the truest of all books for while it inevitably consists mainly of extinctions of truth, shirking's of the truth, partial revealments of the truth, with hardly an instance of plain straight truth, the remorseless truth is there, between the lines (Twain, [1906], 2010, p. xxxviii).

How does the autobiographer find their own truth 'between the lines'? Marshall's *First Person Action Research* provides something of a bible on the quality of enquiry required for those whose lives are the source of research. In her words: "Action research ... offers disciplines for living conditionally and open to review, and potentially for acting for change" (Marshall, 2016, p. xvi).

Living life as enquiry, the subtitle of Marshall's book, captures how I have lived much of my life. I have been particularly interested in the field of happiness and reflected almost daily on how various conditions, physical, social and psychological, influence my state on a moment-by-moment basis. What I have learned from Marshall is the importance of holding insights as provisional and approaching research with humility. While the personal development field is all about discoveries, metrics, simplification and certainty, enquiry is about curiosity, observation, simplicity, complexity and uncertainty. That does not mean it cannot be a source of advocacy and change, but, influenced by systems theory, it acknowledges the interrelatedness of parts and systems where improvement in one area may damage another (Marshall, 2016).

This is certainly what I found in my emotional distress. Most of the 'solutions' I experimented with made things better at first but worse later. I am struck by how the paradoxical insights that emerge from this form of enquiry mirror my own experience with emotional distress. Senge calls them 'fixes that fail' (1997). Consider how smacking a child may make the child immediately compliant but later rebellious, perhaps even antisocially so.

While Senge calls these 'laws' of the Fifth Discipline (ibid), the first being personal mastery, they are really recurring patterns that we may notice in our lives and organisations. They include:

- Today's problems come from yesterday's solutions.
- The harder you push, the harder the system pushes back.
- The easy way out usually leads back in.
- The cure can be worse than the disease.
- Faster is slower.
- Cause and effect are not closely related in time and space (Senge, 1997, as cited in Marshall, 2016).

A few years into my own emotional distress, in a notebook that I used to document my experience, I recorded similar paradoxes, some eerily similar to Senge's:

- What makes it better now makes it worse later.
- You cannot win a tug-of-war with yourself.
- The best way to make it stop is to stop trying to make it stop.
- Surrender is victory.
- Sometimes the best thing you can do is nothing.
- The cure is the disease.

This contradicted so much of what I had believed and taught. I found the cognitive dissonance thrilling but also scary. How was I to integrate this with many of the other insights I had used to improve my life, such as:

- Our lives are ruled not by chance but choice.
- I am not the victim of my history but the master of my destiny.
- My outcomes are determined by my actions.
- If it is meant to be, it is up to me.
- I am the master of my thoughts and my life (Cohen, 2001).

These are not just superficial 'self-helpisms'. They indicate an internal locus of control which is correlated to positive outcomes in both psychological and physical health (Phares, 1976). Living life as enquiry is not about ironing out the contradictions but making room for ambiguity. As a pragmatist, I have always looked for what works, but perhaps the question is not 'does it work?' but rather, 'when does it work?' An action-oriented, internal locus of control works well in the creation of external outcomes. It helped me create the career, finances and body that I had always wanted, but that same approach failed as a response to anxiety. I found that trying to stop or change obsessive thoughts, even with what are considered helpful methods like relaxation, meditation and CBT, led to a rebound effect that later amplified them.

In response to a real threat, action is usually appropriate, some form of fight or flight. Anxiety is a *perceived* threat where action is impotent and teaches the brain what is safe is threatening. The brain figures that if you are bringing in defences, you must be under attack. All those medicines and treatments and solutions convince the brain there is a problem when there is not.

Paradoxically, I found that the best thing to do was nothing. Of course, doing nothing is more difficult than it sounds, which is why some sort of solution is still required, but this is a 'do-nothing' solution that got me out of my own way.

[\(CM, 2.32 – 36\)](#). This is change by omission. Hence the title of my memoir: *The Paradox of Healing*.

Living life as inquiry, or as Socrates might have called it, the *examined life*, is not just an exercise in chin-stroking and navel-gazing; we do it to come up with better ways of being in the world, even if sometimes that means *not* doing anything. I got so caught up with the way things 'should be' I lost sight of the way things were. The urgent desire for change became a barrier to change. Change happened when I stopped trying so hard to change.

It was reading, self-experiment, and, most of all, reflection through writing that brought me these insights and ultimately, my healing. Since I was a child keeping a diary, I have used writing to make sense out of the messiness of thought. I planted and pruned words, creating a well-ordered English garden from the wilderness of mind. My early writing was filled with questions. Writing was my enquiry. Every one of my books was an enquiry (Appendix). I wrote books on success, relationships, goals, habits, happiness and storytelling because I wanted to understand these topics. More than understand, echoing Senge's fifth discipline, I wanted to master ... everything. Later, I would realize how elusive 'mastery' was when it came to my own mind, but words made some sense out of the chaos.

Writing a book may be, as the historian Paul Johnson said, "...the only way to study a subject systematically, purposefully and retentively" (Johnson, 1997, p. iv). For first-person action research, it may be the only way to truly study oneself. Writing makes the ephemeral mind tangible. As Wallas puts it,

quoting a young girl, “How can I know what I think till I see what I say?” (Wallas, 1926, p. 106). Living life as enquiry required me to *write* life as enquiry.

Enquiry requires a scope of investigation. Mine began when I developed an emotional disorder ([CM, 2.1-3](#)). Pain is the mother of enquiry. My search was for a way to alleviate my suffering. It was informed by therapy, conversations and plenty of reading. While introspection was dominant, enquiry was illuminated by engagement with others. The self-help field, by definition, is circumscribed by the self. Even when it focuses on ‘improving relationships’, the locus of control is within the self. With enquiry, one looks to the systems within which the self is just a part, such as the individual, social and ecological (Bateson, 2000; Heft, 2001).

Crossing the Divide

To find an answer, I had to spread my cognitive wings beyond the narrow search for an answer. I had to focus on the phenomenon more than the goal. To understand my mind, I needed to go outside my mind. Like all systems, the mind is related to and dependent on a range of internal and external systems, each playing a role in emotion. So, as McGilchrist puts it, “The model we choose to use to understand something determines what we find.” (2019, p.97).

There is our neurophysiology: the synapses, neurons and neurotransmitters, which I tried to alter with psychiatric and psychedelic drugs. There is consciousness: the thoughts and qualities of awareness which I tried to alter with CBT and meditation. Outside of the mind, there is a social system. My anxiety was triggered by conflict with a neighbour. I tried to repair this with interpersonal tools. There is childhood trauma: early sexual abuse and domestic violence. These I attempted to resolve through abreaction and catharsis. There are the daily stressors of a demanding work environment, which I tried to manage better. There is the physiological environment that

can support the mind when we eat healthily, exercise and get enough sleep. I made sure that all these good 'mental hygiene factors' were in place.

Most treatments address one of the systems. Psychodynamic therapy focuses on early childhood trauma; CBT on thoughts; systemic therapy on relationships, such as the influence of family and teams; psychiatry on neurophysiology. Few therapies focus on diet and exercise. The latter is correlated with 98% lower rates of depression and 60% lower rates of anxiety (Kandola et al., 2020), although this is likely a preventative more than a curative intervention.

For overall mental health, all of these systems are important. Most treatments and theories focus on one. As a self-help author, I was always looking for the one thing that would bring sustained well-being. Call it a psychological unified theory of *well-being*. In physics, a unified theory of *everything* is a coveted prize that has proven elusive. Even Stephen Hawking, who may have come closest to its achievement, finally admitted that instead of a single theory, the best we could probably hope for is a "family of interconnected theories each describing its own version of reality." (Hawking & Mlodinow, 2010). That makes the case for a transdisciplinary approach that allows for communication rather than attack between each of the system-based approaches.

The reason there is no unified theory may be because it is impossible to separate reality from the perspective of the observer. There is no single realism, only, in Hawking's words, 'model-dependent realism'. Each theory represents a version of reality. Its validity depends on whether it agrees with observation. If more than one model agrees with observation, neither can be considered truer than the other. For Hawking, the only question to ask is which model is more convenient. The statistician George Box famously said, "All models are wrong, but some are useful" (Box, 1979). The underlying concept predates Box and refers to the way in which no single model can capture the complexity of reality. Hawking might have rather said, "All models that agree with observation are *right*, but some are more convenient."

It is widely believed that Copernicus proved Ptolemy wrong. The sun does not revolve around the earth; rather, it is the other way around. In fact, according to Hawking, we can explain the heavens with either model. Either the sun can be assumed to be at rest or the earth. The only advantage of the Copernican system is that the equations are simpler if the sun is assumed to be at rest. In that sense, the Copernican system is not truer; it is more useful.

Applying this to emotional distress, a psychiatric model that focuses on neurochemistry is not truer than a psychological model that focuses on thoughts and attention. When you alter one system, you alter the other. Not only does changing neurochemistry change thoughts and vice versa, taking a pill usually activates the placebo effect. This changes thoughts even without a psychoactive substance that directly changes chemistry. Which model is more useful? It depends on the circumstances. For some people, drugs work. For some people, changing their thoughts works better. Research shows that, on average (but not for everyone), a combination of antidepressants and psychotherapy is more effective than either on their own (Driessen et al., 2020).

One of the most effective treatments for PTSD is MDMA- (Ecstasy) assisted psychotherapy, something the FDA has called a breakthrough therapy (Mithoefer et al., 2018). There are also very positive results coming out of LSD- and psilocybin- (magic mushrooms) assisted therapy for depression and drug addiction (Pollan, 2019). These treatments tend to involve no more than one to three sessions. While some of this research was originally done at Harvard University in the 60s by Timothy Leary and Richard Alport, it was finally banned, along with the drugs, and resulted in the firing of Leary and Alport. Only now has there been a resurgence of research. However, despite the positive results, the establishment resists. That may be because it simultaneously engages two models of emotion, the psychiatric and the psychological, in a single event. While clinicians may support both therapy and antidepressants, taking a short-acting drug in a therapy session transgresses the boundaries of each discipline. Psychologists are not allowed

to prescribe drugs, and while psychiatrists can conduct therapy, that is not their preferred modality, and their drugs are usually long-term medications.

It would be nice to think that the only reasons for resisting this form of treatment are rigid theoretical models, but it might have more to do with business models. Short-use drugs like LSD and MDMA provide no profit incentive to the pharmaceutical industry. And single sessions of therapy are not the way psychotherapists earn an income. A negative perspective would be to say it takes a lot to get a person to understand something that their meal ticket depends on them not understanding. It has been said that psychiatry has lost its mind and psychology has lost its brain; with all the hysteria it invokes in each discipline, it is ironic that psychedelic therapy might be the one to reunite them.

The Downside of Enquiry

While I found both MDMA and psilocybin temporarily helpful, ultimately, my healing came in the mental system with a simple and paradoxical idea: the best way to make it stop is to stop trying to make it stop. It is often easier to do something than not to do something. It took me some time to figure out how to 'stop trying to make it stop'. Uncomfortable emotions push us to act, to fight, flee or, in some cases, freeze. They shout out at us, "Don't just sit there! *Do something!*" And yet, for me, healing came with the reverse: "Don't just do something. *Sit there!*" Even a meaningful, guided Ayahuasca⁵ weekend was ultimately just another unsuccessful attempt to try to transform my uncomfortable thoughts and sensations into some mystical message from beyond when what I really needed to do was just allow them to be.

Understandably, most treatments focus on the problem. Psychodynamic treatments, in particular, can be thought of as 'Living life as enquiry'. The very term *psychoanalysis* captures this. Initially, enquiry can be helpful in

⁵ Ayahuasca is a South American psychoactive brew used as a ceremonial spiritual medicine that has spread to the West, partly because in ceremony it is thought to have an anti-depressant effect.

identifying and defining the problem, but in my experience, continually focusing on the problem exacerbates it. Nothing feels as important as what you are currently thinking about. Anxiety is a disorder of misattributed importance. What is non-threatening is seen as threatening and important. Treatment can inadvertently escalate this with its sharpened focus.

If anxiety is a response to a perceived and not real threat, focusing on it will only amplify the threat. The correct response seems to be to remove focus, to not enquire. The most frequent question I had, and the one that has arisen the most with the people I have worked with, is *“Why? Why am I feeling like this?”*

It is understandable that we are drawn to this question. It is an informal application of the scientific method. ‘Why’ helps us to understand so that we can predict and control. However, with anxiety, there is nothing to control. It is an illusion. There is no threat. There is no problem to solve. The only problem is thinking there is a problem.

Stephen Hawking reminded us that we cannot separate reality from the observer. The act of observing changes what is observed. This is known as the observer effect. As Heisenberg discovered, measuring the position of a particle changes its velocity and vice versa (Dirac, 1981). In a more mundane example, measuring the pressure of a tire reduces some of the air, changing the pressure. The act of enquiring changes the subject of enquiry, sometimes for the worse. Marshall tells us to hold all insights as provisional. I am not sure whether she has realized that this applies to her injunction to live life as enquiry. I spent so much time enquiring how I was feeling to work out what I could do to feel better. This felt like important psychotherapeutic work. In retrospect, I believe it amplified what I was feeling and made it worse. I would have been better off with less enquiry.

‘Why?’ was like an itch that I had to learn not to scratch, to leave unanswered. Scratching always gave me temporary relief. Finding answers was like a drug that would invariably leave me with a bad hangover; the scratch came back more insistently. Ironically, enquiry was a form of avoidance. I needed to face

and tolerate the itch so that my brain would learn that it did not need scratching and could habituate. When Marshall quoted Senge's fixes that fail, she probably did not think of her own method as a fix that, in some contexts, fails. I have awarded it its own Sengian paradoxical aphorism:

Sometimes enquiring about the problem is the problem.

While I never found Exposure Therapy to be very effective, it did provide powerful insights. One of them would be considered heresy by most psychotherapies: "Content is irrelevant" (Abramowitz et al., 2011). To most therapies, content is everything. If psychiatry is driven by biological determinism, psychodynamic therapy is driven by biographical determinism. Yet biographical analysis did not prove very effective in reducing my own distress, even if it can for others. It may seem ironic for me to say that, given that the main part of this doctorate is my own biography, my critical memoir. But the memoir was not the cure. It was instructional and therapeutic. The real cure was going beyond content, transcending the biographical self and seeing it for what it was: transient thoughts and sensations.

The therapy that came closest to my own insights was metacognitive therapy which focuses not on changing the story but on dropping the story (Wells, 2011). To MCT, enquiry itself is the problem. As will be seen later, overthinking is the single biggest risk factor for anxiety and depression. Still, it would surely be mistaken to think that everyone suffering from emotional distress would be best served in the way that I was. A systems theory approach reminds us that no one model serves everyone.

In retrospect, while many therapeutic techniques backfired for me, they were also usually helpful to some degree. For instance, healing came when I found a way to reduce enquiry and pay less attention to my uncomfortable thoughts and sensations. Here CBT helped, not to reinterpret my childhood trauma, the conflict with my neighbour or even my anxiety in general, but the intrusive thoughts themselves. The phrase I gently used in response to them was 'It

doesn't matter'. This cognitive reframe is the antithesis of enquiry which gives the subject of enquiry significance.

While psychological self-enquiry has its downside, enquiry still has its place. It is the basis of research. Enquiry was necessary for me to discover the pitfalls of enquiry.

STORYTELLING

Written enquiry is embodied in form. Academic writing tends towards the focused, ordered and neutral. As Marshall points out, "Innovative ideas placed within such structures may well lose their potential" (Marshall, 2016, p116). Form is more than shape; it is, again in the words of Marshall, a 'meta-communication'. Certainly, in verbal communication, the meaning conveyed in how something is said can far outweigh what is said. Try telling your partner you love them while checking your email and frowning and seeing how loving they are in return. The same is true of the written word. A list of facts is far more likely to be recalled when they are couched in a narrative. Those facts are also more likely to move and inspire (Heath & Heath, 2007).

It has been said in different ways that story is life with the boring bits cut out, but it is more than that. Story confers order on the chaos of life. Besides birth and death, life seldom has neat beginnings and endings. By framing particular events, stories enable humans to enquire about specifics and draw lessons to take back into life. Stories provide a frame for research. They turn private experience into public learning. It is their experiential nature that makes them such a powerful educational medium. Humans and some other species largely learn through imitation. In the case of humans, stories provide a virtual model for imitation, what Aristotle called their *mimesis* (Halliwell, [335 BC], 1998).

It is incredible how much time people spend immersed in the imitation rather than the original. What is striking is that in all those films, TV series and

novels, we are not watching happy people enjoying life. Instead, we see people getting cheated, assaulted and murdered or at least going through some form of physical or psychological adversity. Why would we spend our free time doing this? Perhaps because so much of life is about adversity. We are either in a problem, emerging from a problem or about to go into a problem. Stories help us solve problems. They are a guide to life.

Aristotle believed that part of the purpose of tragedy was to instruct, which is why the characters needed to be moral. But to him, there was another critical function, catharsis. In watching characters undergo intense emotions, through a process of identification we undergo our own emotional purging. Freud would borrow Aristotle's term to describe the emotional release that happens when we relive our traumas in therapy (Breuer & Freud, [1895], 2009). Besides catharsis, telling one's story seems to reconsolidate memory, allowing it to be filed, alleviating post-traumatic stress (Ecker et al., 2013). While I definitely got the benefits of catharsis and reconsolidation, the real benefit for me was the lessons I derived on how to deal with my particular adversity: emotional distress. Through the story, it is not only the listener that learns; by documenting my experience, I learned from myself. I was my primary audience. As I shared the story with different audiences – my supervisor, friends and workshop participants – key insights were consolidated both for them and for me.

In its most basic form, story is an account of events. It is action rather than abstraction, although, of course, it may contain abstraction. Stories do more than tell; they show. They are framed by a beginning, middle and end, giving experience an order that life denies. This research *is* my story. There are countless ways to write stories. To write mine, I drew on Campbell's *Hero's Journey* ([1990], 2008).

The Hero's Journey

There has been a long tradition of applying and expanding the ideas of Campbell's hero's journey in the self-help movement. This is particularly true

in the men's movement⁶, in which some groups use fairy tales as metaphors for psychological development (Zakrzewski, 2005), first popularised as a therapeutic tool by Bettelheim (1989). I attended a three-day workshop in one of the largest of these organisations, the Mankind Project. As men, we were encouraged to look at our lives, identity and gender through various symbols and archetypes, for which Campbell drew extensively from the work of Carl Jung. While certainly no cure for anxiety, I did find it helpful to see my issues as part of a larger narrative. Seeing today's pain as part of a journey of transformation gives it meaning and purpose, easing that pain.

Campbell believed that all stories follow a similar structure, traversing all cultures, what he called a 'monomyth' (2003). It is questionable whether Campbell's structure is indeed universal, particularly the idea of his seventeen discrete stages. Nevertheless, many of the stages of the hero's journey resonate with my experience and capture common themes I have observed in human transformation.

I do not believe Campbell's narrative structure exists as some kind of Platonic ideal. Yet it does seem to capture a common pattern in personal transformation and certainly in my own. As we will see later, Campbell's stages can be distilled into a three-act structure that not only fits most stories but also the concept of liminality. The anthropologist van Gennep coined the term liminality to describe the rites of passage marking significant life transitions (1960), which later became widely used through the work of Turner (1974). While the Western world has fewer and fewer of these formal rites, stories capture those transitions in movies, TV series, novels and video games.

My own story captures my transformation from emotional distress to recovery. If I had not constructed a narrative, even if I had healed, I may not have been able to carry that insight into my life and certainly not have been able to share

⁶ Emerging in the 1960s and 70s, the men's movement is made up of organisations and groups that focus on self-help, gender and sexuality issues.

it with others. Narrative creates memory. A Stanford study found that after listening to a speech, while just 5% of students remembered the statistics, 60% remembered the stories (Heath & Heath, 2007).

Without the memory of my transition, my sense of self would have surely been impoverished. My story gifted me the clear sense of having overcome a significant challenge. That challenge taught me the limits of my knowledge. I remain humble about the possibility of further adversity and blind spots. However, my story, while no cure, has fortified me with the sense that I will probably be able to overcome as I overcame this.

I have used Campbell's *Hero's Journey* to write a TV drama pilot and a novel (Cohen, 2012). His story structure is almost certainly more influential in Hollywood than any other. But that is fiction. I was concerned that in applying it to my own story, I might manipulate the facts to fit the structure. To avoid this, I kept the structure back of mind and tried to let the story tell itself, focusing on what seemed important rather than what might work for the structure. In the end, I found that the structure emerged largely on its own, with little manipulation on my part, suggesting that parts of Campbell's monomyth may, in fact, be generic to transformational stories like my own ([CM, 3.7. The Story](#)).

The fact is, all stories have structure, even if it is just that they possess a beginning, middle and an end. Most of us follow this structure automatically. It is not unreasonable to do that consciously for greater effect, as long as one stays true to what happened. "Never ruin a good story with the truth" may apply to Hollywood but not to a critical memoir.

The Holy Grail

While I am writing a critical memoir, my story does seem to reflect an archetypal theme found in many fictional stories – the protagonist's search for a hidden treasure. Whether literal or metaphorical, it is the trials and tribulations along the way to this 'holy grail' that transform the character into a

hero. There is Percival, one of King Arthur's legendary knights of the round table, who seems to be the original one to quest for a 'grail', which back then was not explicitly holy (De Troyes, 2011). Holy or not, the grail symbolizes an elusive goal that, even when leading to the discovery of a treasured object, usually points to a treasure within the self.

Most cultures celebrate real, fictional or semi-fictional seekers. Many of the protagonists of the Bible and the Koran, from Jesus to Mohammed, left home in search of physical or spiritual salvation. Abraham, the patriarch of Judaism, Christianity and Islam, is promised greatness by God if he leaves his country and kindred. Even if it was at the advanced age of 75 (Bible, 1996). It is ironic that Christianity is considered the religion of family values when Matthew reports Jesus as saying: "And everyone who has left houses or brothers or sisters or father or mother or wife or children or fields for the sake of My name will receive a hundredfold and will inherit eternal life" (Bible, 1996, Mathew.19:29). Another way to see this quote is as a call to sacrifice for family and nation. This is what Ukrainian sons and fathers have recently done, leaving their families for ideals of freedom and democracy. In the traditional, religious sense, it has made pilgrimages to Bethlehem and Mecca a cornerstone of faith. Ironically, the original seeker has become the holy grail to many of those who seek.

I had gone into my story with an openness to discover that Sigmund Freud, Albert Ellis, Adrian Wells or some other leader of a psychotherapeutic field would be holding the light at the end of my journey. Instead, I discovered it was an amalgamation of insights accumulated on my journey that I had to reconfigure into a unique treasure that served me.

Selling over 150 million copies, Coelho's *The Alchemist* (1988) is one of the most popular, more recently written versions of the 'seeking far from home' trope. Madonna's endorsement on the back of the 2014 publication of the book, captures the universality of the tale:

A beautiful book about magic, dreams and the treasures we seek elsewhere and then find at our doorstep.

I never loved the book. It is too aligned with the ‘illusion of omnipotence’ department of the self-help field. In the words of Coelho, its core message is that “When you want something, the whole universe conspires to help you” (Coelho, 2014, p. 2). As if the only reason we do not get what we want is that we do not want it enough.

It is interesting that when we want to predict someone’s success we say, “they will go far”. As if success requires leaving home, or Campbell’s, “the ordinary world”. Perhaps from an evolutionary point of view, it is often necessary to leave the safety of home to survive and thrive. Elevating heroes who do this helps to perpetuate the urge. Even if we do not leave the place of our birth, the developmental transition to adulthood requires the establishing of independence and identity separate to one’s parents. As I capture in my memoir, leaving home for university and then travelling around the world for two years was a critical period of liberation and growth for me ([CM, 1.3. Choice](#)). My anxiety disorder would trigger a period of midlife seeking, more psychological than physical, but then even physical journeys are essentially psychological ones.

The Particular in the Universal

In Hesse’s *Siddhartha* (1922), I found a story far more aligned with my own. Like many of these stories, Siddhartha leaves home in the hope of gaining his holy grail – spiritual enlightenment. While his best friend, Govinda, joins the Buddha’s order, Siddhartha goes his own way. Though acknowledging the Buddha’s wisdom, Siddhartha comes to realize that each individual’s experience is unique and no one teaching will be fit for all. There may be mentors along the way, but enlightenment is a solo quest. Ironically, Siddhartha is the only one to reach enlightenment because he does not worship the Buddha like a God (Hesse, 1922). Taking an ‘interdisciplinary’ approach to seeking, he explores many, often contrary, ways of being, which

brings him to a paradoxical, ambiguous enlightenment, much like my own. When he is asked to articulate his, Siddhartha responds that for every true statement, the opposite is also true; no belief accounts for the fullness of reality. He only asks that people try to love the world in its fullness, both the dark and the light. This captures some of my own hard-won, treasured insights. My suffering was sustained by my continual attempts to avoid the dark. I am not sure that I could have followed Siddhartha in loving it, but my healing came through accepting it.

In Siddhartha, I see a mirror of my own story, not just in mythic structure but also insight. We might find something similar in all stories of this kind. Even Coelho's protagonist ultimately realizes his enlightenment in his own unique way. Stories capture the ideographic approach to research with a focus on individual differences. Every story is unique, even if it has universal themes. It is this universality that binds the storyteller and reader, while its idiosyncrasies allow for insight that, if not unique, can be distinctive.

LIVING THEORY

Writing a critical autobiography in the form of Campbell's *Hero's Journey* by drawing on first-person action research may be a good recipe for a compelling and honest account, but how do I validate my research insights? Jack Whitehead's *Living Theory* (2018) provides specific criteria.

What particularly appeals to me about Whitehead's methodology is that it is based on a pragmatic question: How do I improve what I am doing? While he focuses on education, this could be the slogan of the personal development field from within which I work. My colleagues and I frequently quote the Japanese concept of 'Kaizen', continuous improvement (Wittenberg, 1994). This research is based on my need to improve my way of dealing with emotional distress; as a professional, there just may be something in the story that helps others. Instead of the self-help author's 'rules for living', there will be my experience: vulnerable, raw and layered, available for different people

to find different points of resonance. It is a humbler, less certain offer of improvement but perhaps greater in its potential to connect with the varieties of human experience. With less of the self-help expert's didactic voice, it may bypass the 'reactance effect', the defences we sometimes raise to overt persuasion (Cialdini, 1987).

The core of Whitehead's method is Lomex's action reflection cycle, (Whitehead & McNiff, 2006). This is what I implicitly used in dealing with my own emotional distress. I acted on insights from various treatments and reflected on their impact, in essence, changing the causes to see how that might change the effect. I came to some important and helpful insights, but I am still cycling back and forth as I apply and reflect, Kaizen being a never-ending process. I have also begun to share these insights to see if others can derive value, and it certainly seems that many are. But at this point, this research will be judged on my critical account of my own experience. How does one assess the validity of a personal/subjective process as having value to others and to knowledge and practice? Whitehead proposes that the validity be based on "the individual's claim to know his or her educational development". In judging the validity of this claim, he offers five questions (Whitehead, 2018), which I will briefly answer:

1) Was the enquiry carried out in a systematic way (Foster 1980, Forrest 1983)?

I documented my own action reflection cycle, showing the impact of each new treatment and action that I took to alleviate my emotional distress.

2) Are the values used to distinguish the claim to knowledge as educational knowledge clearly shown and justified?

My values are evident in my memoir, particularly my guiding purpose. For many years, my mission was to "Inspire and equip people and organisations to realize their potential". With the advent of my emotional distress and

recovery, this shifted to “Providing people with the insights to heal themselves”.

3) Does the claim contain evidence of a critical accommodation of propositional contributions from the traditional disciplines of education?

I draw extensively on all the major paradigms for dealing with emotional distress. Of course, there are always questions about the validity and reliability of the research. The aforementioned replication crisis in the social sciences reminds us that ivy league credentials and peer-reviewed studies are no guarantee. That is why this research is contrasted with my own direct experience.

4) Are the assertions made in the claim clearly justified?

My memoir and commentary together provide justification in the form of my experience and the literature.

5) Is there evidence of an enquiring and critical approach to an educational problem?

Marshall's *First Action Research* (2016) and critical autobiography informed my critical approach. The educational problem was finding a reliable way to reduce emotional distress. Ordinarily, this might be considered a mental health problem, but coming from the personal development industry, I prefer to think of this as a psychoeducational problem. Still, it is the mental health field that provides most of the research on solving this problem, and it is to that which I will now turn in my knowledge landscape.

CHAPTER 5

KNOWLEDGE LANDSCAPE

For those who have not refused the call, the first encounter of the hero's journey is with a protective figure (often a little old crone or old man) who provides the adventurer with amulets against the dragon forces he is about to pass. ...One has only to know and trust, and the ageless guardians will appear (Campbell, [1949], 2008, p. 49).

While this commentary has already gone some way into the relevant literature, it is now time to focus on the specific areas of literature that I drew on in my search for personal healing, along with the transdisciplinary literature that informed my research. I have always thought of the authors of the books and articles that I revere as my *virtual* mentors. This section details the most relevant ones.

No protagonist exists in a vacuum. Critical to the hero's journey is his 'meeting with mentors'. For me it was not "a little old crone or old man" but rather the books, journals, conferences and conversations from where I drew knowledge. Some of these mentors made things worse, but ultimately, each had something for me to reflect on that was contributing to my learning. This doctorate has connected me to new mentors, my supervisor, my fellow candidates, the DProf faculty and the vast Middlesex library.

There are three main areas of 'mentor' knowledge I drew on for this research. The first had to do with the rationale and nature of emotional distress. Here I explored neuroscience as well as evolutionary and clinical psychology ([CM, 2.3-5](#)). This is also in part detailed in Chapter 2 of this commentary. The second area of literature has to do with the treatments for emotional distress from various therapies and practices, including psychiatric drugs, cognitive behavioural therapy, psychoanalysis, action commitment therapy, metacognitive therapy, exposure, Buddhism, mindfulness and meditation

[\(CM, 2.6-33\)](#), which I will address in greater detail shortly. The third area of literature, as discussed in Chapter 4, has to do with methodology: primarily critical memoir, which is informed by narrative as a theoretical framework, first-person action research, living theory, storytelling and transdisciplinary thinking, the last of which I will readdress now.

A TRANSDISCIPLINARY APPROACH

In the spirit of pragmatism, this research is informed by transdisciplinary thinking. As a personal development practitioner, I have drawn on multiple fields including psychology, philosophy, economics, physiology, history, biography and perhaps above all, my own experience. I have always had what Hasse calls a practice-based learning perspective (Maguire, 2015). I learn from what I practise, usually on myself. Suffering does not care where healing comes from and indeed, I did not find it in a single academic corner. Specialization is seen as the answer to complexity. While it does provide greater insight into narrow corners of the world, by divorcing the world from itself, it occludes ambiguity. Complexity *is* ambiguous; its understanding requires multiple perspectives. Knowledge is seldom a tick or a cross. It is often both, depending on the context. As a natural transdisciplinary practitioner and researcher, my agency is what communicates between the differences, and hopes to produce something that is 'meta' in the sense of being more than the sum of the parts, an integration that opens up the horizon of possibilities. In my case, this is something about the emergence of the quality of the practitioner transcending the modality, leading to an emerging new type of practitioner – in this case the psychoeducator. This emergence is captured well by the anthropologist Tim Ingold (2011):

Rather than supposing that people apply their knowledge in practice, we would be more inclined to say that they know by way of their practice (Ingold and Kurttila 2000:191–192) that is, through an ongoing engagement, in perception and action, with the constituents of their environment. Thus, far from being copied, ready-made, into the mind in

advance of its encounter with the world, knowledge is perpetually 'under construction' within the field of relations established through the immersion of the actor-perceiver in a certain environmental context. Knowledge, in this view, is not transmitted as a complex structure but is the ever-emergent product of a complex process (p. 178).

A transdisciplinary approach is not unique to some researchers; it is the approach that many people take informally in search of solutions. For instance, most patients care more about healing than where their healing comes from. Hence, the rise of the multibillion dollar Complementary and Alternative Medical Field (CAM). While not based on scientific evidence, it is used by approximately 36% of adults in the United States. Include 'praying for health' and 'megavitamins', and that rises to 62% (Tilburt & Miller, 2007). Faith and pseudoscience may not seem like viable medical treatments, but they can activate the placebo effect, which is not just capable of reducing perceived pain and nausea, but also altering biological processes such as inflammation, neurotransmission and immunosuppression (Pacheco-López et al., 2006).

Helman, a leader in medical anthropology, says that most people tend towards, 'medical pluralism', embracing a variety of different treatments that are presented within their particular culture (2007). Placebo effect aside, there are obvious dangers in unproven treatments. They can interfere with proven ones or be toxic. They may also be given credit for healing which, in fact, was the result of spontaneous remission or regression to the mean. However, medical pluralism provides a neat description of my own approach. While I was only interested in scientifically proven treatments, it was astonishing to me how variable they were in their efficacy. More problematic was their siloed nature.

Amazingly, there is even greater conflict within disciplines than there is between them (Stokols et al., 2010). The arguments between practitioners of different therapies such as exposure or psychoanalysis are probably greater than the ones between psychiatry and psychology. The conflict goes even

deeper within a single sub-discipline. The squabbles and fallouts between psychoanalysts are legendary. Ironically, it is Freud's line, "The narcissism of minor differences", (Gabbard, 1993) that springs to mind. Too often, practitioners use the boundaries of their disciplinary corners to mark their territory and affirm their identity. Security is a poor substitute for enlightenment. In this research, I was Hermes, the transgressor of boundaries. In the search for solutions, no fence has ever restrained me.

VARIOUS TREATMENTS

Confronted by my own emotional dysfunction, I experimented on myself with a variety of treatment options. This is a tried and tested, scientific method for a few breakthrough scientists. Ingesting a bacterium and contracting gastritis, Barry Marshall proved that stomach ulcers were not primarily caused by lifestyle factors as previously thought. He went on to win the Nobel prize for his discovery. Alexander Shulgin ingested many chemicals, including MDMA (Ecstasy), which would later be used in psychotherapy to treat PTSD. Harvard professor Timothy Leary did the same for LSD (Harris, 2015).

Initially, I applied the treatments I had used effectively for most of my adult life: CBT, positivity, meditation and relaxation ([CM, 2.6-33](#)). These approaches all worked temporarily but seemed to make things worse later. That forced me to question everything I had learned. I decided to submit myself to every major therapeutic method, both those I had accepted and rejected at university. I was willing to be proven wrong and discover that something I had discarded years before could be the cure. I explored the literature underlying these treatments to both inform and see how it contrasted with my own experience.

Applying the psychodynamic approach and facing my childhood abuse was cathartic but did nothing to alleviate my anxiety ([CM, 2.15 - 16](#)). Exposure therapy is considered the most effective form of therapy for anxiety (Abramowitz et al., 2011). While it did reduce my anxiety by reducing my

sensitization to the intrusive thoughts, the effect was not lasting ([CM, 2.17-19](#)). It may also have increased the frequency of the thoughts through increased availability. In fact, a meta-analysis comparing exposure to cognitive therapy for anxiety shows no statistical difference (Ougrin, 2011). As for cognitive therapy, at best, it is effective for 60% of people (Davey, 2012).

Overthinking

One thing I noticed was that, besides the intrusive thoughts, there was an extensive network of thoughts about the thoughts ([CM, 2.22](#)). I think of intrusive thoughts as auto-thoughts. They pop into the mind like those annoying internet pop-up ads. I call the thoughts *about* those auto-thoughts – voluntary-thoughts. It is a choice whether to click on the pop-up advert and begin to analyse its contents. I was almost constantly analysing the intensity, frequency and duration of the auto-thoughts. I would think through different possible solutions. I would review the past and forecast the future, trying to determine if they were getting better or not. This compulsive thinking is what I call WAR: worrying, analysis and rumination.

Of course, thinking about what one could have done differently is a useful survival strategy. Thinking is like inflammation, an adaptive immune response, but out of control, it becomes like chronic inflammation causing disease. In a landmark study that began weeks before the 1989 Loma Prieta earthquake in California, those who were high in rumination before the earthquake were significantly more likely to suffer from depression and post-traumatic stress afterwards. Rumination was a bigger predictor of mental illness than being personally affected by the disaster. It also reduced the benefits of treatment (Nolen-Hoeksema & Morrow, 1991).

More recently, in the biggest UK study of its kind, over 30 000 people from 172 countries took an online stress test. The biggest predictor of anxiety and depression was rumination. Once again, a ruminative thinking style was more predictive of mental illness than adverse life events (Winterman, 2013). It may be true, as Jung is alleged to have said, that what we resist persists but

equally, on what we dwell, we swell. Between resisting and dwelling, there is acknowledging and letting go. The personal development practitioner's search for nomothetic binary rules didn't easily find the grey between the black and white.

I had always seen thinking as the mark of intelligence. I recall, in my early twenties, a friend telling me, "you think too much". Well, one thing I did think was that he was an idiot for saying so. Only now do I realize how right he was. Intelligence is not just the acquisition of knowledge. It is the *application* of that knowledge. Overthinking can become a substitute for application. Women who worry excessively about a lump in their breast are *less* likely to go to a doctor (Nolen-Hoeksema et al., 2008). In Shona, the most widely spoken language in Zimbabwe, the word for depression or anxiety is *kufungisisa*, meaning 'thinking too much'. This can refer to either the cause or the symptom of the illness (Patel et al., 1995).

Self-disclosure can clearly be therapeutic, but when it descends into co-rumination with the focus on problems rather than solutions, it exacerbates anxiety and depression (Stone et al., 2010). This usually happens between friends, but some forms of talk therapy can degenerate into co-rumination between client and therapist. Rogers' person-centred therapy (1977) is largely about listening to the client with unconditional positive regard. This can certainly ameliorate the effects of shame that many feel about their problems, but in my experience, it can also reinforce a ruminative focus on the problem.

Neuroscientists are increasingly revealing the underlying brain networks of overthinking (Barrett & Satpute, 2013). It used to be believed that when one was not thinking about anything in particular, the brain went into a low energy state. Now it is known that the brain uses about the same amount of energy when it is paying attention as when it is not. This unfocused activity takes place in various interconnected parts of the brain collectively known as the Default Mode Network. This is where humans think about themselves, others, the past or the future (Buckner et al., 2008). These thoughts tend to veer

towards the negative, as the brain's primary concern is survival, which depends on threat detection.

The opposite of the Default Mode Network is the Task Positive Network. The TPN activates when one is deliberately focused on a physical or mental task. The two networks are mutually exclusive. When one is on, the other is off (Buckner et al., 2008). Both are important. The functional side of the DMN is that it enables humans to review the past and forecast the future; the dysfunctional side is worrying and rumination.

In fact, research shows that by learning to refocus the attention, we can deactivate the DMN (Fox et al., 2005). The only danger with this that I found is that refocus can be a form of avoidance, which can ultimately increase anxiety. Certain forms of meditation refocus the attention and deactivate the DMN, but they can act as a form of thought suppression that leads to a rebound effect.

In Wegner's famous White Bear experiment, participants thought of white bears more often when they first tried to suppress the thought than when they did not (Wegner et al., 1987). Called ironic rebound theory, it clearly demonstrates that when you try to stop a thought, it tends to recur with greater frequency. This is largely because to stop a thought you have to monitor it, which is the very thing that makes it recur. Monitoring is like lighting a fire to see if the fire has been put out.

The Problem with Solutions

I began to realize that all my 'solutions': meditation, reappraisal, reliving childhood trauma and even exposure, were a direct or indirect attempt to stop the thoughts ([CM, 2.25. The problem with solutions](#)). Certainly, my voluntary thoughts were. As long as I was worrying, analysing or ruminating, I did not have to face the auto-thoughts. Voluntary thoughts are the most common strategy humans use to avoid internal pain. While thinking about what one could have done differently to avoid the death of one's son, one avoids facing

the naked pain of that brute fact – “my son is dead”. The problem is these voluntary thoughts inadvertently keep an indirect focus on the auto-thoughts.

Worrying, analysis and rumination are defence mechanisms, another form of avoidance. The irony is that all forms of avoidance actually work – at first. I always immediately felt better using them. It is like a drug addict; he takes the drug and feels better, then soon he feels worse and has to take more of the drug.

Up until my own personal crisis, the core personal development message I had been sharing in true self-help style formed the acronym ACT: Awareness, Choice, Thought and Action (Cohen, 2006). These four ideas empowered me to create the life of my dreams, building the body, finances, career and relationships I had always wanted. Awareness: know thy self, know what you love and what you are good at. Choice: take personal responsibility. Internal locus of control beats external. Thought: from the Stoics and CBT, I learned that our perspective largely determines our reality. Finally, Action: try, fail, learn, try again. There are no results without action.

What I began to see was that these four ‘superpowers’ had become a form of avoidance; I was using them to try to stop the intrusive thoughts. Awareness had driven me to analyse them: with Choice, I was trying to control them, with Thought (reappraisal); I was trying to change them, and all the Action I was taking to end them only served to convince my brain they were dangerous, increasing my anxiety.

A New Response to Thoughts

It now seemed the solution was to withdraw awareness, relinquish choice, allow the thought and surrender! In essence, the solution to my life’s greatest problem seemed to be – do nothing! This was both the easiest and most difficult thing I had to learn to do. Easy because all that doing was arduous and made things worse. Difficult because thinking was my addiction. The difference between being addicted to cocaine and addicted to thoughts is that

the former you still have to find, buy and get it into your head. The latter is already in your head. If I could truly accept the auto-thoughts, the voluntary-thoughts would become unnecessary. Relief came when instead of trying to stop, change or even expose myself to the thoughts, I accepted and detached from them. ([CM, 2.27. Just do Nothing.](#))

I found evidence of these ideas in Buddhism (Wright, 2017), mindfulness (Kabat-Zinn, 2012), acceptance and commitment therapy (Harris, 2009) and metacognitive therapy. These are known as third-wave therapies (Jacobson, 2018). The first wave was Freudian-led psychodynamic therapy that focused on reliving trauma. The second wave included humanistic and cognitive behavioural approaches that focused on changing our thoughts and behaviour. The third wave focuses on changing our response to our thoughts and feelings, usually through acceptance and detachment.

