Decisive Moments of Change: An Integrity Model Perspective

Nedra R. Lander, Ph.D. and Danielle Nahon, Ph.D.

Abstract

The respected psychologist O. H. Mowrer (1907–1982) was one of the first to focus on today’s issues of values, morality, mindfulness, and meaningfulness from an integrity perspective. Expanding on Mowrer’s Integrity (Therapy) Group approach, Lander and Nahon have evolved the Integrity model (e.g., Lander, 1980, 1986; Lander & Nahon, 1992, 2005, 2015; Nahon & Lander, 1992, 2008, 2016). A growing empirical and clinical literature based on nearly five decades of Integrity-based psychotherapy indicates that individuals have been receptive to this positive, wellness- and values-based Integrity model of existential psychotherapy. Featuring a case study, this article offers a philosophical and clinical exploration of the decisive moments of change in therapy and the manner in which these occur within the therapeutic journey, thus setting the stage for the process of significant and sustainable change.

Keywords: integrity model, values, existential psychotherapy, psychotherapy, counseling, change

A key concept of the Integrity model is that personality and character structure can and do dramatically change, based on our choices. This happens in those decisive moments in which one faces that existential abyss. One stands, “naked and alone”, reflecting on life, its meaningfulness, and one’s values, daring to encounter the self in all its fears, anxieties, aloneness, and to encounter a leap of faith into its potentials… If one chooses the affirmation of life and living, with all its terrors, one is able to close the space with self, and from that self-closure, to venture forth, beginning to close the space with others.

— Lander & Nahon (2005, p. 52)

We are both deeply honoured to share with you our Integrity model perspective of decisive moments of change in psychotherapy. This paper presents a philosophical and clinical understanding of the Integrity model as a conceptual vehicle for individuals—across diagnoses, sociodemographic variables, and problem areas—traversing those decisive moments of change in therapy that arise as they wrestle with finding meaning in their daily lives. Furthering our theoretical and clinical exploration of the decisive moments of change, we explore the manner in which these arise within the therapeutic journey and set the stage for the process of significant and sustainable change to unfold. Our discussion is highlighted by an individual’s courageous description of her journey through Integrity-based psychotherapy.

The Integrity model is both simple and profound, as we view life as being basically simple. In sharing with you the essence of the Integrity model, we will start by declaring our biases: (a) we are existentialists, (b) we are fans of the n of 1, and (c) we are deeply anti-DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th ed.; American Psychiatric

1 Associate Professor of Psychiatry, Faculty of Medicine, University of Ottawa
Association, 2013), as for us each human being is unique.

**Philosophical Underpinnings: The Integrity Model of Existential Psychotherapy**

As we have mentioned in our writings, while we celebrate the work of others in the role of values in psychotherapy, including (a) Van Deurzen-Smith (e.g., 1988, 1996, 1998), (b) Wong’s Meaning-Centered Counselling and Therapy (MCCT; e.g., Wong 1997, 1998, 2011, 2012, 2013; Wong & Wong, 2013), and (c) Acceptance and Commitment Therapy (ACT; e.g., Hayes, 2005; Hayes, Strosahl, & Wilson, 2012), the respected psychologist O. Hobart Mowrer, starting in the 1940s, was the first to really focus on the role of values and on today’s issues of morality, mindfulness, and meaningfulness. Hunt (1984) described Mowrer as “one of the major figures in the self-help movement [who] played a pioneering role in the conceptualization and development of the key therapeutic concepts of therapist self-disclosure, therapist authenticity and the role of morality in psychotherapy—his work preceding that of both Allport and Erikson” (quoted in Lander & Nahon, 2005, pp. 5–6). Mowrer acknowledged that his work was inspired by Sullivan’s (1953) emphasis on interpersonal relationships, and as such was developed in parallel with other frameworks, including Frankl’s “will to meaning” (Frankl, 1955, 1963). These as well as Adler’s (1964) concept of social interest and Jung’s (1933) emphasis on the “importance of ‘human decency’ and the pathogenic dangers inherent in deception” (p. 32) were all based on a break away from the traditional Freudian view, embracing instead the importance of interpersonal relationships and the positive aspects of morality. In our view, Mowrer, while working independently from Buber (e.g., 1961) although along parallel lines, was able to take Buber’s great insights, and unknowingly translate Buber’s sometimes esoteric philosophy into simple, everyday language as to how to conduct therapy and how to live daily life. We have proposed that paralleling Buber’s work, Mowrer provided a simple yet profound theory that integrated morality, values, and personal meaning in a tangible, integrative, and operationalized model. We believe that Mowrer was able to unite the psychobiological and spiritual domains through the concepts of *reiligare* (e.g., Mowrer, 1958, 1959), relatedness and integrity, providing a holistic model for mental health and wellness (Lander & Nahon, 2005).

