

For Yonatan Shamir,
May Lady Luck always smile upon you.

CHANCE ACTION THERAPY
THE PLAYFUL WAY OF CHANGING

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URI WERNIK

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Maturity means finding again the seriousness one had as a child at play.

Friedrich Nietzsche

INTRODUCTION

This is the first meeting between readers and author or metaphorically between guide and travelers. I have to state the goal of the journey; say where I am coming from; tell what to expect along the route and prepare you for difficulties that might arise.

Usually psychology books are either 'trade' meaning popular, without little value for professionals, or 'academic,' of hardly any interest to lay persons. I assume and hope that you, my readers, are a mixed crowd, composed of seekers of self-help tools, mental-health professionals and people who find human behavior to be a fascinating topic of interest. My challenge is to make the trip, interesting but not trivial, worthwhile for all of you. I will therefore try to avoid technical-academic jargon and keep references to the minimum.

My aim is to show how chance, combined with play and action, can be used to solve the inherent difficulty of self-changing. Self-changing is what we try to do, in and out of therapy, in order to improve our life. We must first understand the difficulty, later described as the 'paradox of change' and only then find how we can outsmart it. Paradoxes must be solved playfully. Let me anticipate myself and say that changing should be a comedy and not a tragedy. Getting acquainted with different games in this book, you will see my meaning.

Therapists usually see themselves as practitioners of a particular school, be it psychoanalytic, behavioral, humanist and so forth. One author (Corsini, 2007) counted as of 1994 about 400 different systems of psychotherapy. I hate to be thus labeled, and if I must choose an adjective fitting my orientation, it would be a 'pragmatic' psychologist. Psychologists who are action oriented are immediately labeled "behaviorists", the implication being they suffer from simple mindedness and lack of depth. This is not so. I am superficial in the deep sense of the word. I have learned to appreciate what William James (1842-1910), the founder of modern psychology, said more than a century ago, that action begets new understanding and not the other way around. In other words, we are dealing with a triad of action, thinking and feeling which influence each other, yet in order to change we must act differently. Charles Dickens (1812-1870) said it all in his novel *Martin Chuzzlewit* (Dickens, 1994, p.298): "Change begets change. Nothing propagates so fast."

A reservation is in order. *Chance Action Therapy* (CAT in short: this acronym will refer both to the book and to the approach to change presented in it) is an exploration into one ingredient of my therapeutic work. It is a powerful tool of change, but like luck in life, it is important but not sufficient. To be more explicit, being now more aware of chance, I will sometimes say to a client, somewhat provocatively, that the problem is stronger than him/her, that she or he cannot solve it voluntarily and that we need the help of a more powerful force. The conversation goes on to matters of chance, fate and luck. Sometimes I use the analogy of heart surgery, during which the heart and lung functions are transferred to an external machine. The surgeons correct whatever needs to be fixed, and when the heart resumes its operation, the machine is turned off.

In a similar manner, we need an external machine to take control from some autonomous internal authority or agency that causes the problem and is doing us a disservice. When the client wonders what machine we're talking about, I introduce him/her to a "luck machine"—a deck of cards or dice. The psychologist I once was would have been amazed to watch this. Actually he would have been scandalized.

This book consists of three kinds of chapters, or to put it differently, it is a walk in three intertwined paths. Let us call the respective ones change, chance and game. *Change* chapters will explore the 'paradox of change' in order to clarify why change is so evasive and why chance action and play can do the trick.

Usually we don't give chance and luck much thought. They are taken for granted, things that hover in the background. In order to enjoy their benefits we will have to move them to the foreground. *Chance* chapters will be our consciousness raising campaign. We will examine chance and luck from the perspectives of personal experience, biology, economics and philosophy.

Now that we spent some time in a theoretical gym we are ready to start playing. *Game* chapters consist of specific cases of using chance or luck to solve a persistent problem and the list includes among others sex addictions, diet, smoking, couple relations and sexuality, shyness and inhibition, posture, panic and anxiety states, obsessive and compulsive disorders and chronic pain. Once, you got the knack of it you will be able to develop new games for different issues. I would certainly be interested to hear about them.

CHANCE BY CHANCE

I started chance by chance. I am a former smoker. I see my quitting as a big achievement from which I have learned a great deal. Subsequently, I developed a quitting kit that consisted of cigarette-like paper scrolls or cards with messages and instructions, a pair of dice and a booklet. I will return to this in the chapter "Giving up smoking without ever quitting."