Preliminary research is showing that this approach may be superior to CBT in certain anxiety disorders. Take metacognitive therapy: instead of changing the content of the thought, MCT raises awareness of maladaptive thinking processes like worrying and rumination. While CBT might use a cognitive reappraisal process to transform a worrying thought into a positive or at least neutral one (Kennerley et al., 2016), MCT uses attentional training to identify and detach from worrying (Wells, 2011).

Mindfulness is the term that most closely overlaps with what I call 'transcendence', a detached acceptance. However, there is an important difference. I had tried mindfulness and found that it could become a form of avoidance, a way to suppress intrusive thoughts. The transcendence practice that I developed emphasizes *passive, detached* awareness rather than the deliberate, effortful 'paying attention' most commonly used to describe mindfulness (Kabat-Zinn, 2012). I found that 'paying attention' could intensify the negative thoughts and sensations or when 'paying attention' to the 'sensory here and now' be a form of avoidance ([CM, 2.36. Three Qualities of Awareness](#)).

This distinction between active and passive is particularly important in meditation. Most secular meditational practice has been adapted from Buddhism, where there are two main kinds: Focused Attention Meditation (FAM) and Open Monitoring Meditation (OMM) (Fujino et al., 2018). For most of my life, I had practised the more common one, FAM. Here you focus exclusively on one thing, such as a mantra (mind tool), an external object or the breath. When your mind wanders, you bring it back to that singular point of focus. The goal of focused attention meditation is to sharpen the attention away from the cacophony of our non-stop mental chatter. Initially, when I developed intrusive thoughts and anxiety, I was not overly concerned. I believed I could just meditate them away. In fact, my meditational practice improved. In one session, I got into such a deep state of bliss I thought I had become enlightened, only to emerge into a full onslaught of suicidal thoughts. I was using meditation like an anti-anxiety drug. It made me feel better while I was doing it, but afterwards, the suppressed thoughts and anxiety would come raging back in a rebound effect.

The second type of meditation is called Open Monitoring Meditation (OMM). Here, instead of focusing your attention on a single point, you allow whatever thought or sensation presents in the moment to simply be there, without attaching or engaging with it. With FAM, you turn your attention away from thoughts; with OMM, you let them be. If that sounds similar to a third-wave therapy like Metacognitive Therapy, it should; third-wave therapies draw extensively on Buddhism (Virtbauer, 2012).

Buddhism recognizes that thinking is our primary source of suffering. The Buddha is thought to have called pain the first arrow, which is inevitable. The second arrow is our response to pain, that's suffering, which is optional (Burlingame, 1991). Suffering is the story we tell about the pain: *"Why is this happening to me?" "What if it never stops?" "What did I do to deserve this?"* Both FAM and OMM will quiet thoughts. But with FAM, it is like pushing a balloon underwater. With OMM, you let the balloon pop up and bounce away. Neuroscientists have found that each style of meditation has its own brain profile. While FAM activates areas of the brain responsible for intentional

focus, useful for concentration, OMM activates detached focus, which reduces reactivity and increases acceptance (Lippelt et al., 2014). The latter is what I found to be so therapeutic, not just as a sitting practice but as a direct response to anxiety and a state to visit throughout the day.

An Integrative Approach

Experts like myself are quick to promote their latest realization as the only way, perhaps to reduce cognitive dissonance, remove doubt and convince themselves that the search is over. Focused attention meditation still has its place to train and sharpen attention. I just found that it was unhelpful as a response to anxiety. Likewise, action-based solutions and cognitive reappraisal – what I have taught through most of my career - remain powerful life-enhancement strategies, but with anxiety, where there is no external problem to solve, they can be counterproductive. Instead, acceptance and detachment, what I refer to as ‘transcendence’ may be more effective. In critiquing my old methods, I may have been too quick in discarding them. My knowledge continues to evolve, but in the meantime, I discovered that one approach does not exclude the other, and I have been able to integrate each of the three strategies into a single method ([CM, 3.1-5](#)).

Drawing on my thinking demonstrated in the previous chapters and my choice of critical memoir, in the next section, I present more details relating to my choice and how I went about bringing it into a written form of *The Paradox of Healing*.

CHAPTER 6

RESEARCH DETAILS

The story was the bushman's most sacred possession. These people knew what we do not ... Without a story of your own, you haven't got a life of your own (Van der Post, 1962, p. 11.)

In the *Writer's Journey: Mythic Structure for Writers*, Vogler simplifies Campbell's stages of the story into twelve (2007). My story was depicted through nine of these.

The ordinary world	My ordinary world, before my life was turned upside down, was life as a self-help expert who thought he knew it all.
The call to action	Triggered by traumatic thoughts and anxiety, my call to action was to find a new way to deal with emotional distress.
Refusal of the call	Refusing the call, I reverted to my tried and tested ways of dealing with it until it became too painful.
Meeting with the mentor	My mentors were books, therapy, conversations and my supervisor.
Tests, allies and enemies	These were the many solutions that made things better at first and worse later and the reverting to old strategies that had got me into trouble in the first place.
Ordeal	This was the significant increase in suffering I experienced when I stopped trying to stop my suffering. Things getting worse before they get better.
Reward	By relinquishing my 'solutions', eventually my suffering naturally abated on its own.
The road back	How would I return to the old world where I was paid to share my old ideas but was flush with new ones?

	This research showed me how to do this by working directly with the public in online presentations, workshops and one-on-one coaching.
Return with the elixir	The elixir was less a single idea and more an integration of three main transformational strategies, which will no doubt continue to evolve as I discover new elixirs.

In a more detailed summary, I use the three-act story structure which is evident in my memoir. This is a model that has been described at least as early as the 4th century AD by Aelius Donatus (Dhanasekaran, 2016). Joseph Campbell referred to these three stages as:

- 1) Departure
- 2) Initiation
- 3) Return

Act 1: Departure

The past is never dead. It's not even past (Faulkner, 2011).

Stories usually start out in the 'old world'. This is the world before the 'inciting incident' that triggers the transformation (Trottier, 1998). Here I explored my life before my anxiety disorder, my early childhood emotional difficulties and how these were resolved through my psychology studies. Inspired by my own transformation, I dedicated my life to sharing these insights with others and became a self-help expert. I not only explored the nature of these core insights but how I arrived at them ([CM, Part 1](#)).

The 'inciting incident' was a conflict that triggered an anxiety disorder ([CM, 2.1. The Butterfly Effect](#)). Using Vogler's interpretation of Campbell's monomythic structure, this incident was a 'call to action' to find a new way to deal with my distress. I 'refused the call' and reverted to my old ways: CBT,

relaxation and meditation. This made things much worse, so much so that I became suicidal.

At this point, a 'major dramatic question' arises which drives the rest of the story: "*Will I find a way to alleviate my emotional distress?*" While this study is not focused on answering a single research question, the dramatic question does overlap with my principal research focus: the alleviation of emotional distress.

Act 2: Initiation

You cannot get where you want to go by remaining where you are.

In the initiation, the protagonist crosses the threshold to the 'new world'. For me, this was embarking on a journey to discover a better way to deal with my emotional distress. I subjected myself to every major psychotherapy, including many, like psychodynamic therapy, that I had previously rejected. I dug deep into the literature on emotional distress, experimenting with a vast range of different 'solutions' ([CM, Part 2](#)). The second act is described as a time when, in trying to resolve the problem, things get worse and worse. This is exactly what happened to me. Part of the problem is that the protagonist does not have the right skills to deal with it. I attempted to acquire the skills in the only way I knew how: cycles of reading, action and reflection. But the protagonist needs more than skills; he must arrive at a higher awareness of who he is. This is referred to as a 'character arc' (Trottier, 1998, p. 21). Core to my healing was a fundamental shift in my sense of self and the relationship of myself to my thoughts ([CM, 2.37. The Transcendent Self](#)).

I began to realize that I did not 'think' my thoughts as much as my brain produced thoughts. If I had any control at all, it was in how I responded to those thoughts. If I resisted, indeed, if I tried to control or stop them, they became more distressing. If I saw them like clouds in the sky, beyond my control, not only were they less distressing, they tended to dissolve on their own. This required a transformation in the way I understood myself. In the 'old

world', I saw myself as the master of my thoughts and emotions. I was the river, and I could make myself flow upstream if I chose, or so I thought. Now, increasingly I saw myself not as the river but as the riverbed, a conduit for the river of experience.

This shift in self was the canonical script breaching that Bruner spoke about (1991). My new sense of self which leaned towards the Buddhist idea of 'anatta' or 'no-self' (Fulton, 2008) was not easily won, not only because the old sense of self was so entrenched but because it was what I had preached to myself and others for so many years. In its extreme, this was the God-Self of the self-help movement, most clearly seen in books like *The Power of Positive Thinking* (Peale, 2012) and *The Secret* (Byrne, 2008), which proclaimed that, with a few affirmations and visualizations, not only could you control your thoughts and emotions, you could control the world. In the words of Napoleon Hill's *Think and Grow Rich*, another seminal work in the canon of wishful thinking: "Whatever your mind can conceive and believe it can achieve" (Hill, 1938, p. 216). I was never quite seduced by this illusion of omnipotence, what Freud believed was infantile regression to when the child felt completely merged with the power and love of its mother (Kramer, 1974). But I was still attached to a controlling self who made things happen. How did I reconcile the two selves?

A conversation I had with a friend at a coffee shop in Cape Town helped by introducing two more selves. Like me, Michael was an explorer of self. He had done the ten-day silent vipassana meditation retreat and travelled extensively, staying in ashrams and learning with meditation masters. I had been talking about 'internal locus of control' and how important it was to take personal responsibility, and yet how relinquishing control was key to my healing.

In response, Michael delineated what he called 'the evolution of self':

- 1) Everything happens *to* me. (This is the external locus of control which, when leading to a victim mentality, was unhelpful.)
- 2) Everything happens *by* me. (Internal locus of control.)

- 3) Everything happens *through* me. (This was the relinquishing of control I found so healing.)
- 4) Everything *is* me. (Here we have the merging of subject and object, 'anatta', the no-self of the Buddhists that I had got glimpses of. This was not critical to my healing, but it did help me relinquish some of the unhelpful attempts to control the 'by me' self.)

Seeing the self in these four stages helped resolve the paradox of my healing. Yes, there were times when I needed to see that things happen 'by me'; exercising, eating healthily, and even choosing my response to my traumatic thoughts were 'by me' behaviours. Even if free will was an illusion, it was helpful to see these as voluntary. However, it was better to think of my intrusive thoughts as happening 'through me' involuntarily. To use Krishnamurti's term, with 'choiceless awareness' (Vernon, 2001, p. 305).

This distinction helped me to transcend the black and white binary thinking so endemic to human cognition and see that the self could be many things. It was not either/or. It was 'and'. My healing demanded a more fluid conception of selfhood.

Act 3: Return

The end is just a new beginning.

Transformed, the protagonist returns to the old world to share the treasure or elixir which he gained so as to benefit his fellow human beings (Vogler, 2007). I have begun my return, what Vogler calls 'the road back' ([CM, Part 3](#)). I am now sharing my insights in presentations, workshops and one-on-one coaching. But this may itself be a fresh, new story of departure and initiation as my students become teachers and I become a student, learning from them as they apply these ideas for better or worse.

Life is stranger and certainly messier than story. Every day provides fresh initiation as I apply and refine. Who can say my current insights will hold? As

Marshall reminds us, all insights are provisional (2016). The story is never-ending, but it is time to put a frame around this one part of my life, what certainly feels like the most extraordinary part.

This doctorate has been a way for me to understand my 'departure' and 'initiation'. It was critical in plotting my return. It has helped me figure out how to live my new insights and how to share them with others. It was no longer tenable for me to simply return to corporate speaking. I needed to find a more impactful way to share the treasures I had discovered. My memoir has gone some way to answering that need. Incidentally, Campbell offers a note of caution in his monomyth. Sometimes, on the hero's return, their new message is rejected, and the hero is destroyed. I am far from sure that my story, contradicting so much of psychotherapy and the self-help movement as it does, will always be welcomed, but so far, I remain unimpaired.

CHAPTER 7

ETHICS

“Umuntu, ngumuntu ngabantu”. Translated from the Zulu, “A person is only a person because of other people” (Colenso, 1905, p. 428). This captures the Zulu philosophy of Ubuntu, which means humanity and connectedness (Mnyaka & Motlhabi, 2005). While Descartes established his existence through consciousness: “I think therefore I am”, the Zulu people establish existence through social connection: “I am because we are.” There are three sets of people who require ethical consideration:

- 1) The people written about.
- 2) The people exposed to this content.
- 3) Myself.

1. The People Written About

In writing a memoir, particularly one rooted in the individualistic culture of the west, it is easy to forget that my story intersects with the stories of others. To tell my story, I need to tell something of theirs, but the power of depiction lies almost entirely in my hands, which can have negative consequences for them.

Richardson, as cited by Sikes says, “Narrativizing, like all intentional behaviour is a site of moral responsibility” (Sikes 1990: 131). Sikes continues, “It is never neutral or innocent because it is interpretational and hence social and political activity with consequences for people’s lives” (2015, p 1). There are many limits to first-person narrative which could impinge negatively on those lives. There is the self-serving bias, the tendency to portray oneself more favourably than others. There are the limits of memory which could unintentionally lead to an inaccurate portrayal. Ultimately, the story is a subjective interpretation, even when influenced by the interpretations of others, its veracity can always be questioned. As Jerome Bruner puts it,

“Lives as told, are not and never can be, lives as lived” (Bruner, 1993 as cited in Sikes, 2015, p.1).

“First do no harm”, attributed to Hippocrates, this foundational ethical precept could be two and a half thousand years old (Edelstein, 1996). I would like to think that in good faith I could take this oath before earning my doctorate. To do so I needed to mitigate the potential harm I could cause to the feelings and reputation of some of the people I would be representing.

My ethics are guided by ‘act utilitarianism’. This means weighing up the value of an act based on its intended consequences. The most ethical choice is one that will produce the greatest good for the greatest number. The core ethical question I would face is the following: “*Does the value of telling my story outweigh the potential harm to those I will be representing?*” I see potential harm to three people or groups of people. I will try to answer that ethical question with regards to each case.

In detailing my father’s domestic violence, I would be revealing information that his family are not aware of. They are likely to find this hurtful and shocking. I think the value of revealing abuse is almost always greater than the damage to the abuser or their family. By sharing my abuse, others in the same situation can be helped by feeling less alone. To mitigate the harm to my father’s family, I have informed the person closest to him, his sister. She was upset but understanding and fully supportive of me sharing my experience in this research. My mother and brother were aware of it.

The conflict that triggered my anxiety disorder was between myself and my neighbour. I will not be identifying him, but he or others may work out his identity through other details. I plan to disguise his identity through name and identity.

There are a few other people I have represented whom I was concerned might disagree with my depictions. For instance, there is a psychologist friend who suffers from anxiety and yet, in my opinion, continues to hold to an

outdated mode of treatment ([CM, 2.29 When Self-Awareness Backfires](#)). Although she is anonymized, I have shared my depiction of our interaction with her and altered it to better accord with her understanding of our conversation. I have done the same with anyone else who may be able to recognize themselves in the text, although they would not be recognized by other readers.

The request for consent can be coercive, particularly when the request comes after the writing of the manuscript. That is why, in all my requests for consent, I made it clear that their record of events was essential for me to provide a more accurate final account, leaving no doubt that I would value their disagreement.

Even if people were not anonymized, there is little chance of reputational damage, given that the memoir doesn't vilify anyone. I feel immense sympathy for my father. I bore witness to his suffering. I fully acknowledge my own role in the conflict with my neighbour ([CM, 2.12 Just Do It](#)). I have made sure to represent everyone with respect and empathy. I am not sharing these stories to establish my victimhood or their culpability. The real story is what was going on in my own head and how I dealt with my emotional distress. I approached this research in the spirit of *Ubuntu*, making sure that I illuminated everyone's humanity.

2. The People Exposed to This Content

I see two potential dangers to people who are exposed to this content. Firstly, there is the issue of self-experimentation. By hearing of my own accounts, people may be tempted to experiment on themselves.

As mentioned earlier, there is a rich tradition of scientific self-experimentation. This may be to achieve quick results, as it avoids the need for a slow-moving formal structure. But there may also be an ethical motive: to avoid risking the lives of volunteers. While there are still ethically questionable drug trials in developing countries, we have come a long way since the Tuskegee Syphilis

Study, when to test the untreated progression of Syphilis, black men were not told of their diagnosis, depriving them of treatment (Fiala, 2011). Still, most research involves some risk, and it certainly seems preferable for the researcher to bear it where possible. One of the most critical ethical principles of research is informed consent: volunteers should fully understand the procedures and risks of the experiment. Of this, self-experimenter and Nobel Laureate, Rosalyn Yalow said, "In our laboratory, we always used ourselves because we are the only ones who can give truly informed consent." (Gandevia, 2005, p. 314).

Ian Kerridge, Professor of bioethics at the University of Sydney, believes the main reason scientists experiment on themselves is "an insatiable scientific curiosity and a need to participate closely in their own research" (Kerridge, 2003, p. 206). That certainly applies to me, although my curiosity was driven by my pain.

At least five Nobel laureates won the prize for results that emerged from self-experimentation. But a number of distinguished scientists have died, including Jesse Lazear who, to learn more about Yellow Fever, deliberately allowed himself to be bitten by an infected mosquito. The discoverer of oxygen, Carl Scheele, died after years of tasting toxic chemicals to better understand them (Gandevia, 2005). This is a choice by the researcher and cannot be equated to coercive or no choice experimentation on 'volunteers' but is far from ideal. In the United States, self-experimentation is permitted as long as the same ethical rules are followed as those that apply to volunteers (Altman, 1998).

However, someone who reads my account might be tempted to experiment on themselves with less of the experience, resources and support that I had. The fact is that anyone who reads my book or comes to my programme is doing some form of self-experimentation. They are coming to learn about insights that they can apply to themselves. This is true not just of the people who engage with my practice but any practice. Just as we are all informal self-researchers, learning about ways to improve our well-being, we are informal self-experimenters, applying those insights to assess their impact. At least my

insights are offered provisionally, with an emphasis on individual context. To develop insights often involves risks such as disclosure and exposure.

The second possible ethical pitfall is that people may apply my insights and get a negative result. The content I share is largely based on scientifically verified principles, but what if it is misapplied? This brings into question the entire self-help field. Should people be substituting therapy with a book?

There is evidence that non-therapist-guided online information can significantly reduce anxiety and depression (Saddichha et al., 2014). There is plenty of anecdotal testimony of the impact of self-help books, not just on life in general but specifically on reducing anxiety (Hoare, 2019). There are not enough therapists to take care of all the people who are in emotional distress; it seems ethical to provide them with an alternative. Books and online programmes are helping to fill that gap.

David Burns, Professor of psychiatry and behavioural sciences at Stanford University, reports on research proving that when both read and put into practice, his book on CBT, *Feeling Great*, is as effective as good CBT therapy, and much better than mediocre therapy, prompting his use of the term 'bibliotherapy' (Burns, 2020), a term that has been used in the education field since the early 2000s. Bibliotherapy traditionally referred to the use of fiction to help people with emotional problems to change their lives – research suggests that this can also be as effective as therapy for some people (Marrs, 1995). This is yet more evidence that traditional therapy does not have a monopoly on healing, and in part why I have been inspired to call myself a psychoeducator. If a book can provide as good, and in some cases better, treatment than a therapist, then ethically, education, which is far more accessible and cost effective, could, in some cases, be a substitute for therapy. This would not be possible for all mental health presentations, such as severe post-traumatic stress disorder and psychopathologies, which require a range of supports.

3. Myself.

My self-experimentation was not without support. There were the various therapists that I visited, and the tried and tested methods that I applied. I always had the support and care that I needed. My friend and mentor, clinical psychologist Dr Marc Kahn was, is, and continues to be someone I call on for support.

CHAPTER 8

CRITICAL REFLECTION

When I first started this doctorate, I had a simple question I wanted to answer: “*Will the insights I used to recover help others to do the same?*” I would write a book to detail my experience. This would act as a case study from which I could draw material to create a programme. I imagined that the real research would be a randomized controlled trial with a pre- and post-treatment psychometric test to measure reductions in distress. The first time I realized that this would not be a simple evaluative quantitative study was when my supervisor pointed out that the method I had arrived at would, perhaps, like my previous self-help methods, only be helpful for a limited time, even for me.

I have dedicated my life to researching and developing better ways of being. Discovering something that made a significant impact on my well-being, I felt like I had discovered the holy grail, and my search had come to an end. Even before the crisis that sparked the development of this new method, my approach to personal development had continued to evolve. What my supervisor’s comment made me realize was that there is no holy grail. I had been too quick to discard my previous methods. They had worked, but the conditions had changed.

I had endured my own replication crisis where previous findings were no longer valid. That did not mean they did not work; they just did not work *now*. My curiosity shifted from “*Does this work?*” to “*When and for whom might this work?*” I realized that my previous methods were still helpful; indeed, I still used them, but as my circumstances had changed. I needed something else. That led me to create an integrative method that incorporated my previous insights ([CM, Part 3](#)).

While my research question was no longer binary and was becoming a focus rather than a question, I was still unconsciously tethered to my preconceptions about what works to shift emotion. Once again, at the

prodding of my supervisor, it occurred to me that perhaps what I needed to do was not prove but explore, not test but enquire. Here was an opportunity to go beyond my assumptions. I was reminded of the story of the man searching for something under a streetlamp. A passer-by asks him what he is looking for. "My keys", he replies. "Is this where you lost them?" the passer-by asks. "No," the man replies, "but this is where the light is."

I began to see that my story was more than a way to clarify my method and develop a teaching tool; it was a way to research myself and discover the multifaceted nature of my own suffering and recovery. Here was an opportunity to see if perhaps there was something beyond the light that I had missed. Who knew what more I could learn by looking beyond what I had assumed to be the keys to my healing? Yet at some point, the practitioner/researcher needs to put their research into practice.

I had found a method that worked for me. I may no longer have seen it as the holy grail, but I did see that it might be helpful to others. As part of the journey of my professional life and critical memoir, I wanted to explore that possibility. A tragic opportunity arrived in which to do that.

The Transcenda Method

It was March 2020. The COVID-19 epidemic had led to nationwide lockdowns. Job losses, loneliness and domestic violence were all about to spike. Emotional distress, severe enough to be considered a mental disorder, would increase threefold, serious mental illness would increase eightfold (Twenge & Joiner, 2020). Sadly, it was a perfect environment to explore the impact of the Transcenda Method, the name I had given my process. Over the years, I had developed a database of a few thousand people who had attended my events or read my books. I offered them a free 'Breakthrough Masterclass'. I would coach one of them while the rest of the group applied the process to their specific challenge. I had no idea if this would work, particularly as it would all take place on a Zoom call.

In groups of anywhere between 10 and 60 people, most people arrived looking for answers. Instead, I gave them a series of five questions ([CM, 3.5. The 5 Master Question Coach](#)). This turned out to be more impactful than any presentation or workshop I had done to date. The questions covered three main strategies for transforming their lives and emotional state. There were the two that had been so effective in helping me create my ideal life before my anxiety disorder: *action and reinterpretation*. The latter was drawn from CBT, the second wave of therapy. The third strategy is what had healed my anxiety: *transcendence*, which I had derived from the third wave of therapy, primarily metacognitive therapy (Wells, 2011).

It soon became clear that different strategies were more effective for different people. For example, sometimes the strategy was *action*. One woman I worked with realized that her interpersonal style was turning her work colleagues against her. She decided to learn how to improve her social skills and become less combative. For others, *reinterpretation* was identified as the key. Another woman, who was well-loved, still felt worthless. Her husband had recently died, and she felt she was a burden to her friends and family. By reframing the question to “*What’s good about it?*” and then redirecting the question towards herself, she realized how loved she was for her kindness and generosity and that her friends and family now wanted to be there for her. She made a commitment to notice when her self-talk became belittling and to talk to herself with more love and compassion.

While a number of people came up with key actions that they needed to take and more positive interpretations, most reported breakthroughs happened with the transcendence strategy when they recognized that “*I am a failure*” – the most common underlying painful thought – was just a thought. With *reinterpretation*, they might try to dispel the thought by looking for evidence of their success. This is common in CBT (Burns, 2020). Yet no matter how successful anyone was, the brain could always counter-argue with evidence of failure. *Transcendence*, on the other hand, had nothing to do with checking if the thought was true or not. Everyone both fails and succeeds in different

areas of their lives. To transcend is to recognize that success and failure are passing thoughts and the individual is not their thoughts.

With this process, I was no longer perceived by the 'audience' as the guru or the healer, which in my career has been a flattering but heavy burden to carry and one I had always been uncomfortable with. Through the questions I devised as strategies for self-awareness, they became their own healer. I still shared information. I continue to see myself as a psychoeducator, providing the insights that have helped me, to others. But this was less the data download of a speech and more the trigger for the upload of each individual's internal resources to themselves. The questions were a nomothetic tool, but they were used to draw out the ideography of the individual. This enabled them to do one or more of three things: change their story by taking *action*, change their *interpretation*, or *transcend* their story by seeing that it was just a story.

I worked with people in groups or individually. Weeks later, several reported no longer having panic attacks, overcoming phobias or getting off their anti-anxiety drugs (not that I ever advised them to do so). Yet there were also at least twelve people who just attended my free group sessions and with whom I had never directly worked. They also reported having significant life breakthroughs. A European academic who, having been to three psychologists and attended over ten sessions, had not been able to achieve the sustained breakthrough that had arisen from the session I offered. What surprised this person was that I had not worked with them directly. They had just applied the insights I had shared with the group and watched me coach someone else.

This research is not designed to test the validity of those claims. That would require a controlled study with long-term follow-up, but it does provide me with some preliminary support for the work that I am doing and the significant shift in my practice through undertaking this doctoral programme in this way.

A Shift in Practice

Each part of my approach can be found in some other therapies and coaching modalities, particularly the emphasis on listening and questioning. What may be distinctive is the integration of action, cognitive and metacognitive approaches with presentation-based information sharing and a coaching style that has a problem-solving focus. I teach the questions; participants largely ask and answer the questions themselves. Sometimes, I or other participants will suggest answers when someone is stuck. These usually resonate and are embraced. These sessions have the character of a training session rather than a therapy session, education rather than treatment. This concurs with the evidence-based view that anxiety is a learned, rather than an innate, response (Abramowitz et al., 2011). If it is learned, it can be 'unlearned', or an alternative response can be learned.

The word 'treatment' comes from the Latin *tractare*, which meant to 'drag about', and later, 'manage or handle'. (Wedgwood & Atkinson, 1872). It suggests that something is done to someone else who is passive. In my experience, two important factors in healing are first, the assumption of responsibility for one's own recovery, and second, the application of new responses until they become habitual. The latter, in particular, happens outside of the sessions. These two factors are better characterised as 'learning' than as 'treatment'.

However, even characterised as learning, what became evident through this sessional work is that a neat, final solution to the problem was no longer a destination; it was more of an ongoing navigation. Furthermore, my new integrative approach provided for different types of solutions for different people in different circumstances. My most startling realisation was what I call 'the paradox of healing'. In my case, and, as I have discovered, for many others, the most applicable solution was to drop solutions. A solution is a means to solve a problem. Anxiety perceives a problem where there is not one. In that case, the only problem is perceiving a problem.

If there was still a solution, it was to do less, not more, stand down rather than square up. Resistance was defeat. Victory was surrender. The best form of attack was no defence. It stopped when I stopped trying to make it stop. In doing so, I had to allow the dis-ease to be there. The paradox of my healing was that in accepting rather than dispelling, being 'at ease' rather than 'dis-ease' with the symptoms, my suffering was alleviated.

It was this commentary that led me to the etymology of 'solution'. The word comes from the Latin *solvere*, meaning to loosen, dissolve or untie (Wedgwood & Atkinson, 1872). My neat formulas had tied me up. I needed to loosen and dissolve them so that I could find something new. Rather than another Gordian knot, the 'something new' was less a 'thing' and more a process, a process of releasing rather than asserting control. I did find a solution in the truest sense of the word. I found a way to communicate these paradoxical insights in my memoir, but I would not have been able to formulate this understanding without taking a more complex view of my experience, which my doctorate has afforded me.

The Impact of Commentary on Memoir

Perhaps the clearest indication of the impact of this academic commentary on my memoir is its title: *The Paradox of Healing*. I had intended to title it: *The Cure*. While I had a more nuanced sense of the word than the way it is often used to imply an elixir, my doctoral work alerted me to complexity, particularly in the psychological domain. I was soon disavowed of the notion that I had found a simple, universally applicable solution. Neat solutions are either/or. Their seduction has echoes of a time when quick decisions were a matter of life or death. As Dutton (2020) puts it:

The overwhelming majority of the decisions that our primeval forefathers would have made during the course of their everyday lives were likely to have been binary. Black and White. Either/or. And with good reason. The decisions being made were often a matter of life and death. Flash floods. Tornadoes. Lightning strikes. Landslides.

Avalanches. Falling trees. These things come out of nowhere. They happen in the blink of an eye. Chin strokers and navel-gazers usually weren't around for long (p. 5).

Yet, in an increasingly complex world, those mental shortcuts can backfire, particularly with anxiety, which is a response to *perceived* rather than real threat (Ohman, 1993). The solutions for avoiding real threats are far more categorical than perceived ones. In fact, trying to avoid perceived ones generally exacerbates them (Hayes, 2005).

Further evidence of the fallibility of solutions in the psychological sphere is the fact that there is no universally effective therapy, and some meta-studies show that no one therapy is significantly more effective than the others (Woolfe et al., 2003). This contradicts the proponents of each psychotherapeutic paradigm, who generally attribute their therapy's effectiveness to their techniques. In fact, common factors theory research hypothesizes that individual technique accounts for just 15% of efficacy. Another 15% is expectancy, the client's belief that one will get better, essentially the placebo effect. 30% results from factors such as empathy that arise from the therapeutic relationship, and the lion's share, 40%, have nothing to do with therapy at all and arise from the client's internal attributes and external environment (Lambert, 1992). More recent research reinforces this and argues that therapists can improve the quality of therapy by using rigorous feedback and outcome measures (Laska & Wampold, 2014), something I have incorporated into my own practice. Seeing measurable progress may itself be a factor common to different therapeutic techniques that aid in recovery.

Even if therapist or technique are more important than these numbers suggest, this does encourage us to be humbler about the impact of any intervention. For the practitioner promoting their solution as 'The Solution', this is certainly sobering news. The truth is I was that practitioner. Even when unsure that I had 'The Solution', I assumed that it was out there. It has now

become clear to me that there are different solutions for different people at different times and places.

This insight did not just alter my memoir; as discussed, it altered the way I work. While I am not a therapist, through my coaching and training I do facilitate psychological insight. The questions I formulated enabled people to find their own solutions in their own unique circumstances. I switched from the 'oracle' dispensing wisdom to the 'facilitator', enabling people to find their own. In doing so, I believe that I more effectively enhanced the common factors of effectiveness. By doing more listening than speaking, I strengthened the relationship with my clients. By providing a coherent procedure – the five master questions, ([CM, 3.5. The 5 Master Question Coach](#)), I created a framework for the common factors to operate, even if a culturally accepted explanatory framework is more important than the content of the framework, something that common factors theory suggests (Imel & Wampold, 2008).

Throughout my career, I have loved to create formulas and encapsulate them in snappy acronyms. Before, I had seen them as 'truths'. Now, I see them more in the original sense of the word 'formula', from the Latin to 'shape' or 'mould' (Wedgwood & Atkinson, 1872). I created formulas to shape and reveal my insights, much like a carver revealing something fresh and valuable in a block of wood. It was not that I needed to discard formulas; rather I needed to embrace their shape-shifting. I now see them more as phenomena than fixtures. My new formula needs to account for a world in which there is no definitive formula to resolve everyone's individual relationship with themselves and life, life that is in and of itself a paradox.

The standard definition of a paradox is a seeming contradiction which may prove to be true. Once we get the truth, it is resolved like a neat riddle. However, to truly embrace paradox is to accept the loose ends and the spaces that lie between the contradictory forces; not to manage, deny or park them, but to find the possibilities between them. For example, to borrow the anthropologist's concept of liminality, when a participant undergoing a rite of

passage, stands at a 'limen', a threshold between their old self and their new (Turner, 1974). I needed to stand unknowingly on that threshold. My memoir is my liminal journey, a crossing over not only to a new understanding, but a new sense of self, learning from the past and opening up the future through being present in the present.

However, beyond the story construct of the memoir, liminality increasingly seems an apt descriptor of life, with its uncertainty and open endings. Rather than characterize, conclude and confine, to embrace the liminal is to explore, experiment and expand, to become less uncomfortable with not knowing, a key attribute of a transdisciplinary. For to alight on answers too soon could be to preclude deeper insights. When more helpful answers did come to me, they were not the expected gatherings from beyond the threshold with a discarding of what lay behind as much as a paradoxical merging of either side. This was more of a continual thresholding, a switching over, back and forth between ideas, paradigms and experiences to make sense of ever-changing conditions. This is what complexity requires. True liminality is more of a spiral than a line. Gillespie captures the metaphor:

The path is not a straight line; it's a spiral. You continually come back to things you thought you understood and see deeper truths (Gillespie, n.d.).

This was more evolution of thought than a refutation, a Hegelian dialectic of thesis, antithesis and synthesis (Chalybäus, 1839). Straddling the threshold was the destination. I still required a formula, a tool, but one that allowed me to paradoxically drop my tool. This was more yin and yang, where chaos and order, acceptance and control necessitate one another and are interdependent (Bellaimy, 2013).

Yet, this still represents something of the neat resolution of the paradox. I now sense an unknown that may lay beyond the bounds of our cognitive architecture. In the words of Kierkegaard, "The supreme paradox of all thought is the attempt to discover something that thought cannot think."

([1844],1936, p. 46). This acceptance of what I cannot know provides its own paradoxical insight and healing. I struggle less for answers, accepting that the answer can be the unanswerable. I am less uncomfortable in the liminal, even while knowing that I may not cross over. I accept that the unknown may be the destination. I arrived at my doctorate to prove through answers. I leave with an appreciation of questions that may not have answers.

Epilogue

As I look back on my story, it is striking how much of Campbell's monomythic structure I can see. 'Refusing the call' to find a new way to deal with my distress, I was pushed to the brink of taking my own life. I was finally forced to question everything I knew and embark on a journey of discovery. After many ups and downs, I finally discovered the keys to my healing. I have 'returned with the elixir', which I have been able to share with others. My wound became my gift. Of course, life is different from story in one critical sense; it usually does not end so neatly. And when it does, it invariably begins again, with new ordeals, new calls to action and new elixirs. Perhaps life is more like science than story. It is never complete, we never know everything, and there is always more to learn. As I had discovered, today's elixir could be tomorrow's tormentor. Yes, but whatever the next act of the story, now I know it is just a story.

POSTSCRIPT

There is no real ending. It's just the place where you stop the story.
(Herbert, n.d.)

Core to the structure of a story is the *problem* faced by the protagonist. The ending provides the *re-solution*. Perhaps we hunger to know the ending because we vicariously yearn for a solution. If this doctorate has shown me anything, it is the provisional and sometimes counterproductive nature of solutions. Already see new problems and avenues. I am observing, exploring and reconceptualizing. I have a profound sense of the limits of all concepts and yet remain eager to continue to shape, apply and improve the impact of my practice.

Almost certainly due to this doctorate, I am doing more one-on-one and group coaching and training. I am running voluntary programmes for the counsellors and therapists of the South African Anxiety and Depression Group. A few years before this doctorate, I was inducted into the South African *Speaker* Hall of Fame to recognise excellence in the speaking profession.

Synchronistically, just as I am completing this doctorate, I was awarded the South African *Educator* Hall of Fame, as if to acknowledge my shift from motivator to psychoeducator. I will soon be launching a new online course and community called *Mental Wealth*, providing support and insights to those wanting to improve their mental health. I am deeply grateful to my supervisor, Professor Kate Maguire, for continually challenging me to go beyond the false certainty of my knowledge towards the gerunds she is so fond of – the constant evolving of knowing and becoming.

All of this leads me to a surprising but inevitable decision. When my research design changed to the creation of a critical memoir, I fully expected that the end result would be the publication of my memoir, my seventh book. While the memoir is still a helpful document of my experience and insight, it no longer represents my current thinking. As I reach the end of this research, I

am already reformulating those insights. To publish now would be to outdate the record of my knowledge, perhaps true of any book, but more for me as I notice the more recent evolution of my ideas through practice and this doctorate. I could make changes, but it also seems unnecessarily detailed.

The memoir helped me to reveal my prejudices. Like a journal, it was a good way to surface my most helpful and unhelpful ideas. Reading it now, it sometimes feels a little self-indulgent. Even an honest account of self is not necessarily a useful one. For instance, I am not sure that my early travels as a young man or the detail of each therapy or coaching session would be helpful to others. The world is in no need of more published words for the sake of it. While I still believe I could ethically publish, in not publishing I may be saving some people mentioned in the book unnecessary embarrassment. Most important of all, as one who is focused on practice and the improvement of practice, I sense that I could be more helpful to others by writing a shorter book that highlights key insights. So, this ending is really a new beginning; not a full stop but a comma.

APPENDIX

Professional Profile & Publications

Justin Cohen is a bestselling author, international speaker and transformational coach. He hosted a CNBC Africa TV show in which he interviewed leading experts on success. As an authority on human potential, Justin speaks and trains in the fields of motivation, sales, customer service and leadership. He was the host and transformational coach of Mnet's The Single Wives, a pan African television show. Justin is a South African Speaker Hall of Fame Inductee. In 2022, he received the South African Educator Hall of Fame Award.

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ITEM 2

CRITICAL MEMOIR

'The Paradox of Healing'

By

Justin Cohen

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INTRODUCTION

Human life is generous with gifts, love, passion, curiosity, joy, delight and even ecstasy. But it is a package deal that also comes with much emotional distress. Nearly half of all people will experience a mental illness at some point in their lives, with anxiety being the most common. All mental health issues are on the rise.¹ Contemporary commentators have remarked that millennials seem to be the most anxious generation. Even without a diagnosable mental illness, almost everyone will experience unnecessarily high rates of emotional distress at some point.

For many years, I thought I was immune to emotional dis-ease. I had a postgraduate degree in psychology. I had written books on emotional mastery, and although, as a child, I had struggled emotionally for at least the last twenty years, I considered myself happier than just about anyone else I knew. When anxiety struck, I was confident it was a blip, as I had a range of proven tools to apply. Yet, nothing worked. In fact, while many of the tools I tried made me feel better at first, they seemed to make me feel worse later.

I embarked on a systematic, multi-year journey, subjecting myself to just about every major form of therapy to find a cure. I even began a doctorate at Middlesex University in London to document my experience and subject it to formal assessment.

This memoir is the record of my journey.

The greatest gift of a story is the lesson of a life that you didn't have to live. I am aware from my years of professional practice that we are all unique. But we also share some common experiences and responses to what constitutes the human condition, including suffering. If you are struggling with anxiety or emotional distress of any kind, I hope my story will save you some of the unnecessary suffering that I went through. You will discover why some forms of therapy and certain psychiatric drugs can sometimes be unhelpful. I'll share with you what worked for me and how others have applied these insights to

heal themselves. Finally, you will discover a simple process to achieve your own breakthrough. Thank you for joining me on the journey.

This book is divided into three parts. The first describes my early life and the events leading up to my emotional crisis. The second details the various interventions I tried until I finally discovered what worked. The final part describes the integrative method I developed that helped me and that I now share with others. Titles are numbered so that each section can be cross-referenced with the doctoral commentary that accompanies the book.

PART 1

The Perfect Life

It's a Friday in early summer. The sun splays gold across a brilliant blue sky. I'm on a plane to Cape Town – the most beautiful city in the world – from Johannesburg, where I was born and live. I'm the headline speaker at an international conference. I'll be talking to five hundred financial advisors on the Psychology of Success. That evening, the woman of my dreams will join me for the weekend in my oceanfront apartment.

From humble beginnings, I've created my ideal life. I'm an international conference speaker and bestselling author. I've recently turned forty, but I'm told I look ten years younger. When I get off this plane, I will get paid handsomely to do what I love more than almost anything else – inspire and equip people to realize their potential.

If there is a perfect day in a perfect life, this is it.

Yet there is something else I want more than anything I already have. It is to hear the grating rupture of metal signalling a catastrophic mechanical failure. What I want is for this plane to begin a kamikaze nosedive into the ground. What I want – what I will – is my instant incineration in a fiery explosion.

It's not that I want anyone else to die, but this is the most immediate way I can imagine of ending my suffering.

1. Before the Fall

For over twenty years, I would have characterized myself as one of the happiest people alive.

It hadn't always been like that. I was one of those babies who cried all the time. Childhood wasn't any better. You know those kids who didn't have to work hard for their A+? I had to work really hard for my D-. In a sport-obsessed school and country, my eye-hand coordination seemed to be missing a neural pathway. Teachers nicknamed me 'Loskop' – Loose Head – or, when that didn't seem sufficiently apt, 'Retard'. By the mid-1980s, the self-esteem movement hadn't quite made it to the South African school system.

Things were no better at home. There was the anxious wait for the next time my father would hit my mother or me and my brother. There was the secret shame of being molested by a friend of the family. But perhaps even more than that, there was the watching and perhaps the modelling of my mother enduring a life sentence of anxiety and depression.

When I was eleven, it wasn't my mother who committed suicide but her friend, which clearly had an effect on me. Finally, I had the solution. I would do the same. I could use my father's gun, run across a busy road or stick my fingers into an electrical socket. The idea was simpler than the reality, as I was more scared of pain than death.

Things started to change in high school when I attended the National School of the Arts. There was no more corporal punishment, bully-boy machismo or compulsory sport. I began to thrive. I became head boy and was elected Junior Mayor of Johannesburg.

