

UNCOMPLICATING LIFE, SIMPLY



**Recognising and avoiding destructive
patterns in your life**

Anne Evans-Murray

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SIMPLY

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by

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Digital edition (PDF)

Published by Health Ed Professionals

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ISBN: 978-0-9775799-5-2

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Anne Evans-Murray is a woman of great passion as this book will attest to. In all the years I have known Anne I have seen her work very hard to make sure she finds the right information to match her interests and then research extensively when those interests become her passions. Anne's journey has been striking to observe for me personally and through this book, Anne allows the reader the opportunity to benefit from her experiences as well. The reader may learn a great many skills that can easily be implemented into daily life. The information offered has been well researched and presented in a straightforward comfortable and interesting format. I hope you, the reader, will apply the information to your own life and use the strategies Anne has provided in this life changing book.

Thank you Anne, you are a treasure.

Kaye Laemmle
Professional Counsellor
Gold Coast, Australia

This book is dedicated to my father, Tony Evans and to my late mother Norma Evans.

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Introduction

This book is for you if you:

Have trouble saying no and setting boundaries with people.

Constantly avoid confrontations and would rather give in than make a stand for your values or beliefs.

Allow people to constantly manipulate you to go against your own beliefs.

Must have everyone like you and then feel guilty if you try to say no.

Have difficulty liking yourself and find yourself constantly criticising and putting yourself down, thus making yourself anxious and even depressed.

Struggle with anxiety and depression.

Have been targeted at work by a bully and feel confused and doubt yourself.

Are attracted to abusive people.

Are in a relationship with someone who is verbally and emotionally abusive.

We live in a world where anxiety is common and depression rates are rising at an alarming rate. Relationship problems and divorce rates continue to rise. Families are facing challenges and difficulties which are leading to breakdown in relationships.

Over the past ten years I have conducted seminars on communication styles and bullying and have spent hundreds of hours listening to people's stories. Often common threads appear that

show patterns of thinking which lead to destructive behaviour and sad consequences. Some of the situations have been due to the abuse and thoughtlessness of others; however other circumstances are due to the person's own unhealthy patterns of thinking which create many of life's problems. Some people have difficulties in the same area time and time again. The principles in this book are written in simple language which makes it easy to read and apply. You will learn how to recognise patterns that were formed from your past history and how to not repeat them. Chapters one to four show the effects of poor self-image and self-acceptance and how it can permeate through every aspect of your life, producing anxiety and unhappiness.

In chapter five, control and abuse in relationships will be discussed, highlighting how it affects the partner and the relationship. Control is a relationship destroyer. Confusion usually exists in the partner (the target) who has been abused. They often feel they are at fault, which leads to low self-esteem, anxiety and sometimes depression. They believe if they just try harder, the relationship will improve, however without clear boundaries, it usually deteriorates. The only hope for the relationship is to establish clear healthy boundaries and address the abuse. An outline of boundaries and assertiveness techniques will be clearly explained.

If you have a history of being involved with abusive men (or women) then chapter six on how to choose a partner would be of interest and importance to you. It will assist you to break your cycle. Abusive people drain us, take our energy and leave us confused and with a feeling of not being good enough. This book will help you recognise these people so you avoid them. They are not people you would want to form a long lasting relationship with.

I will address in chapter seven the widespread bullying problem that is prevalent in institutions such as health care. Bullying costs both Australian and New Zealand industry and governments millions of dollars a year and the impact on an individual's life is traumatic. Bullying is a silent killer; if not addressed it leads to anxiety, self-doubt, depression, post-traumatic stress syndrome and even suicide.

I am an author, counsellor, education consultant and a registered nurse. Many of my clients are nurses and doctors who have been bullied in hospitals and health care. However, bullying is rife in all institutions (not just in hospitals amongst health professionals) but because of my special interest in health many of the examples given are from nurses' stories. When you are able to label the bullying behaviour, it helps reduce the confusion that co-exists with bullying. Chapter seven will help you to recognise the tactics of the bully and to stay focused and not allow yourself to be dragged down believing you are incompetent or not good enough.