The kit lied dormant in my desk's drawer. A few years later I was seeing a client, a therapist herself, who was overweight. She could cope bravely with many challenges in life, but dieting had left her (like many others) helpless and demoralized. Over the years she tried every diet in the book; participated in many programs and groups; lost many pounds and regained more; she had even led a therapy group for weight watchers herself. In one particular session, after finding out that she had gained more weight, she felt terribly desperate. I was empathic of course, but frustrated and disappointed with myself for not having anything better to offer her.

It was then that the idea of applying the non-smoking kit to other problems was born. At the next session we started what would later become *CAT*. The rest of this episode is told in the chapter "Weight loss with no-diet." Incidentally, although she has shown initial enthusiasm, this approach didn't work for her. I later tried it with another client who did exceptionally well. Lady luck can be quite erratic.

From this moment on, I started using chance with many clients presenting a variety of problems in living. In the following chapters I am going to report on these experiences.

ABOUT EVIDENCE

The ‘in’ word in psychotherapy today is “evidence-based practice.” In the professional literature, a three letter acronym (guess which letters) is used frequently, and this trick of acronym manufacturing somehow turns some faddish combination of words into something that sounds real and concrete, something that has existed in the world since the seven days of creation, just like rocks, trees or income-tax. Beware of acronyms.

It is always good to check what stands behind positive sounding words. ‘Efficiency’ is a beautiful word, but it might mean that you are going to be fired from your job. ‘Needing space’ is great, but it might mean that I have a lover you don’t know about. Epictetus, the great stoic teacher of life whom we will meet again and again in these pages, taught us to look beyond appearances. Let us check what stands behind the “evidence-based practice” deal.

It all started with medicine, where physicians wanted to be sure that the drug they prescribed or an intervention chosen were found to be more effective than no treatment or placebo and preferable more effective to their alternatives. With all this in mind, the FDA (this time the acronym is just a shorthand for an existing institute—the Food and Drug Administration), probably under pressure from drug companies, is still approving expensive drugs that are found to be only 2% more effective than placebo. These drugs are of course sold as scientifically tested.

In addition to some good intentions to protect customers from malpractice, the search for the seal of “evidenced based practice” or “empirical supported therapies” in psychology is motivated by a combination of its old inferiority complex and business reality. Psychology always felt itself shallow and less intellectual when compared to philosophy, and not scientific enough when compared to the hard sciences.

Add to it the ‘shrink’ image as seen in the movies where therapists are usually portrayed as clueless or freewheeling and you have a creature needing to justify itself. Enter insurance companies and health providing organizations that seek ways to avoid reimbursing their clients, and you have a demand for short standardized, easily measured techniques.

Research requires simple short interventions applicable for a class of problems or diagnoses rather than ones custom tailored for a unique person with a unique problem. If you produce square hats, you will have to find customers with square heads! The fit between client and therapist, or in other words their ‘chemistry,’ which was proven to be the most important factor in the success of therapy is mostly disregarded in such efficacy studies.

Moreover, in all therapy evaluation studies that compare groups with different interventions, the differences within a group are found to be bigger than the differences between groups. This simply means that the results say very little about any individual case. And on top of that all, once a technique is found to be effective in some study, very little is known whether the results can be generalized to private practice, to other cultures, to people with additional problems, and to older or younger clients and therapists.

The analogy with medicine is mistaken. Notwithstanding, two surgeons performing the same operation achieve different results. These varied results are obtained because of patient factors like age and weight, and surgeon factors such as manual dexterity and judgment gained over years of practice. With psychotherapy such factors are manifold and much more significant. A therapist’s smile, ill conceived phrase, or some bad news received before the session, might all change the impact of an intervention.

Last but not least, there is an additional problem with the “evidence based” thing that seems to be forgotten. Therapy is an art, where sometimes the constructive definition of the problem is more than half the solution. Having a list of approved techniques implies having to fit a person to a parallel list of diagnostic categories.