In Mowrer’s view, the guilt and anxiety over the deceit and deception is a healthy response, and the resolution of psychic conflicts necessitates a giving up of the “pathogenic secret” (Ellenberger, 1966; Mowrer, 1959, 1976) against significant others followed by actively making amends. Starting with its early roots in Mowrer’s Integrity Therapy (Mowrer, 1966), the Integrity model has influenced the development of other schools of thought in psychotherapy. Key concepts of the Integrity model that have later been incorporated by other schools of thought include the importance of values and value clashes in therapy, therapist authenticity, therapist self-disclosure, the importance of contracts, and the role of religion and spirituality (Lander & Nahon, 2000b). Sadly, it seems that Mowrer’s early influence is seldom acknowledged (Lander & Nahon, 2005).

Expanding on Mowrer’s Integrity (Therapy) Group approach (e.g., Mowrer, 1953, 1960, 1964, 1966, 1976; Mowrer & Vattano, 1976), formulated from the mid-1940s to the mid-1980s, we have evolved the Integrity model (e.g., Lander, 1980, 1986; Lander & Nahon, 1992, 2005, 2015; Nahon & Lander, 1992, 2008, 2016), which is based on Mowrer’s and our assumption that the human being is a valuing animal; its basic inviolate principle is that the degree of distress or angst in one’s life reflects the degree of personal violation of one’s own values. Integrity is operationally defined as a three-legged stool: (a) honesty means being open and truthful about one’s feelings and acknowledging past or present wrongdoings; (b) responsibility means taking
100% ownership of one’s 50% in conflict situations; and (c) emotional closure refers to the intent of any actions as “closing the psychological space,” or increasing one’s sense of community with self and others. This concept of community really is about relational attachments. All three components need to be present in order for integrity to exist at a given time in a given context. Stress and distress are understood as reflecting a clash of values, and an integrity crisis occurs when any one of the three components of integrity are absent. Guilt comprises a critical component of the Integrity model. We see it as arising from the violation of one’s values and their discrepancies with one’s actual deeds done rather than feared. Individuals enter into emotional difficulties because they are violating the contracts and commitments that they themselves have made. Self-esteem is earned for and by the self by living with integrity, operationally defined as comprising a three-legged stool of honesty, responsibility, and emotional closure/community. What psychotherapy calls for is not new or different values, but rather an increased fidelity to one’s present values (Lander & Nahon, 1995, 2005, 2016, 2017; Mowrer, 1956, 1961; Nahon & Lander, 1992, 2008, 2016).