Confidentiality is vital to counselling, so I have changed names and details in the case studies to ensure anonymity but still emphasise the main points. The case studies discussed in the book are not based on actual persons but a composite of many clients and stories I have heard from people who have attended my seminars over the years. No one will be able to recognise any individual person, or specific organisation. No hospital is targeted but the stories are a collection from nurses throughout Australia and New Zealand. It is a workforce problem that occurs in institutions and must be exposed to be addressed. Bullying is rarely managed effectively. This is partly due to the lack of knowledge, and inability of the manager to address the problem. Managers often have little awareness of the subtle tactics of bullying. Bullying behaviour usually goes on unchecked and the target of the abuse is frequently forced to move to another area or leave their job.

This book will examine the effects of your childhood and the influence of your parents and significant others. However it is not intended to encourage you to blame others. Sometimes life is not fair, tragedies and sorrows occur. In the final chapter you will see how you can still maintain control over experiences that seem so distressing and out of control. Being mentally healthy is about recognising destructive patterns and making changes that reduces anxiety and

leads to a happier life. It's about taking responsibility for your life and not waiting for someone else to do it for you.

The more you understand yourself the easier it is to change any destructive patterns and improve your life. Some actions and behaviours lead you to happiness and success in life, while others will take you down the path to pain, stress and increased difficulties in life. The only person you can change is yourself.

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Chapter One - Setting Limits or Boundaries

I'm grateful for all my problems. As each of them was overcome I became stronger and more able to meet those yet to come. I grew on my difficulties.

J.C Penney

It's okay to say no

Inability to say no and set limits is a destructive pattern

When you have poor boundaries, you let people walk all over you

Shirley's story.

Shirley had unclear boundaries in her relationship.

"I'm so exhausted all the time. I drag myself out of bed each morning and everything is such an effort. I don't know what the problem is." Shirley explained with a sigh. The deep shadows under her eyes made her appear much older than her thirty two years.

Shirley was referred to me because of anxiety and panic attacks. She told how she constantly juggled the family finances and each week it was a struggle to find money. Because of the dire financial situation she was doing extra work each weekend as well as her full time work. Shirley had two jobs, a child and husband to look after as well as managing the household. Sometimes she felt like going to bed and staying there. These thoughts panicked her as they reminded her of her mother and her tendency to stay in bed when she felt overwhelmed.

Listening to Shirley's history, I was reminded of how destructive patterns can be developed in childhood. Shirley told how, in her family of origin, her mother struggled to cope with her alcoholic husband. He took no responsibility for the household and spent his time working or out drinking, causing her to take full responsibility for the household and child rearing.

Shirley's mother consequently leaned too much on Shirley. Even when she was having sexual problems with her husband, she would complain and give details to Shirley. Shirley was only twelve at the time and her mother treated her as a confidant and friend rather than a daughter. Shirley learnt early that her own needs were not as important as her mother's. Because of her mother's insecurities and neediness Shirley gradually took on the role of caring for her and taking responsibility for the household. Shirley grew up with confusion regarding her responsibilities; she took on the role of a parent to her mother, instead of her mother being a parent to Shirley. She thought it was her job to look after everyone and be responsible for her mother's emotional wellbeing.

This pattern of a child looking after everyone is commonly seen in families where a parent has an alcohol or drug problem.

Because of her father's alcoholism Shirley was determined never to marry anyone with a drinking problem, however she chose a man who was a gambler. Shirley didn't realise she had

married a man similar to her father. She had always been attracted into relationships where she was the carer or rescuer as she had learnt in her early family life to ignore her own needs in order to please and care for others.

Shirley modelled her behaviour on what her mother had taught her. She hadn't been taught any effective strategies on how to manage her problems with her husband Mathew. All her energy went into trying to fix up his problems. Shirley had never developed an understanding that there were problems that did not belong to her and believed whatever the problem, it was her responsibility to solve it. As a young woman she had desperately wanted to escape from her home situation. Now, as an adult, history had repeated itself as Shirley recreated the same destructive cycle.

Shirley briefly outlined Mathew's family of origin. His father had an addiction problem and his mother was very passive. It was interesting that Mathew had also chosen a partner similar to his mother, accommodating and forgiving of unacceptable behaviour. He needed Shirley to be passive to allow him to continue with the irresponsible habits he had learnt. The patterns evident in Mathew's family of origin continued into the next generation.