I then studied psychology at university, where my eyes were opened. I discovered that I didn't need to depend on external events for my happiness. I could shift my state from the inside. It was the most exhilarating revelation of

my life. But it was a revelation steeped in clunky, unnecessary jargon. It was then that I figured out my life purpose. After making this information accessible to myself, I would make it accessible to all.

I left university with a postgraduate degree in psychology, eager to continue my journey of discovery, a journey to becoming nothing less than master of my mind. I spent weeks studying and meditating with Buddhist monks in a Tibetan monastery, learning with rabbis in Jerusalem and reading; reading anything I could get my hands on to do with the mind.

I began to pull together my own mind and life mastery system. I wrote a number of books, got on the international speaking circuit and presented my own personal development television show. Along with a Harvard professor, I was appointed positive psychology expert on a major international brand campaign. My Life Coach audiobook series had been critically acclaimed, and I frequently received emails from people telling me that it had changed their lives.

And yet now, once again, I wanted to end my own.

2. Why This Book? Why Now?

As I write these words, no one knows what I am about to share. Not my closest friends, family, partner, no one. If you know me and you are reading this, I wasn't faking my happiness. I was happy. And I was suffering. And sometimes that suffering was so bad I didn't want to live.

Something happened to me. Before it happened, I'd have been convinced I could deal with it. I'd even successfully taught others how to deal with it. Yet when it happened to me, it triggered an almost continual loop of horror that I could not end. I was like a man who'd spent his life building a beautiful ship. He hits a storm. The ship is damaged, and the water starts seeping in. It's a bad storm, but he's hit storms before, so he does what he always does, he patches up the holes. It has always worked before. But now, the moment he

patches one, another appears. Soon the ship is sinking, and there's not a damn thing he can do about it.

At first, I redoubled my efforts with all the self-mastery tools I had acquired – positive thinking, deep breathing, mindfulness, meditation. This made things better and then worse. That was the most painful, applying all my diligently acquired tools and remaining utterly helpless. That forced me to question everything I had learned. I decided to submit myself to every major therapeutic method, including both those I had accepted and rejected at university. I was open to being proved wrong and to discovering that something I had discarded years before could be the cure.

I share this story in the hope that whatever emotional suffering you are going through, now or in the future, you too may find your cure. 'Cure' is not a word favoured by the psychological therapies industry. Perhaps because, in most therapies, it is so elusive. Even Freud, the father of psychoanalysis, confessed that the best his therapy could do was convert "neurotic misery into ordinary unhappiness."² When I use the word in academia, where this book forms part of my doctorate, it inevitably raises eyebrows. The word brings to mind a snake oil salesman peddling quack remedies to the desperate and gullible. Working in the self-help industry, where there is a fair bit of that, does not help my cause. I prefer the Latin root of *curare*: to take care of.

I use the word 'cure' because, applying what I learned, I have taken care of myself. I do not believe I will experience the same depth of anxiety or suicidal despair again. I was in this agonising state for close to two years, and ever since, I have not. I have also experienced the collateral benefits of peace and calm in areas of my life that I had not experienced before.

To be clear, this is *my* cure. Maybe yours will be different, but I suspect that any cure will contain the essence of what I discovered. I would like to show you how I got here. So much of who we are and who we think we are or should be, has its roots in our early years. I am no different; the first great revelation of my life.

3. Choice

I hated school. It wasn't just the continual threat of shame and beatings. I hated being confined to a wooden desk, a school version of the stocks – the medieval structure that confined a prisoner's feet and hands. Each day was a prison schedule of imposed activities and force-fed information. What I hated was not having a choice.

My greatest freedom was finally realizing I was free. I got the clearest indication of that when I chose to go to art school to study music instead of the local boys' high school. My father was not happy about it, but the choice was mine. I was not particularly good at the violin, but that choice was the first major life decision that I had made, and it was richly rewarding. Two-thirds of the school were female, giving it a gentler culture that was in stark contrast to the militaristic fervour of many South African schools of the time. If I could choose that, imagine what else was possible. If life was a box of chocolates, it wasn't that you didn't know what you were going to get; in the words of the eponymous character, Forrest Gump, it was that you got to choose the one you wanted!

Three years into high school, I sat on my bed with an old examination pad and wrote down my goals for the next two years: counsellor, head boy and Junior Mayor of Johannesburg. I'm not sure what made me think this was possible. While I was far better suited to this school, at the time, I was not particularly popular or school smart. When each of those goals materialized, my belief in the power of choice was fortified. I wouldn't have gone so far as to say that I could do anything; my ineptitude in sport or algebra was proof that I couldn't, but it was clear that much could be accomplished with a clear intention.

My next significant choice was university. Due to both financial reasons and my resistance to further confinement, I chose to study philosophy and psychology through correspondence. I could study when and how I wanted. I would start early in the morning in bed and then gradually migrate to the

garden to contemplate what I'd learned. I loved it! I never knew knowledge could be so thrilling.

With philosophy, I began to grapple with the nature of existence. With psychology, I discovered that I didn't have to depend on the external world for my happiness. It wasn't just that I could choose what to do – I could choose what to feel! Looking back, it was this that was the most exhilarating revelation of my life.

My father, not unexpectedly, wasn't as exhilarated as I was. How would I earn a living? Far better to follow an established profession. Back then, in the Jewish community, the foetus was really only considered viable once it graduated as a doctor or lawyer. Truth is, I wasn't sure how I would earn a living. I just wanted to follow my curiosity about the human mind.

To make matters worse, I wasn't even going to be a psychologist. While I would have liked to qualify to further my own understanding and skills, I was rejected for a master's programme. It was a highly competitive degree, and my grades were not good enough. I would take the path of self-study. I would not be a psychotherapist. I would be a *psycho-educator*, one who educates others on how to heal themselves.

So much of my own healing had come not through the compulsory therapy we did as part of our studies but through reading and self-application. While psychology was revelatory, it was steeped in what the contemporary philosopher Alain de Botton calls the "academic masochism"³ of impenetrable jargon. Ideas were not considered valuable if they were not difficult to understand. I began to see a possible life purpose: making these ideas accessible to a wider audience.

After leaving university, I backpacked around the world and began writing my own guidebook to life – a systematization of everything that I found valuable that could be of value to others. What I never realized back then was that I

was writing a self-help book. Called *Create Your Self*, I detailed four key principles of success. 'Choice' was, not surprisingly, the central one.

To pay my way to America, I worked as a dishwasher, construction worker and finally London street busker. Washington DC is a backpacker's dream. All the museums were free, access to Congress and, back then, even the White House required no more than standing in a queue. It felt as if the American Experiment was throwing open its arms to the world, saying, "All are welcome to see our way of life."

Many early American settlers were freedom seekers escaping the persecution of the dominant Catholic and Protestant churches of Europe and their enforced uniformity of religious belief, which gave them no right to choose another way. So, they made their own choice: to flee to another continent in search of freedom. They believed their destiny was to create a '*shining city upon a hill*', free from tyranny and oppression, one that would be a beacon of light to the world. "*Give me liberty or give me death!*" became the new nation's guiding ethos and permeates the American psyche to this day.

It is not surprising then that many of the first self-help books came from America, stressing at the heart of them that with freedom comes personal responsibility. Instead of seeking shelter in the aristocracy or church, citizens of this brave new world would look to themselves.

When I eventually arrived at the White House, I was eager to see a plaque which had been placed there by the 33rd president, Harry Truman – '*The buck stops here.*' That was not just a central principle of leadership; it was the central principle of self-leadership – taking responsibility.

The American psychologist JB Rotter had identified two distinct attributional styles. People with an *internal locus* of control tend to see themselves as responsible for their destinies. Those with an *external locus* of control tend to blame external factors.⁴ Unsurprisingly, an internal locus of control is correlated with greater success and happiness. When you blame others, you

give up your power to make things better. Your perception of control becomes a self-fulfilling prophecy. As Henry Ford put it, “*Whether you think you can, or you think you can’t, you’re right.*” To be free was to take responsibility – to exercise your ability to respond.

I had grown up watching my father blame his ‘unfair’ bosses for his frequent firings. I’d heard my mother endlessly blame her anxiety on her heartless mother, who had put her in a boarding school. I’d watch them blame each other for any conflict that arose between them. Even apartheid had nothing to do with us – it was the government! Never mind that we, a white family, did nothing to protest against it. Even when we were not the victims, there was someone to blame. Growing up in apartheid South Africa where there were real victims, made our victim mentality even more perverse.

Instead of working harder at school, I blamed my low marks on what I became convinced was my low IQ. My poor showing on the sports field was due to just being ‘bad at sport’. Perhaps more than an external locus of control, I had an internal locus of no-control. If there was an early strategy I had adopted for getting through life, it was ‘find someone or something to blame’. Taking responsibility comes with the obligation to choose your response. This may be taxing, but it’s a tax paid on the invaluable income of liberty.

Of course, America did not invent the idea of freedom. It was the French who gave them the Statue of Liberty, and a French philosopher, Jean-Paul Sartre, who reminded us that even when a tragedy that we had no hand in strikes, “*Freedom is what we do with what is done to us.*” I never chose my violent father, my anxious mother or my abusive teachers, but now I could choose my response.

Freedom went back to the first man who chose to explore instead of settling down in his parent’s cave. Yet America gave it its sheen. When I look back at my psychology studies, almost everything modern and groundbreaking was coming out of America. There was even a burgeoning new field called positive psychology. No more just treating the abnormality and disorder of a few, now

it would unlock the secrets of self-actualization and happiness for us all. It could have been a supporting handbook for the declaration of independence with its focus on “Life, liberty and the pursuit of happiness”.

Liberty was both path and destination. To be happy required me to *choose* the life I wanted, choose my work, interests, opinions and actions. To choose them even, and perhaps especially, when they contradicted the unthinking herd. Life was too short and precious to sacrifice on the altar of conformity.

Why get married just because that’s what everyone did, or have children, or get a nine-to-five job? Of course, if those things were what one truly wanted, by all means. But to do them just to fit in was a desecration of a short, precious life.

There was one choice that came above all others: the ability to choose my own thoughts. My second greatest discovery was that it was my thoughts, above all else, that determined my happiness.

4. Thought

If I was then going to understand and master myself, no subject was more important than psychology. As a new student in the field, I started to see what was triggering my father’s periodic violent rages that always left him repentant and self-loathing. I saw how widespread sexual abuse was and how lightly I had gotten off. I took a tour through every major therapeutic method, wondering what would cure my mother of her lifelong anxiety and depression. Each therapy was accompanied by extensive data – controlled studies and case studies – evidence of what worked and didn’t. This wasn’t just the opinion of a self-help author. The results were there for anyone to see. None of these methods was effective for all, but some were clearly a lot more effective than others.

I had always assumed that Sigmund Freud held the answers. So much of his language had entered everyday speech: repression, narcissism, ego, libido,

defence mechanism, inferiority complex and, of course, the unconscious – that hidden source of all our suffering. In Freudian terms, my mother's anxiety was latent fear of abandonment from her refrigerator mother; my father's rage masked an underlying inferiority complex, the product of a hostile, absent father. Determined to illuminate my own childhood suffering, I raced through *The Interpretation of Dreams*, analyzing my own for repressed homoerotic impulses or the dreaded Oedipus complex.

Freud's big idea was that emotional disorders are caused by early childhood traumas that have been hidden from consciousness. These repressed memories are usually sexual and could be real or imaginary. Repression was a mechanism the brain used to unconsciously suppress painful memories so that our everyday conscious minds would not be troubled by them. The symptoms of anxiety were due to the effort of repression. Once the trauma or impulse was revealed through hypnosis or free association, there would be an emotional outpouring – a catharsis – and the disorder would dissolve.

I had a direct way to test the theory. My best friend at university suffered from almost constant pain in his neck and shoulders. He tried every physical therapy available to him. Nothing worked. Finally, he went to see a hypnotherapist. While in a trance, he revealed that he had been severely sexually abused by his stepfather at the age of four. The man had violently forced his penis into the back of his mouth, causing great pain to his neck and shoulders. This finally made sense of the pain he lived with, a pain that had no organic cause. While my friend was horrified to know what had happened, he was relieved to have discovered the apparent cause. He waited patiently for the pain to subside, attending more sessions to fully deal with it until, after multiple catharses, he accepted it entirely. There was just one problem. The pain didn't go away; if anything, it got worse.

This is not uncommon. In more cases than not, revealing repressed trauma does not markedly reduce emotional suffering or psychosomatic pain. While applying psychoanalytic principles to myself, I noticed something similar; I could realize something about myself without that realization changing my

emotional state or behaviour. Yet on other occasions, without any new insight, my state would transform. Clearly, insight, while often helpful, was not always necessary nor sufficient for change.

A Freudian might argue that if the emotional disorder has not been resolved, it must be because there were more repressed memories. This is what makes psychoanalysis irrefutable. How can you prove that there aren't more memories if they're repressed? A traditional psychoanalyst – and this is my own view – can be a little bit like a child with an insatiable appetite for secrets. The moment you reveal one, the child is after the next and the next. No wonder analysis takes place three times a week for seven years or longer. Psychoanalysis can be like digging for gold in a vast, bottomless pit. There are psychotherapists who integrate this kind of therapy with other more practical forms of therapy and get good results in much less time. There are also cases where revealing an unconscious need or desire can help to aid recovery, but in general, psychoanalysis is not particularly effective for the two most common forms of emotional dis-ease: anxiety and depression. Freud vastly improved our ability to understand ourselves, but from my exploration of his case studies, he didn't appear to do a great deal to alleviate emotional suffering.

Due to my inclination to use knowledge to achieve specific results, namely my own happiness, philosophically I had declared myself a pragmatist – a tradition that had begun in the United States in the 1870s, more than two decades before the advent of psychoanalysis. Truly American in its approach, pragmatism was not into philosophical navel-gazing. Rather, ideas were evaluated purely in terms of their practical application. Psychoanalysis may have provided great insight, but as it provided no cure, pragmatists would give it no time.

In the 1960s, a Freudian-trained American psychiatrist, Aaron T Beck, began to question the effectiveness of psychoanalysis. He had been seeing an anxious patient at his clinic at the University of Pennsylvania. Providing a

psychoanalytic explanation, he suggested that the anxiety she felt was due to her ego being threatened by underlying sexual impulses. “Actually, Dr Beck,” she replied, “I’m anxious because I’m afraid I’m boring you.”⁵ Far from boring him, that patient sparked one of the greatest revolutions in psychotherapies.

Beck began to realize that the key to understanding emotional difficulties lay not in the unconscious but rather in thinking patterns. The patient’s problem was that she engaged in almost constant negative self-talk about being uninteresting and worthless. Helping her to turn around these thoughts alleviated her anxiety. As Dr Beck liked to say to people who thought the problem always lay deeper, “There is more to the surface than meets the eye.”

The basic idea of what developed into cognitive therapy was that thoughts create emotions. Negative thoughts and beliefs create anxiety and depression. Change your thoughts, and you change your emotions and, ultimately, your behaviour. No longer did we need to subject ourselves to years of endless therapy; cognitive therapy could have a significant impact in as little as six to ten sessions lasting an hour each, depending on the clinical presentation.

I began to apply this simple idea to myself, and the results were impressive. I had always accepted my thoughts as a representation of reality. I had not realized that they were merely an interpretation and that the specific interpretation I had was determining my emotional state. More important than what happened in my childhood was my *belief* about what had happened. For a long time, I had believed my childhood struggles were bad, but when I began to see how they had motivated me to learn and grow as a person, I felt grateful. Adversity was my gift. This was not just a nice idea; it filled me with joy.

I saw that every day, I could make decisions about how to think, decisions that would alter my state. Before, if I was rejected by a girl I was in love with, I would think of myself as ugly, incompetent, not good enough. Now, I would

see myself as a romantic troubadour, relishing the sweet taste of unrequited love. It felt almost miraculous how this shifted my state. I had always seen feelings as simply a consequence of events. Now I saw that they were a consequence of *mental events*, and I had the key to changing them.

Beck was not the first to come up with the idea. From my theatre studies, I discovered Shakespeare's Hamlet had expressed it four hundred years before: "There is nothing either good or bad but thinking makes it so." From philosophy, I found that fifteen hundred years before that, the stoic philosopher Epictetus had said: "People are not disturbed by things but by the view they take of them." Amongst the Buddhist monks with whom I would later stay, I learned that in the sixth century BCE, the Buddha had said: "Nothing can harm you as much as your own thoughts." And, from the rabbis in Jerusalem with whom I studied, I learned that around a hundred years before that, King Solomon had said: "As a man thinketh in his heart, so is he."

It was an old idea that cognitive therapy had marshalled into one of the most powerful methods for the alleviation of emotional suffering. Such a simple, profound insight: thoughts create emotions. Change your thoughts, and you change your emotions.

Of course, to choose your thoughts, you need to be aware of them.

5. Awareness

In my first book, *Create Your Self*, which I wrote in 2001, I presented four key principles of success and positioned *awareness* before *choice*. One couldn't effectively choose if one was not aware of one's desires. How many people had gone through their lives dissatisfied because they had not stopped to ask themselves what they really wanted? This was the first step to achieving any goal – asking the question. But reaching self-awareness was more than asking this question; it was where the answer comes from.

Once inscribed on the altar of the oracle of Delphi were the words 'Know thyself'. I have done my best to live by those words. For the ancient Greek philosopher Socrates, that had to do with strengths and weaknesses. Particularly with the latter, you couldn't change what you were not aware of. To improve yourself, you needed to know yourself. This was the practical side of self-awareness. Yet psychology went deeper still, and, considering myself an intrepid explorer of the mind, I wanted to go as deep as I could.

Psychology was the key to understanding what was driving my thoughts, emotions and behaviour. If I could understand, I could control. In the pursuit of success and happiness, nothing seemed more important than the ability to control my own mind. Freud may have overemphasized the significance of the unconscious, but it could still be helpful to know what hidden impulses were driving my behaviour.

There was a certain type of hyper-masculine man that often seemed to intimidate me. Without knowing him, I would find myself becoming submissive in his presence. Once I had acknowledged the ever-present childhood threat of my father's violence, I realized that I was projecting my childhood fear of him onto them. This awareness enabled me to choose a different response. *You don't need to be scared of this person*, I would tell myself; *they can't hurt you*. Immediately, the anxiety would fade. The programming of the childhood drama was interrupted. This was an example of how insight *could* change behaviour.

One didn't have to follow the impulse all the way to childhood. My father was a repentant wife-beater. He would quickly go from violence to regret and self-loathing. He was usually triggered by feeling undermined by my mother. If he had only learned to become aware of the feelings that arose before they boiled over, perhaps he could have taken a deep breath to quell them or left the room, or, in a way that cognitive therapy might advise, told himself that my mother's perceived insult was not a reflection of who he was as a man.

Without awareness, you can't choose different thoughts and actions. So, each 'superpower', as I optimistically referred to them in my first book, went hand in hand. Become *aware* of your *thoughts* and *choose* better ones.

6. Action

Awareness, Choice, Thought. In true self-help author style, the first three letters of the three superpowers were an acronym - ACT. That was the fourth key – Action. A life of happiness and success demanded that I take action. Ironically, the most valuable action was that which led to failure. Failure was a sage. If I learnt from it, it would enable me to act again more wisely. As I like to tell my audiences: “The biggest failures never fail; they sit on the sidelines, telling you why it's not going to work. And they're always right. How can you score a goal if you don't get on the field? And if you do get on the field and lose, there's always a lesson to win!” On the lucrative corporate speaking circuit, even a sport-phobic like me could find a snappy sport analogy.

These four principles – *awareness*, *choice*, *thought* and *action* – empowered me to create the life of my dreams, building the body, finances, career and relationships I had always wanted. It wasn't just me; people often told me that these tools had helped them to transform their lives. Awareness: know thy self, know what you love and what you're good at. Choice: take personal responsibility. Internal locus of control beats an external one every time. Thought: your perspective determines your reality; without an optimistic belief that you can, why would you bother to try? And finally, Action: try, fail, learn, try again. There are no results without action.

And yet, strange as it may seem, each of these tools, so powerful in transforming my external world, would become instruments of mental torture that would wreck my internal world.

7. Meditation

While it may be difficult to imagine how these four powerful ideas could have contributed to my downfall, there was something else, something that was even more widely accepted as balm for a troubled mind – meditation. But, like my four keys, that too would backfire much later in my life.

I had first discovered meditation as a child. My parents, my brother and I did a Transcendental Meditation (TM) course when I was seven years old. The practice is done twice a day for 15 to 20 minutes. Each person is given a mantra (mind tool) which in TM is an ancient Vedic word that you return to when you find your mind wandering.

Uninhibited, the mind naturally wanders from thought to thought. At its best, thinking is a tool that the brain uses to learn from the past and plan the future. This provides a powerful survival advantage. By reflecting on the past, we can learn from our mistakes. Thinking through future scenarios enables us to apply those lessons to achieve a better outcome. But, like any tool, thinking can be used for good or bad. Overthinking about the past leads to rumination, which is linked to depression. Overthinking about the future leads to worry, which is linked to anxiety. Even if we're not anxious or depressed, all that thinking tends to decrease happiness and increase stress.

To reduce thinking, most meditational techniques instruct us to focus on one thing; a word, an image or even a bodily sensation such as the breath. As our mind wanders to thoughts, we simply bring it back to that point of focus. There are two main steps:

- 1) Focus your attention on one thing. It could be an internal or external object.
- 2) When you find your mind wandering to thoughts, which it will, gently bring it back to that one thing.

TM is one of the simplest and most popular meditations. While some form of meditation is practised in most cultures, TM is an Eastern practice that took

the middle and celebrity classes in the west by storm, well beyond the hippies. It continues to be practised and extolled by several celebrities.

In 1968, members of the TM movement approached Herbert Benson, a professor at Harvard medical school. They wanted the school to study TM to verify its mental and physical benefits – particularly its ability to reduce blood pressure. This was when meditation was still seen as an esoteric religious practice. Initially sceptical, Benson refused. When the founder of TM, the Maharishi Mahesh Yogi, came to see him and promised to accept any outcome the research produced, Benson agreed.

Benson found that TM did reduce blood pressure, anxiety and stress, but you could get the same benefits by following a more generic practice. For instance, instead of TM's Vedic mantra, which has spiritual connotations, you could simply say the word 'one.' Both methods activated what Benson called the 'relaxation response', which he believed was meditation's sole benefit. Replacing the word meditation with the 'relaxation response', he wrote a book by that name, which, in the mid-1980s, was the self-help book most recommended by clinical psychologists to their patients.⁶

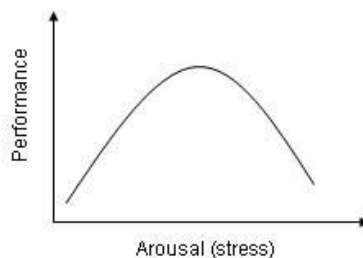
8. The Relaxation Response

Financial literacy refers to those basic concepts like interest and loans we should all understand to effectively manage our money. It's a pity that we don't place as much emphasis on psychological literacy. If we did, we would be taught about the relaxation response at school.

The relaxation response is triggered by the autonomic nervous system, which regulates bodily functions, such as heart rate, blood pressure, breathing and digestion. As the name suggests, this system operates largely automatically and unconsciously. The two main parts are the sympathetic and parasympathetic nervous systems. The sympathetic nervous system controls the stress response, raising adrenaline and increasing breathing, blood pressure and heart rate, which at its height, triggers fight or flight. The

parasympathetic nervous system controls the relaxation response, reducing heart rate, blood pressure and breathing, triggering 'rest and digest'. While the autonomic nervous system usually operates automatically, it can be brought under voluntary control. Benson's research shows that meditation is one of the most effective ways to do this.

It's important to note that in and of itself, stress is not bad. Stress is arousal. Zero arousal, and we would be dead. With an optimum amount of stress, we can think and act. Too much, and we're frazzled and anxious and performance drops. Productive stress is called 'eustress'. Stress that is disproportionate to the situation, that makes us anxious, is called 'distress'.⁷ The Yerkes-Dodson Curve clearly shows us the relationship between stress and performance. Up to a point, more stress increases performance; thereafter, it takes a dive.⁸



Think of the stress response as an accelerator and the relaxation response as a brake. While we need both, most of us need to become more skilled in applying the brake. That's because our neurophysiological operating system evolved to deal with an environment that was far more dangerous than the one in which we find ourselves.

We are the descendants of cave dwellers who were in constant threat of being eaten by a hungry tiger or uncle. The ones who survived long enough to mate needed to be able to do two things really well: fight or flight. In today's world, there may be no sabre-toothed tiger, just a sabre-toothed client. No death threat, just a deadline. Yet the body responds to social threats as if they were physical threats. Being rejected activates the same neural pathways as

physical pain. That's probably because, for our cave-dwelling ancestors, being rejected by their tribe would mean almost certain death. Of course, that's no longer true. In fact, we live in the most unprecedented safety and comfort in the history of the world, but our operating system hasn't caught up.

Negative emotions like fear and anger activate the stress response. The reason breathing, blood pressure and heart rate speed up is to get blood to the muscles where it's needed for fight or flight. When we're feeling hyper-stressed, our bodies are readying for a life-or-death battle. Excessive stress doesn't just speed up our hearts; it thickens our blood. That's an adaptive response to avoid excessive bleeding. That's right; the brain is expecting a physical injury. A racing heart and thickened blood put strain on the arteries, producing high blood pressure.

The problem is that in modern society, we can't *fight* our client by hitting him over the head with a laptop computer or rely on *flight* by running home in tears, so what do we do? We *freeze*, and the stress hormones stay in our bodies, which can lead to dis-ease. In fact, Benson estimated that 60% of all visits to a doctor were stress related.

9. Emotional Hijacking

Chronic stress doesn't just affect our health; it affects our sanity. The brain is complex, but for our purposes, it's useful to think of ourselves as having a higher and a lower brain. In the higher brain, we have our prefrontal neocortex. This is the most evolved part of our brain, where we have self-control and reason. In the lower part of the brain, we have impulsiveness and emotion. It's here that a small almond-shaped area called the amygdala produces our fight or flight response to danger.

A few years into my speaking career, I spoke at the same conference as Oscar Pistorius, the para-Olympian convicted of killing his girlfriend. At just 23, I found him warm and down to earth. The idea of a man like that killing his girlfriend intentionally or unintentionally impacted me not because it was so

alien but because it was so familiar. I kept finding myself thinking of the day my father nearly killed my mother.

My dad was known as a gentleman, a softie, a kind-hearted guy who would go out of his way to help anyone. What most people don't know is that my dad had a violent temper, and occasionally, he would hit my mother. Afterwards, my dad would often make tearful apologies and once again become a loving father and husband.

I grew up, went away to university and assumed that age had mellowed my dad. To my knowledge, there hadn't been an incident since I'd left. Back for vacation, I arrived home from visiting friends to see my father pacing up and down the passageway in one of his dark moods. He was holding something in his pocket.

"What's going on, dad?"

Now I could see what he was holding. It was his gun. He had been chasing my mother through the house.

"Where is she?" I asked, trying as best as I could to keep my voice calm. He shook his head. He didn't know.

"Dad," I said, "you need to go and lock that away in the safe so we can talk this through."

With his rage dimming and his rational brain kicking in, my father agreed. My mother had been hiding in the garage.

My father was not insane; he had no history of criminality. Like all of us, when my father felt under threat, be it from the boss who fired him, my mother screaming, or a road-raging driver, before entering the rational area of his brain, the information penetrated his amygdala. It takes longer for information to travel to and be processed by the higher, rational brain. If we're being chased by a violent attacker, taking time to deliberate about an appropriate, moral response would threaten our survival. With milliseconds to go before we are attacked, we need to counterattack or flee. This is what Daniel Goleman calls an emotional hijacking; our emotional brain takes over our rational brain.⁹

In a high-stress state, we're in our lower brains, irrational and impulsive. When we activate the relaxation response, we activate our higher brains, increasing our reasoning, focus and problem-solving ability. I don't know what happened between Oscar Pistorius and his girlfriend; all I know is that whether it was extreme anger towards her or extreme fear towards an intruder, his lower brain took over.

As for my father, he was an insecure man with low self-esteem, so his brain may have been more likely to interpret information as threatening. Had my dad waited before grabbing his gun, whatever my mother screamed at him would have eventually been processed by his higher brain, where he could have responded more rationally.

Wife batterers like my dad can believe what they say: *didn't mean it, won't do it again, don't know what came over me, lost it*. They *did* lose it; they lost their rational brain. That doesn't exonerate their behaviour, but it does help to explain it.

Would things have been different for Oscar if he had meditated? My father was an occasional meditator. It's possible that he would have been even more violent without TM, or maybe he just didn't know how to integrate the relaxation response into his life. You can practice self-defence and still get killed in a street fight.

Meditation may not have tamed my father's urge for violence, but it did tame mine.

10. Moving Meditation

I never saw it coming. Suddenly I was in the foetal position, on the ground, being pummel kicked in the stomach.

It was the last day of school. We were out celebrating. A boy from a neighbouring school had objected to my occasional presence on TV as a presenter for a children's show. As an art-school boy, I had grown unaccustomed to schoolboy aggression. Fighting back would have been as strange as the boy engaging me in a ballet duet.

Fortunately for my safety, if not my pride, the attack ended when a group of frantic girls from my school pulled the attacker away. I wasn't too badly hurt, but for weeks afterwards, I would wake up feeling humiliated. I decided to learn how to fight back and signed up to join a martial arts class in my area. It happened to be Tai Chi. I soon became a local champion, went back to find the guy who had attacked me and beat the crap out of him. No. That's not what happened. But that was my recurring fantasy. Night after night, I would gleefully beat the guy up in a manic revenge only to wake up to the reality of my impotence.

I'm not sure anyone has ever won a street fight with Tai Chi. It has a very slow, gentle form with a meditative focus on the body, which is why it's favoured by the elderly for its health benefits. It was kind of like going for boxing lessons to the meditation specialist, Deepak Chopra. Yet Tai Chi worked, not because I was any better able to protect my body, but because I now had a way to protect my mind. By learning to focus my attention on the sensations of my breath and moving body, I was learning to meditate.

While in TM, you sit still and focus on your mantra, in Tai Chi, you focus on the physical sensations of your moving body. Both of these are concentrative meditations. If the goal of cognitive therapy is to change our thoughts, the goal of meditation is to silence them or at least quieten them.

Professor Richard Davidson, one of the world's leading meditation researchers, distinguishes between the ability of meditation to shift both states and traits.¹⁰ If meditation makes me feel calm while I do it, that's a shift in state. But does it change how I am when I'm off it? As I developed a daily Tai Chi meditation practice, my replays of humiliation and fantasies of revenge

began to fade. The practice was changing me. But I was even more delighted to see how it changed my state while I did it.

During the practice, I felt an ease – comfort and calm – that was unlike anything I had experienced before. My mind was at one with the pleasant sensations in my body. I had never realized how lovely it could be to simply notice the air gently expand my chest like a balloon or how wonderfully soothing to feel the weight of my foot pressing onto a solid floor. I had awoken to a wealth of new simple, sensual delights: a caress of air on my cheek, my arms swinging, my toes curling, my body gliding through space. I was swimming in a gorgeous sea of sensation, most of which I had never noticed before.

I had grown up believing that the key to my happiness was in the external world: the career, the cash, the girl. For reasons I would discover later, these usually disappoint. Besides, I only wanted these things because of how they made me feel. What if I could more reliably create positive feelings on my own? What if the diversity of experience I was looking for on the outside was available in even greater abundance on the inside?

Tai Chi meditation showed me that consciousness was broader than I had known. I wanted to see how far it expanded. Controlling my attention was one way. Controlling my chemistry was another.

11. Neurohacking

I was not particularly interested in drugs in high school. I'd drink at a party or have the occasional puff of a joint, but that was about it. Drugs really began to interest me towards the end of my degree, when a book came out by a leading psychiatrist called *Listening to Prozac*.

Psychologists cannot prescribe drugs. Their treatment is talk. There is a wide variety of therapies, but the basic idea is that if you're emotionally unwell, you need to change your mind or life. Psychiatrists are drug-prescribing doctors.

To them, the mind is the brain, which, ideally, they like to treat like any other organ in the body. If you're emotionally unwell, they will focus on changing your brain through drugs and possibly surgery.

Most psychology students reject psychiatry, and I was no different. Firstly, if psychiatry was correct, we'd signed up for the wrong degree. It's difficult for a person to accept something that their career choice depends on them not accepting. But personal interest aside, most of us can more clearly see how our emotions are determined by our lives rather than our brains.

When my first girlfriend of three years dumped me, I was depressed. Talking through my emotions and dating girls healed me. After getting beaten up on the last day of school, I was anxious. Talking through my emotions and starting Tai Chi meditation healed me. I didn't need to pump chemicals into my brain. I needed to change my mind and take action.

Few psychiatrists would disagree. Instead, they might ask, what if I did all that, but I was still depressed or anxious? A psychologist might start digging deeper for childhood issues or get me to work harder on changing my thoughts. But what if that didn't work?

Dr Peter Kramer was no ordinary drug-pushing, biologically based psychiatrist. For years, he had engaged his patients in talking therapy, helping them arrive at insights that he hoped would cure them. It was an uphill battle with few success stories. In 1988 he prescribed his first dose of Prozac. *Listening to Prozac* is an account of the astonishing transformation he witnessed. A few weeks of Prozac was curing depression, anxiety and OCD in a way that years of talk therapy weren't. ¹¹

Besides being happier, his patients were more confident and focused. Their self-esteem went up, and they were often more charming and charismatic. Many patients described themselves as 'better than well'. Kramer was so struck by what he saw that he called it a "remaking of the self" and coined the

phrase 'cosmetic psychopharmacology', implying that depressed or not, almost anyone could benefit from a course of Prozac.

Today, 'cosmetic psychopharmacology' can be seen in the growing neurohacking movement. Neurohackers focus on the manipulation of the brain's neurons to enhance mood.¹² They use drugs, brain activities and even surgery, but the truth is, we're all neurohackers to varying extents. Any time you have a cup of tea to lift your mood, a chocolate to boost your energy or a beer to calm you down, you're neurohacking. Drug use, abuse and addiction are neurohacking, and in the last, it is neurohacking gone wrong.

After reading *Listening to Prozac*, I was intrigued to try the drug. I might have been studying psychology, but ultimately, I was a pragmatist, and if a psychiatric approach was better, I would take it.

I had long suffered from the anxiety or depression of my childhood. On the contrary, I was now not only happier than I'd ever been before, on at least one happiness psychometric test, I registered in the top 5%. My ACT formula and meditation had worked. But if there was something else that could boost my confidence and happiness even more, why not? I may have been happy, but I was not satisfied. Happiness is a broad term that covers most positive states, from contentment to delight. It can also couple with dissatisfaction, which was fine with me. Satisfaction is not how we went from hunter-gatherers to the moon. I wanted more than happiness.

12. Illicit Drugs

Around the time that Prozac was becoming popular for depression, a recreational drug called Ecstasy, chemical name MDMA, was becoming equally popular. Both drugs activate a neurotransmitter in the brain called serotonin, which plays a key role in happiness. Prozac is a serotonin reuptake inhibitor (SSRI). That means it blocks the reabsorption of serotonin into the neurons, keeping it active in the brain for longer. Ecstasy increases the release of serotonin.

In the 1970s, some psychiatrists and psychotherapists started using MDMA, which was not illegal at the time, in therapy with remarkable effects. They found it facilitated insight and empathy at a far greater rate than therapy on its own. Occasionally, patients would dissolve years of abuse-induced trauma and anxiety in a single session. Given the euphoria the drug produces, it quickly became a popular recreational drug that would eventually be used by as many people who used cocaine. In 1985, due to potential abuse, it was banned for recreational or therapeutic use. This was despite opposition from many researchers, psychologists and psychiatrists.¹³

Currently, there are FDA-approved trials underway to reintroduce it for therapy. The results have been more than promising. One year after MDMA-assisted therapy for post-traumatic stress disorder (PTSD), 67% of subjects remained cured.¹⁴ FDA approval of MDMA is expected soon.

Prozac can take six weeks to take effect; MDMA takes under an hour. The drugs operate differently, but both activate serotonin, which was seen as the neural holy grail of well-being. Prozac had some long-term side effects that put me off. Primarily a loss of sex drive. Also, if it worked to enhance my well-being, I would probably need to take it for the rest of my life. Who knew for sure about the long-term side effects?

Ironically, MDMA seemed like a safer option. Some people who had used it therapeutically spoke about life-changing benefits after a single dose. But it was illegal.

Many people have contradictory responses when it comes to drugs. On the one hand, most people see no problem in using highly addictive drugs like nicotine, caffeine and alcohol to lift or sedate themselves. On the other hand, we have sent people to prison for using a far less harmful drug like marijuana. That's changing; marijuana has been legalized or at least decriminalized in some countries, but that just proves how arbitrary the line between legal and illegal is.

According to the UK-based Independent Scientific Committee on Drugs, alcohol is the most harmful drug on the planet. Not only does it directly cause over three million deaths a year, it is a significant factor in crime and domestic violence and is involved in over 30% of driving fatalities.¹⁵ You may think that this is because it's legal, but according to the ISCD, the legal status of a drug bears little relation to its overall harmfulness.¹⁶ The same study ranked MDMA (Ecstasy) 18th in harmfulness out of 20 recreational drugs, way below alcohol. Yet it's a class-A drug which can bring you a 15-year prison sentence.

I've always found it curious that the Americans, who hold their personal liberty above all else, are prepared to be dictated to about what they can and can't put in their own bodies. I'm not suggesting that there shouldn't be dictates on the conditions in which drugs can be used, such as outlawing drinking and driving. Obviously, regulating how drugs are manufactured, labelled and supplied is necessary in the same way alcohol or pharmaceuticals are.

America is facing an opioid epidemic today precisely because of the failure of regulation. 75% of heroin users started with prescription opioids like OxyContin and Vicodin. There are 250 million prescriptions for these drugs, enough for every adult and more. The leading cause of death for people under the age of 50 in the US is opioid addiction.¹⁷ The most dangerous drug dealer in America was Purdue, the maker of these drugs and the ones who lobbied so hard for their widespread prescription. It was primarily owned by the Sackler family. They've certainly reaped the greatest financial reward running into billions of dollars.

Doesn't that make the case for illegalization? Clearly, drug addiction is a scourge, but, ironically, banning drugs seems to make things worse. "Those who refuse to learn from the past are doomed to repeat it." The words of Carlos Santana and others have been spectacularly ignored by governments around the world. In 1920, they illegalized one of the world's most dangerous drugs – alcohol. What happened? People used alcohol anyway, jails filled up

with otherwise innocent people, organized crime flourished, bystanders were murdered in turf wars. Sound familiar?

One hundred years after witnessing the spectacular failure of prohibition, the US has spent over a trillion dollars on the war on drugs, and what have they got in return? More drugs, more drug-related crime and overflowing prisons. One in five US prisoners is a drug offender, and the majority of these are non-violent.¹⁸ In 2001, drugs were decriminalized in Portugal. According to the UK-based Transform Drug Policy Foundation, twenty years later, the proportion of prisoners sentenced for drugs had fallen from 40% to 15%, and rates of drug use and drug-related deaths have continued to fall and remain below the EU average.

Legalization would inject around eighty billion dollars into the economy from savings on law enforcement and additional tax revenue. Over a hundred million people in the US over the age of twelve have used an illegal drug.¹⁹ If we arrested them all, the US would have only two kinds of people: those in prison and those guarding them. At least three presidents would be behind bars: Presidents Bush and Obama for cocaine and Clinton for marijuana. Drug prohibition will go down as one of the most blatantly hypocritical, failed government policies in history.

So, while I didn't like the idea of breaking the law, I saw myself in good company when I decided to take MDMA for the first time.

13. The Trip

I had met Anika on a kibbutz in Israel. A couple of years older than my 21, she seemed a wiser presence in our multinational tribe. When I got to Rotterdam and called her from a call box, she told me I was in for an eventful weekend. She and her friends were doing Ecstasy in an intimate group at one of their homes.

I arrived late afternoon in a simple, well-kept suburban house with a large garden. As the only first-language English speaker with very little understanding of Dutch, I was concerned about how I would be able to create the deep connections Ecstasy is known for.

When MDMA was still legal, it was used by some psychotherapists in couples counselling. It so radically accelerated conflict resolution and connection that originally, the drug was called 'Empathy'.

We sat in a circle on the floor, each with a tablet in front of us and a lit candle in the centre. In the 90s, Ecstasy tablets came with different logos to identify the source and build loyalty, much like commercial branding. We had what was officially called the Love pill. Produced in the Netherlands, it was a diamond-shaped pill with the word 'Love' on it.

After introducing me warmly to the group, our host, a handsome man in his late 20s with thinning hair, asked each of us to share an intention that we had for the trip. This Anika helpfully translated for me. When my turn came, I quoted the title of Aldous Huxley's book on mescaline and said I wanted to open 'the doors of perception'. Huxley had taken the line from a poem by William Blake. Jim Morrison had called his band The Doors in honour of Huxley's account of his drug-induced mystical experience. I wasn't especially looking for enlightenment, but I did want to remain open to whatever unfolded.

Each of us swallowed our pill with a glass of water and dispersed into smaller groups through the house and garden. I was told that it would take between twenty and forty minutes to kick in. None of us had eaten lunch, which would make it quicker.

For a first-time user, that initial period is one of particular excitement and apprehension. Positive expectations are high, but, of course, things can go wrong. What if I started feeling bad or behaving strangely? What if I lost my mind? I had heard enough from seasoned users to know that this was unlikely but who could say for sure?

Forty-five minutes in, concern about the effects had turned into concern that there would be *no* effects. Some people were clearly on. Pupils dilated; their faces flushed. One particularly gorgeous girl with light blonde hair, big blue eyes and rosy, glowing skin approached me to ask what I was feeling. I had to confess, not very much, other than a strong attraction to her beaming smile. “Mustn’t worry,” she said in her thick Dutch accent, “soon.”