Results of empirical and clinical research have indicated that the Integrity model provides a viable approach in working with men’s and women’s issues in community practice, tertiary care, and academic settings through individual (Nahon & Lander, 2014), couple (Lander & Nahon, 2000b), and group psychotherapy (e.g., Lander, 1986; Lander & Nahon, 1999; Nahon, 1986; Nahon & Lander, 1992, 2008, 2010, 2013) in addressing relationship issues and marital breakdown, posttraumatic stress, work-related stress and burnout, severe mental illness and addictions, sexual dysfunction, spirituality, end-of-life issues, and cultural diversity (e.g., Lander & Nahon, 2000a, 2000b, 2008, 2015, 2017; Nahon & Lander, 1992, 2008, 2012, 2016). A number of authors (Evans, Carney, & Wilkinson, 2013; Miller, 2012; Shen-Miller & Olson, 2011) have pointed to the applicability of the Integrity model as a values- and strengths-based therapeutic approach. Miller and Rollnick (2012) have pointed to the complementarities between the Integrity model and Motivational Interviewing, and the role of the Integrity model in providing a useful paradigm for individuals to articulate and act in accordance with their values (Lander & Nahon, 2017).

**Exploring Decisive Moments of Change from an Integrity Model Perspective**

The Integrity model is about one’s integral being; it is about all of one’s values and all of the experiences validating them, all the hopes and dreams that one has, and the organismic fear of one’s death as these are challenged. As individuals in therapy move forward in facing life’s vicissitudes, they come to face the terrifying challenge of standing on the edge of the precipice of the existential abyss—where one stands alone, “reflecting on life, its meaningfulness, and one’s values, daring to encounter the self in all its fears, anxieties, aloneness, and to encounter a leap of faith into its potentials… . This existential abyss is the crucible where the self is forged” (Lander & Nahon, 2005, p. 52). As cited by Miller and Rollnick (2012, p. 84), we believe that “this ability to look at the self with all of one’s frailties, vulnerabilities, and unfulfilled potentialities, is the essence of Integrity” (Lander & Nahon, 2005, p. 52).

At this point, individuals face four choices: The first is to flee from entering into the abyss through (a) denial, (b) entering the “opium den” via addictions of any sort, or (c) ambivalently hovering on the edge of the abyss but refusing to take the final step—leading to an increase in symptomatology. The second is to escape into madness, with its allure of avoiding the high costs of reality’s demands. The third is that of death, either through suicide or a life unlived (Lander & Nahon, 2005, 2010a). The final choice is of daring to enter the existential
abyss. These are choices that every one of us must face at some point in our integrity journeys. Individuals in therapy come to understand that the path to addressing the angst in their lives and their inner capacity for symptom reduction lies in girding one’s loins to have the courage to enter this fearful abyss as the only path through to a safe haven.

How can individuals move forward from these decisive moments in therapy in order to allow for the process of change to evolve towards significant and sustained change? Significant change is scary—be it via the choices of behavioural change, of increased symptomatology, of madness, or of the death of one’s being. Integrity is a goal or desire toward which one moves imperfectly, an intentional process of moving towards adherence to one’s professed values. The Integrity model is about being true to those personal values that validate the life force in each of us and that push us for change, thereby threatening the status quo of a safe, comfortable, and unhappy existence. To live with integrity is to behave in a manner that is consistent with and fulfills one’s core values. We are proposing that each moment of every day is significant for change to happen and to stay happened, as it presents each of us with the opportunities or choice points to either affirm the values of change or succumb to one’s old values. It is therefore quintessential for these moment-by-moment choices to be recognized and owned each time that they are faced, and not to be dismissed as being “no big deal”, for indeed they are a very big deal! These are the ultimate decisive moments of choice, and to dismiss or devalue these is to devalue one’s Herculean efforts to transcend old patterns and habits and to pay the prices for change.