I remember a client who came to see me saying that he must be schizophrenic, because he suffers from hallucinations. He woke up the other day, looked at his wife and saw that she had a wolf’s head on her shoulders. The picture was very vivid and left him shaken. With all due modesty, I think that he was lucky to come to me, as many therapists would probably want to find out if he had additional hallucinations and try to establish whether he suffers from other symptoms of psychosis. Such a line of questioning, when a client is anxious and suggestive, could turn into a self-fulfilling prophecy— medication, stigma, diagnosis, the whole works.

I asked the person what he would say if the same happened in a dream. It turned out that his wife was indeed a mean and egoistic ‘wolf’ while he was a ‘sheep’— an unassertive kind of a good guy. I explained to him that he was perfectly normal, and that some people do have occasionally a ‘dream fragment’ in wakefulness which could actually be very beneficial for them. We had two additional appointments for assertiveness enhancement. One year later, when he came to consult with me about a problem his brother was having, my client was quite happy with his life.

This ‘evidence base practice’ is touted so loudly that I would not be surprised if it will be taken one step further: Pretty soon Pastors in different churches and Rabbis in synagogues will be compared in a scientific study as to their ability to create religious feelings; friends will be methodically tested to check if they make us feel good; husbands or wives will have to pass, along with other candidates, a systematized survey to determine their suitability. Hurray to EBM (Evidence Based Marriage)!

The critical minded reader will object at this point, realizing that I have just given myself license to present, without any proof, some very speculative hunches as facts. This is not the case. If it is claimed that on rainy days more pedestrians carry umbrellas compared to non-rainy days, one can either prove it scientifically or practically. Science would demand a random sample in different locations and times, trained observers and formal statistical analysis.

The practical approach would consist of combining different pieces of information and reasoning to draw conclusions. For example, looking at photos and movies of people in the rain, asking shop owners when do they sell more umbrellas, asking fashion experts for their opinion, reasoning that people don’t like to get wet etc. Using the second approach I will try to convince you that it is not just by chance that *CAT* works.

A MANIFESTO

As a psychologist, I adhere to the values and principles described in the Transtherapy Manifesto (2002). I am also a member of its board of directors. These principles guided my writing here and I would like to quote three of them:

1. Therapists deal with constructs in the realm of language and ideas, and not with material technologies or production formula. I will not turn ideas into commodities. I will describe any development or innovative approach of mine in a public professional forum and in a manner enabling utilization and application. I will not condition their application on additional studies or payment. I will maintain copyrights of my written work, but will not protect my ideas by trademarks.
2. I will not “reinvent the wheel.” I will connect with intellectual traditions rather than perform “packaging”, i.e. rearranging some common ideas and “selling” them as something new. I disapprove of the historical poverty of the social science disciplines, where important past contributions are easily forgotten. I will do my best to find roots and affinity in the work of other thinkers and artists in different periods and places.
3. I realize that no psychological procedure must be carried out in one specific way. Dealing with rhetorical formulations and not with chemical formula, alterations and variations are always possible. Each therapist with adequate training and experience is the judge of his or her ability to apply any procedure, and of her or his need for additional studies or supervision.

The Manifesto rejects the current medicalization of psychotherapy and for this reasons I will avoid in these pages diagnostic labels and terms such as ‘patients.’

LUCKY ENCOUNTERS

Everything that I know about change I owe to my work with individual and couple clients, reading fiction and professional literature and my own life with Irene, a life partner who made me change quite a number of things about myself. I thank them all and the lucky stars that introduced us to each other.

A special thank you goes to Martin van Creveld, who suggested that I write this book. I would like to say ‘cheers’ in British English, to my friend Alan Rosenthal, my first reader, who made the text much more readable. Thank you Erik Wiegardt, modern stoic for your support. We not only met by chance, but also found out, not by chance, that we were born on the same day and year.

I wish my readers, those interested in psychology, those who want to change and the professionals who help others change, the best of luck.

Chapter 1

OH CAPTAIN, YOUR BOAT IS STUCK!

It matters not how strait the gate,
How charged with punishments the scroll,
I am the master of my fate;
I am the captain of my soul.

William Ernest Henley (1849-1903), Invictus

If there was a hit parade of all time favorite poems, Henley's *Invictus* would probably be on the top of the list. It is often found in collections of poetry and continues to serve as source of inspiration for many. Vice Admiral James B. Stockdale (1995) describes the moral uplifting effect these last four lines had on him in Hanoi's prison. They were smuggled into his cell at the worst period of torture by his Vietnamese capturers. There is something in these words that makes our heart fill with admiration, empathy and some kind of yearning. We wish to become such a master, to be a captain ourselves.