The problem with an unregulated drug is there is no quality control, so a pill could be inactive or something other than MDMA. Then, of course, different people respond in different ways. Weight, food consumed, and one’s own particular neurochemistry will all factor in. I had seen people respond vastly differently to alcohol. While my father became violent, I became relaxed.

Two useful terms I had discovered to understand the effect of any drug are ‘set’ and ‘setting’. Set refers to mindset. If I was just looking to get hammered, I was going to have a very different experience than if I was looking for greater self-awareness or connection. If I took a drug while feeling anxious, I would probably have a different experience than if I took it feeling calm. One of the reasons people sometimes have a bad trip is because they are anxious about doing something illegal with an unregulated substance. While the anxiety can clear once the drug kicks in, it can also be exacerbated by the unfamiliar experience. Over the years, I would discover that the most helpful mindset was open and accepting – open the doors of perception and accept whatever is revealed, good or bad. A ‘bad trip’ could be even more enlightening if it was seen as a growth opportunity.

Setting refers to the environment in which the drug is taken. When MDMA is used to treat post-traumatic stress disorder, you don’t pop one and run off to a rave, you do it with a therapist who talks you through your traumatic experience, usually within the safe confines of a quiet room. That’s not to say you can’t have a therapeutic experience on the dance floor. The line between therapy and recreation may not be as distinct as we think. But *where* a drug is taken and *who* it is taken with, will play a major role in our experience.

Drugs don't just flip a switch in the brain; different switches are flipped depending on the context in which it is taken. That's why the ritual in native American ayahuasca and peyote ceremonies is so valuable. This provides a religious context that can evoke a mystical experience. These ceremonies have now become popularised in the west and show some promise for depression.

Doing a drug for the first time with a group of people I didn't know, who spoke a language I didn't understand, may not have been ideal, but their initial ritualization of the trip and their kindness towards me was more than I could have asked for.

Eventually, I began to feel a curious combination of calm and arousal. The buoyancy in my chest was now devoid of fear. I was excited but settled. Self-consciousness gave way to confidence. It was easier to talk to people even if we couldn't always understand each other. The word love on that pill felt so apt. I began to feel a blanket love for everyone. Generally, love is discerning. We are attracted to some, indifferent or even repelled by others. This was a non-judgmental love.

I had not been attracted to Anika, but now I was attracted to her not as a sexual object but as a generous fellow human who had welcomed me into her country and community. I held both her hands as I told her how grateful I was to her. On the well-trodden backpackers path, many promises are made: "Come stay with me when you get to Jerusalem/Athens/ London." But it was not uncommon for those people to be less than receptive when I called them up to say I had arrived in their city. Of course, I had felt gratitude before, but now the feeling flowed through me to her and back again, like warm milk. Seeing her face light up was like a ray of sun on my skin. This was more than a thank you. It felt like a consecration of a fleeting but profound connection between two human beings. I knew I would probably never see Anika again. All the more touching that she had gifted me one of the most momentous experiences of my life.

Ecstasy is not a sexual drug, but it is a sensual one. To touch or be touched can send gorgeous waves of warmth across your body. That's why it's so common to see people massaging each other at dance parties. I found myself being massaged by a man. Ordinarily, I may have been concerned about the homophobic taboo of men touching, but now I obviously gave in to the pleasure of these powerful hands working my shoulders, and when it came my turn to do his, I couldn't have been more delighted to bring pleasure to my brother.

While before, trying to converse across the language barrier was trying, now it was simpler. Connections came more easily in the form of a little compliment, a smile, a kindly look of reassurance. While there was no hunger, no need, none of the sexual yearning of a drunken night at a club, a smile from the blue-eyed blonde girl could trigger a wave of happiness through my body. That was enough.

There were also moments of self-consciousness. Did they like me? Did I look silly when I danced? There was a creeping hollow as the drug began to ebb off, and the language barrier began to re-emerge. And then, as the sexual drive began to reassert itself, the sad thought that there would be none of that communion with the blonde girl.

As I would discover through subsequent trips, Ecstasy was definitely not all ecstasy. The variable nature of dance parties and even private house parties made the experience unpredictable. There was also the infamous 'Steak Knife Tuesday' to deal with, the lousy feeling that tends to emerge after a weekend of MDMA. Serotonin is now depleted, and this can produce irritability or even depression.

With my first few trips, I don't recall any post-trip downer. I was so enamoured with what I had experienced. I felt like a door truly had opened to a new, non-judgemental, universal love. My first thought was that I wanted my parents to try it. I saw it as a panacea for conflict: how could you hate anyone on

Ecstasy? Indeed, while a club full of people on alcohol could produce loutishness and aggression, on MDMA, you would be far more likely to see people smiling and giving each other backrubs.

But still, it was a drug. It was temporary, and it was unreliable. If the doors of perception had opened to a new way of being, I wanted to figure out how to experience it naturally. The best way seemed to return to meditation with greater vigour.

14. Tibet in Scotland

For six months of my two-year backpacking expedition around the world, I had been working as an actor, travelling around England in a theatre troupe, performing educational plays in schools. It was the December holidays. I decided to hitchhike to Samye Ling, the first Tibetan monastery in the west.

If I hadn't known I was in the rolling hills of Scotland, a six-storey kaleidoscopic pagoda with reams of fluttering prayer flags would have made me think I was in Lhasa. This is where I would learn to meditate from the Lamas – the Buddhist gurus from Tibet, of whom the Dalai Lama is the most esteemed. This is where David Bowie claimed he nearly ended his musical career to become a monk.²⁰

Each day was made up of lectures, meditational practice and chores such as cleaning, cooking or gardening. Tibetan Buddhism has an extensive theology with a dogmatic view on rebirth and the afterlife. For instance, the current Dalai Lama is believed to get to choose the body into which he will be reincarnated when he dies. After three years of philosophy in the sceptical Anglo-American tradition, I was not about to start believing in the transmigration of souls. What I wanted to see was whether I was able to unlock any of what I had experienced on MDMA.

Most of our day was spent inside the temple, cross-legged on the floor in front of a giant gold statue of the Buddha. This was no idol worship. The Buddha is

not considered a God, just a man who became enlightened. Like TM and Tai Chi, Tibetan Buddhism is also a concentrative meditation. We used his image as a point of focus. First, we were instructed to look at the Buddha until very familiar with the image. Then we had to close our eyes to create a simulation in our minds. This can be challenging. Fortunately, we were permitted to focus on almost anything, including the breath. These were generally hour-long meditations, but they could be as long as three hours.

I found them arduous. Ecstasy seemed a long way off. This felt more like work. We were clearly instructed not to chase after positive feelings but to simply enjoy them if they came. They seldom did.

And then, one early morning, it happened. I was sitting with a group of other meditators, cross-legged on my cushion in the temple. Warm shards of sunlight had just begun falling over us from the high windows above. And there it was, that curious combination of calm and arousal with total ease and self-acceptance that I had experienced on MDMA in Rotterdam. I couldn't have felt any better if you had put me on that gold Buddha's throne and called me king of the world. I was totally at peace and in love with the moment. I felt a wave of euphoria run through and over my body. I was sure this was the greatest feeling in the world, more so because it was natural. It lasted around twelve minutes, and afterwards, for the rest of the session, I was left with a warm afterglow. I hoped that I now had a reliable way to experience ecstasy. In the days that followed, I would sit trying not to hanker after the state. The Buddhists see craving as the source of suffering. I waited patiently, following the practice, trying my best to accept whatever arose but hoping the feeling might return. It didn't.

15. Natural Ecstasy

Returning to London with no work, I decided to try my hand as a busker. I dressed up as Charlie Chaplin and stood dead still in the underground. In the busking world, this is called 'statue'. I figured I could meditate and get paid for it. It was gruelling but it sharpened my concentration, and earning around five

pounds an hour, it was better money than I would make as a junior waiter. I soon discovered that if I relocated aboveground to Soho and did a Chaplainesque move when people threw a coin into my suitcase, I could get this to twenty pounds without putting my back in spasm.

At the same time, I fell in with a group of people who went to dance parties almost every week. Many people first fall in love with EDM (electronic dance music) while dancing on Ecstasy. I was no different. We would arrive at a club or rave at around 10 pm and not leave till sunrise. But I found MDMA inconsistent. There was always some euphoria but also feelings of emptiness and vulnerability. I usually found that if I could deeply connect in conversation with someone, that vulnerability would transform into soothing empathy. But that depth of connection, particularly with loud music, was not always possible.

Besides, I had not given up on my desire to create the state naturally, and, given that even the drug-induced ecstasy was unreliable, I began to see an opportunity. What about going to one of these parties sober? I had already begun to wonder how much of my euphoria was due to the people, the music and the spectacular environment. On MDMA, most people were warm and engaging. Strangers would smile at you and offer you water or a back rub. There was an underlying philosophy: PLUR – peace, love, unity and respect. This was not something people proclaimed or spoke much about. They lived it. Surely this was a big part of the high?

There was a big dance party coming up in a disused warehouse in Vauxhall, south of the Thames. I decided to attend absolutely sober. My friends all dropped their pills and all I would consume was water. My main concern was whether I would be able to connect. Like alcohol, MDMA is disinhibiting, making it easier to talk to people. I needn't have worried. I had one of the best nights of my life. Emotion and behaviour are contagious, and because everyone on Ecstasy was so open and engaging, so was I. While I had wondered whether I would have the energy to dance through the night, I

danced even more. MDMA can relax you to the point where you may lose the desire to move.

In addition, my head was clearer, my self-esteem more stable, and of course, I had none of the post-MDMA blues. I stopped taking MDMA entirely. Instead, I would usually just have a few drinks before I arrived at a party so that I was immediately disinhibited. It was clear to me that more than half of what I thought had been the drug was actually set and setting. Set: my positive intention to connect and experience ecstasy naturally. And setting: kaleidoscopic spaces, uplifting music, loving people and dancing.

But there was something more important. I began employing the meditational focus that I had learned from Tai Chi. When I found my mind wandering to thoughts of self-consciousness, such as “do I look silly when I dance?” or “does that girl like me?” I would bring my attention back to my sensations: the rhythmic pounding of my body, my arms stretching to the sky with the escalating cadence of the epic electronica. To focus my attention even more, I began dancing with my eyes closed. I even started using a mantra. It was a Hebrew phrase of praise that I had learned as a child – ‘Baruch Hashem.’ Even as I write those words now, they fill me with the deep warmth and gratitude I experienced at those parties.

With a huge smile on my face and my arms frequently stretched in the air in praise to the universe (and the DJ), people would often come up to me and ask for drugs. When I told them I didn’t have or take any, they either thought I was lying or that I’d found Jesus. I had discovered natural ecstasy. There was one small problem: the state seemed to require dancing all night with a few hundred people who were on MDMA. I wanted to be able to access this independently.

As I pondered how to do this, I was faced with a more practical reality. After nearly two years of travelling, it was time to go home and get a real job.

16. Rise of the Phoenix

Within a few years of my return to South Africa, I had written my first book, *Create Your Self*, which detailed a version of my ACT formula: Awareness, Choice, Thought and Action. I had my own prime-time TV show, interviewing experts on success, and I had a budding career as an international speaker. But I still wanted to develop my ideas about natural ecstasy. I had found that the best way to understand a subject is to write a book about it, so that's what I did. This was not a project that my corporate clients were likely to embrace, but my life and concerns were bigger than my career.

I had been practising Tibetan Buddhist meditation with a concentrative focus on the breath. The lamas had suggested thirty minutes at least. I found even that long arduous and often boring. Overall, I'm sure it made me calmer, but I just didn't enjoy it. Meditational gurus will tell you that the point of meditation is not pleasure. It's like eating broccoli, you might enjoy it, you might not, but you've just got to do it because it's good for you. I knew enough about the science of motivation to know that if something is not intrinsically pleasurable, you're unlikely to stick to it. If you don't exercise, you probably think that exercise is just this painful thing some people have the discipline to do, and you don't. Not true.

Ask just about anyone who exercises regularly, and they will tell you it's one of the most pleasurable parts of their day. For good reason. Exercise boosts serotonin, the same neurotransmitter activated by Prozac and MDMA. High intensity exercise boosts endorphins, activating opiate receptors in a similar way to heroin. Stress hormones are metabolized more quickly with exercise. Remember, adrenaline activates the fight or flight response. The stress we feel is pushing us to act. Exercise provides a substitute for the fight or flight response, absorbing adrenaline from the blood into the muscles. That's why we'll almost always feel less stressed and anxious after a workout. In fact, besides the music, drugs and people, much of the high of dance parties is due to the same neurochemical benefits as exercise.

Now, initially, exercise is not pleasurable because we need to gain strength and stamina. Once we do, we can settle in and enjoy the cascade of feel-good neurotransmitters. Ultimately, it's not 'no pain, no gain.' It's 'no pleasure, no persistence'. The same applies to meditation. I'm not saying that it should be enjoyable all the time. Developing any new habit is, initially, uncomfortable. Even once it's a habit, there may be times we don't enjoy it, but if it consistently feels like a chore, we're unlikely to stick to it.

That's exactly what I found for myself. Within about a year of my return, I had fallen out of any meditational practice. In retrospect, I would have been better off sticking to the moving meditation of Tai Chi. There I was free to focus on the full spectrum of my physical sensations. This not only absorbed my attention more effectively than focusing on one thing, I found it deeply pleasurable. Of course, moving meditation, like exercise, would also be more effective in reducing stress hormones.

I'm pretty sure most people who stop meditating do so because they don't enjoy it. Of course, many are motivated to keep doing it anyway, and others *can* enjoy it. But if more people are going to do it, I reasoned, the practice itself needs to be more pleasurable. That was partly why I wanted to develop my own technique. I was still aiming for ecstasy, but if nothing else, I wanted a method that was enjoyable enough for me to want to stick to it.

There was another motivation. I had always been a fit, healthy person, but a routine visit to the doctor had diagnosed me with high blood pressure. It was severe enough for my GP to insist I see a cardiologist. The cardiologist wanted to put me on high blood pressure medication. I told him about meditation and the relaxation response, how I'd fallen out of the practice and planned to get back into it. I asked if he could reassess me in six weeks. He agreed.

17. Ecstasy Encounter

I had already begun developing my method. There were enough accounts of meditation-induced ecstasy to suggest that meditation may still be the answer. I wasn't particularly interested in exploring specific traditions that were tied up with religious dogma. I wanted to discover my own method using the focused attention that is the hallmark of most forms of meditation. If Transcendental Meditation focused on a mantra and Tai Chi focused on the movement of the body, what about simply focusing my mind on the experience of ecstasy?

The ecstasy I had experienced briefly while meditating at Samye Linge may have been activated by my mind wandering to a memory of taking MDMA with Anika and her friends in Rotterdam. Once the sensation was evoked, I had probably just held my attention to it. Not that complicated.

Try it. Think of your most ecstatic experience. Perhaps it was a sexual encounter, a spectacular sunset, a spiritual revelation or a moment of deep love. If you close your eyes, relax and focus your mind on this event, it will almost certainly evoke some measure of euphoria.

I once asked a girlfriend to close her eyes and remember how a past Ecstasy trip felt. Her face flushed, and her pupils dilated as if she was on the drug. There is enough neuroscientific evidence to show that memories can be as powerful and, in some cases, more so than direct experience. But continuing to think about a memory didn't seem viable. For one thing, memories, like songs, can become stale with repetition, and playing through a memory keeps the brain in a thinking mode, whereas Ecstasy seemed more aligned to a relatively empty mind.

Fortunately, memories are not the only way to evoke emotions. Mere words on their own can do the same. Say the word 'hate' a few times, and you'll find yourself feeling quite different than if you repeat the word 'love'. In fact, even just hearing a prosocial word such as 'helping' makes people kinder than after

hearing an antisocial word like 'annoying'. Words don't just represent reality; they ignite it.

To activate my euphoria, at that Vauxhall dance party where I had first experienced natural ecstasy, I had used a Hebrew phrase of praise. Focusing on those words of gratitude had massively shifted my state. I could continue to use that phrase, but I wanted to identify a few words that better represented the components of an ecstasy experience.

It may seem naive to think one can reverse engineer an emotional state by dissecting it into its component parts. Who can say for sure that these parts are definitive? Different people might have different experiences. I had different experiences depending on the particulars of set and setting. I just wanted to model what was common to those experiences to the best of my ability. "All models are wrong," as the statistician George Box said, "but some are useful."

Through my own experience and conversations with others, I identified seven components of an ecstasy experience.

- 1) **Enjoy now.** At the height of happiness, I didn't fantasize about the future or reminisce about the past. I found my deepest satisfaction in the present.
- 2) **Calm.** While before, I might think of a thought of ecstasy as intense and exciting, it came with a deep inner calm. This may have something to do with the relaxation response.
- 3) **Sensational.** Ecstasy amplifies physical sensations.
- 4) **Thyself.** When I was euphoric, I felt great about being me. Research on Prozac has found a direct correlation between happiness and self-esteem. 'Thyself' was an honorific I used to remind myself of my inherent worth.
- 5) **Appreciate everything.** With Ecstasy, I felt a universal love for people and things.

- 6) **Smile.** Internal states are amplified by facial expressions and posture. By lifting my posture and smiling, I would augment the state.
- 7) **Yes, ecstasy.** Words create reality. By saying the word 'ecstasy', I would hopefully trigger the state in its entirety.

In self-help author style, each letter of each of the seven words or phrases formed the acronym ECSTASY. I called each of these seven elements 'mind masters' in that their job was to master the mind into a state of ecstasy. Seated, with my eyes closed on three slow breaths each, I would mentally repeat each of the seven mind masters while focusing on their meaning.

18. Retreat

As I began to apply my method, I discovered that a ten-day silent Buddhist meditation retreat called Vipassana was taking place in the summer holiday. It was going to be intense. Ten hours of meditation a day and no speaking. Maybe the route to ecstasy was agony. I would fully subject myself to their method for the first few days, but after that, if I felt I wasn't getting any benefit, I would start experimenting with my own method.

The retreat took place on the edge of an isolated nature reserve in the Western Cape of South Africa. Men and women were separated into log cabin dormitories and came together at 4 am each morning to meditate, segregated by a curtain, in a cramped hall. There were short video lectures in the evening given by S.N. Goenka, one of the leading teachers who had brought the practice to the west.

I was keen to try Vipassana because it was a type of meditation I had not experienced before. Researchers divide meditation into two distinct categories: focused attention and open monitoring meditation.²¹

- 1) **Focused attention meditation (FAM).** These are concentrative techniques like TM, where you focus exclusively on one thing, such as

a mantra or your breath. When your mind wanders, you bring it back to that singular point of focus.

- 2) **Open monitoring meditation (OMM).** Here you become aware of whatever presents in the moment, be it a thought, sensation or perception, without reacting to it. Vipassana is supposed to be an OMM.

Both practices tend to reduce thinking, but while in FAM, you deliberately turn away from thoughts, in OMM, you notice them, and, in noticing them, they tend to subside on their own. Let's say, metaphorically, that the thought is a person who's just walked into your field of vision. In both cases, you would prefer not to talk to them right now. In FAM, you might look away from them and stare at the wall instead. In OMM, you would notice them walk in and out of your field of vision. And if they didn't leave? You wouldn't engage them in conversation; instead, you would allow them to slip into the periphery of your vision.

These are very different techniques that have different neurophysiological profiles. The distinction would become of critical importance many years later when I thought I was losing my mind. Without yet knowing about this distinction, I was keen to try Vipassana, primarily because it had none of the religious dogma I had found in Tibetan Buddhism. In Vipassana, there is no deification or transmigration of souls. It did come with a philosophy. While Prof Herbert Benson, the Harvard cardiologist who had done so much of the initial research into meditation, had reduced meditation to the relaxation response, this was far from the way practitioners saw Vipassana. They didn't meditate to feel good or relax. Vipassana means 'insight'. They meditated to get to the truth about reality so that they could use that truth to live better lives. This was like American pragmatism; insight was to be derived and applied practically.

As you sat paying attention to what arose in your awareness, you would notice that the thoughts, images and sensations that flickered in and out were transient. In this way, you would realize one of the three fundamental qualities of existence – 'anitya' - impermanence. Much of our suffering comes from our

attempt to hold on to the positive and resist the negative. With Open Monitoring Meditation, instead of trying to concentrate your focus on one spot, creating an illusion of permanence, you noticed it change. This should help you be more accepting of the way life continually changes. More than mind training, Vipassana was life training.

On the other hand, with the Ecstasy Encounter or any meditational practice whose aim is to bring about a particular state, be it love or joy or even deep relaxation, you were working against reality, trying to make permanent something that was not. This resistance to reality creates suffering. Many years later, I would realize what a profound insight this was, but on the retreat, I didn't find Vipassana too different to the Focused Attention methods I had practised. At first, we were instructed to focus on our breath and later to scan our bodies from head to toe, focusing on the different sensations. When our minds wandered to thoughts, we were to return them to the body.

Our teacher emphasized that this was a shallow concentration, without the deep absorption of a focused attention technique, but to me, the method was the same. We even had two-hour-long meditations a day of 'sitting of sheer determination' where we were not supposed to move any part of our bodies for an hour. Physical pain was just a transient sensation, another opportunity to see the impermanent nature of reality. The idea was to create a state of equanimity, a calm acceptance of both the pleasant and unpleasant. I did find this valuable. As I sat through that pain, I got to a place of focus and calm that could be strangely pleasurable. Perhaps ecstasy and agony aren't that far apart! More importantly, it made me realize that I was capable of enduring more than I had realized.

Regarding ecstasy, I couldn't be in a less appropriate place in search of it. The other key insight into life that Vipassana aimed for was 'Dukkha'. This is usually misinterpreted as suffering. In fact, the Sanskrit word means unsatisfactoriness. To the Buddhists, in search of ecstasy, I would only create more desire, the basis of unsatisfactoriness. I would be dissatisfied until I achieved the state and more dissatisfied when it faded.

One evening after the final meditation, I arranged a private session with our teacher, an Indian man. He welcomed me into a small room behind the meditation hall. It would be the first time I had spoken in days. It would be a short meeting.

“Desire is like a cup with a hole in the bottom; it can never be filled.” The teacher sat ahead of me in the lotus position, in the red robes of a monk. “If you use the meditation to grasp after blissful tingling sensations you will just create more desire and disappointment.”

“What about a desire for happiness?” I asked.

“The desire for happiness,” he continued, “is one of the chief causes of unhappiness. Simply observe reality as it is with awareness that both painful and pleasurable sensations will pass. All you can hope for is equanimity – a serene acceptance of what is.”

“A serene acceptance of what is,” I responded, “sounds to me like a definition of happiness. And even if it isn’t, isn’t that why we’re here, because we *desire* that state?”

“The difference,” he said, “is that you get there by dropping desire.”

I didn’t know if I wanted to drop desire. Wasn’t that part of the fun of life? Was it even true that desire made life unsatisfactory? That was only half the story. It also made it satisfactory. Life oscillates between satisfactory and unsatisfactory. You’re hungry – you’re unsatisfied. You eat – you’re satisfied. You’re lonely – you’re unsatisfied. You get a lover – you’re satisfied. You fight with your lover – you’re unsatisfied. You make up – you’re satisfied. It’s a cycle. That’s the drama of life. If there was no dissatisfaction, could there be satisfaction?

I certainly didn’t want to get rid of the ups. I just wanted to soften the downs. The way I saw it, I could still aim for positive feelings as long as I could accept it when they didn’t arise. We all have goals we don’t achieve; does that mean

we shouldn't have goals? In fact, from a goal achievement programme I taught, I knew that having goals was even more important than achieving them. Not only does having goals keep us excited about the future, they also stretch us. Goals help us to learn and grow. My lesson from Vipassana would be to be more accepting when I didn't get what I want.

I stopped doing the Vipassana practice, and I began to use the long hours to apply the Ecstasy Encounter. Immediately, my state improved. I began to really enjoy the hours. It was still painful and arduous at times, but overall, I felt at least 50% better. I even began doing my practice at meals, really savouring the food with the mind master 'sensational', and, during break times, 'enjoying now' rather than thinking about what I was going to do when the retreat was over. Occasionally, I would dip back into the Vipassana practice, but invariably, I found that my own was superior for me, at least in its ability to raise my emotional state.

Did I feel ecstasy? At times I got glimpses, but it lacked the intensity of MDMA. That was understandable, given the way MDMA activates high doses of serotonin and precisely why it often led to a serotonin depletion downer a day or two later. Also, as I had discovered, more than half of the ecstasy experienced at dance parties was the music, people and dancing. I had created a solitary process. The intense internal focus was necessary to induce the state. For what it lacked in euphoria it made up for in reliability, stability and self-reliance.

Could the Ecstasy Encounter even be called meditation? That was not important to me. Meditation was an ancient practice; call it arrogance or naivety, but the way I saw it, if it could be improved upon, why not? Perhaps, like everything else, meditation was ready for disruption. I saw my practice as a combination of cognitive therapy and meditation. While meditation focused attention, cognitive therapy focused attention on the positive. In the Ecstasy Encounter, I combined those insights in a way that seemed to bring me the benefit of both.

When I got back from the retreat, I began doing the Ecstasy Encounter twice a day, on waking and before sleeping. Unlike most meditations, I didn't prescribe the time. I would do it for as long as I wanted, which was generally around ten minutes. Besides my improved state while I was engaging with it, the Ecstasy Encounter seemed to provide me with significant benefits when I was not. I was calmer, less reactive, more accepting and happier. I found myself bringing each of the seven sub-states into my everyday life. I would have moments of deep enjoyment of the now. I would remind myself to 'appreciate everything' or step into the personal power of 'thyself.' I would smile more and even occasionally feel real ecstasy, if only a few moments of it.

It had been more than six weeks since my visit to the cardiologist. I was intrigued and a little nervous to see whether my blood pressure had normalized. My GP applied the cuff of the blood pressure monitor to my bicep. I began to get anxious and hoped my nerves were not going to raise the reading. He checked the dials and smiled. It was slightly below normal – I now had mild *low* blood pressure. It may have just been on that day, so every few months I had my blood pressure checked again. It remained around normal. It's not for me to objectively say whether my method was better than other meditations – I have no controlled studies to prove that – but one reason it was better for me was that because I enjoyed it, I stuck to it.

I released my second book, *Natural Ecstasy*, and started running public workshops. Evaluations were good, and people seemed to stick to the practice, but I noticed that many of the people coming to the workshops were less interested in ecstasy and more interested in alleviating stress, insomnia and anxiety or just finding a little more peace and happiness. Teaching ecstasy to them was like teaching a starving man how to cook a Michelin star meal. Ironically, an opportunity to provide something more immediate and useful came in the form of a phone call from Johnnie Walker, the whiskey brand (yes, another drug).

19. Joy takes you further

The research and marketing department at the world's leading whiskey company began to notice an unexpected phenomenon. Their wealthy clientele, those high-achieving consumers of their most expensive brands, were not as happy as they had expected. They were stressed, overworked and often disappointed that creating their ideal lives had not made them happier. The brand decided to embark on a bold new strategy, reframing their iconic line: 'Keep Walking' to 'Joy takes you further.' Apparently, alcohol wasn't doing the job, and they seemed to see no problem in using an addictive drug that causes much unhappiness to promote healthy, proven methods of creating happiness.

They didn't just want a marketing campaign; they wanted to create a global movement. They hired Harvard professor Matt Killingsworth as their global positive psychology expert, and I was hired for South Africa. I would have to create a happiness programme to be rolled out through the country. Putting aside my concerns about the campaign coming from an alcohol business, I would create the programme drawing on cutting-edge research from a relatively new field of psychology.

When I studied clinical psychology in South Africa in the early 1990s, the field was largely about treating people with diagnosable mental disorders. In 1998, long after I had finished my degree, Positive Psychology was launched. Instead of focusing on healing the ill, Positive Psychology's bold new mission was empowering healthy people to become happier and more successful. On Maslow's hierarchy of needs, self-actualization was on the top of the pyramid; this was where Positive Psychology would play.

Much of the self-help movement had been singing from this song sheet from long before, but now academic psychology would distil the truths from the hype, giving it evidence-based legitimacy. I had been lapping up books by the founding mothers and fathers of the movement. There was Martin Seligman's

Authentic Happiness, Flourish and Learned Optimism, Mihaly Csikszentmihalyi's *Flow* and Barbara Fredriksson's *Positivity and Love 2.0*.

These titles sounded like self-help books and indeed they were, but they came with claims substantiated by research. As a self-help author, I had always been sceptical of self-help. In my opinion, it was often little more than hackneyed opinion with exaggerated misreports on research. No doubt I could sometimes be accused of that! Of course, there were some very good self-help books that distilled complex psychological language into easily digestible, useful advice. These were the sort of books I had tried to write. Now thanks to Johnnie Walker, I would do one on the key focus of the field – happiness.

20. The Anatomy of Happiness

One of the reasons research psychologists had taken up happiness as a serious field of study was that, to some degree, it could now be located in the brain.

With the rapid development of cheap and efficient brain scans, we now know that positive emotions correlate with high activity in the left prefrontal neocortex, while negative emotions correlate with high activity in the right. Even more exciting, we can see that the brain has plasticity; it learns and grows. When we consistently engage in healthy, happiness-boosting activities, we can change this region of our brains, growing new neurons and connections between neurons and even reaching in and switching on and off the genes that determine their functioning.²² We've even got a pretty good idea of what determines our happiness, and it's not what most people think.

The line between nature and nurture is hotly debated, but according to Professor Sonja Lyubomirsky at the University of California, about 50% of happiness is genetic, so if you're unhappy, you can blame your parents for at least half of it! That leaves another 50% which you might think has everything to do with your life circumstances. In fact, life circumstances account for only about 10% of differences in happiness. Education, job, health, wealth and

birth country can make a big difference in one life, but averaged across a population, we see something far more important. Accounting for 40% of our happiness are our thoughts and behaviour.²³

To understand why life circumstances are less important than we think, imagine winning the lottery. That's certainly likely to boost your happiness. However, if you're like most people, it will only be temporary. Within about six months, you would go back to your baseline level of happiness, that general state to which you revert after every fleeting high or low.²⁴ Even if winning the lottery changed your life forever, you would soon get used to your changed circumstances and settle back to your baseline.

This is the problem with happiness: we become desensitized to almost every new circumstance. Known as *hedonic* adaptation, or more poetically, the hedonic treadmill, each new positive life circumstance makes us happier, but only temporarily, which is why we keep finding something new to run after.

Are you still excited about anything that happened more than a few weeks ago? Probably not. You may have a pleasant memory, but the feelings that were evoked have largely faded. This is unfortunate when it comes to positive events like getting a promotion or getting married. Counterintuitively, it's really fortunate when it's something painful like losing your job or becoming paralyzed. That's right; six months later, most paralyzed people bounce back up to their baseline level of happiness. Hedonic adaptation is probably a survival strategy. If we were constantly sensitized to every new event in our lives, we would be overwhelmed and unable to focus on the demands of the present. Also, sitting back contentedly is not how we took over the earth and reached the moon.

No wonder that Johnnie Walker's wealthy, high-achieving clients were discontent. The initial euphoria of their new achievements would have soon faded. Worse, the additional stress of their high maintenance lives could have pushed many of them below their baseline level of happiness and perhaps to another whiskey!

One of the quick, simple ways I shared with them on how to boost their happiness was gratitude. By bringing to mind a positive event, we relive it, reigniting some of that initial delight. In a quiet moment of gratitude, people often report greater joy than the original event because they are taking time to really appreciate it. Gratitude re-sensitizes us to what we already have. Incredibly, by turning gratitude into a daily habit, you can shift up your baseline level of happiness beyond most other changes in your life circumstances.

Johnnie Walker gave me a regular radio slot to share the science of happiness. Both here and in workshops, I began teaching a new meditational method that I had developed called Thrive-5. It was a 5-step process that activated some of the main keys to happiness: the relaxation response, gratitude, optimism and purpose.

People embraced the method even more than the Ecstasy Encounter, perhaps because it was more scientific and practical. After a first try, almost everyone reported feeling calm and happy. I can't say how many people stuck to it, but weeks, months and even years later I would get emails from workshop participants telling me that they were still doing it twice a day – when they woke up in the morning and before they went to bed at night. Many reported that they had overcome insomnia, reduced relationship conflict and, as measured on a follow-up psychometric I gave them, were significantly happier.

I no longer taught the Ecstasy Encounter. While I occasionally practised it myself, I too had embraced Thrive-5. Addressing goals and challenges, it was more grounded in the daily concerns of life. I imagined myself teaching and practising it for the rest of my life. In fact, it was to mark what made me want to end my life.

PART 2

1. The Butterfly Effect

The flap of a butterfly's wing in New Mexico can cause a hurricane in China. So goes the butterfly effect. A small change can make a big difference. When I look at the flap that caused my own hurricane, it seems almost laughably inconsequential.

I was doing an extensive renovation of my apartment in Cape Town. I was away for most of the time and my builder had infringed on some of the building's rules, like not moving his skip soon enough or leaving rubble in an alleyway. Tempers had been running high in the building due both to this and other petty conflicts.

My own neighbour had started off being understanding but was growing increasingly frustrated. He started writing vitriolic emails detailing my 'bad mannered' and 'shameful disregard' of house rules, cc'ing almost everyone in the building.

I teach a programme on relationships that has an extensive conflict resolution component. I made sure to respond politely, take responsibility and apologize for where my builder had been wrong, but I also defended him where I thought appropriate. This only made my neighbour more irate, and the emails got worse. In a conflict where the other person feels aggrieved, any attempt at self-defence can escalate their ire.

I do my best to get along with people. I like to be considered a 'nice guy', and having my reputation tarnished in the community in which I lived was unpleasant. Still, I was sure it would blow over. I knew he was prone to losing his temper, and many people in the building would give me the benefit of the doubt.

Indeed, the renovation was completed, and the emails stopped. But my neighbour was not going to let it go as quickly as I'd hoped. He steadfastly ignored any further correspondence from me. When I drove passed him, he looked the other way. When we arrived together at the lift, he would hold back so he didn't have to travel up with me. If I saw him as I stepped out of my apartment, he would turn the other way.

This was clearly going to take longer than I thought, but I was sure we would reconcile eventually. As I said, it wasn't much more than a flap. But this was a flap that would create a hurricane ... in my head.

2. The Hurricane

I'm not exactly sure when the images began. Perhaps it was after one of the more insulting emails or lying in bed, contemplating my neighbour next door bearing me ill will. The image was of a violent sexual attack on me by my neighbour. At the time, I saw it simply as a symbol of my emasculation. He'd shamed me and had the last word. The mind loves symbols, the more sensory and emotional the better, and this was a symbol rich in meaning.

But as the days turned into weeks and we remained unreconciled, the image persisted in duration, frequency and intensity. It started to become more violent. It was the first thing I would think of when I woke in the morning. The last thing I would think of before going to bed at night. Soon it seemed as if whenever I was not focused on anything else, all I could think about was this act of sexual violence.

Along with the image, my anxiety intensified until I felt I was slowly being buried alive in the coffin of my own non-stop thoughts. I began to experience a rising panic until there were new images. Hopeful images of my aeroplane crashing or throwing myself off my balcony. These suicidal images were less disturbing than the repeated rape because, finally, there would be no more rape.

I had developed and practised a five-step process specifically designed to master the mind to reduce stress and increase happiness. And now my stress was through the roof, my happiness was a memory, and I was on the brink of losing my mind. I was a top self-help expert who was now profoundly unable to help himself.

3. Defining the problem

While I was not a clinical psychologist, I had a postgraduate degree in psychology and thought I had a good understanding of what was going on. The technical term for what I was experiencing is UIT: Unwanted Intrusive Thoughts.²⁵ They are usually about taboo topics such as sex, violence or blasphemy. A priest might have thoughts of desecrating a bible, a loving mother might have thoughts about abusing her baby, a sexually conservative person might have thoughts of taboo sexual acts. People are often concerned that they will be compelled to act on their intrusive thoughts, but they almost never do.

In a landmark study on intrusive thoughts, psychologist Stanley Rachman found that in a group of healthy college students, virtually all said they had experienced intrusive thoughts at one time or another, including sexual violence, blasphemy, obscenity, harming elderly people or someone close to them, violence against animals or towards children, and abusive outbursts.²⁶ These thoughts are universal, and almost never acted upon it's just that for some, they persist.

Intrusive thoughts can also be connected to post-traumatic stress disorder, where the thoughts are related to an early trauma. I had been sexually abused as a child, so that was possible.

The clinical term for intrusive thoughts is 'Pure O', a variant of Obsessive-Compulsive disorder where there is no external compulsion such as hand washing or door checking, just the intrusive thoughts – the obsession. Pure O and OCD are just one of many forms of anxiety, anxiety being the largest

category of mental disorder. While anxiety can show up as post-traumatic stress disorder (PTSD) phobia, OCD, hypochondria, social anxiety, general anxiety and panic attacks, as I would later discover, when it comes to healing, the exact type of anxiety I had was not important. Anxiety is a bit like snow: there may be multiple kinds, but what melts one usually melts them all.

While fear is a response to real threat, such as someone pointing a gun at your head, anxiety is a response to *perceived* threat: the thought of someone pointing a gun at your head. If you live in a dangerous neighbourhood, your anxiety may be rational. If you live in a safe neighbourhood where there has never been a gun crime, it is probably irrational. When anxiety becomes a disorder, it is almost always irrational, but knowing that doesn't help. I knew my intrusive thoughts were not rational, but I was unable to stop them.

Anxiety is both the common cold and the cancer of mental illness. It often contributes to or coexists with depression, substance abuse and many other mental disorders. Up to 30% of people will develop an anxiety disorder at some point in their lives.²⁷ Even if you're in the 70% who won't, everyone occasionally experiences short-term 'state' anxiety. This might happen before giving a speech or while waiting for test results.

Not only is anxiety a disorder or a short-term state, it's also considered a personality trait. Of the 'big five' personality traits, which form the most authoritative personality profiling system, neuroticism is the only mental disorder that is listed as one of the five. The word 'neurotic' largely overlaps with anxiety. The 'big five' exist on a continuum, from low to high; that means that all of us are neurotic or anxious to some degree.

Even outside of my current troubles, reflecting on my life, it was clear to me that there was almost always a sense of things not being quite right. Using the methods I had acquired through psychology and the personal development field, I had created a very satisfying life, but why that underlying trepidation?

4. Homo Anxious

Evolutionary Psychology explains emotion as an adaptation to the environment that boosts our fitness and survival. If anxiety is so prevalent, it must have helped early humans to survive. It turns out it did.

Our cave-dwelling ancestors had two main objectives:

- 1) Get lunch.
- 2) Avoid being lunch.

If they failed at number two, they'd never get to enjoy number one again. Overestimate a threat, and you stay alive. Underestimate a threat, and you could die. That leads to a universal behavioural rule of thumb:

Overestimate threats

“What’s wrong?” That’s a question we ask a lot. Have you ever asked: “What’s right?” No, because the brain figures what’s right doesn’t need attending to. What’s wrong could kill you. If our brains are almost constantly monitoring for threats, we’re going to feel an almost constant low-level anxiety. This doesn’t seem very smart if the goal is happiness. Our brains aren’t optimized for happiness; they’re optimized for survival.

In the developed world, where we live in the most unprecedented comfort and safety in the history of humankind, most of us don’t experience a lot of fear – a rational response to real danger. What we experience is anxiety – a largely irrational response to perceived danger. Even if you don’t have an anxiety disorder, you probably experience anxiety to some degree every day. That’s why it always feels like there’s something wrong with your life. If it isn’t your job, it’s your relationship. If not your relationship, there’s your weight, your looks, the rattle in your car, the stain on the curtain. Notice the sheer range of threats from the physical, “Is my house safe from intruders?” to the psychological, “Am I good enough?”

The brain doesn't distinguish between physical and social threats because, to the brain, a social threat *is* a physical threat. If you're not good enough for your boss, your mate, your friends, you could be rejected. For our ancestors, rejection from the tribe could mean death. Not just for our ancestors; studies show that people with the weakest social bonds increase their chances of dying by 50%.²⁸ No wonder then when someone doesn't return our call, it feels like a 'slap in the face', our loved one ignores us it feels like a 'punch in the gut.' Our boss frowns, and we're wondering if we're about to lose our job and become homeless when actually, he's just got a haemorrhoid. We're 'thin skinned' – that's more than a metaphor. It captures not just our psychological but our physical vulnerability.

We have an operating system built for hell, and we're living in heaven. If that seems overstated, imagine our cave-dwelling ancestors were told about a life where delicious, nutritious food, safe, beautiful shelter, miraculous healthcare, effortless travel and incredible entertainment were available to billions of people (if not everyone). They would have called it heaven. Yet 30% of people will live in chronic terror without any external reason, and many more are living a low-level state of trepidation about bad things that aren't going to happen. It turns out that heaven is not a place; it's a state of mind.

Not only do we overestimate threats, we overestimate the wrong threats. Do you feel more anxious about terrorism or car accidents? Terrorists kill about ten people a year in the USA. Car accidents kill about 40 000. Are you more anxious about car accidents or sugar? Diabetes is linked to the deaths of over a quarter of a million. Why do we often get our threat appraisal wrong? Because many of the threats we evolved to avoid are no longer the threats we currently face.

If you're like most people, you're more likely to be scared strapping yourself into an aeroplane than your motor car. Yet your chance of dying in a commercial airline crash in the USA over the past ten years was zero. Our threat detection system doesn't operate on statistical probability. It operates

on direct evidence of what was dangerous in the African Savannah in which we evolved. We are programmed to fear heights, a lack of control and groups of strangers. All three are features of commercial airlines.

I do a little bit of property investment. I had bought a small building in a run-down part of Johannesburg. This was at the height of state-wide corruption in South Africa. The council kept sending me massively inflated bills, vandals were smashing the windows and stealing the fire hydrants. Tenants weren't paying their rent and destroying their rooms before they were evicted. I had to call in the police to avert a near hijacking of the property. Unable to sell the building, I was losing thousands every month. Yet the anxiety I felt about the conflict with my neighbour was way more intense and prolonged. While my crashing investment produced anxiety, my primitive brain, which was all about preserving social relationships and membership of the tribe, liked the idea of a hostile neighbour even less.