Change is ultimately about having the integrity to be faithful to whatever new values underlie these new behaviours and to their concomitant price tags. It boils down to the reranking of one’s values and to the willingness to pay for them; nothing is ever free. One’s health, well-being, and sanity all have price tags and are all very costly. This is why these are so difficult to achieve, and why those who choose the difficult path of change must be honoured and respected, both by themselves and by those in their relational spheres. When individuals decide to change a significant set of behaviours, such as, for example, going on a diet, becoming more fit, giving up drinking, or becoming more socially active, they experience the “high” that accompanies the initial decision to change and consequently feel as though something significant has happened. There is an allure and seduction to this organismic “endorphin high” of the concept of change, but the daily drill or grind of making it a reality is a major turn-off and thus the major suffering begins. The real significance of the commitment to change is the sustainability of these long-term behavioural changes and the commitment to the discipline and grit of paying the price tag that is asked of each of us. Sadly, the oft-occurring full-blown affirmation and “high” regarding each avowed change, such as the classic New Year’s resolutions, all too soon fade away as the associated price tags are rejected.

There is nothing I can do about it really means that one doesn’t want to pay the price tag for change and that what one really wants is for a magic wand to be waved in order to obtain something for nothing. Let’s just do one thing at a time is really not the way that life, or change, works; there are many things going on at the same time and many choices that have to be made, requiring a reranking of each of these choices in terms of their value to each of us.

In order to highlight this journey of sustained moments of change in therapy, we often invite individuals in therapy to get stickers to mark dates on the calendar as anniversaries to celebrate as well as to narrate their progress over the years in what Thomas Kincade, an artist known for his use of light, referred to as a “Joy Journal” (Kincade, 2002). Through this process, individuals are invited to mark the celebration of the sensitivity, awareness, and joy of those
sustained significant moments of change that they have made in their therapeutic journeys. The process of this Joy Journal offers a different nuance than the notion of gratitude and gratitude journaling.

O’Connell, O’Shea, and Gallagher (2017) summarize the literature’s definitions of gratitude interventions comprising an “other-oriented” (p. 1280) approach towards increased psychological well-being that occurs when individuals acknowledge that they have received something of value from others (p. 1281). They report the results of a longitudinal randomized controlled study in which participants in the “reflective-behavioural condition”—in other words, where gratitude is both focused on and expressed to others—evidenced the most positive outcomes in terms of well-being and symptom reduction. Wood, Froh, and Geraghty (2010) define gratitude as “a habitual focusing on and appreciating the positive aspects of life” (p. 890) and review a number of studies that point to a positive correlation between gratitude and well-being. They propose that gratitude is “part of a wider life orientation towards noticing and appreciating the positive in the world, … distinct from other emotions such as optimism, hope and trust” (p. 891). Isik and Erguner-Tekinalp (2017) review a number of studies suggesting that gratitude can play a role in reversing the deleterious effect of negative emotions and in encouraging more positive and creative modes of coping.

In our clinical experience in working with individuals in therapy, the Joy Journal invites individuals to embrace the positive aspects of their lives, beyond the cognitive dimension of gratitude, via a daily reflective practice that is intrinsically linked with their integrity journeys. It invites individuals in therapy, including those dealing with severe and chronic mental or physical health issues, to embrace a more holistic and organismic experience of joy in daily life, allowing them to begin standing in the light rather than the habitual darkness that had heretofore characterized their lives. Furthermore, it invites individuals, on a daily basis, to identify and celebrate those decisions and actions towards both themselves and others that they have engaged in “white-knuckling” and winning the daily and often harrowing battles with their own “dark sides” (Lander & Nahon, 2005) and resistance to change. Rather than minimizing or undermining those daily decisions and daily victories, the regular discipline of documenting these hard-won victories has a profound impact on reinforcing individuals’ courage and their movement forward and building a sense of hope.