Through counselling, Shirley learnt to improve her communication with Mathew.

"Shirley, what would happen if you were to set limits or boundaries with Mathew?" I asked.

"What do you mean by boundaries? Do you mean tell him I want him to stop gambling and support the family?"

"Well yes, but haven't you been doing that for months or even years?"

"Yes, for ages and he just ignores me."

"When he ignores you, what do you do?"

"I get upset with him, and I suppose I nag a bit and when that doesn't work, I find some money from somewhere, work extra days or go without."

"So is this what you're saying? When Mathew doesn't help you with the financial situation, you find more work or spend less on yourself? Isn't he just doing what he wants and you have to sort it all out yourself?" I paused to give her time to digest what I had said, then continued. "Do you think you might be teaching him that this behaviour is okay?"

"Um, I suppose so." Her lower lip trembled as she lowered her face in her arms. "Yes, I see what you're saying, but I've been telling him it upsets me when he loses money and won't help with the bills. Isn't that what you mean by setting limits?" She sobbed, "I just want Mathew to change."

"Shirley, it's not so much about changing Mathew; it's about you changing your behaviours and setting limits with him. It's being clear about what you won't tolerate, and what you have done is only the first step. You're not following through with the next part." I gently challenged her.

"What's the next part?" she asked as she raised her head.

"Giving him consequences is the next and vital step. Without them, merely telling him to stop his behaviour hasn't been working." I explain, trying my best to help her gain some insight into her behaviours.

"I hadn't thought about it like that; all my complaining isn't working, is it?"

"No it's not, and what you are doing is known as 'enabling'. Not only are you not showing clear boundaries but you take care of all the consequences of his behaviour; you even pay for all his personal expenses and fun activities. You can't stop Mathew from gambling but you do have

control over what consequences you give him, and from what you've been saying there haven't been any."

I knew the situation would improve if Shirley would change her behaviours and then hopefully Mathew might wake up. It was really up to Mathew to demonstrate responsibility towards his family and I couldn't see much chance of it happening if Shirley didn't toughen up.

Shirley, disturbed by the revelation, sniffed into a tissue and said. "Oh, this is the same situation as mum and dad. She never ever gave him consequences when he continued to drink and not help around the home."

I was pleased that she could see the connection of her behaviour to her parents and especially to what her mother had taught her.

"Shirley, would you agree in this session to look at what consequences you might consider putting into place if Mathew refuses to support the family?"

Shirley now saw clearly she was enabling Mathew to continue with his destructive patterns of behaviour and if there were no changes soon, she couldn't see much hope for their marriage. Shirley was ready to walk. She had to be the one to make the changes and see what the effect would have on Mathew.

ENABLING IS A DESTRUCTIVE PATTERN

Enabling means you cover for someone else's irresponsible or destructive patterns and thus the behaviour continues. Shirley was covering for, or preventing Mathew from suffering any consequences for his behaviour. She inadvertently was promoting weakness in him by protecting him from consequences. When a partner is tolerant (or accepting) of disrespectful or irresponsible behaviour, it creates an environment for the behaviour to increase. Enabling can also mean the partner denies or minimises the problem, hoping it will go away. When a partner sees destructive patterns as being normal, such as becoming drunk or abusive or being unfaithful and they don't confront the behaviours it just enables them to continue and the problem is perpetuated.

Enabling helps the family member to continue their destructive patterns.

Consequences for Mathew.

Mathew wasn't abusive; he was just thoughtless and used to having his own way. He led a busy social life, frequently ringing his friends and organising golfing, surfing and other activities.