A CONTROL CENTER OUT OF CONTROL

I am talking now to the protagonist in *Invictus*: Well my dear captain, if you are a smoker—you well know that smoking is bad for you. Command, and stop smoking. If overweight—you probably remind yourself day and night to eat in moderation. Order, and let it happen! If depressed, you obviously directed yourself to snap out of it, to no avail. And oh, captain, oh master, what about those New-Year resolutions? What kind of captain are you? How can you call yourself a master? You command, and the boat does not move.

We live within a paradox: we all have a control center (or function) which goes under different names: 'consciousnesses', 'I', 'self' or 'will.' The ancient Greeks named it *hegemonikon*. This center's job is to make decisions and guide our behavior. Yet we often experience disappointment and frustration, but interestingly enough not surprise, when deeply debated decisions are disregarded and never carried out.

Epictetus (Oldfather, 2007) taught us to differentiate between what depends on us and what does not. It seems that lighting up a cigarette, or forking a triple size hamburger is completely under our control—the hand doesn't move by itself. If we decide to go three times a week to the luxurious gym that we have just signed up for, and do not do so—who has held a gun to our head to prevent us from going?

How is it possible that I, who experience myself as "master and captain"; who can truly show greatness of spirit under duress; who belongs to the family of humans that can perform outstanding

deeds (fly airplanes, create computers, write symphonies, build skyscrapers, to name a few) actually have no control over so many things that I do or don't do to my own disadvantage?

Why cannot I change even the smallest-trivial-nagging habit like overusing the adjective 'awesome'—which lately got stuck to my vocabulary like a piece of chewing gum glued to my pants at the local cinema (the prognosis here at least is much rosier than the repeated use of 'like' or 'you know'). For those of you who must have a diagnosis, we are talking about onomatomania—being obsessed with a particular word, which is used repeatedly.

A poignant expression of the paradox of control is found in Jesus' words to Peter: "Watch and pray, lest you enter into temptation. The spirit indeed is willing, but the flesh is weak" (Matthew 26:41).

DOUBLE-FACED MASTERS

Like Janus the Roman god of gates and doors (*ianua*), beginnings and endings, and hence represented with a double-faced head each looking in opposite directions, we are masters of our life facing two directions. We cope with demands stemming from the external world—our environment, and we are also in charge of our internal world—the world of feelings, needs, drives and ideas. The first direction is a matter of sheer survival—finding food, shelter and protection from aggression and threats to our life. The second direction has to do with quality of life, with happiness—being satisfied and feeling at peace with the way things are going for us.

Historically, our ancestors started as masters of their environment. Only after developing self-awareness, were they able to perform the trick of self-observation and carry on a dialogue between parts of their selves. This necessitated a split of consciousness into two parts, be they observer and observed, control and execution or drives and inhibitions. As civilization further developed and with the invention of tools and technologies, the fight for physical survival (at least in western affluent societies) gradually became less of a challenge, and issue of quality of life became more prominent.

Our evolution has prepared us to cope with the environment and to face external contingencies. It is ironic then, that on one hand we are still not well equipped to deal with inner problems—between us and ourselves—and on the other hand, because we live in a protective civilization, we have lost our nerve to face survival if it again becomes an issue. We have become pampered and groomed house pets and not animals fighting for survival in the jungle.

Prehistoric people were good at finding food when it was not readily available; today people can not restrain themselves when food is shoved in front of them. The discovery that being overweight depends on nutrition took place only in the 19th century. The realization that smoking is dangerous to one's health occurred only in the second half of the 20th century.

People have used alcohol for thousands of years. Drunks were often tolerated, never respected and occasionally incarcerated. However, like village idiots, they were taken for granted. Only in 1784 in the U.S. did Benjamin Rush (1745-1813, revolutionary hero, chief army medical officer, and famous physician) publish his *An Inquiry into the Effects of Ardent Spirits on the Human Mind and Body*. The point is that historically we don't have that much experience in dealing with problems of self-control and it is not surprising that psychologists are sought out for help.

Let us now move from discussing the intricacies of change to our first game. We will see that it is possible to be playful with quite a serious problem.