Overreaction to threat, and particularly social threat, is not the only outdated algorithm in our human operating system. The obesity epidemic is driven by our evolutionary drive for fat and sugar, which used to be scarce but are now abundant. What once was scarce, necessary for survival, is now excess, jeopardizing our survival. The anxiety epidemic is driven by our evolutionary drive to avoid threats, which used to be abundant and are now scarce. What once was fear – a response to real threat, is now mostly anxiety – a response to perceived threat.

'Know thyself', the wise old aphorism of the ancient Greeks that has rightfully made its way down the ages, is one we would do well to abide by. New age gurus love to tell us to listen to our intuition, trust ourselves, follow our instincts. Well, when it comes to threat, those instincts are driven by an operating system built for another era. We have minds of genius that have built a civilization that the ancients didn't imagine the Gods could create. We've explored the solar system, unravelled some of the deepest mysteries of the universe, but even a great operating system usually has a few bugs. Know thyself. Know your flaws and you can compensate for them.

I knew that my brain had overreacted to a perceived threat. The result was anxiety – my irrational fear. If I was going to shift this emotion, I needed to understand how emotion worked.

5. Emotion

The word emotion comes from the Latin *emovere*, meaning to move. We feel so that we can act. Pleasant emotions like joy and love move us to approach. Unpleasant emotions like disgust or fear program us to withdraw.

Emotions have six components:

- 1) Awareness: You must be conscious to experience an emotion.
- 2) Perception: Susan sees a snake.
- 3) Thought: Susan evaluates the snake as dangerous.
- 4) Physiology: Having perceived danger, Susan's stress response is activated.
- 5) Sensation: Unpleasant feelings flood her body.
- 6) Action: Susan runs away.

In this scenario, the emotion is triggered by a perception of real danger. That's why we call it fear. However, an emotion requires neither step 2, a perception, nor step 5, action. It could just be triggered by a thought.

- 1) Thought: Susan thinks about a snake.
- 2) Physiology: Susan's stress response is activated.
- 3) Sensation: Unpleasant feelings flood her body.

In this scenario, because there is no real danger ending in threat-averting action, we would call it anxiety. However, the order of these components can change. Instead of being triggered by a thought, anxiety could be triggered directly by the stress response.

- 1) Physiology: Susan's stress response is activated.
- 2) Sensation: Unpleasant feelings flood her body.
- 3) Thought: Susan starts thinking about a snake.

It gets more interesting: that same physiology can lead to different sensations depending on your thoughts or perception. If you were given an adrenaline injection, your stress response would be activated. Studies show that if you were with someone who was happy and excited, you would interpret your sensations as excitement and feel good. However, if you were with someone who was anxious, you too would feel anxiety. If we go back to Susan, but this time introduce a person, things might look like this:

- 1) Physiology: Susan's stress response is activated.
- 2) Perception: Susan is with someone who is happy and excited.
- 3) Sensation: Pleasant feelings flood her body.

Fear forms part of our 'threat protection system' best illustrated in the first scenario between Susan and the snake. We perceive something, we evaluate it as dangerous, the stress response kicks in, we feel unpleasant sensations, we take action to protect ourselves. Anxiety isn't protecting us against anything, so I prefer to call it part of the 'over-reactive threat detection system'. It can either start with an anxious sensation or with an anxious thought.

Think of the over-reactive threat detection system as made up of an alarm system, a siren and an overzealous security guard. The alarm system is the stress response. When that cascade of stress chemicals kicks it into gear, the alarm goes off. The alarm is the sensations of stress, anxiety or, in extreme cases, panic. The security guard is the thoughts in your head warning you about the bad things that could happen.

Anything we do to change our emotional state must start with one of the six components of emotion: our awareness, perception, thoughts, physiology, sensations or actions. Actions are the most logical way to respond to fear. If

you're faced with a real threat, you probably need to react by either fight or flight. With anxiety, an irrational fear, there is no threat to act on. So instead, the most common therapy for anxiety teaches us to change our thoughts.

6. Cognitive Therapy

One of the great revelations I'd had at university was that my thoughts were not reality. There were better and worse ways to think about the same thing. Positive, optimistic thoughts were linked to happiness and success, while negative, pessimistic thoughts were linked to depression and passivity. To cognitive therapy, anxiety was the product of negative thoughts. The reason almost everyone suffers from some anxiety is because human beings have a negativity bias.

In the words of neuroscientist Rick Hanson, "Our brains are Velcro for the negative and Teflon for positive."²⁹ Think about it; when something bad happens, we talk about it, think about it, make everybody else depressed about it! When something good happens, we're less likely to acknowledge it. Our minds are a bit like the news, only the news is more uplifting.

At the very time I was having what was essentially an inconsequential conflict with my neighbour, I moved into my beautifully renovated apartment and won a major training deal with a big corporate. Yet those positive events, which had far more actual impact on my life, are not what I was thinking about.

We can see the evidence for the negativity bias deep in the brain. Researchers showed people either positive images, such as a magnificent sunset, or negative images, such as an injured person. There was much more electrical activity in the brain in response to the negative than to the positive. In the news, there is an old saying: "If it bleeds, it leads". Good news doesn't sell like bad because the brain just doesn't get as aroused by it. Other researchers have found that a negative step back in achieving a goal is more than twice as powerful in reducing our happiness as a positive step forward is in increasing it.

We're also better at *expressing* negativity. There are about double the number of negative emotional words in the dictionary as there are positive. As I used to tell my workshop participants in *Joy Takes You Further*: "We need to counteract our natural negativity bias by creating our own positivity bias! Wallow in the positive. When something good happens, think about it, talk about it, dwell on it, give gratitude for it. Savour, amplify, marinate in good feelings. Many of us are doing the opposite, dwelling on the negative when much of what we worry about doesn't even happen. In the words of Michel de Montaigne, "My life has been full of terrible misfortunes, most of which never happened."

The aim of cognitive therapy is to help us reinterpret reality in a way that is more conducive to our well-being. We try to do this in some way just about every day. When you feel down about something, you may well go talk to a friend. Why? To see if there is a better way to think about what has happened. In fact, most conversation is about looking for better ways to interpret reality or to confirm our current interpretation. We also reinterpret internally when we mull over a problem. (Unfortunately, given the negativity bias, this may lead to a worse interpretation.) You're reinterpreting reality right now by reading this book.

Cognitive therapy says if you're anxious or depressed, it's not your situation, it's your thoughts about your situation. For instance, a friend of mine was going through a divorce. Her husband was abusive, and she knew it was best for her and her children, yet she was depressed. CT helped her realize that the reason she was depressed was that she had always believed people who got divorced were failures; that meant she was now a failure. Her therapist got her to question that assumption by looking for counterevidence. This can be done with the Socratic approach, by asking questions such as:

- 1) Can you think of successful people who have got divorced?
- 2) Can you think of any married people who are not successful?
- 3) Can you think of areas of your life in which you are successful?

- 4) Would you have been more successful if you had stayed in an abusive marriage?

When it comes to intrusive thoughts, CT would say the real problem is not the thoughts but rather the thoughts about the thoughts, that is, the interpretation of the thoughts. Two mothers have intrusive thoughts of harming their babies. The one dismisses the thought as one of many odd but meaningless thoughts she has every day. The other believes that the thought makes her evil, and she is likely to act on it. No prizes for guessing who is going to develop an anxiety disorder.

A therapist might explain to this mother that our thoughts do not represent who we are. Studies show that everyone has 'deviant' or 'evil' thoughts occasionally, and most people don't act on them. If we were judged on our thoughts, most of us would be in prison. So why does the brain sometimes produce 'bad' thoughts? There are many possible reasons. Let's consider why a loving mother might have a thought of harming her baby:

- 1) She happened to hear a story about a mother who harmed her baby. Being suggestible, the brain will often apply what it sees or hears to the self.
- 2) She is so concerned about protecting her baby that she finds herself thinking of ways she might inadvertently harm her baby.
- 3) She loves her baby, but she is also frustrated by its incessant crying. Her brain represented that frustration in an image of violence that she would never carry out.

Providing these sorts of reasons helps people to reinterpret their intrusive thoughts as non-threatening. Once they do that, their anxiety may lift.

Why are some people immediately able to ignore an intrusive thought and others develop a disorder? Probably because that thought is particularly threatening to that person. Let's go back to our loving mother. Maybe she grew up with the belief that to be loved and accepted, she needed to be the

perfect wife and mother. She generally felt anxious about failing to achieve that goal. To fail would result in rejection from her tribe. A fleeting image of harming her baby is going to be far more anxiety-provoking to her than to a mother who is more accepting of herself and not concerned about being perfect. Ironically, people who develop intrusive thoughts almost never act on them precisely because their behaviour leans so far in the opposite direction.

Once we identify a thought as a threat, our over-reactive threat detection system has to stand on guard, looking out for it. Ironically, this is the very thing that produces the thought. Try searching your mind for a thought of an elephant... Found it? Most likely you have. The brain will surface whatever you look for. When it comes to thoughts, the act of looking is the act of finding. The more on guard she is for the thought, the more it is there.

Unlike most people with intrusive thoughts, mine were not about bad things that I was going to do but rather bad things that were being done to me. My intrusive thoughts connected more to those found in Post-Traumatic Stress Disorder (PTSD.) Here you might have recurring intrusive thoughts about a previous rape, attack or accident. These are involuntary flashbacks that can feel like a repeat of the original incident. Once again, you can see the over-reactive threat detection system at play. The brain reasons, "You nearly died. I'm going to keep reminding you so that you can protect yourself against this happening again." A woman who was sexually assaulted by her boyfriend may experience intrusive thoughts of sexual violence whenever a man approaches her romantically.

Based on CT principles, I made sure to interpret my intrusive thoughts as nothing more than a reflection of how I currently felt: shamed and prevented from resolving the conflict. I reminded myself that not only could my neighbour do me no real harm, he had no desire to. My mind was just overreacting, not distinguishing between physical and social threats. I told myself that there was no real danger. The thoughts were not important; they were just a product of my brain. My stress response was in overdrive due to the disruptive renovation, the conflict and the fact that my neighbour was currently not

talking to me. All this would pass. And even if he and I never spoke again, unlikely, but that was okay too.

I didn't just tell myself this; I really believed it. It worked! The thoughts disappeared. For days I felt a sense of triumph. I had this under control. And then, one day, driving out of our communal garage, my neighbour drove past me, stony-faced, turning his head the other way to indicate his displeasure, and I felt a surge of anxiety, and the thoughts started again. This time, repeating my positive interpretation didn't seem to help.

Anxiety often defies the rational voice. That's why changing our thoughts doesn't always work. It's as if you have a security guard telling you everything is okay while the alarm keeps blaring. The alarm, those sensations of anxiety, are stronger than our internal voice. Triggering the alarm is the stress response. I had tackled the voice in my head with only temporary success. Now I saw that I needed to go to the source – the stress response.

7. The Relaxation Response

At the time, I was running a personal development programme where I was teaching my Thrive-5 personal power practice. Needless to say, teaching mastery of the mind while feeling that I was losing my own did not fill me with a high sense of integrity. Yet this was one of my most successful programmes. People were telling me that the practice I had developed was helping them sleep better, reduce their relationship conflict and boost their happiness.

Core to the practice I had developed was a version of the relaxation response. Professor Herbert Benson had proved that meditation neutralized stress by activating the relaxation response. It seemed to do this by quietening thoughts. Modern psychologists and ancient Buddhist contemplatives had both realized that our thoughts were the source of our suffering. While cognitive therapy aimed to change them, meditation aimed to silence them.

My method was simple and efficient. Slow, deep, rhythmic belly breathing: in on the count of two and out on the count of four. (Doubling the length of the outbreath is a proven way to activate the relaxation response more quickly.) Instead of using numbers to count the outbreath, I used the word calm as in “ca - ah – ah – alm.” The word ‘calm’ was like a hypnotic suggestion, programming the brain to relax.

When I led the practice with my groups, many of us would get into an almost blissful state of calm. At home, when I did it alone, it was almost as effective. I’m not sure exactly when it worked to turn off the intrusive thoughts, but at some point, they were gone. I was elated. I felt as if I had discovered a simple cure that I needed to share. CT was wasting time trying to change thoughts. The key to dealing with anxiety was going to the source and dampening the stress response directly. If it was hot inside, you didn’t try to convince yourself it was cool – you turned down the heating.

It was towards the end of the year. I had a particularly stressful week coming up with multiple conferences and a big public event that five hundred people were expected to attend. I was using this event to sell my Thrive-5 programme. I had spent a lot of money on marketing and putting the event together. The pressure was on to at least recoup the investment. I was not only speaking; I was managing the event. I was so adrenalized that I could feel myself on the edge of tears. The intrusive thoughts started creeping in. I was sure to slow my breathing and use the ‘calm’ mantra, but it felt like trying to put out a fire with a teaspoon of water. Once I was on stage, I was able to focus my attention on the audience. The session went well, but sales were dismal. Selling from the stage is a particular skill that I simply didn’t yet have.

The following morning, I woke up disappointed and anxious. The thoughts were raging. Although they were about my neighbour, they didn’t seem to have anything to do with him. They were just a disturbing manifestation of my stress and perhaps a stark reminder that I had been unable to sell a programme that was unable to help me. There was poetic justice! That

morning, I did a Thrive-5 practice, during which the thoughts subsided, but the moment I stopped, they were back.

I had always known that there was another way to dampen the stress response. A more direct way. It was not my way. It was not the way I had been selling the night before, but I was desperate. Psychiatric drugs. I had been open to illegal drugs, so why not legal ones?

8. Drugs

I didn't even book an appointment; I just drove to my GP. Sitting in his cramped waiting room, I couldn't help feeling like a blatant hypocrite. The night before, I was talking about the wonders of the relaxation response, and now I was about to get hard drugs. My conscience would have to wait. I had a presentation the following day, and I was no longer sure that the intrusive thoughts would not impede my ability to speak. Also, the suicidal thoughts had resurfaced. Yet as I sat there, I had a positive feeling that would return again and again; it was the feeling of being close to a solution. If this worked, so be it. I would eventually tell people what I had been through. It would be part of my teaching. We were psychophysical beings who needed a multi-pronged approach to solve our emotional issues.

Finally, the receptionist sent me through. I had not spoken to anyone about my intrusive thoughts, and my GP, kind as he was, certainly wasn't going to be the first. I just told him I had been stressed and was feeling a little anxious. I knew what I wanted, a benzo. Full name, benzodiazepine. Prescription name Xanax.

My GP gave me a prescription and sent me on my way. I popped one and waited. Immediately, I felt better. Not because of the drug, I knew it was too soon to have entered my brain, but because of the placebo effect – the soothing balm of positive expectations. An hour later, the thoughts were still present, but the anxious sensations had dissolved. I was okay with that. Perhaps experiencing the thoughts with no anxiety at all might recondition

them so that even when I was off the drug, the thoughts would no longer be alarming.

At my conference the following day, I shook my client's hand with a big warm smile. I felt calm and at ease. The presentation was not my best. I felt a little as if I was underwater, not quite able to move and think as fast as I would have liked. I needed more arousal (stress) to deliver a good session. The bigger problem was that as I came off the drug, I felt even worse than I did before.

Drugs are so popular because they alter the neurochemistry of the brain, providing a quick chemical shortcut that requires nothing more than popping a pill. Taking action requires energy. Changing your thoughts can be hard work. Inducing the relaxation response through meditation is like exercise; it takes ongoing practice. All drugs require is pop and swallow.

If you've ever grabbed an alcoholic drink after a long stressful day, you've used a drug to dampen your stress response. Alcohol activates the main inhibitory neurotransmitter in the brain, called GABA, which is linked to the relaxation response. The problems with alcohol are addiction, tolerance (you need more and more to get the same effect) and rebound effect (when the drug wears off, it may leave your natural GABA levels depleted, making you feel worse than you did before). It turns out that the same is true of benzos.

While benzos are not as toxic or mentally compromising as alcohol, they lead to dependence, tolerance and the rebound effect. The renowned psychologist Jordan Peterson developed an addiction to benzos that nearly killed him, showing that even the smartest and best informed are not immune. Research shows that, like alcohol, long-term benzo use makes anxiety worse.

I'd had no intention of using them regularly; I just wanted to see what effect they would have on my intrusive thoughts. I thought maybe a short-term dose would sufficiently turn down my stress response and switch off the thoughts for good. Yet after using the drug sporadically for a few weeks, it became

clear that while Xanax provided temporary relief, it was similar to inducing the relaxation response in that I would feel better initially, but later, when it wore off, my anxiety would rebound, often worse than before. If I needed temporary relief, three slow deep breaths on the word 'calm' worked almost as well without the brain blur and with a smaller rebound effect.

9. State Change

Given that I was able to reduce the thoughts to some degree by shifting my mental and physical state, it seemed logical to increase my efforts in this area.

While I had studied academic psychology, I was a big fan of the personal development expert Anthony Robbins. Here was a guy with a high school education who had synthesized a great deal of very useful psychological information. Robbins wasn't coming from any particular school of psychology; rather, he was the epitome of pragmatism, applying what worked. As testified by the work he had done with US presidents, celebrities and many of the over 50 million people who had read his books or participated in his seminars, he seemed to be getting results.

I had personally found his work valuable in building confidence and achieving goals. What interested me now was the instant way he helped people change their emotional state. I flew to London to attend his four-day 'Unleash the Power Within' seminar. Six thousand people from around the world packed into a convention centre, all eager for the secrets of health, wealth and happiness. It felt like a rock concert, complete with music pumping, dancing ovations for the rock star of personal development, the 2.01m Tony Robbins.

Robbins had a surprising and controversial approach to working with negative emotion. A depressed woman volunteered to be coached by him. She shuffled onto the stage, teary-eyed and glum, her posture slumped. As she spoke about how hopeless she felt, Robbins suddenly asked her to think about her most explosive orgasm. Shoulders snapped back as her eyes widened in shock. Finally, as if she was actually thinking about it, she smiled

and began to laugh. This 'pattern interrupt' had instantly shifted her from sad to amused. Robbins commented on how her posture, facial expressions and gestures had all shifted. The lesson for us all was that if you wanted to shift your state, you needed to shift your attention and physiology. Robbins' events were packed with exhilarating music and dancing – in part to lift the audience into a positive, high-energy state, which he believed was more conducive to change.

I began to wonder if my intrusive thoughts were simply based on my own poor emotional state. I decided to deliberately keep myself upbeat and energised. I knew exactly how to do that. Smile, chest out, lift your shoulders, these were proven ways to reduce stress and boost energy. For instance, there is a feedback loop in the brain: not only do we smile when we are happy, the reverse is also true — when we smile, we feel happy. Positive posture and smiling actually shift the neurochemistry of the brain.

Internal talk was also key. In a study of endurance, cyclists who were subliminally exposed to positive words like 'go, lively' instead of negative words like 'toil, sleep' pushed nearly twenty percent harder. Affirmations had largely been debunked for self-esteem building and goal achievement, but they did work to lift energy and emotion.

When I returned to South Africa, I began an experiment. Whenever I didn't have to focus on a task, I would repeat positive words to myself and make sure I was upright and smiling. Driving around the country to various conferences, I would spend the many hours in the car talking myself into 'peak state'. I didn't care that fellow drivers thought I was crazy, because I knew I was. It worked, temporarily. Invariably, the negative thoughts would rebound. It felt like I was peddling uphill. At some point, I ran out of steam, usually more negative and exhausted than I was before. Instant state changes work like coffee. I still use them for a quick boost in positivity and energy, but they are not sustainable and are not going to heal a mood disorder.

Anthony Robbins held one other possible solution. Drawing on neurolinguistic programming (NLP), he taught more intensive processes to deal with phobias or trauma. For trauma, there was 'timeline regression'. Here, you went back to the original trauma and 'rewrote' it by extracting the positive learnings and eliminating the negative emotion. For phobias, such as a fear of snakes, you might imagine a snake and then begin manipulating the internal image, shrinking it, making it black and white or bringing in cartoon music. In this way, you would recondition your brain to see snakes as non-threatening.

The timeline regression to the original conflict with my neighbour had little effect on me, so I tried direct manipulation of the traumatic images. In my imagination, I shrank them in size, discoloured them and brought in cartoon music. I even realized that I could shrink my anxiety by imagining it being controlled by a dial with one at its lowest and ten at its highest. As I imagined myself turning the dial down, my anxiety dialled down too. I found these techniques very effective – for a very short time. It was a bit like playing whack-a-mole. My anxiety would disappear and then reappear when I stopped the technique.

While I remain a fan of much of Robbin's work, multiple studies show that NLP is a pseudoscience with very little scientific evidence to support it.³⁰ While some of its techniques, drawn from Milton Erickson's hypnotherapy, can be helpful, for the most part, NLP is probably not much more effective than a placebo. Not that one should ignore the power of placebo.

10. Placebo Power

NLP is based on the premise that there are effective processes for healing that almost any intelligent person can model. In fact, even when these processes are well-modelled, outcomes have more to do with the personal characteristics of the therapist or coach. This is true of many other forms of therapy too. In fact, some studies suggest that the particular school of therapy is less important than the therapist.³¹ What's really important is the ability of the therapist to create certainty in the patient that healing will happen, which is

often connected to the therapist's certainty. This certainty is, in essence, what the placebo effect is.

Far from mere sugar pills, anything that is perceived as an effective treatment can activate the placebo effect, from sham surgery to the prayers of a faith healer. The certainty required for the placebo effect is in the *belief* that one is going to get better. This belief reduces stress, pain and even sometimes boosts the immune system. This probably explains a lot of the unproven alternative medicine industry. While unscientific, alternative healers tend to spend more time with their patients, listening and administering to them, which helps to reinforce the belief that one is going to heal. In some cases, it may be enough to heal or at least temporarily reduce symptoms. The placebo effect plays an even bigger role in anxiety and depression, which are both underpinned by pessimism. Believing you're about to be cured erases that pessimism. Even just sitting in a doctor's waiting room for a pain-related ailment has been found to reduce pain through the anticipation of relief.³²

One of the reasons Anthony Robbins is so effective is that he is perceived by many as a supreme authority whose words weigh with indisputable truth. It's not just what he says, it's *how* he says it. Robbins' charisma would be considered off the Richter scale by many. The man is well over six foot, has the looks of a film star and the gravelly voice to match. Understanding the power of the placebo effect, Robbins talks a lot about creating 'certainty'. He even shows you how to cultivate it in yourself through incantations that combine affirmations with powerful postures and gestures.

Scientists usually see the placebo effect as a nuisance that has to be controlled for. That's why, in research studies of new treatments, patients don't know whether they are getting the medicine or a sugar pill. Now that both groups have the same level of expectation, that variable is removed, and the true effectiveness of the medicine can be tested. But some scientists are now advocating for directly harnessing the placebo effect as a legitimate source of healing. There is even research showing that when people know they are getting a sugar pill, they still feel better, showing that it may not even

require a false belief.³³ I am all for harnessing the placebo effect, but in my own case, it was definitely not enough.

As I began any new process to counteract my intrusive thoughts, I immediately felt better. The initial effectiveness was almost certainly the boost of positive expectations from the placebo effect. There was even a phase when I obsessively searched the internet for articles and research on treatments, and I would feel elated as I discovered something new and seemingly useful. Sometimes this was the genuine joy of learning. More often, by triggering my positive expectations, these 'solutions' were a kind of short-term placebo boost that I was getting addicted to.

I began to remind myself of the self-help junky who jumped from programme to programme without consistent application, getting high on the promise of a new life. To be fair to myself, I usually tried each new method for a good few weeks or months, continuing long after the placebo effect had faded. Still, it was worthwhile remembering that because of the placebo effect, almost any new treatment worked initially, even ones that ultimately made things worse.

11. Aversion Therapy

Desperate, yet still hopeful for a solution, I found my brain conjuring up superstitious bargains. I would pay a million bucks to have the thoughts go away. No, I would give up *everything*, every material thing I owned. I was convinced it would be worth that much. What about cancer? Yes, I would accept cancer in return. It could be painful but time limited and non-terminal. Standing on the balcony of a friend's second-storey apartment, I'd found myself fantasizing about jumping in exchange for a cure. While I knew such bargains were impossible, some part of my brain seemed blissfully oblivious to the way reality worked. Perhaps I had just become so addicted to new solutions my brain had to make up fictional ones.

One solution, drawn from behavioural psychology, was definitely not fictional: punishment or to use the technical term, *aversive conditioning*. This is a

behavioural therapy that has been used with some success for nail biting and addiction.

The brain learns through punishment and reward. We learn to avoid things that bring pain and approach that which brings pleasure. This is basic conditioning. The reason we avoid touching a hot stove is that we've either been burned by one or imagined being burned, as a parent explained what would happen if we did. Based on this premise, aversion therapy pairs the behaviour you want to stop with a mild punishment. Receiving electric shocks while smoking reduces nicotine addiction, while putting an unpleasant-tasting substance on your nails reduces nail biting.

That's why some psychologists suggested that if you experienced a mildly unpleasant sensation every time you had an unwanted thought, your brain would soon stop producing those thoughts. Punishment could be a loud noise, an electric shock or the snapping of an elastic band on your wrist. I decided to smack myself on the thigh. I did a weekend of this. Every time I had unwanted thoughts, I smacked myself. Along with a bruised thigh, the thoughts raged on as if on propane. The thoughts were already punishing; I was adding pain to pain. Moreover, I was intensively monitoring to see if it was working, ensuring that I found what I was looking for. Looking for thoughts is the surest way to find them. Altogether, this sent my stress through the roof, with the thoughts not far behind.

While aversion therapy may work to some degree for nail biting and smoking, it's illuminating to see where it has been far less successful, as conversion therapy.³⁴ Here a gay person wishing to become heterosexual (or more likely, shamed into trying) would receive electric shocks while watching homosexual pornography. Linking his homosexual desire to pain was supposed to *counter condition* his desire. This may reduce homosexual feelings in the short term by inducing fear and shame, but it does not increase heterosexual desire, and in the long term, homosexual feelings tend to return – just with greater self-loathing. Sexual preference is largely innate; trying to punish yourself out of

your innate sexual preference is probably about as effective as trying to punish yourself out of your desire for air.

Humans are pretty good at punishing themselves, not necessarily with electrical shocks or by smacking themselves on the thigh, but with shame and self-loathing. I have an exceptionally beautiful friend who is far from overweight, but when she has put on more weight than she would like, she refers to herself as 'fatty'. When I asked her why, she replied that it would motivate her to exercise. This is a widespread misconception. In fact, self-shaming reduces positive behaviour like healthy eating and exercise. By increasing stress, shame ironically increases stress-reducing behaviours like overeating. Far better to remind yourself of all the positive reasons to lose weight, like health, energy and longevity.

Through direct punishment, aversion therapy is about the most blatant and ineffective way to try to stop unwanted thoughts and feelings. It added pain to pain and made the thoughts rebound even harder. The great pity is that I didn't remember that self-punishment only made things worse. Even if I wasn't slapping my thigh, I was often berating myself for my incompetence in being unable to stop them, a psychological punishment. An irony was beginning to emerge; the harder I tried to stop my thoughts and feelings, the harder those thoughts and feelings seemed to push back. The more I tried, the more powerless I felt. With each failed attempt, my anxiety increased.

If Escher⁷ were to paint anxiety, I imagine he would create a 3D multi-headed snake, perpetually eating its own tail in an endless spiral of self-attack. At first, I had been anxious about my hostile neighbour, then I was anxious about the intrusive thoughts about my neighbour, and now I was anxious about my unstoppable anxiety about those thoughts. And then one day – without reinterpretation, relaxation, an internal state change or drugs – the thoughts, along with my anxiety, instantly dissolved.

⁷ Maurits Cornelis Escher was a graphic artist who made mathematically inspired art that created illusions of 3D infinity.

12. Just do it!

One of the critiques of cognitive therapy is that it turns all problems into thinking problems. The implication is that other than our thoughts, everything is just fine. Try telling an unskilled single mother with a sexually harassing boss that she just needs to change her thoughts. Many of the mental disorders, including depression, substance abuse and anxiety, are highly correlated with social isolation, a lack of purpose, poverty and abuse. These are environmental conditions. A social activist might argue that a mental disorder might be an appropriate response to a sick society. Rather than trying to change our thoughts, a more appropriate response to emotional distress might be changing our environment and behaviour.

To be fair, cognitive therapy is part of a larger group of therapies known as cognitive behavioural therapy or CBT, which does address behaviour. A good therapist would help her patient to change her mind so that she could change her behaviour and her relationships and environment. A despairing, pessimistic perspective is just not conducive to productive action. Often shifting into a more positive mindset is the very thing that shifts behaviour.

The behaviour that has the biggest impact on our well-being has to do with our relationships. The Grant study is one of the longest-running longitudinal studies of human development. It followed 268 Harvard undergraduate men for 75 years, measuring just about everything to discover what factors contributed most to success and happiness. For instance, men with genius IQs were no happier and earned no more than those with average intelligence. The happiest and those who earned the most were those who scored highest on 'warm relationships'. The strength of our relationships seems to be the strongest external predictor of our happiness.³⁵

I knew this. I taught it. It had long been clear to me that I needed to repair the relationship with my neighbour. I have had very little conflict in my adult life, and when it does arise, I am highly adept at resolving it. One of my four

superpowers was action. I knew I needed to act on this conflict, but if someone refuses to talk to you, that's not possible. I felt prevented from taking action because my neighbour had been ignoring me. He seemed so hostile that I didn't think he would be receptive. I thought if he rebuffed my apology, I would feel even worse, and the thoughts would intensify. Besides, as much as I knew about the power of relationships, I never wanted to be dependent on another person's behaviour for my own peace of mind. Yet I had to concede – it seemed I was.

One Friday morning, I decided to risk it. It had been many weeks. Some people just needed time to cool off; I just hoped he didn't need forever. I bought a good bottle of wine and a card on which I apologized for what had happened. I left it on the mat outside his apartment and waited. Once again, I felt better without knowing this was going to work. It seems that taking action can also have a placebo effect. More than a placebo effect, it had the desired effect. That weekend a note was slipped under my door. "Thank you for the wine. Hope your renovation has been a success." The relief I felt was palpable. I literally felt my body release. It was over. No more conflict. No more hostility and, I was sure, no more intrusive thoughts. The thoughts had been triggered by the conflict, and now, once and for all, the conflict was over. I was disappointed that I had been unable to end the thoughts on my own, that my mind required this external act. What if there was another conflict? Well, I would hopefully deal with it better next time. In fact, there wouldn't be conflict because I would not allow things to get so out of hand again.

It was over, and the solution wasn't trying to change my thoughts or physiology – it was taking action, repairing the relationship. Okay, so maybe I wasn't the mind mastery expert; I would be the relationship expert. We all needed to learn how to apologize more and resolve conflict. Perhaps that was the key lesson here. (I was always looking for the lesson, both for myself and to preserve my identity as a self-help expert.) The next time I saw my neighbour, he greeted me, and we had a small chat. All was well.

One morning, as I drove out of the driveway, my neighbour was coming home. I waved. I was pretty sure he saw me, but he didn't wave back. Rationally, I knew the conflict was resolved, but the old dread resurfaced. I reasoned that perhaps he hadn't seen me. The truth is he could have been legally blind; the intrusive thoughts were back.

Relationship repair had failed. I wasn't just back to square one. It was worse. I had initially focused on trying to change my thoughts or activating the relaxation response, but secretly I always believed that if I could resolve the conflict, there would be no more intrusive thoughts. I had fixed the external problem, but the internal problem remained.

Now my anxiety went through the roof. If the external situation was resolved and I was still anxious, then there was nothing I could do. It was like a scene in a horror movie. Thinking he's killed the demon, the hero is finally at peace when all of a sudden, the demon bolts up from the dead. Except in this horror movie, the demon was bolting up in my head! I was being attacked by my own mind.

This shows that even when our environment and relationships are okay, we can still be distressed. It's the environment of our minds that most determines whether we are anxious or not, and the mind is connected to the brain. I decided to revisit drugs. This time, not an anti-anxiety but an antidepressant.

13. My Mother and Prozac

My mother had been depressed and anxious for most of her life. She was so fearful she forbade my brother and me to ride bicycles as children. One of the common precursors to anxiety is having an anxious parent. This has got less to do with genetics and more to do with the way children model their parent's emotions and behaviour.

When I studied psychology and saw the ground-breaking research on Prozac, I was eager for my mother to try it. As a firm believer in homoeopathy and

alternative medicine, she was adamant not to. Her struggle had continued unabated. While I was suffering silently, she was getting worse until one day, in utter desperation, she told me that I needed to commit her to a psychiatric unit. I said that she first needed to see a psychiatrist and try an antidepressant. Given the extent of her pain, she finally agreed.

The psychiatrist was a gentle, kind-faced lady whom my mother immediately liked. After a short questionnaire, without delving too deeply into my mother's past, she prescribed a short-term anti-anxiety medication to curb her near-panic symptoms, and a long-term dose of Prozac, which my mother reluctantly agreed to try. In addition to depression, today Prozac is prescribed as much for anxiety, suggesting that depression and anxiety may be more related than previously thought.

Unfortunately, Prozac is no longer considered the breakthrough cure it once was, and meta-studies show that, along with other antidepressants, it may not be more effective than a placebo.³⁶ In fact, one of the reasons for its initial effectiveness may have been a mass placebo effect. When you think you're taking a 'breakthrough cure for depression', you're likely to benefit far more than if you think you're taking something that only works for some people.

My mother was even less likely to benefit from any residual placebo effect because, as a follower of homoeopathy, she had a negative belief about mainstream medicine. She might even have suffered the opposite of the placebo effect – the *nocebo* effect, the belief that something won't work. Prozac would have to be at least stronger than her doubt.

One thing that helped was the anti-anxiety drug. Almost immediately, she felt better and, for the first time, could see that a drug might be the solution. As we know, the problem with short-acting anti-anxiety meds is that, like alcohol, as they wear off, you feel worse, and to get the same effect, you need to keep taking more. Six weeks in, things were not looking good. The anti-anxiety medication was producing large rebound effects and the Prozac seemed to

have no effect. I knew this was a possibility and we booked another appointment with the psychiatrist so that she could try something else.

This would become unnecessary. Before the next session and after nearly two months from her first dose of Prozac, the terrible anxiety my mother used to wake up with every day began to soften. Her daily messages to me, full of dread and desperation, were replaced by a tentative sense that things might be turning. This well-being grew until, for the first time in my life, my mother was sending me real messages of joy and gratitude, complete with smiley emoticons. There was nothing blunted or manic about her. In fact, she seemed more like her best self: quirky, funny and kind. A few months later, when her mother died, she mourned for a few weeks until bouncing back to her newly discovered upbeat self.

Weeks, months and eventually years would pass, and my mother remained free of the debilitating anxiety she had suffered all her life. Was this a long-term placebo effect, or was my mother one of the few people to directly benefit from this drug? I still can't answer that question, but to this day, while my mother still gets a little anxious, she is one of the happiest people I know.

14. Drugs: Natural, Pharmaceutical & Illegal

While witnessing my mother's healing, I was experiencing my own anxiety and, of course, wondered if I too would benefit from Prozac. Having unsuccessfully tried a benzodiazepine, I was not averse to trying another drug.

When Prozac had first come out and I had heard psychiatrist Peter Kramer describe it as a substance that would probably boost anyone's well-being, I had been keen to try it. Now when I may actually have needed it, I was reluctant. I was deterred by common side effects such as the dampening of sex drive, the long activation period and what might become my lifetime dependence.

In the meantime, I decided to try a natural over-the-counter medicine called scelletium. A succulent plant found mainly in South Africa, scelletium is thought to have been used to elevate mood as far back as prehistoric times. Like Prozac, it is a serotonin reuptake inhibitor and has been found to reduce both anxiety and depression but with fewer side effects. Almost immediately, I felt its benefits. I was calmer and less reactive. My intrusive thoughts receded a little, but as the drug wore off, the thoughts returned.

There was one other short-acting drug I wanted to try. Scientists have found that social pain activates the same brain circuitry as physical pain. This is why over-the-counter painkillers like Tylenol and Panado (chemical name paracetamol), ease the pain of social rejection.³⁷ This makes sense if you consider that, to our cavepeople ancestors, social rejection could lead to expulsion from the tribe and death, making it every bit as threatening as physical pain. I wondered if this painkiller would ease the kind of psychic pain that I was experiencing. Amazingly it did, but a little like the Xanax I had tried earlier, I felt a little blunted, and like scelletium, the benefit was short-acting. The problem I found with these short-acting drugs was that I could distinctly feel their onset and ending, which would prompt me to monitor my thoughts to see if the drug was working. That monitoring itself was no doubt activating the thoughts.

The benefit of a drug like Prozac is that you take it every day, not just when you think you need it. That curtails some of that self-monitoring. Reluctantly, I decided to try a Prozac-like medication that a friend recommended. Unlike my mother, I started to feel the effects within a few days. As expected, my sex drive dropped. My intrusive thoughts were less disturbing, but only marginally less active. I felt a little more insulated from them but also more insulated from the rest of my life. It was like turning the volume down on everything. This was very different to my mother's experience, which was a reminder that these drugs are not a one-size-fits-all. In fact, some evidence suggests that people who benefit from SSRIs (the class of drug of Prozac) have a specific brain profile. That would explain my mother's recovery as owing to more than a placebo effect. Giving everyone the same drug is like giving everyone the

same pair of shoes. In the future, drugs may become personalized to each individual's unique genetic and physical circumstances.

In the meantime, I decided to try one last drug. It was one I had tried before – MDMA, street name Ecstasy. From my early experiences, I knew that MDMA could have a profound impact lasting long after the drug had worn off. Before it was banned, it was used psychotherapeutically, and currently, there are FDA-approved trials underway to reintroduce it for therapy, particularly for post-traumatic stress disorder, where it is showing considerable promise.³⁸

Of course, this doesn't mean popping an 'e' and going to a rave. The drug is taken with a psychotherapist who facilitates integration of the trauma. Currently, there are two main options for anxiety or depression: drugs or therapy. The one operates on the brain, the other operates on the mind. While you can do them in conjunction, they are independent. Drug-assisted psychotherapy is usually a single session that directly combines drugs and therapy. The drugs that seem most effective are MDMA, LSD or psilocybin (magic mushrooms).

While drug-assisted psychotherapy is showing promise for anxiety, depression and even drug addiction (yes, you read that correctly), there are vested interests against it.³⁹ Given that healing usually happens after just one or two sessions, there is little money to be made for drug companies or therapists. Also, therapists tend to focus on the mind, and psychiatry focuses on the brain, which is why it's been said that psychiatry has lost its mind and psychology has lost its brain. This therapy directly operates on both. The problem is that the current system doesn't allow therapists to prescribe drugs, and psychiatrists are generally not equipped to do in-depth therapy, entrenching the separation between the two. Besides, the drugs are currently illegal, criminalizing anyone who performs this therapy outside the current FDA-approved trials.

I hadn't taken MDMA for years. I was going camping with a group of good friends, some of whom were planning to take the drug. It was a beautiful

summer's day. After dropping my pill, I took a solitary walk high up to a rock pool overlooking a magnificent vista of lakes and forests. I jumped off a steep rock cliff into the cool water, splashed around and then rolled out onto the sun-baked rocks and waited for the drug to kick in.

On an empty stomach, it was not long before I began to feel the effects. Warmly bathed in the golden caress of the sun, everything felt just right. My thoughts and sensations were perfectly at ease. I hadn't taken a lot, I wasn't euphoric, I just felt deeply okay. Nothing bothered me. Until I remembered why I had taken the drug – my intrusive thoughts. Yes, there they were. They had not magically disappeared. I became concerned that they would plague me. Perhaps the drug would intensify them and the day, and my final prospect for healing would be ruined. For a few minutes, my concern seemed justified, but then something curious happened. I could feel a space between my awareness and the thoughts. They were there but it was okay that they were there. It didn't matter. The drug hadn't erased them but had taken away their charge. Almost as soon as I realized that it didn't matter if they were there, I forgot about them.

Like Prozac, MDMA activates serotonin, but a day or two after taking the drug there is usually serotonin depletion, leading to short-term anxiety or depression. I wondered if this would happen to me. In fact, for the next week, I felt mildly elated. The thoughts seemed to have completely abated. The drug had enabled me to see that it was okay if they were there and in being okay with them, they disappeared.

Two weeks later, on a Saturday afternoon, I was lounging on my balcony. I turned to my left and saw my neighbour staring at me. He immediately slipped out of sight. I felt a sudden rush of indignation for all I had been through, and, for the first time since my MDMA experience, the intrusive thoughts came rushing back. I immediately tried stopping them by activating the relaxation response. It worked, but then, of course, they came roaring back. Why I never simply tried to accept them as I had done on my camping trip I don't know. I'd

had a key insight but failed to apply it. So strong was my desire to simply be rid of them, I jumped back into a familiar but failing strategy.

Convinced that I had slain the thoughts for good, I was struck with the additional pain of crushing disappointment. After trying virtually every option I could think of, the self-help expert was more helpless than ever before.

15. Depth Therapy

It was enough experimenting with drugs and self-help formulas. I needed real help. One of my closest friends is a top psychologist. He closed the door to his study and offered me an armchair.

I hadn't shared this with anyone. I was ashamed. I was a self-help expert who couldn't help himself. The intrusive thoughts were emasculating. One of the biggest reasons stopping people from entering therapy is shame. That's ironic, given that therapy is the antidote to shame. When you confess to a non-judgemental person, shame will often dissolve.

There was a bigger reason holding me back. I always thought I would resolve this on my own. It wasn't arrogance as much as a lack of faith that talking to anyone would resolve it. As part of my psychology degree, we had to enter a course of psychotherapy. It was valuable, but I felt that the knowledge I had gained through learning about psychology had been more valuable. That's why, even at university, I knew I didn't want to be a psychotherapist; I wanted to be a 'psychoeducationalist', educating people through books and workshops so that they could help themselves. Perhaps I was wrong; perhaps what I needed was a proper dose of psychotherapy.

I shifted in my seat and began tentatively. Almost immediately, I felt the relief of opening up. As I told my story, he looked at me without sympathy or judgement, just took it in with the brotherly love I knew he had for me.