Shirley left the session with a determined glint in her eye. She spoke to Mathew once more about the effects of his gambling on the family but as she predicted he still refused to contribute financially. Shirley had had enough! She immediately resigned from her weekend job and then stopped paying his personal phone bills and his many other expenses. She also refused to renew his golf club membership. When he wouldn't return home at a reasonable time, she stopped preparing meals for him and went to bed rather than wait up for him. It was only when Mathew couldn't get away with his selfish behaviours that he recognised Shirley was actually serious about what she was saying. Shirley gave clear consequences to Mathew by saying, 'If you continue to gamble and not meet your financial responsibilities, these are the consequences.' He wasn't happy with Shirley's new behaviour, but she hung in there continuing to be firm with her boundaries and was rewarded when she saw change in his behaviours and their marriage improved. It was gratifying to Shirley that despite working fewer hours she had more money and her anxiety levels decreased significantly. She felt much happier.

Often, anxiety is a wakeup call that action is required. In some circumstances people become so overwhelmed with someone else's problems they can't see the wood for the trees and don't know what action to take.

Shirley had felt overwhelmed and couldn't see her way out of the situation other than to leave Mathew. She had no understanding of her enabling pattern. Leaving the relationship is not always the answer. If Shirley had separated from Mathew, it was highly likely she would enter into a relationship with another man with similar problems and the destructive pattern would continue.

Setting boundaries, recognising and stopping enabling behaviour can make the difference between success and failure in a marriage or relationship.

Important questions to ask yourself:

Do you give out a message that it is easy to victimise or hurt you because you won't react?

Do you make excuses for someone's abusive behaviour?

Do you try to sort out problems that are not yours?

Complaining with no consequences rarely brings results and the likelihood of change occurring is minimal. When you set limits, as Shirley did, you must always be prepared to enforce them. Be careful, for if you state consequences and don't carry them out it will make the situation deteriorate further.

Examples of clear boundaries and consequences might be, 'If you don't stop criticising me and using that tone of voice, I'm not going out with you' (or another consequence). Or: 'If you come home drunk I will not cook a meal for you.'

When someone violates or crosses the boundary line you have set, you need to react appropriately. Setting boundaries is not about threatening, pressurising or trying to control someone. It's about setting a limit to what you won't allow in your life.

Learning to set limits will help you regain your power because it causes you to focus on what you can control and change. It's examining the problem in a different way; many people complain about their partner but don't look at what they can change themselves.

Important points

Behaviour = Consequence. Communicate respectfully that if someone continues with their harmful or thoughtless behaviour, then you will respond in a certain way.

Consequences are the most effective way to bring about changes in behaviour.

It's not about controlling or punishing the other person, it is about being clear on what you won't tolerate.

Having boundaries gives a clear indication to those we love, that we will not tolerate such behaviour; the other person knows exactly where you stand.

HEALTHY BOUNDARIES ARE IMPORTANT

What does it mean when we hear that we need healthy boundaries in relationships? What is a boundary? Why was Shirley having problems? Dr. Mark Whittington, in his book, *How to Play the Game*,¹ likens boundaries to a house and property enclosed by a fence. The fence indicates where the property ends and where the neighbour's property starts.

Your personal boundaries are similar to the house and property metaphor. You know you are responsible for your house and property within your boundary. Personal boundaries indicate what is yours and what belongs to another; they are like invisible limits.



Boundaries around a house.

They are your own physical and emotional boundaries and help you to define yourself and others what you will or won't tolerate. Healthy boundaries will also protect you from entering into abusive relationships. They teach you to keep a distance from those who would hurt or harm you; it's like protecting your property (which is yourself). Boundaries keep you safe.² You can't change or control others but you can teach others to respect you. Children who grow up in families where there is abuse, (emotional, physical or sexual) may develop unhealthy boundaries, because of the poor boundaries of their parents.

Important points

People with healthy boundaries are easier to be with because they communicate clear messages.

More examples of personal boundaries are:

I won't allow drugs in my house.

I don't spend time with people who treat me in an abusive manner.

I won't allow people to smoke in my house.

Shirley had unhealthy boundaries in her relationship with Mathew. She didn't protect herself and she allowed herself to be manipulated. From Shirley's example we saw boundaries are learnt behaviours from parents and significant others in childhood. Shirley was taught to make herself responsible for other people. As an adult she gravitated to a similar relationship because it was familiar. People with similar backgrounds to Shirley have unhealthy expectations of what a relationship is and what is normal.

The following is a brief example of someone displaying lack of respect for another person's boundaries.