**Case Example**

Many of our case studies, which highlight significant moments of change in therapy, have been published. These are referenced, for example, in the 2016 issue of the *Journal of Existential Psychology and Psychotherapy*, which features our work on an Integrity spin on mindfulness and meaningfulness. Today we would like to introduce you to Laurie (name changed for confidentiality), a middle-aged professional whom I (the second author) initially worked with several years ago in brief Integrity-based psychotherapy around issues of self-esteem, anxiety, workplace stress, and parenting a troubled teen. After reaching positive therapeutic closure, Laurie contacted me several times over the years for brief follow-up work regarding some difficult family and workplace crises that had arisen. I recently spoke with Laurie about our current writings on decisive moments of change in therapy; Laurie generously granted consent for us to write about my work with her and offered the following reflections:

> Have I reached significant, decisive moments in therapy? When thinking about this, I came to realize that there is one main decisive moment that was and still is the catalyst to how I approach other crises in my life. The most far-reaching was
recognizing that I had been suppressing my own values. I placed unhealthy emphasis on what other people thought and their views [such] that I lost myself. Thinking erroneously that what they thought was correct and therefore I must be wrong, I was angry and afraid, and thought that I must have a character flaw since even life’s small challenges seemed insurmountable to me. I was a master at the “mountain-out-of-a-molehill” scenario. I questioned my decisions and sought out the opinion of others, mostly family, in order to set me on “the right path”.

However, something had been nagging at me, and although I had an inkling that I was misguiding myself, I truly thought that I was inferior. Over the years of therapy and eye-opening, as well as eye-watering, discussions with [the second author], I came to realize that the anger and fear I was feeling was precisely because I was deceiving myself. I was being dishonest by ignoring my own values and not trusting myself. Learning about the Integrity model was monumental for me. It was a roadmap to show me how to trust in myself and to be willing to lean into life and not seek a saviour. I had to face this alone; this was a very frightening realization.

Throughout therapy, I reflected on how I was swallowed up in a way of life that was destructive and unhealthy. I wanted to be loved and to never have anyone upset with me. I gave them both equal importances. Love for a person should not be compromised when you don’t see eye-to-eye on a particular subject. [The second author], through the breaking down of the Integrity model, demonstrated to me that my anger and fear was a direct result of ignoring my values. My discontent was not so much with the crisis itself but with me. I wanted to stand up and not be afraid of saying the unpopular thing or possibly upsetting the applecart. Deciding to trust in myself and to know that it is okay if someone doesn’t agree or isn’t happy with my decision has lifted a heavy weight from me. I don’t feel as vulnerable as I used to.

This brings me to family. I am one of eight children and by all accounts the “quiet one”—the one who gets along with everyone. I was the proverbial “fence sitter”. I “prided” myself on the fact that I could adapt to the varied personality traits present in our family. This came at a cost and one I didn’t seek help for until my adult years. I had given up my voice. I looked to others to define who I was, as it was easier. I thought everyone else had it all figured out and that I needed, in fact depended upon, their opinion and guidance. This was my easy way out since I avoided the tough decisions as I didn’t have to make them alone. I handed over control which fostered an unhealthy reliance on someone other than me. This reliance on siblings also closed my eyes to the importance of the role of my husband in my life. I placed such emphasis on what my siblings thought that I often ignored his input and needs. The need in me to have calm waters was extremely strong. Making the decision to regain control is a direct result of my therapy with [the second author]. I wanted responsibility back and all that came with it. Learning how to do that and maintain the love and connection with those important to me has hugely impacted how I see things. This has been scary but along with the fear is the exhilaration of knowing I am staying true to who I am. I am owning what is mine and leaving others with their portion. I want a healthy, evenly proportioned relationship that holds love at the core while protecting my values and the values of others. It has been a challenge to witness the shock of family members when I do speak up. For a momentary blip, I cringe to think I have “disappointed” someone but quickly gain my
footing when remembering the three-legged stool of integrity; I want to be honest to who I am, own what is only mine, and express this through love for myself and family in a respectful manner.

Today, I am better equipped to face challenges and to trust in myself that I will handle them. I was tired of feeling like a coward and a fraud. The few crises I’ve been through over the years have been tough but at the same time liberating. I’ve been called out (rightfully so) on how I coped in the past and it feels good to finally come out from behind my old strategies. To be honest about my vulnerabilities and fears has been liberating. I am seeing how the crises I’ve faced have given me the opportunity for growth.

I had to be brutally honest with myself about the values I used to hold dear.