"So, you've run out of tricks," he said when I'd finished.

"What do you mean?" I asked.

“You’ve been using all these tricks, mental gymnastics, relaxation, meditation, deep breathing, self-hypnosis, drugs, giving the guy gifts, apologizing.”

“You wouldn’t have apologized?”

“I don’t know; it doesn’t matter. It hasn’t helped. The tricks work for a bit but then they stop working.”

I nodded. Of course, that was true, but what else was I to do?

“Maybe you need to ask yourself why you can’t deal with a little conflict.”

I knew where he was going with this. My friend was a depth therapist. Originally based on the work of Freud and later Jung and others, depth psychology sees psychological problems as coming from the deep unconscious. Revealing the link between a current emotional difficulty and an often-forgotten childhood event, is supposed to bring healing. Along with much of the self-help movement, I had rejected this approach. I had often told people: “Your past is not your destiny!” As my colleague W. Mitchel liked to say: *“It’s okay to look in the rear-view mirror. Just don’t stare.”* I had never been convinced of the benefit of regurgitating my childhood.

My friend looked at me, “Why don’t you want to go there?”

I felt an unexpected welling up of tears; maybe I really did need to take a deeper look at myself. Maybe what had stopped me was the fear of being consumed by my pain. Now I was crying, and neither of us had said a thing. He just sat there like a good therapist does, using the power of an accepting silence to prompt me to open up.

I thought Freud had said, “The child is the father of the man.” In fact, it was William Wordsworth. Long before Freud it was possible to see how an adult is fashioned from her childhood experiences. Maybe I had been too quick to overlook my own. I began to talk about my father.

To most people, my dad was a sweet, gentle guy. He was extremely quiet and introverted. Perhaps that’s what made his violent outbursts so terrifying. Everything could be fine one minute, and the next, my brother or I were being

smacked, pushed or punched. But even that wasn't as bad as hearing from behind a locked door my mother shrieking as he hit her. While he only chased her with his gun once, the presence of that gun was a constant threat.

The difficulty of dealing with an abusive parent is that they are both your abuser and your protector. My father struggled to hold down jobs, but he was our breadwinner. I wanted them to get divorced, but then I couldn't quite imagine how we would survive without him.

Throughout my life, I felt a deep fear of male aggression. I'm not sure that's particularly unusual or always irrational. Many men are dangerous, and aggression is often a precursor to violence, but even an inkling of male hostility could unsettle me. My father's mild irritation would often end in full-blown rage. So, to my overreactive threat detection system, annoyance equalled imminent attack. If the child is the father of the man, deep in my unconscious, I could have been associating my neighbour's hostility to my father's. Given that my father's ended in violence my unconscious may have expected the same from my neighbour.

Post-Traumatic Stress Disorder (PTSD) clearly shows how this can happen. Let's say you have a traumatic car accident. From then on, cars become associated with danger. Your stress response kicks in whenever you drive past the place of the accident, or just get into a car or just think about a car! PTSD can generalize across your life with symptoms of anxiety, panic, nightmares, flashbacks and intrusive thoughts. However, most people who go through trauma do not develop PTSD. There are genetic and other environmental factors making some people more susceptible. For those who do, it can develop years later and be triggered by another event.

Did I have a form of delayed PTSD? If so, depth therapy held that I needed to fully relive my early trauma. Talk it through. Let out the pent-up anguish. Have a catharsis. The word catharsis means 'purification' or 'cleansing.' It was originally used by Aristotle to describe the emotional release of watching a

tragic play. By reliving our own traumatic past, we would have a similar emotional 'cleansing'.

As I shared stories of the terror I felt towards my father with my friend, I felt tears stream down my cheeks. It certainly felt like a catharsis. I could feel my body relax, no doubt this process was counteracting the stress response.

But why the sexual nature of the violent images with my neighbour? Was that perhaps connected to the family friend who had sexually abused me? This had not been ongoing sexual abuse, but I was trapped in his home, and while he was not violent, it did leave me with an enduring feeling of shame. My childhood abuser did look remarkably like my neighbour.

Strangely, I felt a deeper connection about something that hadn't happened to me. You may recall my closest friend at university had been raped by his uncle in the exact way that the image was recurring to me. He had become like a brother to me, and hearing about his immense trauma and pain had affected me to the point where I even had nightmares about it. Was it possible that I had developed this condition partly as an extreme form of empathy with him – a vicarious trauma? There was evidence that within close relationships, anxiety could be mirrored. One of the reasons I was an anxious kid was because my mother had a full-blown anxiety disorder. Emotion is contagious.

I had been speaking for at least an hour. I felt drained but relieved. Once again, the placebo effect seemed to kick in. Believing that a cure was close made me feel I was cured. Perhaps this really was the solution. Maybe having relived these traumatic events, the intrusive thoughts would naturally dissolve. Certainly, that was not far from what Freud proposed, but Freudian-based therapy was not a one-shot wonder. Therapy could take place between one and five times a week, depending on the presenting issues, and could go on for between one and several years. There was no way I was going to subject myself to that. I had seen friends who had been abused spend years in therapy, reliving their traumas without any resolution or healing – my best friend at university was one of them. Over the years, continuing to relive his

trauma, his anxiety got worse. Yet effective treatment for PTSD did seem to involve facing and reliving the traumatic event to some degree.

16. Back to the past

My psychotherapist friend was leaving for London the following day. Besides, one's friend is not supposed to be one's therapist. Instead, I called an ex-girlfriend. Far smarter right? I really didn't feel like explaining the whole situation to a depth therapist, who I feared would want to engage me in long-term therapy. I had no desire to keep reliving my past. I just felt I might be able to go a bit deeper with my catharsis.

Of course, you could argue that there is no way I could have truly explored this approach in one session and with someone who wasn't even a therapist. Even with a qualified therapist, the problem with depth therapy is that you can't always be sure you've done it justice. The unconscious is a bottomless bowl; you can never say you've gone far enough. If nothing else, I was pretty sure I would know when I had fully relived my traumas.

My ex-girlfriend knew about what had happened to me as a child. I just needed to get her up to speed on the intrusive thoughts. We had a loving, trusting relationship, and it felt like she was the right person. What I wanted her to do was very simple and required little psychotherapeutic skill. I wasn't looking for any interpretation of my symptoms or the childhood events. The mode of therapeutic interaction I was looking for was far simpler.

Pioneered by the great American psychotherapist Carl Rogers in client-centred therapy, the therapist mostly listens with what he called 'unconditional positive regard'. There is no judgement, commentary or interpretation. Sometimes the therapist will paraphrase back what they've heard, providing a mirror to the client. In this way, the client would feel accepted and come to any solutions on their own, which, of course, is far more empowering.⁴⁰ The term 'client' is used rather than 'patient' to immediately make clear a more

equal relationship. I liked this approach because I knew exactly what I wanted to talk about. I just needed someone to help draw me out.

I sat with my ex-girlfriend. I asked her to simply listen without even paraphrasing back my words. Occasionally if she wanted me to go deeper, she could ask me an open-ended question.

As it turned out, I needed very little prompting. I was soon going even deeper than I had the day before. I recounted previously forgotten incidents with my father, discovering more and more links to the conflict with my neighbour. I was a clumsy kid, and it was not uncommon for me to unintentionally break something around the house. My father would freak out and there would be a hiding. Later, unprompted I would go to apologize. At first, he would hear me out, but he never really accepted the apology or forgave me. In fact, while I was apologizing, he would often lose his temper again. Perhaps this is why I had initially been so reluctant to apologize to my neighbour.

I recounted the time my father looked me in the eye and said the best advice he could give me was not to have children. When I got to university, studying what I loved, Psychology and Philosophy, for the first time I started getting distinctions. My father commented that these were obviously very easy subjects, otherwise there was no way I could have done so well. He wasn't trying to be nasty. He had low self-esteem and didn't see how any of his children could excel in any way. My father had never really accepted me because he hadn't ever accepted himself.

I also revisited the sexual abuse I had experienced at the hands of our family friend and the way my intrusive thoughts mirrored my friend's sexual abuse. Yet it felt like the biggest link was with my father.

As I spoke, I felt myself reliving all these events with all the vulnerability and shame I had felt as a child and teenager. Yet it was also soothing to be listened to and accepted. It reminded me of hurting myself as a little kid. My mother would pick me up and kiss my cut better. I was in pain, but it also felt

good to be loved and held. That's how I felt talking about my pain to someone who received my words with unconditional positive regard. That night I slept peacefully. Freud compared the brain to a steam engine. Repressed emotion builds up, and if it isn't released, it can lead to anxiety and other disorders. This is why catharsis was important. It was 'letting out steam'. I certainly felt like I had let out steam.

The next morning, I woke up feeling raw and vulnerable. I had multiple meetings and was speaking at a conference. As I began driving to my first meeting, the tears just started streaming down my face. I couldn't hold them back. My tears were starting to interfere with my visibility. Catharsis was an accident risk. I didn't really want to create a new trauma. I pulled over into a garage and locked myself in a toilet cubical. Clearly, I still had a lot of steam to let out. I tried to muffle the sound without stopping my crying. I was going to be late if I didn't leave now. I swallowed hard and got back in my car. Throughout the day, I kept breaking down. In meetings, I told my clients that my red puffy eyes were due to hay fever.

By the end of the day, I had calmed down. I felt good. Even the crying had felt good. Catharsis really was a wonderful release. There was an element of self-compassion that was particularly soothing. Like many people, there were times when I ignored my pain to get through the day. By accepting it, I felt the same soothing love and concern that I was more used to giving to others than myself. In the days ahead, I was sure not to repress any emotion or images from the past and to cry occasionally if I felt like it. It certainly felt like I'd had a full catharsis.

My father had died many years before, so there was no chance of taking it further with him. Not that I felt I needed to. Through my catharsis, I felt more at peace about our relationship and even more loving and understanding towards him. He had also had a tough childhood and was almost certainly in more emotional pain than I was. I knew he had done his best and felt immense guilt about his violent behaviour. Besides, most of the time, he was not aggressive and could be kind and loving.

So now, having achieved catharsis, would the intrusive thoughts disappear?

At university, I used to love reading psychoanalytic case studies. They make great stories. They reveal a satisfying pattern of cause and effect, a cogent explanation, a clear sense of things neatly fitting together. No wonder psychoanalysis is used so extensively in film theory. Just like a thriller, there is that eureka moment as you finally figure out how it all happened. In film theory, they call this 'surprising but inevitable'. You never expected it to end this way, but as you discover 'who did it', it seems so obvious. The link between my father and my neighbour didn't just seem right; it *felt* right. The catharsis I experienced connected to both of them.

One of the most prevalent kinds of thinking errors is the confirmation bias. It is our tendency to look for and interpret information in a way that confirms our existing beliefs. If you believe childhood events are responsible for adult disorders, you will almost certainly find a childhood event that fits your adult disorder. The problem is that many people with the same childhood events do not develop that disorder. My older brother, who had an even tougher time at the hands of my father, had never struggled with anxiety. To be fair, modern depth therapy would acknowledge that there are genetic and other environmental factors that also play a role. (Birth order plays a surprisingly significant role in life outcomes.) Yet I had seen people spend years in depth therapy, weaving stories that, while often satisfying, didn't seem to alleviate their symptoms. When depth therapy works, it is usually combined with changing thoughts and actions.

Early in my life, I had aligned myself with the pragmatists. Whether depth therapy was right or wrong about causes was far less important to me than whether it worked. Research showed that, for anxiety and depression, it was not as effective as cognitive therapy. Still, it did work for some people. Maybe it was what I needed.

Post-catharsis was like a honeymoon period, but even during the honeymoon, I was aware of the intrusive thoughts. Weeks later, it was clear that they were impervious to catharsis. In fact, they were probably worse than before. Research shows that depth therapy can sometimes intensify intrusive thoughts because it gives them meaning. While a cognitive therapist might help her patient see that the thought of having sex with an animal is not important, by investigating potential childhood roots of the thoughts, a depth therapist could inadvertently encourage the patient to see them as a part of her identity.

Depth therapy can do this with real events too; turning your history into your identity. For example, if you've been sexually abused, in depth therapy you'll usually relive the abuse and be encouraged to see how it influenced who you are. The cathartic outpouring of emotion may make you feel better, probably because it releases stress. Yet from what I've seen from friends who have engaged in this therapy, the results can be temporary, which is possibly why depth therapy often involves repeated catharses over many years, fuelling the hope that healing could be just one more therapy session away. That's not to say that there aren't patients who do benefit. Sometimes finding childhood connections can provide a reassuring sense of understanding. If a patient can trace their symptoms to an event in the distant past, it may help them to see that their current maladaptive coping strategy (which, in some ways, is what symptoms are) is no longer necessary.

Yet for me, this was not the case. Reliving childhood traumas provided no lasting relief. The same was true of the other approaches. As I tried different methods to heal myself, I could never be sure that something that was presently ineffective was not, in fact, the answer. Anxiety thrives in uncertainty and there is nothing certain about treatment. So, treatment itself became a source of anxiety, bringing a plague of worrying questions such as: "Am I doing it right?" Perhaps my earlier search for ecstasy was symptomatic of a perfectionism that second-guessed all my attempts at healing. Those questions plagued me. "Did I do it for long enough?" "Maybe I need someone to help me to do it better?" "Is this making it worse?" I had been anxious about

my neighbour, my thoughts about my neighbour, my anxiety about those thoughts and now the remedy for those thoughts. Anxiety was like an antibiotic-resistant virus seemingly strengthened by each new treatment.

It was easier to move on from depth therapy because it was no longer considered a first-line treatment for anxiety. Even Freud admitted that the best his therapy could do was transform 'hysterical misery' into 'common unhappiness'. As one who had sought out ecstasy, that was never going to do. My next experiment was with what is often referred to as the 'gold standard' therapy for anxiety. Why did I wait so long to try the 'gold standard'? Because this therapy was the most painful.

17. Learned Fear

While cognitive therapy says anxiety is produced by our thoughts, behaviourism, a school of psychology that focuses on behaviour rather than the mind, says it is a learned response that may not require thought at all. Remember Susan and the snake? First, she sees the snake, then she thinks, "that could kill me," and then her stress response and sensations of anxiety are activated. Behaviourism would say that Susan didn't need to think, "that could kill me." The mere appearance of the snake would have activated her stress response because over time she has learned that snakes are dangerous.

The first iconic study to show how this learning happens was conducted in 1920 by the father of behaviourism, John B. Watson, on an 11-month-old boy known as Little Albert.⁴¹ The boy had been fearless of white rats, even playing with one. Whenever the rat was around, Watson began smashing a metal bar, scaring Little Albert and making him cry. Back then, research and sadism were not always distinguishable. Like several landmark studies in psychology, this kind of research would never receive ethical approval today.

Watson stopped making the noise, yet Little Albert continued to cry and tried avoiding the rat by crawling away. This proved that fear is a learned response.

Albert learned to fear the rat because of the unpleasant noise, but even when the noise stopped, he was still scared. It turns out that we are not born afraid of rats or spiders. These fears, like many others, are learned, and maintained by avoidance. As long as Little Albert kept crawling away, he felt better, but this reinforced his fear of the rat.

Interestingly, Little Albert developed the same fear of other white furry objects, including a fur coat and a Father Christmas mask, proving that fear can become generalized. This makes sense from an evolutionary point of view. For survival, better to avoid anything that resembles the threatening object.

When you consider that fear is learned through pairing with an aversive stimulus, you can see why the aversion therapy I had tried backfired. Slapping myself every time I had an intrusive thought would only make those thoughts more painful. Punishment creates fear. Punishing myself to heal my anxiety was as smart as punching myself to heal a bruise. The more I berated myself for feeling anxious, the more anxious I felt. That's why self-compassion can be so healing: by pairing empathy and self-love with our pain, our pain is reduced.

In an astounding lapse of ethics, Watson let Little Albert leave the hospital without trying to remove his conditioned fear, making it highly likely that the fear remained. Four years later, one of his students, Mary Cover-Jones, set out to discover if she could *extinguish* a fear. A two-year-old boy called Peter had a fear of white furry objects, particularly rabbits. Cover-Jones gave Peter his favourite food (candy) and then gradually brought a rabbit closer and closer. Jones was trying to get Peter to associate rabbits with safety and pleasure. It worked. It wasn't long before Peter was playing with the rabbit, fear-free.⁴²

According to behaviourism, over time, most fears will be naturally extinguished. If you were sexually assaulted, initially you may become fearful of all people of the gender of the perpetrator. But in behavioural theory, if you go on to have loving sexual experiences, that fear will dissolve. The thing that

maintains fear is avoidance. As long as Peter ran away from rabbits, he was teaching his brain that they were dangerous, and he would fear them. When he was exposed to them without anything bad happening, he learned to like them.

Based on these insights, in the 1950s, while many psychotherapists were doing depth therapy, a group of South African psychologists and psychiatrists were starting to practice exposure therapy. They would gradually expose anxious patients to the source of their fear, usually starting in their imagination and then in reality. They were soon getting better results than depth therapy.⁴³ While not a guaranteed cure, current research shows exposure therapy is one of the more effective treatments for anxiety.

The principle is simple. Run from what you fear, and you will become more fearful. Expose yourself to your fear and it will extinguish. If you fall off your horse, you're going to be fearful of horses. The sooner you get back on and stay on – without any more accidents – the less likely that fear will persist. Hence the old expression, 'get back on the horse'. Following school shootings, teachers often want to keep children away from the site of the assault. In fact, once the area has been declared safe and police have done their work, the best thing you can do to reduce PTSD is get people back into that space to decondition their fear.

You may recall that the main problem with happiness is habituation. Most of the time, we gradually desensitize to anything new in our lives. That's why most people are not still excited about last year's birthday presents and why even a good relationship can grow boring. Familiarity can desensitize us. That's also why if you live near a busy road, you will soon stop hearing the traffic. Exposure therapy uses the same principle to discharge anxiety. Through repeated exposure, we become desensitized to the feared object. The first time you watch a scary horror movie you may be terrified; the twentieth time, you're bored.

If the brain was constantly sensitized to every stimulus, it would be overwhelmed. Over time, it relocates repetitive stimulation to the habit-forming part of the brain called the basal ganglia. We tune in to what's novel. We tune out what's familiar. Running away from what we're scared of prevents habituation. We never experience the feared object long enough for the brain to learn that it's not a real threat.

Exposure is not just painful; it is not particularly interesting therapy. Both could be reasons why many therapists resist offering it. There are no fascinating stories to dig into from your past, no purifying catharsis, no interesting reinterpretation. It's not about your thoughts, your stories, your attribution of meaning. In fact, exposure therapy goes so far as to say that 'content is irrelevant'. If you feel anxious, just expose yourself to the source of your anxiety and your brain will soon learn there is nothing to be anxious about. Your thoughts and beliefs don't matter.

Many things are a little scary the first time: starting a job, learning a new skill, meeting strangers. But as the new becomes familiar, and even better, things turned out well, our over-reactive threat detection system stands back. As the title of Susan Jeffers' book puts it, 'Feel the fear and do it anyway'. If we do that, we will usually feel much less fear. However, if we don't do that thing we're scared of, if we avoid it, our brain figures out that it must be dangerous, and we will continue to feel anxious towards it. Behaviourists call this negative reinforcement; our anxiety is reinforced by avoidance.

So, what's the cure for intrusive thoughts?

18. White Bears

"Try to pose for yourself this task: not to think of a polar bear, and you will see that the cursed thing will come to mind every minute." – Fyodor Dostoevsky⁴⁴

The great Russian novelist Fyodor Dostoevsky observed something back in 1863 that Harvard psychologist Daniel Wegner would prove through

experimentation more than a century later. Try not to think of a white bear ... go on ... you're not thinking of a white bear, are you? Welcome to the club. Wegner found that the more we try not to think of something, the more we think about it. Even if his subjects managed to partially suppress the thought at first, it would 'rebound' with greater frequency later.⁴⁵

Called 'ironic process theory', Wegner's explanation was that if we've decided to suppress a thought, we then have to 'monitor' to see if we've been successful. The act of monitoring brings it to mind. It's like trying to see if the light is on by switching on the light. In addition, the effort of trying to suppress a thought raises stress, which increases the difficulty of suppression.

There's another problem: if we try to avoid a thought, just like trying to avoid a place or object, we're telling our brain it's dangerous. That is only going to increase our anxiety towards it. Cover-Jones showed us how Peter's fear was reinforced by avoiding rabbits. But avoiding thoughts is much more difficult than avoiding rabbits. Someone with PTSD can stay away from the place they were attacked, but they will find it much tougher to stay away from the thought of being attacked.

19. Exposure Therapy

I got hold of the bible of exposure therapy for Anxiety, a 400-page textbook whose size belies its simplicity. Quite simply, exposure therapy for all forms of anxiety, including intrusive thoughts, is don't run away, run towards. Pull down your defences. Expose yourself to what you fear. Let your brain learn that there is no danger. We learn fear through avoidance. We learn fearlessness through exposure. Initially with exposure, the fear response will be triggered, but as long as we don't run away, eventually the fear will dissolve. With exposure, things get worse before they get better. This is why patients often resist it.

Imagine you're standing on the edge of a cliff and a therapist says, "Jump. It will be scary at first, but you'll be okay." You might wonder if she's taken her

own drugs. That's what people with panic, the most extreme form of anxiety, feel when they are told to expose themselves to their fear. The thing that triggers their panic can be so terrifying that it makes them feel as if they are going to die. Of course, when they do it multiple times, their brain soon learns otherwise, but those first few times can be terrifying. That's why exposure is done gradually.

If you had social anxiety, first a therapist might just get you to imagine entering a room of people. In a subsequent session, as your anxiety decreases, you might imagine talking to someone. After this imaginary exposure, there would be actual exposure where you might start off briefly attending a social gathering. In later visits, you would spend more and more time until you were approaching people and having conversations.

The final stage of exposure for panic attacks may involve having a cup of coffee just as you sense a panic attack coming on. That seems crazy to most people suffering from panic attacks. Why raise your anxiety further? To teach your brain that the sensations of anxiety, such as increased heartrate, breathlessness or constriction in the chest, are not dangerous. Anxiety is only uncomfortable because of how it feels in the body. If you can get used to those sensations, they will stop bothering you.

With intrusive thoughts, exposure therapy involves writing down the thoughts or describing the images and then reading them over and over again. Alternatively, they can be spoken into a voice recorder and played back. One could also look for similar images on the internet and stare at them. The simplest is to play through the images and thoughts in one's mind. These sessions can last anywhere from twenty minutes to an hour and, while initially done with a therapist, eventually one should do it as a daily practice for a few weeks, after which the intrusive thoughts should lose their charge.

In the beginning, exposure therapy usually spikes anxiety. It feels dangerous to do something that makes us feel more scared. The brain is designed to protect us. The message of fear is *avoid*; the treatment is *approach*. With

exposure, we're going against a very strong, natural instinct. But of course, the brain only wants us to avoid because it has misperceived a threat. To prevent re-traumatization, exposure is usually done gradually. Initially, I would only expose myself to the least anxiety-provoking thoughts. Finally, I would expose myself to the worst possible thoughts, even thoughts that hadn't initially occurred to me. It would be like a religious person having blasphemous thoughts deliberately bringing on thoughts of desecrating a bible. The idea is to teach the brain that no thought is dangerous.

I had experimented with exposure therapy in the first few weeks of my intrusive thoughts when I had reviewed the research. Unsurprisingly, initially I found it extremely unpleasant. These thoughts were the worst part of my life, and now I had to deliberately bring them on. Imagine running back to your rapist after being raped or returning to a war zone after being shot. Imagine your worst fear, now imagine rushing towards it. Of course, you're not literally rushing towards it, you're imagining it, but to someone with intrusive thoughts, that can feel like the same thing. When I had first tried it, I do recall a slight reduction in my anxiety afterwards, but it wasn't significant enough for me to feel I was making much progress. I quickly went back to the tools that brought immediate relief, like inducing the relaxation response with meditation or putting a positive spin on the thoughts with cognitive therapy.

Now over a year had passed, and I seemed no closer to a cure. I decided to return to exposure therapy with full commitment. Exposure therapy is a practice that, fully understood, can be done without a therapist. If you want to try it, I suggest doing it with a therapist, particularly if you are dealing with major trauma. I was confident that in my own circumstances, I could safely do it on my own.

I immediately started undergoing twice-daily exposure sessions where for nearly an hour, I would deliberately bring on all the worst thoughts I could think of. As exposure therapy suggested, I would generalize these thoughts to

other people, imagining myself being subjected to the most disgusting sexual abuse I could think of.

Outside of these sessions, whenever the thoughts and images came into my mind, I would not only let them come; as instructed, I would deliberately prolong and intensify them. I found that while I was talking to people or delivering presentations, I could have these thoughts at the same time. I could get on with my life without trying to stop them.

Exposure therapy uses a subjective assessment tool called the SUD rating scale. This stands for Subjective Unit of Distress. Before, after and even during an exposure session, I would check in to see how distressed I felt. On a scale of 0 to 100, 0 is completely calm and 100 is utter panic. It was important to end an exposure session at lower anxiety level than I started. So, if I began at 70 and climbed to 80, ideally, I needed to end below 70. Decreasing SUDs show that the brain is habituating. If I ended more anxious than I started, I would teach my brain that the thoughts were a threat. If my anxiety dropped, my brain would gradually learn that the thoughts were unthreatening. I found that my anxiety did naturally decrease over the course of a session.

Running towards rather than away from the thoughts, I began to find exposure therapy empowering. I felt like a gladiator, bravely facing up to (perceived) danger, shouting: "Bring it on!" Many of my speaker colleagues have done incredible things like rowing across the Atlantic Ocean or climbing Mount Everest. This was my Everest. I embraced the challenge. I found myself better able to deal with other fears. I even wrote a piece for a sales programme I teach called the 'rejection vaccine'. The biggest fear that salespeople have is rejection. I explained that a vaccine is like karate training for the immune system. By implanting a tiny amount of the disease, the body learns to defend itself against it. If rejection is the disease (dis-ease, as in it makes us feel uneasy), the best way to defend ourselves against it is to expose ourselves to it. If you avoid it, you build up even more fear toward it. The more you

experience it, the more immune you become to it. People loved this idea, applied it and told me how well it worked.

You could argue that depth therapy, and in fact, almost all therapy, is a form of exposure in that you openly talk about the thing you fear. But with exposure you relive it multiple times so that you habituate to it, whereas in depth therapy you focus on your feelings and concerns and how the event relates to your life.

Within each exposure session, my anxiety gradually fell. From one session to the next, it also seemed to decrease. Yet I also had many relapses. Having a relapse made me feel like it wasn't working. Yet exposure therapy is learning, and learning takes time, just like studying for an exam requires multiple sessions before the information is effectively retained. We can remember the information one day and forget it the next. The brain takes time to rewire itself. That's the same with exposure therapy. Anxiety can decrease but then suddenly reappear. It doesn't mean the therapy has failed; it's just that learning is usually not immediate.

Unlearning has become a popular idea. While we are undergoing the most unprecedented change in the history of humankind, we are encouraged to challenge our established behaviour and beliefs and find new and better ways to do things. Neuroscience shows that we can't really unlearn.⁴⁶ The old learning remains. We can *relearn*, but this new learning sits on top of the old learning, which means that the old learning can always reassert itself. That's why relapse is so common in anxiety, depression and substance abuse. Relapse doesn't mean the treatment is not working, only that more learning needs to take place. Unfortunately, when relapse happens, people often get discouraged and give up. This is like giving up on exercise when you put on some weight when what you should be doing is more exercise.

In truth, a relapse is not anxiety – it is our counterproductive response to anxiety. In the same way that a drug addiction relapse is not the drug craving but rather the drug taking. The drug I kept falling back into was relaxation.

20. The Myth About Anxiety

I had been convinced that the antidote to anxiety was the relaxation response. My reasoning was that if anxiety is underpinned by the stress response, it makes sense that one should counteract it by relaxing. Popular wisdom dictates that the answer to anxiety is deep breathing, relaxation or meditation. However, the problem with any kind of relaxation process is that it can prevent habituation. Exposure therapy for a fear of heights involves getting you up on a high building. If you do a relaxation process before, you insulate yourself from the experience. This is a form of internal avoidance. The whole point is to feel the fear until your brain learns that there is nothing to fear. Relaxation prevents exposure.

I had deliberately used the relaxation response for about a year. I treated the thoughts as a welcome opportunity to dampen my stress response, which I reasoned for most of us was too high anyway. Using some cognitive therapy style reinterpretation, I even reinterpreted the UITs (Unwanted Intrusive Thoughts) as WITs (*Welcome* Intrusive Thoughts). Whenever the thoughts arose, I would slow my breathing. Most of the time it was very pleasant, but afterwards, the thoughts would rebound with the same or more anxiety because I was preventing my brain from getting used to them.

Anxiety is like a cold swimming pool. Exposure therapy says, “jump in, swim around, and you’ll soon warm up.” So, you get into a thick rubber wetsuit, you jump in, and voila! You’re not cold. The moment you get out of the suit into the water, you’re freezing. Relaxation is like a thick wetsuit: it insulates you and prevents exposure. That’s the problem with alcohol and anxiety medication like Xanax; they make you feel better initially, but they prevent habituation.

There is a range of other behaviours that do the same. I always felt less stressed and anxious after exercise because it reduces adrenaline. Thinking this might be the solution, for a while I did two workouts a day (notice the obsessional nature of my response). I continued to meditate and that

generally calmed me down. In fact, my meditational practice greatly improved, and I was able to reach even deeper states of calm. Early into the intrusive thoughts, during one extended meditation, I got into such a deep state of bliss I thought I had become enlightened, only to emerge into a full onslaught of suicidal thoughts. Throughout the day, my two-four breathing technique was virtually a guaranteed way to reduce the thoughts and relax me. I almost never felt anxious while I was writing because it focused my attention. Any kind of distraction is likely to decrease anxiety initially because it shifts attention, but all of this can make anxiety worse later because it prevents habituation.

In the parlance of Obsessive-Compulsive Disorder, if the thoughts were my obsession, distraction, exercise and relaxation had become my compulsion, which only reinforced the obsession. By using these behaviours to avoid the thoughts, I was actually building more fear toward them. What you are trying to avoid, the brain reasons, must be dangerous.

It took me so long to realize this because these are generally beneficial behaviours. So are most OCD behaviours. Washing your hands is a good idea, just not forty times a day. When someone with a hand-washing compulsion washes their hands, they feel better until they feel worse and have to wash their hands again. The relaxation response was my compulsion. It made me feel better, but to keep feeling better I had to keep doing it. This is mentally taxing and ultimately creates more anxiety.

So, should anxious people stop any form of relaxation? Not at all. A daily dose of exercise, meditation or healthy distraction will all help to lower our overall stress. They just mustn't be used during exposure or throughout the day to stop anxiety. Any behaviour can be destructive in excess. Try exercising all day and you'll hurt your body. By trying to relax all day I had hurt my mind.

Exposure therapy calls these avoidance responses 'safety behaviours' because they make us feel safe, but because they also prevent habituation, they have to be prevented. So, the full title of the therapy is *Exposure and*

Response Prevention. Not only do you need to expose yourself to what you fear, you also need to prevent your ‘safety’ response. Safety behaviours can be varied and subtle. I could never have imagined that something as universally recommended as meditation was actually reinforcing my anxiety, but there are many others. Think of a religious person who has a blasphemous thought. She reasons that the best thing she can do is pray immediately afterwards. Prayer becomes her relaxation response. She feels better, but prayer prevents habituation and, ironically, reignites her blasphemous thoughts.

You don’t need to have OCD to benefit from a dose of exposure and response prevention. If you have endured a loss such as divorce, bankruptcy or rejection, whenever you feel down you may be tempted to drink, drug, party, play video games or any number of other responses. Once in a while there is nothing wrong with that, but if you’re doing it constantly, you’re preventing habituation, the gradual desensitization to the loss. That’s why allowing yourself to feel the pain is so important. Counterintuitive as it seems, feeling the pain ultimately reduces the pain. Avoiding the pain increases it.

I decided to recommit to exposure therapy. No matter how my anxiety might spike along the way, I would diligently follow through for six weeks. Not only did I do regular daily sessions, as advised by exposure therapy experts, whenever the thoughts arose during the day, I would do nothing to stop them. More than that, if I didn’t need to pay attention to anything else, I would deliberately focus on them. While not pleasant, I could feel my anxiety decreasing. I was almost certainly partially habituating to the thoughts, but there was something else.

A key part of anxiety is feeling out of control. Exposure therapy put me back in control. My fear was no longer chasing me; I was chasing it. When I finally faced it head-on, I could see the smoke and mirrors, the puppet strings of my brain, the fictional horror story of my authoring. When Dorothy and her friends finally made it to the fearsome Wizard of Oz, little Toto accidentally tipped over a screen that was hiding him. Behind the theatrics, they were astonished

to see that the Wizard was just a little, frail old man. Exposure therapy helps you tip over the screen.

Exposure was empowering; it knocked out my suicidal ideation and certainly reduced my anxiety, but not enough. I had expected the thoughts to quietly fade away. Although they were not as disturbing, my exposure sessions seemed to fuel them. That seems logical. If you keep thinking about something, you're going to prime the brain to keep bringing it up. Exposure may be more effective for specific phobias like heights and spiders than intrusive thoughts, but I still found the underlying principles helpful. Clearly, trying to avoid intrusive thoughts would fuel them even more.

21. One Last Try

I had one concern about moving too quickly on to the next thing. Had I definitely done exposure correctly? Perhaps I did need to have it administered by an expert. I had already made contact with one of the authors of Exposure Therapy for Anxiety. He wasn't taking patients but referred me to a leading therapist in Johannesburg.

I walked into a book-lined study on the second floor of a suburban home, overlooking a lush garden with old overhanging oak trees. Kevin looked like he was in his early 50s, about the same age as my father when he died. Fortunately, I wasn't doing depth therapy so that association was not going to be relevant. He had a no-nonsense approach devoid of the warmth and sympathy of many therapists. This may have been intentional. Exposure therapy considers reassurance-seeking a safety behaviour. If you're feeling anxious and you keep running to someone to make you feel better, be that a therapist or a friend, you may be using that reassurance as a way to avoid facing your anxiety. Like many responses to anxiety, what made us *feel* better didn't make us better. In fact, it usually made things worse.

After explaining my condition and what I had already done to treat it, I expected Kevin to launch into an extensive exposure protocol. I was surprised to hear him say he didn't think this was necessary.

He leaned back into his chair, "You know that these thoughts don't say anything meaningful about you as a person?"

I nodded.

"You know there is no reason to look for underlying causes."

"I've done that, it didn't make a difference."

"Everyone has strange or unsettling intrusive thoughts sometimes. Most people don't pay any attention to them. The only reason they are causing you discomfort is because you decided that they were important."

I knew this, but it was good to hear it again.

He continued, "When a thought like this comes into your mind, just label it 'thought'."

"That's it?" I asked.

"Well, that's all it is, isn't it?"

"I suppose so."

"When your brain learns that it's not important, you will stop paying attention to it."

"But I know it's not important."

"Then why are you here?" He said, shrugging his shoulders.

"Because they won't go away."

"If you really didn't believe they were important you wouldn't care."

That was a revelation. Was the problem only a problem because I thought it was a problem? Unlike many people with PTSD-related intrusive thoughts (if this is what they were), I really had no fear that anyone was going to harm me. I didn't believe that the thoughts said anything important about my sexuality or personality. So why had I paid so much attention to them? Why were they important? Perhaps because I was just scared they would never go away. There was an irony: I had thoughts that wouldn't go away because I was scared they wouldn't go away! Maybe Franklin D Roosevelt had it figured out all along: *"The only thing we have to fear is fear itself."*

Exposure therapy had contributed to making the thoughts important. Every time I had an intrusive thought I was supposed to 'run towards it'. No doubt that was better than running away from it, but this increased the significance of the thoughts. They were a thing to be dealt with in a way that took energy and focus. I was so diligent about amplifying intrusive thoughts rather than suppressing them that I had begun to wonder if exposure itself had become a kind of safety behaviour. Running towards it could be a way of not just letting them be.

Kevin's approach was a way to accept the thought with as little energy as possible. I began to think of it as a form of *passive exposure*. When exposure therapy worked, it was because the patient had become desensitized to the source of anxiety. I could see that by passively allowing the thought, over time, Kevin's technique could achieve the same result in a gentler way.

The moment I left his office, I started to label each intrusive thought by saying to myself 'thought'. I immediately noticed a little distance from the thoughts. To open that space even further, I began to say: '*There* is a thought'. The thoughts seemed to lose some of their importance, but I began to realize that there was something besides the intrusive thoughts that was far more important.

22. Metacognitive Therapy

Early on, I had noticed that something obsessed me more than the thoughts and that was the thoughts *about* the thoughts. These were probably more painful than the intrusive thoughts themselves. There were thoughts such as:

"I'm sick and tired of these stupid thoughts!"

"Why can't I fix this? What's wrong with me?"

"What if this never ends? My life will be ruined. I may as well die."

Besides these negative and occasionally catastrophizing thoughts, there were more seemingly harmless ones. I would analyse the intensity, frequency and duration of the intrusive thoughts. I would think through possible solutions. I would review the past and forecast the future, trying to determine if they were getting better or worse. I was probably more prone to analysis than most people because this was part of my work – finding emotional transformation solutions that I could share with others. I was my own case study; self-analysis was part of the job. Yet this very analysis seemed to be making things worse.

Thinking is the superpower that has enabled humans to master the earth and potentially destroy it. All other animals live in the present. Humans can reflect on the past and envisage the future. We can learn from our mistakes and apply our learning to create a better tomorrow. Yet the continual analysis of my intrusive thoughts only seemed to fuel them.

There is good reason for this. When we worry, we feel like we are dealing with what troubles us. Actually, worry is a form of avoidance. While I was worrying about my intrusive thoughts, I wasn't having intrusive thoughts. A mother worrying about her terminally ill son may believe that worrying helps her to analyse the problem, find a solution, prevent negative outcomes or even prepare for the worst-case scenario. In this way, worrying helps her to avoid her core fear, something she may simply have no control over: *My son could die*. Worrying seems unpleasant, but in the short term, it feels better than directly facing emotional pain.

While worrying is focused on the future and is linked to anxiety, rumination is focused on the past and is linked to depression. Constantly replaying the fight leading up to the breakup with your partner is your brain's way of trying to fix it. If you can figure out what you did wrong, maybe you can repair the relationship or at least prevent this from happening again. Of course, all of that sounds reasonable, but, in fact, worrying and rumination are, by definition, dysfunctional thinking. They generally do not lead to solutions or positive action. Women who ruminate about a lump in their breast are actually

less likely to seek treatment than those who don't. Compulsive thinking becomes a substitute for action.

Worrying is like mental hand washing. A man who is anxious about germs feels better after washing his hands, but now, every time he feels anxious, he has to wash his hands. Hand washing has become a learned response to anxiety. Like a drug, he needs more and more until his hands are covered in sores. Likewise, when we worry, we immediately feel better but because it doesn't solve the problem, we have to keep worrying. Like hand washing, worrying is a learned response to anxiety, one that ultimately makes it worse.

Of course, some thinking can be helpful, just like some hand washing. Thinking is like inflammation. It's an adaptive immune response, but out of control, it becomes like chronic inflammation, causing disease.

Every time I had an intrusive thought, I began analysing and problem-solving. This made me feel better, but it set up a conditioned response. In OCD parlance, intrusive thoughts were my obsession, analysing was my compulsion. Kevin's technique made sense, but it left me confused about what to do about all the thinking I was doing about the thoughts. In some ways, that thinking was as intrusive as the thoughts themselves. Exposure therapy's solution was to substitute worrying, analysis and rumination with more exposure. That seemed like a good idea, but it kept me mired in intrusive thoughts.

Browsing through one of London's grand old bookstores in Charing Cross Road, I came across a radical new approach beneath an unexciting textbook cover – 'Metacognitive Therapy (MCT) for Anxiety and Depression.'⁴⁷ I devoured all 300 pages in two days and then started reading it again. Meta means beyond. To MCT, our emotional difficulties came not from the content of our thoughts but rather from thinking itself. Let's say you have a thought: 'I am a failure'. With depth therapy, you would think through possible reasons for this thought. With cognitive therapy, you would think of ways you are

actually a success. With MCT, you would just notice it as a thought – no more thinking required.

This contradicts our innate response to thinking. When I was in pain or had a problem, thinking was the tool I used to come up with a solution. Yet when I was in the most severe pain of all, experiencing anxiety or depression, according to MCT I needed to drop that tool. That's like telling a fireman, "When the flames are at their worst, stop hosing them!" It goes against instinct. That's why so much of MCT has to do with changing people's beliefs about thinking, getting them to prove to themselves when it's unhelpful. To a patient who is convinced that worrying helps him solve problems, an MCT therapist might ask him to worry right then and there to see what solutions he comes up with. Invariably he comes up empty-handed.

Once I accepted that my compulsive thinking was unhelpful, what could I do about it? Unwisely at first, I just tried to suppress it. As with the intrusive thoughts, that backfired and created more anxiety. Yet I did seem to have more control over these thoughts. While the intrusive thoughts felt automatic, my overthinking was more voluntary. I may not have been able to stop someone talking to me, but I could decide if I talked back. Similarly, if I noticed myself overthinking, to some degree I could choose whether to continue.

I began to think of auto-thoughts like those internet pop-up ads. Voluntary thoughts occur when we click on the advert and start analysing what it says. Most worrying, analysing and ruminating is voluntary, but it can still be tough to stop. Taking cocaine is also voluntary. Compulsive thinking has the same addictive quality as drug taking. The difference between being addicted to cocaine and being addicted to thoughts is that you still have to find cocaine, buy it and get it into your head. Thoughts are already in your head.