Dave and Trish had been dating for only two weeks. Trish enjoyed Dave's company and was excited about the budding romance. She asked him back to her place for a meal. While she was in the kitchen he rummaged through her purse and found her car keys. Without asking, he drove her car to the local shop to buy a bottle of wine. When Trish found out what he had done she expressed annoyance at his actions. Dave responded angrily and told her she was too sensitive and overreacting. Dave did not respect Trish's boundaries. He demonstrated this by:

1. Looking through her purse without her permission.
2. Driving her car without her permission.
3. Discounting her feelings and telling Trish her response was wrong.

Trish had been given very clear warning signals about Dave's poor understanding of boundaries and would be wise to reconsider their relationship before she gets in too deep. (See chapter six on how to choose a partner.)

Caution! If your partner is physically abusive, you need to exercise caution when setting boundaries. I strongly encourage you to seek professional help; don't try to do this alone. Your first priority is to keep safe. Start small and make little changes.

Not all relationships will survive the setting of boundaries. This may happen when one partner is extremely abusive or has severe addiction problems; escalation of abuse can occur.

ENABLING PATTERNS CAUSE PROBLEMS IN OTHER RELATIONSHIPS

Let's take a look at Helen and the difficult situation she found herself in.

Helen's story.

Helen wanted to help her son, but instead taught him destructive patterns.

"I'm really worried about my boy, Hugh. I think he should come to counselling but he won't." Helen frowned as she spoke in short clipped sentences.

I asked for more details and this is a summary of what I heard.

Helen saw her son as a 'boy' although he was a twenty five year old man with major problems. His father died when Hugh was twelve. Helen naturally felt sorry for her son and overcompensated. She put herself in the role of rescuer and made excuses for Hugh's behaviour. When he was accused of bullying at school Helen rushed to his defence, blamed the teachers and moved him to another school. Since leaving school he has been fined for taking illicit drugs, had a number of car accidents due to speeding and driving while under the influence of alcohol. He had also lost his driver's licence. Helen blamed his friends for his drug use and drink driving. She worked extra hours to pay his fines and when he lost his licence she became his personal taxi driver.

Can you see the problem?

Instead of allowing Hugh to cop the consequences for his behaviour, Helen had covered up for him at every opportunity and interfered with his facing up to the consequences of his behaviour. She prevented Hugh from suffering any consequences. He still lived at home, refused to pay rent and wouldn't help with the house or yard work. Helen worked full time and, despite feeling exhausted, still did all his cooking and laundry.

Helen had taught her son to develop habits which were harmful. She had unwittingly encouraged him to develop character traits that were going to hinder him throughout his life. Helen hadn't realised she was interfering with the law of 'we reap what we sow.'^{2, 3}

When I pointed out this natural law of reaping what we sow, Helen responded with a perplexed expression on her face. She couldn't see how she was making herself responsible for his cleaning, his cooking, his paying of bills, his breaking the law, his drinking. She thought she was being kind and supportive. From Hugh's point of view, why should he change when he had a mother to take care of all these things? He needed to learn to take responsibility for his own choices in life. At no point was Hugh reaping anything he sowed. Helen wanted him to change but didn't realise that change usually comes about when someone suffers the consequences of a loss. If someone, because of their actions, loses money or is prevented from doing an activity they enjoy, they will think more carefully about their actions. The loss causes the person to develop respect for the consequences of their behaviour. This brings about a greater likelihood of change. In other words, what you sow you reap (actions bring certain consequences). If you

drink and drive or speed in a car, you have a greater risk of having an accident, and you suffer the consequences. On the positive side if you refrain from drink-driving and speeding you will be safer for this is what you have sown.

Helen needed to develop tough love.

In the next session I broached the topic of allowing Hugh to suffer consequences for his behaviour and this was her (predictable) response.

Glaring at me, Helen replied tersely, “That would be really unkind. I couldn’t let Hugh struggle so much; after all he doesn’t have a father to help him.”

“You said you were worried about his problems. Helen, what do you think is the eventual outcome if Hugh doesn’t change his behaviours?” I worded my question in a way to encourage her to look into the future, hoping it might prompt her to have more clarity.