*I used to value:*
- Not upsetting someone even if it meant I ignored my own wants in order to please them
- What others thought of me
- Other’s opinions over my own and thought they must be right because I surely can’t be
- Not doing the tough stuff and letting others do the heavy lifting

*I now value:*
- Placing importance on my needs and wants and respecting other’s needs and wants at the same time
- What I think of myself (being honest with myself)
- My own opinion. I do have some good ideas and have important things to bring to the table.
- Sharing the burden of tough decisions in life and willingness to accept if it isn’t always the right one

**Discussion**

Laurie’s sojourn in therapy work exemplifies the essence of the Integrity model. For Laurie, the Integrity model provided an organismic understanding of both herself and the process of change that invited immediate personal reflection around the existential dimensions of her life. Laurie immediately embraced the model’s focus on the three-legged stool of integrity via (a) a radical honesty with herself; (b) a willingness to own her 50%—but no more—of the responsibility for the impasses in her life; and (c) the closing of the space with significant others in her life. It was through this “brutal honesty” with herself, the desire to embrace this greater sense of responsibility without “over-owning” (Lander & Nahon, 2005, 2009), and community that Laurie was able to increasingly realize that she had been suppressing her values and thereby losing her voice. Her courageous decision to start becoming truer to her values—regardless of price tags—became, in her words, the catalyst that propelled Laurie though her Integrity-based journey and the concomitant changes that she made in order to change her modus operandi in the world and carve out a more honest, responsible, space-closing, and sustainable manner of being-in-the-world.

As she proceeded in her journey, Laurie embraced the Integrity model’s paradigm around the values of moving towards, away from, or against others (Lander & Nahon, 2017; Nahon & Lander, 2016) as a framework around which to begin to make moment-by-moment changes
concerning the ways with which she dealt with anger towards others, and especially those family
members with whom she was facing painful impasses. These sustained changes allowed Laurie
to at last discover her own voice and become increasingly able to trust herself.

In our view, the journey of Integrity allows individuals to “break through the iron-clad
chrysalis of their former persona or pseudo-self, finding that it had a brittleness that could easily
be shattered” (Lander & Nahon, 2010a, p. 11). Part of the sustainability of Laurie’s journey of
therapeutic changes hinged on the fact that Laurie was able to find meaning in her suffering
(Lander & Nahon, 2005, 2010a, 2010b): “Although I had to face this alone, and this was a very
frightening realization, [the process of change] has been liberating … [with] the exhilaration of
knowing I am staying true to who I am, no longer feeling like a coward and a fraud”.

We believe that at some point in our lives, we are all confronted with the existential
dilemma of the need to change, and we have found that the Integrity model really has been most
helpful for those facing these dilemmas as well as for the therapist’s ability to accompany them
as they traverse this abyss or valley of tears. As clinicians in both private practice and tertiary
care settings, we have found that those who have crossed our thresholds really do find
themselves to be in an existential crisis from our perspective, no matter what DSM labels they
have been burdened with by referring doctors. It is fascinating to observe individuals’ relief
when we reframe their angst and terrors as reflecting an existential crisis of integrity.

Decisive moments of change really do confront one with the realization of what is almost
a shadow existence, with its concomitant lack of both meaningfulness and groundedness, rather
than the decision of daring to change. This comprises an ominous and terrifying situation to find
oneself in. We believe that it is equally ominous and terrifying for therapists to find themselves
in this situation with another person. This is because the experience can tap into the hubris of
therapists to do something to help, or even rescue, this person rather than appreciating that it
really is his or her journey, and that what such individuals really need is for someone to be
“whistling” (Lander & Nahon, 2005, p. 53) in the darkness so that they can move forward as they
are confronted with doing a mind, body, and soul “autopsy” on themselves in terms of defining
who they are, what got them to this crisis state, where they wish to go, and how they will get
there based on a redefinition and reranking of their values.