MCT's solution was to cultivate a detached awareness towards the thoughts. We allow thoughts to enter our mind without us having to focus on them or try to change them. Detached awareness is our natural response to thoughts that are unimportant. We take a very different approach to thoughts that are

perceived as threatening, such as “I’ll never find love”, or “I am a failure”. These thoughts also enter our mind uninvited, but unlike thoughts we deem as unimportant, we attach to these, seeing them as an intrinsic part of who we are. MCT asks us to detach our awareness from these thoughts, to see them like clouds in the sky, passing objects of our awareness. This can be challenging. The mind naturally fuses with these kinds of thoughts, I may really *feel* like a failure. Feeling like a failure is not just based on a thought, it comes with a sensation. When I applied the technique, there were times I could detach, but at other times the underlying sensation was too overpowering. I was about to discover a way to transcend not just the thoughts but the sensations too.

23. Sensation

Remember the six components of emotion:

- 1) Awareness
- 2) Perception
- 3) Thought
- 4) Physiology
- 5) Sensation
- 6) Action

Without sensation there is no emotion. There is no such thing as anxiety without a bodily feeling. You can be in the worst situation or have the worst imaginable thought, yet neither that thought nor that situation will cause anxiety if you don’t have an uncomfortable sensation. Emotions are felt in the body. People who suffer from panic are primarily anxious about sensations such as their accelerating heartbeat or tension, but even those who focus on a perceived threat in the external world have to feel that threat in their bodies.

The same goes for any emotion. When I had researched my happiness programme, I realized that happiness too was just a sensation. The only reason we want love, food, money or anything else is because of how we

think those things will make us feel. Our lives are an almost continual attempt to maximize pleasant sensations and minimize painful ones.

The reason I wanted to stop my intrusive thoughts was because they came with a variety of unpleasant sensations, from constriction in my throat or pressure in my chest to the actual sensations on my body of the abuse I was imagining. From my experiments with deep breathing and meditation, I knew I could soften these sensations by relaxing, but this would prevent habituation. I had to keep myself in a relaxed state and, when I stopped, they usually came back. It was like putting your hand over a running tap; it stops the water until you pull your hand away and it comes gushing out.

The only therapy that had directly focused on the sensations of anxiety was exposure therapy. It treated anxious sensations the same way it treated anxious thoughts or perceptions – don't try stop them, face them. That had helped to reduce their intensity, but, like the intrusive thoughts, had not removed them. The key lay in a field of psychology that I had dismissed nearly twenty years before.

24. Transpersonal Psychology

Rhodes University, where I studied psychology, was an early adopter of a relatively new field of therapy that sought to go beyond the personal. While most therapy focused on the autobiographical self, transpersonal psychology was interested in the transcendent, or spiritual, states of consciousness that lay beyond the self. I never took much of an interest because it sounded too much like new age 'woo woo'. I was primarily concerned with what could be proven scientifically. I had dismissed transpersonal psychology too quickly. Later, I would discover that it was the intellectual descendent of William James, considered the father of American psychology and one of the founders of my beloved pragmatism, the philosophy of prediction, problem solving and action. One of the direct originators of transpersonal psychology was Abraham Maslow of Maslow's hierarchy of needs. Maslow and his colleagues accepted that humans had many needs, but they wanted to focus

on those that lay beyond survival and even self-advancement.⁴⁸ It was a large field with a range of therapeutic techniques. I was about to discover one that would set my path to a cure.

I was having dinner at a friend's place. We had just finished eating, and she was washing the dishes. Although she had four children and a well-off suburban life, her long dark hair gave her the look of a gypsy, fitting her interests in alternative medicine.

"It's really like no other therapy I've experienced," she said, dipping a dish into the soapy water.

Given that she had tried most, that said a lot.

"It starts like regular therapy," she continued, "you begin talking about anything that bothers you. Once you feel your pain triggered – for me it was my friend boasting about her high-powered job - Pam stops you and asks if that brings up anything else. I found myself saying, 'I'm just a housewife.' Instead of contradicting me, she asked me if those words were me, if I felt identified with them. I said absolutely. Then she asked me how the words felt in my body."

"The sensation?" I asked.

"Exactly. I noticed a knot in my stomach, my face felt hot, I felt constricted. She told me not to try and change the sensations but just to rest my awareness on them. After a while I noticed them softening. She asked me to return to the words: 'I'm just a housewife', and to see them projected on a screen in my mind. Again, she asked, 'Are those words you?' This time I didn't feel as identified with them. As the sensation softened, the words seemed to lose their charge. 'I'm just a housewife' – those are just words with some sensations. Without any discussion, I realized that I am so much more than 'housewife', but more than realizing it, I could feel it."

If 'eureka' had a sound, large brass bells would have begun clanging in my head. This therapy seemed to apply the detached awareness I had learned in metacognitive therapy to sensation itself, dealing directly with the source of

emotional discomfort. I got the therapist's details and set up a session for later that week.

Pam was in her late sixties; she had a mop of light brown and grey curls that softened her penetrating blue eyes. She lived on a small farm on the outskirts of Johannesburg. To get to her therapy room, I had to walk through a warren of passageways in an old farmhouse. Arriving at an adjoining castle-like watchtower, she led me up a narrow spiral staircase into her therapy room – a cosy turret, lined with windows, overlooking a small wilderness from where a range of birdsong could be heard. It was appropriate that she conducted therapy in a watchtower because the approach she used was largely about watching – watching thoughts and watching sensations.

I told her about how my anxiety had started and the intrusive images of abuse that plagued me.

“Close your eyes,” she said, “Do you see the image of the abuse?”

I nodded, my anxiety rising.

“Stay with it.”

That sounded like exposure therapy, but with her next question, things got interesting.

“Are you that image?”

It certainly felt like me. I nodded.

“Are you sure it's you?”

“Yes.”

“Okay, now bring your awareness to your body. Describe your sensations without trying to change them.”

I described the feeling of the abuse itself, but in addition, I noticed a surge of energy shooting up my stomach into my chest. My throat felt constricted, my face tingled.

“Good,” she said, “where is the most intense sensation?”

“It feels like electricity running up my body.”

“Keep your awareness on that sensation. Tell me if it changes, but don't try to change it.”

At first it got worse. I felt my eyes welling up with tears.

“Stay there,” she said.

After a few minutes, I told her that the sensation had begun to fade.

“Are you that sensation?” she asked.

“Am I the sensation?”

“Yes.”

“It’s part of me.”

“Does it feel more you or not you?”

“I suppose it is just a sensation.”

“So, it’s not you.”

“No.”

“Let’s go back to the image. Put it on a screen in front of you. Is it you?”

“No.”

‘What is it?’

“It’s an image.”

“Bring your awareness back to your body. What sensations do you feel?”

The image had reignited the sensation, but it was less intense and soon started fading.

I opened my eyes, “Wow, that’s amazing.”

“We call this the velcro effect. Emotion is made up of thoughts and sensations. By shifting awareness between the two, we unvelcro thoughts from sensation and they begin to shift.”

“Why did you ask me if I was the thought or the sensation?”

“This process was developed by Scott Kiloby, not just as a way to heal but to discover our true nature. We get so identified with our thoughts and sensations we believe that’s who we are.”

Metacognitive therapy had done something similar, without delving into the nature of the self. It spoke about separating the self from thoughts so that we could come to see that we are not our thoughts. Pam’s session helped me to see that I was neither my thoughts nor my sensations. Of course, that begged the question, who was I? The answer to that question would come later.

In the meantime, I dutifully applied the process to the intrusive thoughts. I even started sharing the process with friends who were struggling with

specific emotional challenges. It was incredible how quickly it seemed to dissolve pain. Sure, the pain would often re-emerge as one got reattached to thoughts and sensations, but I was sure that doing this on a regular basis could retrain the brain.

I saw a powerful effect in another area of my life. I had been in a tumultuous relationship with a woman I was very in love with. She was a pilot and was often out of town, but at one point she became uncontactable. I began to suspect she was with another man. For two weeks, I couldn't get hold of her. Eventually, she called me to say she had met someone else and was in love. They had been living it up on his luxury yacht, flitting around the Cape Town party scene, now he was going to fly her to his European holiday home. She just hadn't had the courage to tell me. It probably didn't help that the guy could have been a super model.

I smiled, knowing that my pangs of jealousy and longing were the perfect thing to test the technique that Pam taught me. I focused on the most painful thought, "She is in love with him." I faced the image of her having sex with him and ask myself, "What is that?" replying, "a thought," which immediately distanced me from the image. I then shifted my awareness to the sensations in my body. There was a surge of electricity shooting up my chest. My throat constricted; my face was hot. Yet, as I rested my awareness on these sensations, they began to fade. Each time I would return to the image, it would hold less charge. I did this for about two weeks until the thought had almost no effect. Without any intensive therapy, I had rapidly come to terms with what had happened. Moreover, I was starting to feel less charged about other areas of my life. If I lost a big conference I was hoping to speak at or hurt my back, I was able to defuse from the experience and see it for what it truly was: passing thoughts and sensations.

I was sure that if I had done this in the aftermath of my conflict with my neighbour, the intrusive thoughts would not have hooked me, but now that they were such a habitual part of my thinking, would this loosen them? I made sure to diligently face almost every intrusive thought by holding it in mind,

asking myself what it was and then shifting to the accompanying sensation. Yet a couple of weeks later, while the sensations were probably less intense, I noticed no significant decrease in the intrusive thoughts.

25. The Problem with Solutions

I was noticing a distinct pattern. It wasn't just that every new treatment made me feel better, partly because of the placebo effect; most treatments had some other benefit. The relaxation response produced by meditation was useful in lowering my overall stress, it just wasn't a helpful response to the thoughts themselves. The positive reinterpretation of cognitive therapy had helped to improve my mindset about my condition. Exposure therapy lowered the anxiety produced by the thoughts; it just hadn't reduced their frequency. Learning to detach my awareness from thoughts and sensations and reduce all my thinking about the thoughts, had probably provided the greatest benefit. Yet none of this had provided a cure.

For months, I had been cycling back and forth between the different self-administered treatments, extending the duration and combining them in various ways. Reinterpreting, relaxing, exposing, detaching – I was like a revolving door of therapies. Then something occurred to me. Maybe solution finding had become a compulsion that was reinforcing the obsessive thoughts. Someone who washes their hands whenever they feel anxious feels better after hand washing but sets up a conditioned response; now whenever they are anxious, they have to wash their hands. Whenever I tried a new solution, or just a new variation of an old solution, I would immediately feel better. Perhaps I had become addicted to new solutions, irrespective of what the solution was. If that was the case, I was locked in an obsessive search for new solutions, none of which would ever work completely. The moment the thoughts reached a certain level of anxiety, I would be looking for the next solution or at least a better version of the one I was using. I was using solution finding as a way to *avoid* facing the thoughts and letting them habituate naturally.

Almost anyone struggling with anxiety has some avoidant response that reinforces their anxiety. Alcohol, hand washing, avoiding people, worrying, ruminating or, yes, even solution-finding, may immediately make us feel better but ultimately lock us into an addictive cycle. We have to drop these 'safety behaviours' so that we can naturally desensitize to the source of our anxiety. Like a drug addict dropping their drug this is painful in the short term but healing in the long term. As the saying goes: "Do what is easy now, your life will be hard. Do what is hard now, your life will be easy."

Whatever we do to avoid anxiety will immediately be rewarding. If you have social anxiety, staying at home makes you feel better but ultimately makes you more anxious about going out. The cost of that immediate reward is delayed anxiety. Like a drug addict, you can slowly wean yourself off those behaviours, but every time you do them again, you reinforce them. In fact, slipping into a defence mechanism intermittently can be even more reinforcing than applying it consistently.

The reason casinos are so addictive is because they operate on an 'intermittent reward schedule'. If we got a small reward every single time we threw a coin into a slot machine, the predictability would soon bore us, and we would figure out we weren't going to get rich. If we never got any reward, we would also soon stop. Instead, the casino gives us variable rewards. We never know how big they are going to be or when they are going to come. All we know is that at some point they will come. This locks us in, and we don't want to stop playing because there is always the chance that we're about to win a big reward.

In this analogy, we give our brain the reward of a temporary drop in anxiety by engaging in an avoidance strategy. If we completely stop avoidance, our brain will eventually unlearn anxiety. If we slip into it occasionally, we are giving ourselves an intermittent 'reward'. Like that occasional win at the slot machine, this incentivizes our brain to keep trying to avoid.

New solutions had become my avoidance strategy – my pile of coins at the slot machine. They immediately made me feel better. Because I was somewhat aware of this, like a drug addict I tried to stay off solution finding. But occasionally, convinced that I could come up with a better one, the craving got the better of me and I'd start searching. It would take only a slight shift in the way I was dealing with anxiety to think I had found a better 'solution'. This gave me a pleasurable boost of dopamine that immediately made me feel better. Like a gambler, the intermittent reward I was getting from these 'solutions' kept me addicted.

I realized that I had to go cold turkey on solutions. No more searching the internet, no more reading books, no more therapy sessions. I knew enough. I needed to decide what to do and stick to it.

26. Love

Thanks to the way cognitive therapy encourages us to find a more resourceful interpretation, for some time I had seen the thoughts as a growth opportunity. The upside of my solution-finding addiction was that I had discovered a tremendous amount about the mind that was helping me in other areas of my life. I could confidently say I was better off because of this affliction than I would have been without it. I was no longer engaging in superstitious bargaining to exchange the thoughts for a bout of cancer or to be flung off a low storey balcony. I had always been focused with a strong sense of purpose, but thanks to the thoughts, I was now more so. I felt that I was on a path that was revolutionizing my understanding of the human mind, providing me with insights that might ultimately help others.

As the thoughts were a regular presence through the day, I began to see them as a prompt to shift me into a better state of mind. I knew it was imperative not to try to stop them, but why not pair them with something positive? This would also hopefully recondition them. Remember how one of the early behaviourists, Mary Cover-Jones, had helped Peter extinguish his fear of rabbits? While gradually bringing the rabbit towards him, she had given

him delicious candy. Eventually Peter associated the rabbit with the pleasure of the candy, and he lost all his fear towards the rabbit.

Why not do the same thing with my intrusive thoughts? I knew it was important not to try to stop them, but why not pair them with a little reward? That way, they would become reconditioned. Through the work I had done on happiness, I knew that one of the most pleasurable states was gratitude. While we grow habituated to almost every new life circumstance, gratitude is an appreciation reboot that, practised regularly, sustainably boosts happiness.

In my happiness programme, I had taught a process I had created called 'Love Now'. The idea was to simply tell yourself whatever you loved about the present moment. To give you an idea of how it works, I'm going to do it right now:

'I love the beautiful, big blue summer sky.'

'I love the air rushing through my lungs.'

'I love the wiggle of my fingers on the keyboard.'

I would also express love for people or things in my life or just say the word 'love' as I scanned through my body from head to toe, savouring each pleasurable sensation. Try it now and you'll notice a wonderful, warm feeling in each area of loving focus. I reasoned that not only would I recondition the traumatic intrusive thoughts; I would actually be bringing more love into my life, giving me a net positive.

I would do this consistently. No more jumping from solution to solution. More than a response to the thoughts, love became my default state. Whenever I was not doing anything that required my attention, I would rest in love, giving appreciation for my internal or external state. I did this almost consistently for a year. I would go to bed in love, wake up in love and, throughout the day, experience extended bouts of love. I must have said the word love hundreds of times a day. It was beautiful, with real periods of bliss.

Yet at times it was also difficult. I often felt like I was peddling uphill. As much as I was careful not to use love as a way to stop the thoughts, it did sometimes feel like a form of resistance. Underneath the love, I could often feel my anxiety simmering. Was 'love now' just another compulsive action that was reinforcing my anxiety?

27. Just Do Nothing

It had been over a year since I had started applying 'love now' as a response to the thoughts. I was on the treadmill at gym, immersed in loving now the feel of my feet thumping down on the rolling rubber, my breath pumping in and out of my lungs, the kaleidoscope of colours of the gym. It was beautiful, but today more than usual, I noticed that underlying resistance. It was mentally taxing. Spontaneously, I decided to run for five minutes on 'love' and then run for another five minutes on 'allow', to compare the two. The idea of 'allow' was to simply accept whatever entered my mind. Not mentally run towards it and not run away from it, just let it be. At the end of the ten-minute experiment, it was undoubtedly clear that with 'allow', my tension and anxiety had significantly dropped. With this new strategy, I noticed at least a 50% decrease in the intrusive thoughts that was sustained in the months ahead. I was close to a cure, and it seemed to be ... do nothing.

While I felt the relief of having a significant breakthrough, there was also a tinge of disappointment. Was this all that was required? Were all the processes and formulas I had developed over many years unnecessary? Worse, were they in part responsible for my anxiety? Underlying all the many treatments I had applied were those four original 'superpowers': awareness, choice, thought and action – ACT. These principles had enabled me to create the life of my dreams. They were at the heart of the personal development and psychotherapy fields. How had they gone so wrong?

28. When Action Backfires

Taking action has enabled those of us in the middle class to create a world of safety and comfort that our ancestors would not have dreamt possible. For survival, there is nothing more important than our ability to act on threat. That's why we have the fight or flight response: to respond to danger. (There is also a freeze response, which can be helpful in not provoking certain animals and attackers). Yet many of the threats we face are only perceived threats. Acting on a perceived threat trains the brain to see it as a real threat. The more I acted on my intrusive thoughts, the more I was convincing my brain that they were a problem. By allowing them, by simply letting them be there, I was telling my brain that there was no problem, and they began to fade.

Even in response to real threats, action is sometimes counterproductive. Warren Buffet, probably the world's greatest investor, has been known to apologize to investors for actively investing their money when he would have got a better return for them had he ignored short-term ups and downs and did nothing.⁴⁹ Plane crashes are frequently due to the pilot actively trying to manoeuvre the plane out of difficulty rather than leaving it on autopilot or just following the instruments.⁵⁰

Goalkeepers generally only save one in five penalty kicks. However, when the goalkeeper stands still, doing nothing until he can see the trajectory of the ball, he saves one in three. Yet goal keepers hate doing this. They try to guess before the player kicks the ball. The goalkeeper would rather be seen to be taking action than look like he did nothing.⁵¹ Yet doing nothing, at least initially, would give him a better success rate. We have an action bias that doesn't always serve us. Think about when you've sent an angry email in a moment of frustration, thrown bad money after good or tried to fix a situation and made it worse.

The truth is, even when we're doing nothing, we're still doing something. The mind is active during rest. Studies show after bouts of learning, during rest periods, the brain is actually active in bedding down the learning. Doing nothing can actually take great restraint. given the temptation to be busy. The

Buddhists see 'busyness' as a form of laziness because it indicates a failure to withhold our attention from whatever fleeting distraction enters our awareness.⁵² The philosopher Yuval Harari produced three New York Times Bestsellers in just six years. He does two 30-day silent meditation retreats a year. Harari claims he could not have written his books without giving his mind those action-free periods.

I had spent years coming up with solutions and mentally acting on my anxiety. Acting on each new 'solution' had become a compulsion that gave me a sense of progress that made me feel better in the short term but reinforced my anxiety in the long term.

29. When Self-Awareness Backfires

Most psychotherapy is predicated on the value of self-awareness. The importance of knowing oneself seems self-evident. In knowing our strengths, weaknesses, triggers and motivations, we are better able to manage and improve ourselves. Yet focusing on every negative event, thought and impulse can make things worse. Continually reliving and analysing childhood traumas, while providing catharsis, does not alleviate long-term anxiety and depression.

Self-awareness can take the form of overthinking as we analyse our emotional state, looking for causes and likely outcomes. There is enough evidence to show that overthinking is, in fact, linked to emotional distress: worrying to anxiety and rumination to depression. I call overthinking WAR: Worrying, Analysis and Rumination. My particular form of overthinking was analysis. I was constantly applying different solutions to my anxiety and analysing their impact.

Overthinking does two things that make emotional distress worse:

- 1) By creating a negative story around the issue, it can escalate the perception of threat.

- 2) By telling stories about the pain rather than sitting with the pain, it is a form of avoidance.

Many people think that if they are worrying, analyzing or ruminating, they are facing their issues. I often felt that I needed to do this. Like any defence mechanism, it made me feel better at first but worse later. The idea that overthinking is a good way to know yourself probably comes from depth therapy.

The very name that Freud used to label this therapy says it all: 'Psychoanalysis'. Traditionally, psychoanalysis took place in near hour-long sessions four to five times a week! No wonder a cure was so elusive. In my opinion, the treatment was sometimes perpetuating the disease. Today, depth therapy, may only take place once a week, but it can go on for much longer. I'm sure most depth therapists are well-intentioned, but I wonder how many of them are driven by 'the unconscious impulse' (to use their terminology) to have lifelong clients. It's hard for someone to realize something that their salary depends on them not realizing.

I have a psychologist friend who is one of the smartest, most empathic people I know. She has struggled with anxiety for most of her life. When I told her about my anxiety, she suggested that I see her psychologist.

"Ronald is incredibly perceptive," she insisted, "he will totally get you."

"How's your anxiety?" I asked.

"I always feel better after these sessions. I don't know what I would do without them."

"How is your anxiety?" I persisted.

"I'm still anxious."

"And you think I should see him?" I asked.

"It's not just about getting rid of anxiety; it's about understanding yourself and having somebody who gets you. Also, he really cares about me. I never got that from my mother. I never got that from my ex-husband. I need that."

Besides self-awareness, depth therapy may provide an empathic connection that is certainly soothing. Carl Roger's person-centred therapy focuses on this one feature. The therapist doesn't analyze and interpret what the client says. She just listens non-judgmentally, providing the client 'unconditional positive regard.' This can be valuable for someone who grew up without loving relationships or is without them currently. We are social creatures, we need love, care and affirmation. However, this is usually not a cure for anxiety and depression.

As for awareness, it can make sense of things. Knowing about my own childhood traumas helped me understand why I had overreacted to the conflict that triggered my anxiety. But this insight may not be necessary and certainly isn't sufficient for healing. Reliving a trauma multiple times in the way that exposure therapy prescribes can desensitize trauma, but that happens in no more than around six sessions and is devoid of analysis and interpretation.

My psychology studies had encouraged me to become aware of my thoughts and feelings, but this awareness can become obsessional and create the very thing we are looking for. Anxiety is largely created by threat monitoring. The threat response may be triggered by the way a group of people seem to be looking at you, a traumatic memory, your thumping heart, or an intrusive thought. Psychology tells you to look at it, analyse it, figure out why it's there but of course the more we do that the more 'there' it is!

Analysis can help us to figure out what is going on and let it go, but continual analysis can also amplify. Nothing seems more important than whatever we are currently thinking about. It may be true that what we resist persists, but on what we dwell, we swell.

30. When Trying to Change Your Thoughts Backfires

While depth therapy may increase emotional distress by magnifying stories about it, cognitive behavioural therapy (CBT) shows us the power of coming up with better stories. Instead of just raising awareness of our thoughts we

can change them. There is ample evidence to suggest that up to a point optimistic, positive people are happier and more successful. Although, some in the self-help movement have taken this to fantastical proportions.

The most recent bestseller on this topic is *The Secret*, a slick reiteration of Norman Vincent Peale's 1952 bestseller, *The Power of Positive Thinking*. *The Secret*, took Peale's message even further, claiming that all you needed to do to cure disease or get rich was believe. Millions of people were prepared to accept the power of their wishful thinking. Yet, to assess the truth of this all they needed to do was reflect on their own lives. Most people believe that their marriage will work out, they won't have a car accident, get a terminal illness, dropout of college or be fired. Yet for millions of people those firmly held beliefs will be traumatically shattered.

In fact, one of the biggest reasons that behaviours like reckless driving, smoking and obesity kill so many people is because most people firmly believe these behaviours won't kill them which eliminates their reasons to stop. Likewise, most people will die broke because they're convinced, they will retire with enough money, so they don't bother to save. There was a word for this sort of belief – delusion.

Clearly belief is important. If we don't believe we're capable of achieving anything, we wouldn't try. What books like *The Secret* do is turn seeds of truth into full forests of fantasy. "Whatever the mind can conceive and believe it can achieve." Those words from Napoleon Hill in another runaway bestseller, *Think and Grow Rich*, perfectly captured the delusion. Every committed entrepreneur with an idea has conceived and believed. Nine out of ten will fail. Of course, the one that succeeded had to believe before they will try. Belief is essential if we are to take action. It's just not enough. For personal development experts it's easier to sell belief than all the other factors necessary for success. It feels good and it's actually not that difficult to develop, certainly easier than rolling up your sleeves and taking action.

Visualisation is one of the main tools taught to develop belief, can actually reduce the action required. Research shows that after visualizing the accomplishment of a goal people are actually *less* likely to take action to make it happen. The brain doesn't always distinguish well between fantasy and reality. Visualizing makes us feel like we've already accomplished it which reduces drive.⁵³ To adapt an old Chinese proverb: '*A man must sit with his mouth open, visualizing for a very long time before a roast chicken flies into it.*' Sure, we need a clear visual of that roast chicken. That's part of what motivates us to go and hunt it down. But if you only focus on the goal, you take your eye off the ball and miss the goal, or don't even take the shot.

More disturbingly, trust in the magical powers of belief can lead to denial. When the corona virus pandemic had already killed tens of thousands of Americans, Trump proclaimed that it wasn't that bad, a cure was imminent, and it would soon disappear. His early flouting of facemasks and shutdowns almost certainly killed tens of thousands of Americans. Yet asked to grade his administration's response, he said, "I'd rate it a 10." Donald Trump happens to be a big fan of Norman Vincent Peale and his *Power of Positive Thinking*. Not only was the Trump family part of Peale's church, Trump said that Peale "thought I was his greatest student of all time."⁵⁴ His self-praise in the face of mass death was certainly evidence of that.

As an adult, I had never been seduced by the power of wishful thinking, but I made sure to cultivate self-belief and rational positivity. This came with the assumption that I was fully in charge of my mind. This assumption almost certainly fuelled my intrusive thoughts. When I first experienced them, I saw them as an affront to my mental mastery and became more determined to banish them but of course as Wegner taught us, trying to stop a thought only fuels it.

When experiencing negative thoughts, I shudder to think of the suffering of those who truly believe:

- 1) They are responsible for these thoughts.

- 2) These thoughts will manifest reality.
- 3) They need to stop them.

While I never believed in the first two, I did believe in the third, and that caused me more than enough suffering. My optimistic belief that I could easily make them go away invariably led to a hangover of disappointment. More troublingly, trying to turn traumatic into positive thoughts incurred the same problem as trying to push the thoughts away. The more I tried to change them, the more they seemed to bounce back. Trying to change them was similar to suppression.

Perhaps at the heart of the problem was my belief that these thoughts were in my control.

31. When Choice Backfires

The first great insight of my life was free will. I could choose how to live my life. Later, I expanded my power of choice to include my thoughts and feelings. Choice is at the centre of the self-help movement. It's expressed in such pithy phrases as:

"It's not chance, but choice that determines our destiny."

"If it's meant to be, it's up to me."

"I am not the victim of my history but the master of my destiny."

"Happiness is a choice."

Yet do these ideas really hold up? In the age-old philosophical debate between determinism and free will, free will comes a cropper. Even the most ardent believer in free will explains their decisions in terms of causes over which they have no control. When we say, "I did it because I *wanted* to," we are referring to desire which is shaped by nature and nurture, neither of which we chose.

What about the strong sense that we can select one option over another? Brain scans reveal that before we make a choice, the brain has already led us in the direction of that choice.⁵⁵ Free will is like the queen of England; she may *look* like she's in charge, but that's where it ends.

As for the American obsession with self-reliance and liberty, it belies the fact that people are more likely to succeed in a supportive environment. In fact, the 'American dream' is more alive in Denmark than the USA. In the US it takes five generations for a low-income family to become middle class. In Denmark it takes two.⁵⁶ Why? Denmark has robust social support. The US does not.

But remember that a belief in free will, what Rotter called an 'internal locus of control' is highly correlated with success and happiness. Free will may not exist, but it sure helps to believe it does! While we are more likely to succeed in a supportive environment, no doubt those who do, will have an additional advantage by believing that they are responsible for their success.

And perhaps we can still say that they are. There is a difference between being pushed off a hundred-foot cliff into the ocean and jumping. The choice to jump may be predetermined by factors that go all the way back to the Big Bang, but it was what the diver wanted to do in that moment, based on all those factors, one of which was the belief that he could do it. There is still a very important place for the word 'choice', even if that choice is based on predetermined factors.

Where the idea of choice had tripped me up was when it comes to my own mind. I had always assumed that I chose my own thoughts. But that wasn't true. Do you know what you will think thirty seconds from now? Probably not. We don't think our thoughts as much as our brains produce thoughts and our brains are the product of all those preceding causes. In fact, trying to stop a thought based on the belief that you have the power to do so backfires, as Dostoevsky realized, and Harvard psychologist Daniel Wegner later proved.

I knew this early on; what I didn't realize was that so many of my 'solutions' were indirect attempts to stop the thoughts. Meditation, relaxation, deep breathing, self-hypnosis, reinterpretation and even exposure. While acting on our 'experience' of choice seems necessary to produce positive results in the external world, regarding the internal world, the forceful application of free will seems to have the opposite effect. The more I tried to control my mind, the less control I had. More than an effect, these attempts at control could, in fact, have been the cause of my anxiety. We usually see our anxiety as caused by a trauma or triggering event. The conflict with my neighbour may have triggered my anxiety. The cause was my attempt at control.

32. The Paradox of Healing

The tools that had served me all my life had become the problem. It now seemed the solution was: withdraw awareness, relinquish choice and allow the thought! In essence, the solution to my life's greatest problem seemed to be – do nothing! This was both the easiest and most difficult thing I had to learn to do. Easy, because all that doing was arduous and ultimately made things worse. Difficult, because all that worrying, analysing, solution-finding, exposing, relaxing and loving was my addiction.

I had spent my entire adult life building and rebuilding an elaborate system to improve my state. It wasn't just ACT. There was Natural Ecstasy, Thrive-5 – all of these had value, but when I hit an emotional crisis, none of them were able to help. Almost all the major therapies I had tried had failed me. Relooking and reliving childhood traumas had me analysing the thoughts, which only made them more important and fuelled them further. In some ways, cognitive therapy with its emphasis on changing thoughts, did the same thing. Even exposure therapy had become a compulsion that may have reinforced the intrusive thoughts; certainly, they kept me focused on them.

We tend to think that if something is usually good, it is always good. It's worthwhile remembering that too much water or exercise can kill you. The question is not whether something is healthy, but *when* it is healthy. Nothing can be deemed good or bad without a context. What it took me so many years to realize is that all these things that I was doing that were usually good, in response to my anxiety were almost always bad. Why? Because I was using them as a form of resistance.

33. Resisting Resistance

“What you resist, not only persists but will grow in size.” – Carl Jung

Resistance isn't just trying not to think of something. Resistance is applying strategies to make something stop. I had employed a range of strategies; some worked better than others, but ultimately, they failed because underlying them all I was trying to make the traumatic thoughts stop. Of course, I was trying to make them stop! They were causing me pain. Yet here was a great paradox of human suffering: the way to make it stop was to stop trying to make it stop. In the outside world, if someone was hurting you, you had three main options: fight, flight or freeze. On the inside world, if your mind was hurting you, fight or flight would only hurt you more. You can't win a tug of war with yourself, and run as far as you can, you can't run away from yourself.

The paradox of healing is that we have to resist the urge to resist! Believing that it would make them go away, I had resisted these thoughts for years. I needed to be absolutely convinced that resistance would only make things worse. I could see at least five reasons. Five reasons that formed the acronym TMASS, (one thing I could not resist was my addiction to creating acronyms!)

- 1) **Threat Activation.** In attempting to suppress thoughts or feelings, we are telling the brain they are dangerous. You don't lock up a man that poses no threat. Anxiety rises in response to perceived danger. The

problem is that it's a lot easier to lock up a man than to lock up a thought.

- 2) **Monitoring.** To keep the thought or feeling suppressed, we now must monitor to see if it recurs. You don't leave a prisoner unguarded. Here's the problem: Looking for a thought brings it into being. Monitoring thoughts to confirm they are not there, is like lighting a fire to see if the fire has been put out.
- 3) **Association.** I noticed that the very method I was using to stop the thoughts, such as deep breathing, had become associated with them. If you wash your hands whenever you're feeling anxious (a typical OCD disorder), hand washing itself can start to become associated with anxiety. Even anxiety medication has been known to bring on anxiety because of its association.
- 4) **Stress.** Suppression takes mental energy, which raises stress levels, the lifeblood of anxiety.
- 5) **Sensitization.** By facing thoughts and feelings, over time the brain learns that they are not harmful and habituates. If you keep trying to stop them, you remain sensitized to them.

The very cause of sustained emotional suffering seemed not to be the original, triggering event, but rather the strategy we used to deal with it – various forms of resistance. It turns out that many of the productive strategies I had applied all my life could also be forms of resistance that may have exacerbated – if not caused – my anxiety.

Most people who undergo trauma do not develop post-traumatic stress disorder or long-term anxiety.⁵⁷ Within a few weeks or months, they naturally heal. There is an obvious question. What do these people do differently? Perhaps the answer is not what they do differently, but that they do nothing at all.

34. Natural Healing

“There is almost nothing wrong with you that can't be fixed with what's right with you.”

The medical model propagates the notion that when we are ill, we need something external (medicine) to heal. Sometimes that is the case, yet most of the time the body heals on its own. No pharmacy can compete in scale with the internal pharmacy of the immune system. The cure is usually inside. I'd had a minor trauma and become emotionally sick. I have no doubt that had I done nothing I would have healed naturally with time. Instead, I had got in the way of my own healing. All my analysis, meditation, deep breathing, drug prescription and problem-solving were like an unnecessary medical procedure that had made my condition worse.

What is the mind's natural healing process? Almost everyone who experiences a trauma will experience uncomfortable thoughts and emotions. They may well have flashbacks and anxiety. Yet they are less likely to try avoiding their symptoms by ruminating, worrying and using drugs or alcohol. Avoidance tells the brain there is danger, increasing anxiety towards the thought, feeling, object or place. Acceptance tells the brain that everything is okay, and anxiety drops.

Kubler Ross's five stages of grief are denial, anger, bargaining, depression and acceptance. Not everyone goes through these five stages; in fact, it is quite possible to go straight to acceptance, but whether we go through the stages or not, acceptance is where the healing is.

Just think of a traumatic challenge that you went through that no longer bothers you. What is your current attitude towards it? No doubt, you accept it. Anything that currently disturbs you is something you don't accept. If you are in an abusive relationship, it's appropriate that you don't accept it. You need to take action and get out of it. However, if you are disturbed about something that is in the past, that cannot be fixed with action, your healing requires acceptance – also one of the core criteria in the AA's treatment of addiction.

Acceptance is not a bargain. “If I accept you must go away.” That’s pretend acceptance. Pretend acceptance is resistance. Real acceptance is “It’s okay if you are here.” I had believed that the cure was the end of the thoughts, when, in fact, the cure was being okay with the thoughts. Disease is non-acceptance. It is the pain of resistance. The very word ‘dis-ease’ means lack of ease. That means the cure for dis-ease is *ease*! It is to be at ease with the symptoms of our dis-ease. Just like a vaccine, we need to be at ease with taking the disease into ourselves.

As I began to apply this to other areas of my life, I noticed a significant improvement in my well-being. If I was frustrated because I couldn’t exercise due to a back injury, hurt by being rejected by a woman I was interested in, or envious about a competitor doing better than me, the word ‘allow’ would melt my resistance – not always immediately or permanently but markedly. Acceptance was my healing balm.

While most mental healing happens on its own, there are times when we get in the way. Even if we don’t, we can support the process. Trauma aside, almost every day, most people will have to deal with minor or major emotional disturbances. Homo Anxious has an over-reactive threat detection system, which means we are prone to these disturbances.

For close on a year, whenever thoughts arose, I would remind myself to ‘Allow.’ While this was my most effective response to date, it did not completely eliminate my discomfort with the thoughts. It occurred to me that ‘allow’ could also be maintaining my focus on them.

I began to think of other traumas in my life where healing seemed to have taken place naturally, such as being beaten up in high school, called a ‘retard’ by my teachers, or a particularly bad breakup. Over time, as my natural healing set in, I didn’t just stay in a state of focused acceptance on these things, I forgot about them. They were no longer important. I detached from them and moved on. The two words I used to describe this additional part of

my healing were 'release' and 'transcend'. Joining 'allow', I now had a three-step process that I called the ART response:

- 1) Allow – let it be.
- 2) Release – let it go.
- 3) Transcend – go beyond.

To **allow** is to let it be. If an uncomfortable thought or sensation arose, I accepted it without trying to change it. This would tell my brain that they were not dangerous, and that way, they would often start to discharge on their own.

To **release** is to let it go. Here, I made sure not to engage with the thoughts by worrying, analysing or ruminating about them, but I also gently released my awareness from them.

To **transcend** is to go beyond. Here I refocused my awareness on something else, such as an activity or the pleasant sensations in my body. I was careful not to push away the uncomfortable thoughts and sensations. If they were still there in the background that was fine, but I now had a new point of focus.

This trifecta was more effective than just 'allowing' the thoughts. Each step was important, and I used each interchangeably. There were days when I would need to repeat it many times, using each of the three words as a mantra, but over time, it started happening automatically until the thoughts usually lost their charge. Occasionally, I might relapse into my particular form of overthinking, analysis, but the trifecta would get me back on track. I found that it helped with emotional discomfort in all areas of my life.

But isn't the ART response another process, another formula, another active treatment? It certainly can't be called 'doing nothing'. True, but when over years, you've conditioned yourself to habitually do something in response to your anxiety, it is difficult to suddenly stop. It's like when you cut yourself and keep picking at the scab. Picking becomes addictive and the wound can't heal. You know you're making things worse, so you put on a bandage. The

ART response is a bandage, it prevents that mental picking and lets the brain heal naturally.

35. Allow NOW

Like all formulas, there was a danger with this one. If I used it as a form of resistance – a way to make the thoughts stop – it would inadvertently reinforce the thoughts. And indeed, occasionally, when my anxiety was persistent, I found myself repeating the first word of the formula, ‘allow’, dozens of times. I reminded myself of an episode of Seinfeld, when Jerry walked in to find his dad screaming ‘serenity now!’ in a vein-popping attempt to calm down. He had learned the phrase at a stress management programme. Needless to say, serenity remained elusive.

Instead of doing this, I found that when my anxiety was particularly intense, it helped to *Name* its component parts: the thought and the sensation (the bodily feeling.) From Pam, I had learned that emotions were a fusion of thought and sensation with awareness. By naming an uncomfortable thought as a ‘thought’ or naming an uncomfortable sensation as ‘a sensation’, I created some distance from it which helped me to see it as simply an object in the field of awareness. I call this differentiation of thought and sensation from awareness ‘splitting the emotion’.

What helped was that ‘splitting the emotion’ brought me into the present moment. My emotional distress was usually perpetuated by a story that I told myself that played out some imagined past or future scenario. The story might be about how the thoughts – or the errors that I had made that had originally entrenched them – would never go away and would ruin my life.

Sometimes instead of *Name*, all I needed to do was gently *Observe* the thought or sensation. I could also *Welcome* them. Exposure therapy was a form of welcoming, as you actively brought on uncomfortable thoughts and sensations to teach the brain that they were not dangerous. I had not found

this entirely helpful, but having a welcoming attitude certainly helped me counteract the resistance that perpetuated my anxiety.

Allowing NOW – Name, Observe, Welcome – was also a useful way to deal with specific forms of resistance. If I noticed myself slipping into WAR, worrying, analysis or rumination I would gently name it – ‘overthinking’ or ‘analysis’ – my most common form of overthinking. That would usually prompt me to stop. Allowing NOW also kept me in the present. Some practitioners of living in the here or now imply that the present is pain free. This is not true; but it is free of the secondary pain, the suffering that getting lost in unpleasant stories can bring about. Also, in allowing those present thoughts and sensations, the brain eventually desensitizes to them.

36. Three Qualities of Awareness

Words are just pointers; they are not the things they represent. I can say the word ‘joy’ and feel angry. I can say the word ‘allow’ and feel resistant. I can say ‘name, observe and welcome’ and do none of them. This is one of the problems with formulas; they can become substitutes for the states they are aimed at producing.

Most of the difficult things that had happened to me I had naturally gotten over, without a formula. Over time, I had naturally allowed (let it be), released (let it go) and transcended (gone beyond). Getting in the way of my own natural healing, I now needed to do this deliberately, but sometimes just saying the words felt empty. I needed to be clear about what was behind the words. It seemed that each represented a particular quality of awareness.

In the six elements of emotion, awareness comes first. By awareness, I don’t mean the self-examining awareness of my ACT formula, I’m talking about consciousness itself, the prerequisite of any experience. But awareness has different qualities. Like a camera, I can point my awareness towards something, or I can point it away. I can focus or defocus. I can let my awareness wander aimlessly from thought to thought, or I can fix my

awareness on one thing, as when I'm focused on a task, like right now as I write these words.

The three steps of the ART – response; allow, release and transcend – each represent a particular quality of awareness. When I 'allowed', my awareness was soft, passive and effortless. When I 'released', I gently turned my awareness from those thoughts, taking in the bigger picture. And when I 'transcended', I refocused my awareness into some new thought, sensation or activity. Understanding these qualities of awareness improved my ability to activate the three steps.

1) Allow: Passive Awareness

When I felt the soothing effect of 'allow', it was because the word brought about a softer awareness where uncomfortable thoughts and sensations were simply allowed to be. It was the difference between staring at someone as they entered my field of vision versus letting them be there without paying them special attention. Drawing on metacognitive therapy, I found that a useful way to practice this was to hard stare at an object in front of me, such as a cup on a table, and then defocus my vision so that it may begin to blur. In the same way I could sharpen my attention towards an intrusive thought or defocus my attention, passively allowing it to be there.

Contrasting active, effortful, with passive, effortless awareness, gave me clarity about the kind of awareness that was associated with *allow*. I noticed that a sharp, active, effortful awareness was characteristic of anxiety; it felt hard, resistant and controlling. Of course, the more I tried to control, the less control I had, and this is what made me feel anxious. In contrast, when I was calm, accepting and at ease, my awareness was soft, effortless and passive.