She drew a deep breath and admitted reluctantly, “I think things are going to become a lot worse and Hugh will get into more serious trouble with the law.”

I nodded and tried again, “Would you work with me in this session to consider some changes you could make?”

“Well, I don’t think I can do anything that would make him suffer; it wouldn’t be fair”

I paused for a moment to think of a better way to express this important concept.



The farmer knows if he plants pumpkin seeds then he will harvest pumpkins.

I knew Helen liked gardening so I used the example of a farmer, hoping if I likened it to a natural law Helen might understand better. Whatever a farmer plants, he will reap. If he plants pumpkin seeds he will harvest or reap pumpkins (not tomatoes). The natural law relating to farming also applies to our thinking and our behaviours. I explained about the farmer and tried again, “Helen, it’s not you who is causing Hugh to suffer; it’s his actions that are bringing consequences. What you are doing is interfering with the consequences and that’s why Hugh’s not learning. There is no incentive for him to stop his behaviours and you are the one suffering instead.”

“Oh, I see what you mean.” She finally admitted grudgingly.

“Why don’t we start with something small? Would you be agreeable to think of some changes you could make and see what happens?”

After a long reflective pause, “Well, I could ask him to pay me some money for his food, as he always insists that I buy him the most expensive food, like the best steaks.”

“And if he refuses to pay for his food,” I pushed ahead, “what consequences or changes will you make?”

She didn’t answer for a moment and closed her eyes in pain. “Well I could stop buying him his expensive steaks and he could eat what I normally prepare for myself.”

“Okay, let’s look at what you need to say and how you can follow this up with your actions.”

Important points

Be firm when you set limits; don’t give in to pressure.

If you constantly rescue and help another, it doesn’t encourage them to grow or develop self-sufficiency; your efforts may harm them.

We teach others how to treat us.

I discussed with her the danger of setting a limit and then backing down. Helen knew she had this tendency. For example, she would ask Hugh to do the dishes and when he wouldn’t do them she ended up washing them because she couldn’t stand to see the dirty dishes on the bench. This gave Hugh a clear message that she doesn’t mean what she says and if he ignores her request she will eventually do it herself. Helen was being incongruent. She was teaching Hugh to take no notice of her words. She had to learn to become congruent, which means ‘what I say I do.’ Helen found it difficult to be firm with Hugh and it took time for her to learn the meaning of congruence. She hadn’t realised she had taught Hugh not to respect her. I wasn’t sure if Helen would follow through with what we had agreed on or whether she would come back to another counselling session. She seemed to have difficulty understanding the concept. She didn’t seem to grasp it!

A month later Helen returned and immediately launched into the changes she had made. When Hugh received another speeding ticket, she didn’t pay the fine and when he lost his licence again, she refused to drive him everywhere. He had to make an effort and use public transport. Hugh was cranky with Helen but she ignored his behaviour and continued with her new boundary setting.

In the last session Helen looked relaxed, happily reporting that Hugh was now paying rent and making an effort. He still had a long way to go, but changes were happening. Hugh was gradually learning the consequences of his behaviour. At 25 he was finally learning responsibility.

As she walked out of the office she commented, “I think I might have a change in career.” Not sure where this was leading, I raised my eyebrows with a questioning look and she said with a smile in her eyes, “I think I’d make a good farmer.” Helen had definitely got it!

Setting limits is drawing a line; this is as far as I will go.

Important points

Boundary sentences are:

I don’t like that.

No, I am not available to do that.

No, I don’t want to do that.

I’m not comfortable with what you have suggested.

Others may not always respect your boundaries

Blocks to assertiveness and forming boundaries

If you say 'no' or set limits with a respectful person they will accept it. However, some people won't like having limits set on them (because they're not getting their own way) and will put pressure on you to wear you down. This pressure or emotional blackmail is aimed at trying to make you feel guilty so you back down from your stance. People who control others (see chapter five) have little respect for other people's boundaries.