It is in those dark hours before dawn that the realization of both the need for change and
what it is that needs to be changed arises. The abyss that this awareness propels us into
comprises the challenge of giving up old and dearly beloved values as well as the value systems
that these values are attached to and supported by. Existentially, this means becoming willing to
dismantle the very structures that have provided a semblance of one’s foundation and of one’s
identity. This in turn creates the sense of threat and fear of “unravelling” should this Gordian
knot be cut through, and is why individuals sometimes prefer years of therapy, tackling one
strand in the knot at a time with little progress being made.

For us, these decisive moments of change set the stage for an ongoing journey of
significant moments of change to unfold. They provide the groundwork for sustainable changes
in an individual’s modus operandi for being-in-the-world, such that significant moments of
change can only take place after the realization of being able to do things differently, followed
by the discipline to do so via the daily, moment-by-moment decisions to follow through with the
behaviours that really allow these changes to become significant and real. This is why the
addiction programs celebrate every moment of moving away from the addiction as well as
corollary behaviours, with such high value being placed on the “tokens” of a year’s achievement
and of each and every subsequent year. It is also why individuals know, almost to the minute,
how long their journeys of “moving away” from their addiction have taken. What is ultimately being celebrated is much more than the decision to change; it is the “walking-the-talk” of change, every minute of every day. The word significant can often distort perceptions, potentially causing one to minimize or be blind to those moments and to the opportunities that they bring for the awareness of the choices one can make for change, including any change in the reranking of one’s values and one’s behaviours. All choice points are indeed significant as each leads to a ripple effect, including the choice of deciding not to choose, and thereby having to pay a different price tag for doing so.

It is important to remember that significance reflects a value, which is personally ranked and thus is highly individual. Nothing is ever “not significant”; life never occurs in a vacuum—which in physics means “no air” and does not equal nothingness. In fact, in physics, nothingness also does not exist; in quantum theory, there is the “jitter phenomenon” whereby there is always the collision of minute particles and realignment of others (E. Lander, personal communication, 2016). As we look at the significant moments of change in our lives, these can only acquire meaningful significance when they are sustainable—which hopefully keeps us humble with the knowledge that a “relapse” is ever present as a choice for old habits, patterns, or behaviours to re-emerge and for values to “jitter” their way into our daily lives while under stress.

In our view, this is perhaps most true in the arena of addictions—and we believe that we are all addicted to something—where there is the awareness and respect for the allure and power of old patterns and for the vigilance needed to stay the course. Mowrer’s wisdom about change and its significance—that in order to change one’s thinking one must first change one’s behaviour (O. H. Mowrer, personal communication, 1970, cited in Lander & Nahon, 2005)—is, as most would agree, “easier said than done”. Consequently, significant moments of change are ultimately needed in order to ensure the sustainability of the change beyond the momentary high of the realization that something can—temporarily—be different. This points to the wisdom of the twelve steps of Alcoholics Anonymous (Alcoholics Anonymous World Services, Inc., 1952) in daring to “walk the talk”. Without this, one runs the risk of living a fraudulent existence, which inevitably results in anxiety, depression, despair, madness, and even suicide, in order to escape the self-awareness of one’s deceit and/or the risk of its discovery by another. Nothing is ever free, especially one’s well-being and self-esteem. The motivation to endure the process of change emerges as one discovers that in order to make one’s suffering meaningful, one must value the costs and price tags required in order to make the change both real and sustainable.

Choice is like a promise; it is often ego enhancing at the moment with “sincerely felt” good words—until it is time for the deliverables. In the words of a former mentor, C. H. Patterson, “Those who excuse themselves, accuse themselves” (C. H. Patterson, personal communication, 1971, cited in Lander & Nahon, 2005, p. 112). It is then that the old structures of thinking and rationalizations, as well as the temptation to excuse oneself, emerge—with the annoyance and rages when one’s efforts are seen through and one gets called out on the lie.

References