I had experimented with mindfulness over the years. One of its problems is that it has no universally accepted definition. The most common descriptions such as 'intensive awareness' (Mayo Clinic) and 'paying attention' (Kabat-Zinn) imply an active, focused, effortful attention that could trigger resistance and anxiety. In my experiment with focusing on loving the present moment,

which engaged this kind of effortful attention, I was able to enter states of deep bliss, but it could also create stress, and my anxiety would often rebound when I lost focus. I still used active awareness, but my healing came through passive awareness.

Passive awareness is similar to what Krishnamurti calls 'choiceless awareness.'⁵⁸ Most of the time, I experienced my thoughts as if I chose them. When I relinquished this illusion of control, I felt my resistance drop. It was the difference between watching a movie instead of being in the movie. This passive awareness is what I found so healing. 'Allow' can bring it on but it's more than that word, it's a quality of awareness.

2) Release: detached awareness

Two monks were travelling to a new monastery. They came to a river with a strong current. On the bank, alongside them, stood a beautiful young woman. Unable to cross on her own she asked if they could help her to the other side. The monks glanced at one another uncertainly. They had taken vows of celibacy that prevented them from even touching a woman. Without a word, the older monk picked the woman up and carried her across the river, placing her on the other side, before walking on. The younger monk was indignant. Hours passed without either of them saying a word. Finally, the younger monk couldn't contain himself any longer, and blurted out "We are forbidden from touching a woman, how could you do that?" The older monk replied, "Brother, I put her down on the other side of the river, why are you still carrying her?" This Buddhist wisdom story reminded me that while I needed to allow my pain to even 'pick it up' and face it, I also needed to release it, to put it down.

Release is the liminal stage between one state and the next, like the point of birth when the human is no longer foetus and not quite a baby. To heal, I needed to transition from one state to another. Only when I *let go* of where I was, could I *go beyond* to where I wanted to be. But letting go isn't pushing away. I first needed to allow where I was, to let it be, otherwise I would create resistance. Letting it be is passive awareness where the thoughts and

sensations are allowed to be without forcefully focusing on them. *Release* is detached awareness. Awareness gently shifts away from thoughts and sensations.

Release opens up a space between awareness and the passing objects in the field of awareness. This is not a way to avoid. Rather, *release* builds on *allow*, I am still accepting, but I am also creating distance between 'I' and 'it'. In *allow*, the contents of mind are in the foreground. In *release*, if they are still there, they are in the background or on the periphery of awareness.

To identify this quality of awareness, I went back to the earlier exercise with the mug. I could stare at the mug – that's a hard, *focused* awareness. I could effortlessly *allow* the mug to be there as I defocus my vision; that's *passive* awareness. When I *released*, without turning away, I saw the bigger picture of my visual field of which the mug was just a part. Similarly, I could stare at and analyse an intrusive thought, I could passively allow it to be there, or I could detach my awareness from the thought, whereupon it recedes into the background or periphery.

I found *release* particularly valuable when it came to dealing with defence mechanisms like overthinking. My particular form of overthinking was analysis. I would analyse my intrusive thoughts to see what brought them on and if they were getting better or worse. This would, of course, keep my focus on them. While the intrusive thoughts themselves were automatic, this overthinking was more voluntary. Most of the time I was doing it deliberately. The word *release* would remind me to let go of this overthinking, to gently withdraw my awareness.

3) Transcend: Refocused Awareness

Once I had let go, it was time to go beyond, to *transcend*. This is when I refocused my awareness on another thought, activity or just the pleasurable sensations in my body.

Even when I experienced a painful thought or sensation, I could almost always locate a pleasurable sensation somewhere in my body. I could have a stomach-ache, but also have the soothing sensation of my hand on my thigh. I might have the thought of not being good enough, but also have the warmth and comfort of my back against my chair. If I was in immense physical discomfort, like when I fell ill, this was more challenging, but even then, I had options about how to direct my awareness.

Using the exercise with the mug to differentiate this quality of awareness:

- 1) I could effortfully stare at the mug.
- 2) I could passively *allow* it to be there by defocusing my awareness.
- 3) I could *release* my awareness from the mug into the bigger picture.
- 4) I could *transcend* by bringing my awareness to some other object in my visual field.

Once again, the same applied to an uncomfortable thought: I could focus, allow, release, or transcend it by refocusing my awareness on something else.

Allow was the most healing of the three steps. So much of my suffering had come through resistance. Yet if I stayed in acceptance, continuing to name or observe uncomfortable thoughts and sensations, I would not move on. It was like never-ending therapy that kept you focused on your childhood traumas. At some point, I had to *go beyond*.

Of course, it was important not to use *transcend* as a form of resistance. That's why acceptance came first. When I had experimented with the word love, focusing on it through much of my waking day, I had got into deeply blissful states, but I was also using this to shut down my traumatic thoughts, and that kept them simmering beneath the surface. That's why, if my uncomfortable thoughts or sensations were particularly prominent, from *transcend* I would return to *allow*.

I didn't always use these three steps sequentially or deliberately. More often, they were guiding principles. Sometimes, particularly if I was in a lot of pain, I would focus more on *allow* as I *named* and *observed* particular thoughts and sensations. But particularly if I got stuck in overthinking, I would remember to release and finally transcend. Occasionally, I had to do this multiple times a day. Yet within a few months, I didn't need to do anything; it seemed to occur automatically. It was as if I had developed a new mental habit or just reengaged my brain's own natural healing. Today, if I am faced with emotional discomfort, I use the steps consciously, but they often seem to happen on autopilot.

While these three steps seemed to complete my healing, along the way I made some significant discoveries. One of these transformed my very sense of who I was.

37. The Transcendent Self

While I was experimenting with *release*, that in-between state, I noticed that more than a bridge, it was a glimpse of something far deeper.

Usually, I was so focused on objects in the external world, or objects in the internal world, my thoughts and sensations, that I failed to notice the space in between. If I took a moment to shut my eyes to become aware of the thoughts that entered my field of awareness, I noticed a space between these thoughts, an empty awareness. Most of the time, I flickered in and out of this space unknowingly. This was the liminal space between my intermittent focus on things. It was like the split-second breaks between frames in a film, so quick that I generally didn't notice them.

One way I found to capture this experience was to first let my mind wander freely to whatever thought or sensation it wanted to. First, I would name it – 'thought' or 'sensation.' Then, I would notice the space in between the thought or sensation and name that 'awareness.' Finally, without naming it, I just

noticed it. This empty space might appear as a blackness. This blackness could itself be seen as a thought, but free of a specific mental object, it felt different. It was like the difference between getting caught up in a movie, versus noticing the screen on which the movie was projected.

The more time I spent in that empty space between, the more I realized that thoughts, sensations and perceptions were ephemeral objects in the field of something far more essential – my awareness. I'm not sure that my healing required this insight. As long as I was willing to cross the bridge, I didn't have to linger on it, but when I did linger, when I sat in awareness, I felt a strange emptiness that was at first unsettling. It was as if out on a spacewalk I had become untethered from the ship and was floating in a vast blackness.

For the first time, I had a sense of what the Buddhists call, 'Anatta' or 'no-self'. From my silent meditation retreat, years earlier, I learned that the Buddhists viewed the self as an illusion. I might think of myself as kind or confident, yet no matter how kind or confident I believed I was, there were clearly many times when I neither. Neuroscience supports this view. There is no central brain structure that embodies the self. Instead, the 'self' seems to be a loose collection of ideas that feel like 'me', but these are easily shattered. I might feel powerful, but if I am assaulted or fall ill, I'm likely to instantly feel powerless.

I had always resisted the idea of there being no self. Even if that was true, it was my striving self that enabled me to navigate and control my world, to survive and thrive. If I forgot that I was 'Justin', wouldn't that be the very definition of madness? Perhaps the self was an illusion, but it was a very useful one.

And yet, it wasn't just the Buddhists. Rene Descartes, one of the founders of western philosophy, realized that almost everything could be an illusion. How could I be sure that my entire life was not just a very compelling dream? Today, as we understand more about virtual reality, it is easy to imagine that our entire lives could just be a computer simulation. There is simply no way to

know for sure. Descartes believed that the only thing he could not doubt was that he was doubting. Of course, if he was doubting, he was thinking, and if he was thinking, he must exist. Hence his famous assertion, "I think, therefore I am." Another western philosopher, Fredrich Nietzsche, believed that Descartes had gone too far. He was entitled to say that "thinking is occurring," not that "*I am* thinking." Rather than an 'I' that does the thinking, thoughts tend to just appear.⁵⁹ I can't say for sure what my next thought will be until it comes into being.

Perhaps it was a leap of faith, but I wanted to hold on to an 'I'. If nothing else, it was a useful illusion. Instead of the Buddhist's 'no-self', I began to refer to this empty awareness as the *transcendent self*, the most essential part of who I was. This was the 'I' that sees. Who was 'Justin'? That was my ever-changing *biographical self*.

Most of the time, I would experience life through my biographical self, but I also wanted to be able to enter my transcendent self. This liberated me from fixating on any uncomfortable thought, sensation or perception. It was liberating to experience reality not just as the droplet in my field of awareness, but as the ocean of awareness itself.

To experience this transcendent sense of self, the Hindu sage Ramana Maharshi had used a form of self-enquiry governed by the question, "Who am I?"⁶⁰ I adapted his enquiry to arrive at the same place.

Am I my name? If I changed my name, I would still be.

Am I my face? If I got a face transplant, I would still be.

Am I my body? If my brain could be transplanted into someone else's body, I would still be.

Am I my intelligence? If I lost my mental faculties, I would still be.

Am I my personality? I knew from research that personality could change significantly over a lifetime. Even within a single day, I noticed my confidence, empathy and openness could ebb and flow. A brain injury could radically alter my personality, and I would still be.

Am I my history? Some people said that the self was biography and that we are our memories, but when my grandfather became senile and lost his memory, I still considered him the same person. If I dreamt I was another human being with her history or played a computer game so real I thought I had become my avatar, I would still be.

So, if I wasn't my memory, personality, intelligence, face, body or name, who was I? There was only one thing left – awareness. Awareness is the 'I' that sees. As Michael Singer puts it: *'If you are the one who is looking at something, then that something is not you.'* I would say it is you, it is your ever-changing biographical self, but it is not the essence of you, your transcendent self.

'Me', the biographical self, is another changing object in the field of awareness. My biographical self is necessary for me to make sense of the world, but it is also the source of my suffering. Particularly when faced with the 'slings and arrows of outrageous fortune', I found it helpful to remember that I had a deeper self, which was nothing more or less than awareness itself, wide open, spacious, awareness. This essential awareness is the 'I', the one who experiences the world, the one who experiences 'me'. I am not me. 'Me' is just the ephemeral biographical self. I am the *infinite potential of awareness*.

When before I had said things like "I am anxious" or "I am a failure," I was fusing with thoughts and sensations, turning them into my identity. No one is 'anxiety' or 'failure'. These are not even permanent parts of the biographical self. They are just passing appearances on the screen of awareness.

I had begun my exploration looking for healing, along the way I had found something much more – the true nature of myself.

38. The Omni-Self

As I sat in awareness, invariably, thoughts and sensations would intrude. At first, I felt I needed to divert my attention back to the emptiness, as if these objects in the field of my awareness were separate. But what if they were just part of some greater oneness of experience?

Mystics from various traditions spoke of the oneness of everything. My daily experience contradicted that. It clearly felt like I was separate from the world. And yet, there were times when I lost the sense of separation. It could be while making love, basking in the sun or absorbed in creative work. In these moments, my awareness seemed to merge with my experience. There was no judgement or analysis, just oneness. I had transcended the distinction between 'I' and 'it'.

This could feel sacred, but it needn't be. I could 'lose myself' in a gripping novel or TV show, but then I was identified with the characters in the story. When I lost myself in a sensory experience such as my breath, the coolness of my skin or the weight of my body, there was an absence of thinking and a sense of oneness with that sensation.

I recalled doing an exercise many years before at the Tibetan Buddhist retreat in Scotland. The monk asked us to close our eyes and become aware of any sounds that we could hear. I noticed the rustling of trees and birdsong. "Now," he said, "notice whether that sound is coming from inside or outside your head." At first, I thought it was coming from the outside, but that was only because that was where I had physically located the birds. The sensory experience of the sound was clearly inside my mind. Or was it? Strictly speaking, there was just an experience of sound that I had separated from the conceptual idea of a self that does the experiencing.

I didn't need to close my eyes to realize this. As I look at the computer screen on which these letters appear, I ask myself, "Are these visuals coming from inside or outside?" The answer is both and neither. There is simply one thing: experience. I might feel like there is an 'I' who is typing these words, but that

is just part of the experience. All I know for sure, to adapt Nietzsche's revision of Descartes, is that 'experience is occurring'.

I had learned that it could be useful to separate my awareness from the contents of my awareness, to detach my awareness from my thoughts and sensations, but there was also value in recognizing my oneness. I lived much of my life as if I was peering through a keyhole at the world when I was the world. The distinction between subject and object is useful, but so is recognizing that it is just a distinction. I can distinguish between the paint and the canvas, but if I stopped there, I would not truly experience the painting. I wanted a way to capture this unification of subject and object, of I and it. I call that the 'omni-self: the self as everything.

I'm not sure I needed this new conception of self for my healing, but it was more than an intellectual insight. It was often a relief to experience myself as the transcendent self, pure awareness with its infinite potential, or the omni-self, pure undivided experience, simply occurring, without requiring an illusion of control. Now I wanted to find a way to anchor these experiences in my life.

39. Two Types of Meditation

Whenever I had aspired to create or strengthen a state in my life, I had turned to meditation. I had understood meditation to be the focusing of attention. It made sense that whatever state I focused on, I would manifest. By focusing on the word 'calm' I had created serenity. By focusing on words that for me represented ecstasy, I had created bliss. Yet when I had tried to focus on positive states instead of my traumatic thoughts, I had inadvertently strengthened not the positive states, but rather the traumatic thoughts.

For a long time, I didn't understand this. The very purpose of meditation is to reduce thinking. For years this had been effective, yet when I needed it most, to deal with traumatic thoughts, it had made things worse. The more I tried to focus away from them, the more energized they became. Ironically, meditation had made me think more!

What I didn't know is that there are two distinct forms of meditation, and they have very different impacts on the brain. The type that I had been practising for most of my life is known as FAM, focused attention meditation. Here you focus exclusively on one thing, such as a word, image, mantra or the breath. When your mind wanders you bring it back to that singular point of focus. The goal of focused attention meditation is to sharpen the attention away from the cacophony of our non-stop mental chatter.

With my focused attention style of meditation, I could get into a calm meditative state very quickly. When I had first experienced intrusive thoughts, I wasn't overly concerned. I believed I had enough mastery over my attention to eliminate the thoughts. Now I realized that I was using meditation as an avoidance strategy. I was able to subdue the thoughts while I was meditating, but they would rebound afterwards. I'm sure that if I didn't use meditation to try to stop the thoughts, they would have naturally habituated, and I would never have developed a disorder.

There is a second type of meditation that would have been far more helpful. Known as OMM, or open monitoring meditation. Here, instead of focusing your attention on a single point, you allow whatever presents in the moment to simply be there. With FAM, you turn your attention away from thoughts; with OMM, you let them be without reacting to them.

If OMM sounds a bit like metacognitive therapy or the form of transpersonal therapy I had learned from Pam, it should. In fact, these are known as third wave therapies, and they draw extensively on Buddhism.⁶¹ There are many different schools of Buddhism and Buddhist meditation. The Tibetan Buddhist meditation I had practised at Samye Linge in Scotland was a focused attention meditation because I was taught to use the image of the Buddha as a point of focus. The Vipassana meditation I had practised on my ten-day silent retreat was considered an open monitoring meditation, but there was still a strong emphasis on focusing the attention on physical sensations. In a true open monitoring meditation, you allow thoughts and sensations to enter your

awareness without trying to stop them or getting lost in them. Both FAM and OMM will quiet thoughts, but FAM could be like trying to keep a balloon underwater. With OMM, you let the balloon pop up and bounce away.

Neuroscientists have found that each of these two styles of meditation has a particular brain profile. While FAM boosts intentional focus, useful for concentration, OMM boosts detachment, which reduces reactivity and increases acceptance.⁶² It was clear to me that while FAM could increase anxiety, OMM could heal it. OMM was a kind of an internal exposure therapy. By allowing the thoughts and sensations to be, the brain would learn that they were not threatening and become desensitized to them.

I wanted to develop a practice that that would cultivate the three qualities of awareness that I had found so healing: allow, release and transcend. I also wanted to access those deeper states of self that I had discovered. That would involve both aspects of focused attention and open monitoring meditation, but OMM would be the most important for my healing.

40. Transcendence Training

Step 1: Allow

To cultivate true acceptance, I knew that it would not work to simply focus on the word *allow*. That could just become another way of trying to suppress my intrusive thoughts. It would also turn this into another form of focused attention meditation. What I needed to practice was passively allowing thoughts and sensations to enter my field of awareness without responding to them. That would align this first step with open monitoring meditation.

Allow isn't the same as entertain or engage. In everyday thinking, when thoughts entered my mind, I engaged with them as if I was having a conversation with someone. This was more like letting the person talk without talking back to them.

Sometimes, it was enough just to say the word *allow*. At other times, particularly when my mind was busy, it was helpful to allow NOW. If a thought or sensation persistently entered my awareness, I would name it 'thought' or 'sensation'. If it was an outside noise, I might name it 'perception'. Alternatively, I would just observe it or passively welcome it as a part of my experience.

In the weeks that followed, I noticed something curious. Even though I was not telling my brain to 'calm', I felt myself getting into a deeper state of relaxation than I had with my previous methods. This acceptance of the contents of my mind was in itself relaxing. As my mind became more passive and allowing, so did my body. In fact, research shows that trying to relax when you're anxious can make some people more anxious because they are fighting against their natural state. 'Trying' to relax is not so relaxing. In contrast, 'allowing' tells the brain that there is no threat, and we relax automatically.

There was an effortlessness to simply noticing thoughts, sensations and perceptions pass through my field of awareness. The active focusing of attention in my previous forms of meditation had made me feel in control, but it sometimes felt like white knuckling the edge of a cliff – control was tenuous. With *allow*, I relinquished control; I fell into whatever arose, and generally it dissolved on its own.

Step 2 – Release

In step one, I gradually found my awareness letting go of the contents of awareness. Thoughts began to settle like grains of sand in a glass of water that had been shaken and set down. Gently they floated to the bottom. They might still return. But now, instead of the foreground, I let them slip into the background. They were no longer the show; if anything, they were on the periphery.

In step two, I released my awareness from the contents of awareness to empty awareness itself. If I felt my awareness reattach to a thought or a sensation, I gently let it go and returned to awareness. Again, I didn't try to stop thoughts or sensations. I let them be there, on the periphery. If they stubbornly called my attention from the centre, once again I would name and observe: 'thought', or 'sensation', before gently returning to empty awareness. Sometimes, I experienced this as a blackness or a relaxed feeling of emptiness; this is what I recognized as my transcendent self, the seeing I.

In this second stage of my practice, I would employ a little more of the focused attention of my previous meditational practices. *Allow* is passive awareness. *Release* is detached awareness. To deliberately detach takes a little more focus; this focus was directed at pure awareness. That doesn't mean that in this stage I would always stay in pure awareness, but even when thoughts and sensations appeared, I would feel them 'released' from my awareness. In *allow* the contents of mind were in the foreground. In *release*, if they were still there, they were in the background or on the periphery.

There was one final stage; here, I would reengage my focus.

Step 3 – Transcend

In step three, I refocused my awareness into savouring my bodily sensations. I might feel the passage of my breath, the coolness of my skin, the weight or warmth of my body or even external sounds. This could lead to a dissolving of self and other where I seemed to merge with these sensory experiences and enter what I call the 'omni-self', but I was sure not to hanker after or hang on to this state. If thoughts or uncomfortable sensations emerged, I would let them be there. They too were stitches in the rich tapestry of the omni-self. While in the first step I might name or observe these 'stitches', in step three, I was more engaged with the tapestry in its entirety.

This third step leaned more towards focused attention than open monitoring. If there was a particularly intrusive thought, I would let it be there on the

periphery, but I would direct my focus at my sensations. It was like being at a party with an obnoxious guest. I could spend the whole time trying to avoid them, or I could let them be there while enjoying the rest of the party.

Finally, I cycled back through each step for a few moments, transitioning back to *release*, that mental emptiness, and ending on *allow*, the acceptance of whatever particular thought, sensation or perception arose. I don't place any time limit on the practice. I spend a few minutes in each stage. I do this seated on a cushion, when I wake up in the morning and before I go to bed at night, for anywhere between five and thirty minutes.

It's clear that we have to exercise our bodies to remain physically healthy. Transcendence training does a similar thing for my mind. By cultivating these three qualities of awareness, I find I am better able to access them when necessary through the day.

PART 3

1. The road back

I had first revealed my anxiety to my old university friend Marc Kahn. I'd kept him up to date with my various experiments. As a depth therapist, he had the intellectual honesty to acknowledge that depth therapy had failed me and might be failing many others too. But he thought it was important for me to explore this with greater rigour. Marc suggested that I do a doctorate at Middlesex University in London. He had completed his a couple of years before, and he thought that the interdisciplinary department would be a great fit for me.

The Doctor of Professional Studies enables professionals to explore and develop their own unique area of interest. What appealed to me is that it was run by one of the leading trauma psychologists in the UK. I wanted to subject my insights to a rigorous critique, but I also wondered how a psychologist and academic would feel about a self-help author critiquing psychotherapy.

The best conversations are like feeding a fire, with each person adding the wood that flames fresh ideas. There is that thrill when a log is thrown that gets the sparks flying in unexpected new directions. On my first Zoom call with Professor Kate Maguire, the sparks danced from anxiety to psychedelics to shamanism and so much more. Kate was the archetype of the wise old woman. Her long white hair swept over a lithe frame. A serious black coat,

and, as I would discover in person, a penchant for ankle-high Doc Martens gave a hard edge to her always warm and sparking face.

“So, Justin,” the playful eyes becoming more serious, “why do you want to do this programme?”

I told her my story, ending with the conviction that I had found a method to heal anxiety and wanted to test it.

“How do you know,” she asked, brow raised, “that this won’t stop working like everything else you’ve tried?”

I didn’t see that coming. I had to concede that I did not know.

“In a doctoral programme, we don’t test, we explore ... with humility.

Knowledge isn’t a still life. How can you be sure that everything you’ve tried before doesn’t still have some value?”

That was quite a log for the fire.

I had been ready to throw out my ACT formula, but for a long time, it had been effective. Even deep breathing, relaxation and focused attention meditation had their place. Perhaps the question wasn’t *if* these things worked but rather *when* they worked. I wondered if there was a way to integrate my old insights with my new. The ART response was a method to transcend thoughts and sensations. But there were clearly times when it was appropriate not to transcend thoughts but to act on them or even, CBT style, change them.

Months into my doctorate, I found a way to bring it all together. I had three main strategies to transform my life and emotional state:

- a) Action
- b) Reinterpretation
- c) Transcendence

2. Action

On the six elements of emotion: perception, thought, physiology, sensation and action, action comes last. Yet to survive and thrive, action comes first.

My success in the world depended on my ability to take productive action: getting a great job, leaving a poor one, building a loving relationship, fixing or leaving a broken one, all demand action. I had taught goal achievement and habit creation programmes because goals and habits are critical for worldly success. The building blocks of goals and habits are actions.

I had used those tools to create my ideal life. I lived in my dream home, loved my work, travelled all over the world, had the relationship I'd always wanted. Yet even with all of that, I found myself in distress. I was good at taking action, but action wasn't the solution. In fact, as I now knew, the wrong kind of action – compulsive avoidance – can create an anxiety disorder.

Still, often action was an appropriate response to emotional distress. The word 'emotion' comes from the Latin meaning 'to move'. Emotion evolved as an adaptive response to threats and rewards. Threat triggers negative emotions that motivate us to fight or flight. Reward triggers positive emotions that motivate us to approach and connect.

Negative emotions are driven by the stress response, which raises adrenaline, heart rate and blood flow so that the body is able to move vigorously. Having expended this energy in action, the stress response and along with it, our negative emotion, will often dissolve. That's why exercise usually made me feel less stressed and anxious. It provided a substitute form of action. Of course, often it was necessary to take real action, particularly in response to fear, which is triggered by real threat. As an entrepreneur, when business was low, fear motivated me to be more proactive in finding new clients.

When an animal feels a strong emotion, it immediately moves. Humans have thoughts, which enable us to deliberate on the best course of action. But we can get stuck in thinking. This can lead to rumination, which is linked to depression, and worrying, which is linked to anxiety. The thoughts become

like a maze with no exits. Thinking becomes a substitute for action. Appropriate action could end overthinking.

However, if there was no real threat, if the emotion was anxiety, a response to *perceived* threat, then action was not the right strategy. In that case, a better option might be to *reinterpret* my perception.

3. Reinterpretation

I know many successful people who are great at taking action but are not all that happy. I was one of them. Even when life is good, the brain is still prone to look for what's bad. We are twice as likely to notice threats as rewards.

Even faced with real threats, the brain tends to perceive them as worse than they are. With a negative, pessimistic outlook, no matter how great our life looks from the outside, it's not going to feel great on the inside. Cognitive therapy teaches us to change our emotions by changing our thoughts. Happy people tend to be optimistic and grateful. Depressed people tend to be pessimistic and ungrateful. I was almost always happier when I was grateful. It was hard to feel bad when I focused on what I had, rather than what I didn't.

Optimism and gratitude are styles of thinking that have immense power to shift our emotional state. When I employed them deliberately, I was using the second emotional transformation strategy: *Reinterpretation*.

I found this very effective in keeping my mood buoyant. I also discovered that the two strategies fed into each other. By adopting a more positive interpretation of a difficult situation, I was often led to even more productive actions to take.

However, this was not enough to heal me. I had adopted a positive interpretation of my anxiety and intrusive thoughts. I had seen them as an

opportunity to expand my understanding of the human mind. They had made me humbler and more compassionate to others in emotional pain. The search for a solution had given me a newfound sense of purpose. While this did improve how I felt, it did not remove my anxiety.

4. Transcendence

I could act on my thoughts. I could change my thoughts. Both of these were valid, but when it came to my anxiety, healing had come through transcending my thoughts (and sensations), seeing them simply as mental events that required nothing more of me. I did this with the ART response – allow, release and transcend.

But there was another ART acronym that covered the three main strategies to overcome both internal and external challenges: action, reinterpretation and transcendence. I called this the ART of life. I wanted a simple way to apply them to any challenge. Some challenges might be better suited to action, others to reinterpretation or transcendence. I created five questions that would cover each of the strategies.

5. The Five Master Question Coach

Not every situation would demand every question, but the questions provided a framework to deal with just about every challenge. I could answer the questions in my mind, but particularly with tough issues, I found it more helpful to write down the answers. This slowed down my thinking, which in itself reduced my emotional distress and increased clarity. The first question identified the challenge:

1) *What is it?*

I couldn't change what I didn't acknowledge. Often just describing the source of my pain alleviated it to some degree. A vague feeling of unease is usually more unsettling than a clearly defined problem. Once I had identified the

challenge, I wrote it down and rated my emotional state on an emotional rating scale running from -10 to +10. -10 is the most negative emotion that I could be feeling. 0 is neutral. +10 is the most positive emotion. I would rate my emotional state again at the end of the process to see how much the process had shifted my state.

Emotional Rating Scale



At the time, I was seeing a woman I was very attracted to. One day, I got the call. She was ending it. She had met someone else. My first response was despair and a litany of unhelpful thoughts: “How did I screw it up? Who is she with? I’m going to struggle to find someone I’m as attracted to.” I managed to catch myself in this downward spiral of rumination and went through the questions, starting with the first one:

Question 1: *What is it?*

“My relationship is over.”

On the emotional rating scale, I sat at a -4.

Question 2: *What can I do about it? – Action*

Once I had identified the challenge, my first port of call was action. I knew well that not every challenge demanded action, but it was worth checking in, particularly as emotion’s primary function is to get us to act. I could get so caught up in my mind that I became distracted from the obvious. If I had a thorn in my side, I needed to take it out. I needed to do something about it. I

wrote down five possible solutions. I may have only needed one, but this would get me into a solution mindset. Also, research showed that the first solution we came up with was usually not the best. By committing to five, I was more likely to come up with a better solution.

Answering this question about my breakup, I came up with five answers:

- 1) *I could ask to meet her one last time just to make sure there was nothing I could do to change her mind. (Unlikely I would change her mind, but worth a shot.)*
- 2) *I could get on Tinder.*
- 3) *I could go out more to meet people.*
- 4) *A previous girlfriend and I still had a strong connection and maybe it was worthwhile pursuing it.*
- 5) *I could take more time to enjoy my own company.*

Question 3: *What is good about it?* – Reinterpretation

Sometimes there is no action to take or even after taking action I still didn't feel great. Emotions are largely determined by thoughts. This question would immediately help me to see the positive in whatever I was going through.

Once again, I was sure to come up with at least five answers. I could focus on what I could learn from this or how it could make me a better person. I could also look for ways in which this challenge could lead me to better outcomes by forcing me to make important changes. I also found it helpful to consider how it could have been worse than it was.

Answering this question about my breakup, I came up with five answers:

- 1) *Physically, she wasn't really my ideal type, and our world views were very different.*
- 2) *This gave me the chance to meet someone I was better suited to.*
- 3) *I wasn't sure if I was ready for a long-term, committed relationship.*

- 4) *We'd had a great time together, which I was grateful for, even if it was only six months.*
- 5) *I could spend more time doing things I enjoyed.*

After breakups, I was prone to idealize the person and focus only on what was good about the relationship. This is like a reversal of the hyperreactive threat detector. It's as if the brain triggers a hyperreactive *reward* detector. That's also probably a survival strategy. If the brain exaggerates losses, we'll be more inclined to avoid them, but it will also unnecessarily extend and intensify negative emotion. Asking what's good about a loss usually led me to see that I had idealized it and it was not quite as great as I thought it was.

Question 4: *What really is it?* - Transcendence

My first question was: "*What is it?*" I usually answered this like a character in a story: "*My relationship has ended.*" I could deal with this problem by taking action, say, by finding someone else. Or I could find peace by realizing that the relationship was far from ideal, and there could be value in being alone for a while. In the first case, I was using action to change the plot of the story. In the second, I was using reinterpretation to change my perspective

However, often the pain lay beneath the surface. So, I might initially think the problem was that my partner had left me, but if I asked myself: "*What really is it?*" I may realize that a deeper issue was feeling unloved. Another way to go deeper was to ask myself: "*Why does this bother me?*" For example:

Q: *What is it?*

A: *My partner left me.*

Q: *What really is it?*

A: *She doesn't love me.*

Q: *Why does that bother me?*

A: *I am unlovable.*

Q: *And if I am unlovable?*

A: *I am worthless.*

There are some core fears underlying most problems: the fear of rejection, not being good enough and the overlord of them all, death. These problems are not always directly solvable and are ripe for transcendence. I knew I had got to the core pain when I could feel it in my body. The more uncomfortable the sensation, the closer I was to the real issue.

Having arrived at my core concern – feeling worthless – once again, I asked myself: “What *really* is it?” Now I answered the question not from inside but from outside. I was no longer trying to meet the thought with a new thought. Rather, I was going to identify the thought itself. “*What really is it?*” It’s a thought, a mental event. When faced with an equation and asked, “*What is it?*” one could give a solution to the equation, or one could simply say: “*Numbers*”. That’s what I did when I transcended. Instead of identifying the content of the thought, I simply identified that it was a thought.

Once I had labelled it ‘thought’, I looked for any sensations in my body. It could be tightness in my throat or pressure in my chest. I kept my awareness on those sensations without trying to change them. I then asked myself: “*What is that?*” and answered: “*A sensation.*” If I gently rested my awareness on that sensation, it would gradually dissolve on its own. If I returned to the thought, it had usually lost its charge. This mirrored the splitting of the emotion into thoughts and sensations that I did with the ART response.

Having completed the first four questions, I rated my emotional state again. I had shifted up to a +6! It felt almost magical. Not only had I dissolved the underlying feeling of worthlessness, I felt really excited about the possibility of meeting new people. No matter the challenge, I have never done the process where I didn’t shift significantly. Sometimes, I just went from a negative to a zero, which was fine. Going from negative emotion to neutrality was most welcome, but often I went into a high positive.

Question 5: *What do I choose?* - Application

Although the questions always shifted my emotional state, later, I could easily fall back into my previous state. With the last question, I would set my intention for how I would respond if that happened. It could be as simple as committing to one of the actions I had come up with, focusing on a better interpretation, or seeing the challenge for what it truly was: thoughts and sensations. With regards to my breakup, I resolved to get on a dating app, and when I found myself idealizing what I had lost, to remind myself that the relationship was not ideal.

Usually, with a fresh challenge, I found it useful to run through the questions in order. If I figured out a solution on question 2 that made me feel better, there may be no need to continue to the rest of the questions. With an established challenge, I might know that there was no action to take, and I could jump straight to question 3 – *“What is good about it?”* or even question 5 – *“What do I choose?”*

The more I deliberately applied the five master question coach, the more I found that answers to the questions popped up automatically. In the face of challenge, I would immediately be thinking of solutions, better interpretations, or, in response to anxiety, realizing that I was just experiencing transient thoughts and sensations.

6. Return with the Elixir

It was March 2020. The Covid epidemic had led to nationwide lockdowns. Job losses, loneliness and domestic violence were all about to spike. Emotional distress severe enough to be considered a mental disorder would increase sixfold. Sadly, it was a perfect environment to explore the impact of the Transcenda Method, the name I had given my process.

Over the years, I had developed a database of a few thousand people who had attended my events or read my books. I offered them a free breakthrough masterclass. I would coach one of them while the rest applied the five

questions to their specific challenge. I had no idea if this would work, particularly as it would all take place on a Zoom call.

On one of the first groups of about twenty people, an animated young woman volunteered to be coached by me. Lara's face was flushed and tense.

"What is it?" I asked her.

Without hesitation, she answered in one word, "Death."

This fear had plagued her for most of her life, but Covid had given it rocket boosters. On the emotional rating scale, she was a -7.

"What can you do about it?" I asked.

As I would realize, many people were so stuck in their fear that they couldn't initially see any solutions.

Pressed a little, and with the help of some of the online audience, a list started to develop: take all the Covid precautions necessary, drive more carefully, take better care of her health, pray.

With the list complete, she looked at me sceptically.

"It doesn't really change anything, does it?"

"No."

"No matter how many precautions you take, you're still going to die."

She nodded.

"So, what's good about it?"

"About dying?" she asked.

"Yes."

"Nothing!"

"Really?" I pressed.

She took a few moments to think it over. "I guess, the fear would stop," she said, laughing.

"Good!" I said, "Write that down. What else?"

She was stumped.

"Do you think you would value your life on earth as much as you do if this life continued forever?"

"Probably not," she replied.

"Good, there's another one," I said, "impermanence adds value to life, write it down. What else?"

"I suppose death is pretty quick and once it's over, it's over."

"Good," I said, "what else? Can you think of any worse things in life than death?"

"My family dying."

"Good, so if you died, not all would be lost?"

"No." She wrote that down.

"What about the fact that you got to live as long as you did? Have you had a good life?"

"Yes."

"Great. Quality over quantity. You got to live! You got to have a life, however long it will be."

A smile spread across her face. "Yes, I got to live."

"How are you feeling?"

"Pretty good."

"Ever thought you'd feel this good about death?"

She laughed. "No."

"Notice how with a different interpretation you feel different?"

She nodded.

"We could leave it there but let's try transcendence. Close your eyes. Go back to your fear. What is it?"

"Death."

"Now we ask ourselves question 4, what really is it?"

"What do you mean?"

"What scares you about death?"

"The fact that I am going to die."

"Why does that bother you?"

She clenched her brow, trying to find the word.

I pressed on, "If you die, then what?"

"...Nothing. I think it's the idea of nothing." Lines of terror spread across her forehead.

"Good. Can you feel the pain of that in your body?"

"Yes."

"Put the word 'nothing' on a screen in front of you. Step back from the screen, what happens?"

"It gets smaller."

"Step forward."

"It gets bigger."

"Walk around the screen. Notice the mirror image of the words from the back of the screen. And once again you're in the front. Now, when I ask you the question again, what really is it, you are going to answer – not with another thought, but rather you're going to recognize that it is a thought, or a word. What really is it?"

"It's a thought."

"Can you feel the thought in your body?"

"Yes."

"Where?"

"There's this dread going through me."

"Dread' is a story. Describe your direct, raw experience. What exactly does the sensation feel like?"

"It's a ... hollowness ... in my chest."

"Good. Now, just observe that sensation. Notice where it begins, where it ends. Don't try to change it. Just gently rest your awareness on the sensation, noticing if and how it changes, almost as if you were observing an object in the external world, with interest and curiosity."

A minute passed.

"Describe the sensation."

"It's different. Not so hollow. Just a slight edge."

"Good. Are you that sensation?"

"What do you mean?"

"Are you that sensation, or is that sensation just a passing object in the field of your awareness?"

"It's just a passing object."

"So, it's not you?"

"No."

"Go back to the word on the screen. What really is it?"

"A thought."

"Are you that thought?"

"No."

“Go back to your body. What do you feel?”

“It’s warm. Calm.”

“Good. You can gently open your eyes.”

She was beaming.

“How are you feeling?”

“Pretty good.”

“On the emotional rating scale?”

“+6”

“I would say you have learned to love death.”

She laughed, “I guess so.”

“Of course, the fear may return. If and when it does, question 5: What do you choose? How will you respond. Go back to your list. Is there any action to take?”

“No.”

“What is your new interpretation of death?”

“Hmm,” she thought about it. “Life is more precious because it comes to an end.”

“Good, anything else that you choose?”

“Yes, I’m going to remember that it really is just a thought and a sensation. Thank you.”

It may seem that death is more than a thought and a sensation; that it is an external reality. Fact: one day Lara will die. But even when she does, if she experiences her death (she may not be conscious), she will experience a combination of thoughts and sensations. Lara will die once, but up until this point she was dying every day in her own mind. By realizing that what she was scared of was a thought and a sensation, that thought and sensation lost much of their power. I report on this case because it clearly talks to both fear and anxiety. Death is a real threat, but how we relate to the thoughts and sensations that it evokes determines whether it will trouble us or not.

Over the next few months, a couple of hundred people attended my sessions. I should not have been surprised to discover that the most common pain at the core of people’s issues was a feeling of worthlessness. Career, financial,

relationship or even health issues seemed to have an underlying thought of personal failure, of not being good enough. It didn't matter how much worldly success the person had. From wealthy entrepreneurs to struggling single mothers, the most common root thought was "I am a failure." Unlike Lara, they usually didn't mention death, but death may have been lurking below.

For our cave-dwelling ancestors, rejection from the tribe meant death. We could not survive without community. Perhaps this is why we remain so rejection sensitive. Rejection was a precursor to death. Even when we are successful and accepted, the overreactive threat detector is keeping us on high alert for signs of rejection. No matter how loved anyone is, we will always be able to find those who don't love us. Even Mother Teresa had her haters. But once this core pain is identified, it can be dealt with.

Sometimes the answer to not feeling good enough is to take action. One woman I worked with realized that her interpersonal style was turning her work colleagues against her. She needed to learn how to be less combative and improve her interpersonal style. For others, reinterpretation was key. Another woman, who was well loved, still felt worthless. Her husband had recently died, and she felt she was a burden to her friends and family. By turning the question, "What's good about it?" on herself, she realized how loved she was for her kindness and generosity and that her friends and family now wanted to be there for her. She made a commitment to notice when her self-talk became belittling and to talk to herself with more love and compassion.

While many people came up with key actions that they needed to take and more positive interpretations, most major breakthroughs happened with transcendence, when they recognized that "I am a failure" was just a thought. With reinterpretation they might try to dispel the thought by looking for evidence of their success. Yet no matter how successful anyone was, the brain could always counterargue with evidence of failure. Transcendence had nothing to do with checking if the thought was true or not. Everyone both fails

and succeeds in different areas of their lives. To transcend is to recognize that success and failure are passing thoughts, and we are not those thoughts.

I worked with some people individually, going beyond the five master questions and deeper into the three-step ART response. Many reported no longer having panic attacks, overcoming phobias or getting off their anti-anxiety drugs. Yet there were also many who just attended my free group sessions who I never worked with directly who reported having major life breakthroughs. Some claimed that these surpassed what they had achieved over years in therapy.

7.The Story

I had studied the mythologist Joseph Campbell in both drama and psychology. He had evidence from multiple cultures to show that most stories followed a similar structure, what he called 'The Hero's Journey.'⁶³ The reason the structure is so prevalent is because stories reflect life.

The story begins in the 'ordinary world' where the hero's life is turned upside down by some difficulty. For me, it was a conflict that sparked an anxiety disorder. Called to embark on a journey to overcome this challenge, the hero resists. The unknown is daunting. I fell back on my old processes: meditation, relaxation, CBT. But these only made things worse. Often it is meeting a mentor that encourages the hero to accept the call to action, to change. For me, that was my old friend Marc Kahn. I was finally willing to explore new options, even ones I had previously rejected. From there, the hero is faced with many tests, allies and enemies. My enemies were internal. It was slipping back into my old ways. Finally, the hero overcomes his ordeal, is rewarded, and makes his way back to the old world with his new insights, what Campbell called 'return with the elixir'.

It was striking how much of Campbell's structure reflected my own experience. Pushed to the brink of taking my own life, I was finally forced to question everything I knew and embark on a journey of discovery. After many

ups and downs, I finally discovered the keys to my healing. I have returned with the elixir, which I have been able to share with others. My wound became my wisdom. Of course, life is different from story in one critical sense. It usually doesn't end so neatly. And when it does, it invariably begins again, with new ordeals, new calls to action and new elixirs. Perhaps life is more like science than story; it is never complete, we never know everything, and there is always more to discover. In the words of one of my mentors, my supervisor Kate Maguire, "What makes you think that this will keep working?" As I had discovered, today's elixir could be tomorrow's tormentor. Yes, but whatever the next act of the story, now I know it's just a story.

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