Sometimes another tactic is applied to increase the pressure on you. The person you are in conflict with persuades another family member to support them. It's similar to calling in the troops for backup to increase the pressure placed on you. They are told you're being selfish, acting crazy, or over reacting (or similar criticisms) all aimed at influencing them to talk to you about your unreasonable behaviour. Boundary setting has a greater chance of working if you are aware that others may also apply emotional blackmail. Being warned in advance helps you to stand firm. If you stick to setting healthy boundaries, eventually your relationship with others will improve and you will be happier.

CONFUSION OVER BAD BEHAVIOUR – DON'T KNOW WHEN TO SET LIMITS

Imagine someone walking in a minefield oblivious to the danger around them. Some people are in similar situations when they are in extreme danger and aren't even aware of it. They don't recognise, or perhaps choose to ignore, the danger signs displayed all over the field. It's difficult to set limits when you don't know if the behaviour that someone displays is harmful. For example, when a young child has suffered sexual abuse they may develop poor boundaries, and sometimes in adulthood they find themselves in situations where the abuse reoccurs. They may not recognise danger signs or even recognise people who may harm them.

This can also occur with a person who has suffered physical and emotional abuse in the family of origin. The past abuse may cause the person to have difficulty recognising danger as an adult, because it appears familiar to them. They meet an attractive man, feel sexual attraction to him and are blind to the danger signs that others see clearly. They can't see that he has an addictive personality, drinks too much, and becomes aggressive when he drinks, and doesn't take responsibility for himself (or they explain away or justify his behaviour). All these danger signs are overshadowed by the attraction to him (discussed in more depth in chapter six).

Important points

It's okay to be intolerant of some things.

Don't go against personal values to please others.

Don't have an over reliance on pleasing others.

TRIANGULATION IS ANOTHER DESTRUCTIVE PATTERN

Triangulation occurs when you find yourself caught up in conflict between two people.

If you don't remove yourself from the conflict you will be in danger of being dragged into the bad feelings between the two who are arguing. The person caught in the middle may have good intentions but often they are part of the problem as they hinder the resolution of the conflict.

Martha's story.

Martha was triangulating with her husband and son (and making the situation worse).

“I’m arguing a lot with my husband Larry and I’m especially worried about my son Max. I think Max should see a doctor because he’s so moody. I can’t seem to work it out. Life’s the pits at the moment,” Martha moaned as she dropped her face in her hands.

She explained she had come to counselling wanting advice about Max and strategies to improve her relationship with Larry.

After listening to her story I replied, “Martha, from what you have said I can see that the usual communication in your family goes from Larry to you, then you relay it to your son and then you take it back from your son to Larry. Then if they complain about each other you try to sort it out. Would that be an accurate description?”

Martha sheepishly replied, “Umm, yes.”

Martha was stuck in rescuing Max and blaming her husband Larry for being too tough on him. She was also critical and condescending towards Larry in front of Max. Larry was unable to resolve any conflict with Max because of Martha’s constant interference, and was constantly frustrated in his efforts. It had become a destructive cycle affecting all of them.

“You’re right in the middle as you said, being battered back and forth, like a ping pong ball.”

“No wonder I feel exhausted. But what I’m doing is not really solving anything is it?”

“No,” I said gently, “Martha, this is known as triangulation in families. You’re trying to sort out a problem that is between Larry and Max. It actually isn’t your problem. Do you think you could look at ways in which you could leave them to sort out their own problems?”

“But you don’t know what he’s like with Max.”

“What do you mean, what he’s like with Max?”

She replied, “Well, Larry raises his voice, and Max either goes quiet or argues back which makes Larry even more frustrated.” I could see where this was leading, so I asked, “What happens next?” and her reply was, “I become cranky with Larry and tell him to leave Max alone and to stop being so tough on him. Larry gets upset with me for being too soft and we end up arguing and yelling at each other.”

“And this yelling; does it occur in front of Max?” I probed.

Martha nodded as she struggled with her emotions. I could see she was gaining some insight into what might be the cause of Max’s moods.

“Max then becomes moody and upset and ignores us both. What do you think I should do?” She asked me again.

Not only was Martha interfering but she was undermining and treating Larry with disrespect in front of Max. They were placing Max in a situation where he would have to side with a parent. He wasn’t seeing them as a united team. Both Martha and Larry had to sort out their differences in child rearing away from Max and then be seen as united.

“Well, Martha, what you’re doing isn’t working. Perhaps we could look at different ways of handling the conflict. Would you consider leaving Max and Larry alone when they are working something out? What could you do differently if they start arguing and it upsets you?”

I could see that she was expecting me to give her all the answers and I encouraged her to take responsibility for her problems. If she came up with the solution with prompting from me, I knew it would have more chance of working. It’s a common belief that therapists or counsellors give advice and tell people what to do, however it doesn’t work that way. Asking questions

encourages the client to tell their story and think about their responses. It often prompts them to find the solution themselves which leads them to make positive changes in their life.

Martha began to understand she wasn't helping Larry and Max sort out their problems; she was in fact making it worse. She made the decision to change her reaction when they argue and then see what the outcome would be. She also agreed to stop criticising Larry in front of Max.

At her next appointment Martha arrived all smiles and eagerly began her story. "When Larry asked Max to mow the lawn, Max replied he was too busy to do it. Larry raised his voice and insisted he mow this morning. I could see a potential argument building so I went away and did some gardening. That way I couldn't hear them or be tempted to intervene. Later, I found them sitting at the table talking excitedly about the football results. I couldn't believe it; for they were chatting away so happily. They had negotiated together about the mowing; Max wanted to do it after the football game and Larry agreed with the arrangement."

"Martha, if you had stayed there, what would have happened?"

"Umm, Larry and I would have had an argument because I would have mowed the lawn myself." She explained that she now leaves Max and Larry to sort out their problems. Her relationship with Larry has improved; they are not fighting over Max anymore and if they disagree they do it away from Max. Larry and Max still have their occasional conflict but they sort it out quickly. Not surprisingly Max's behaviour has improved. And Larry is much happier!

Short vignettes

Let's close this chapter by looking at the vignettes of the following clients, as their stories emphasise the main points:

Sam let his friend Russell move into his flat with him. Sam has difficulty setting limits with people and finds it really hard to say no. Russell earns more money than Sam but he eats Sam's food, doesn't contribute to the electricity bill, leaves dirty clothes lying around and often borrows money from Sam (which he doesn't pay back). When Sam doesn't confront Russell it leaves him feeling frustrated and annoyed. Their once good relationship is now deteriorating. Not speaking up when someone displays inappropriate behaviour is an example of unhealthy boundaries.

Lucy is going out with Ryan and he wants to have sex with her. She doesn't want to because of her belief in waiting until marriage. Ryan is pressuring her and saying she is old fashioned and telling her all their friends are doing it and, if she loved him, she would. It is hard to believe that Lucy would fall for this line, but Lucy is a people pleaser who feels guilty when saying no; she avoids conflict and wants others to like her. The situation is causing her distress because of her conflict with her personal values. In essence she has boundary problems. Unhealthy boundaries relate to going against one's values to please others, and hurting oneself. Ryan also has unhealthy boundaries because he doesn't respect Lucy's boundaries.

Joanne lives with Gary and wants to marry. He says he is committed but wants to wait a bit longer. He's been saying this for ten years now; Joanne is thirty five and wants to be married and have a baby before she is much older. When she tries to discuss this with Gary, he responds angrily and usually tells her the timing is wrong and she should be more understanding and not so selfish. Joanne is bewildered and is starting to doubt her thinking and feelings and wondering if she is selfish. Unhealthy boundaries exist when we allow other people to tell us what we are feeling or thinking.

Judy has three teenage children. She describes herself as their personal maid. They leave their dirty washing on the floor, dishes in the sink, and she runs behind them cleaning up. She works full time, and every evening she rushes home to prepare a meal and clean up their mess. If the meal is late or they don't like what she cooks, they grumble. Her husband says she is too soft and should pull them up on their behaviour. They don't treat him the same way. Recently the oldest daughter spoke rudely to Judy. Judy attempted to correct her but her daughter responded angrily so she backed down as she doesn't want to upset her. She tells herself it's easier to let it go and anyway it's just a phase the teenager is going through. Judy doesn't realise her passive response to her children's abusive behaviour is teaching them to disrespect her and treat her with contempt. Judy is finding it harder to keep on going due to fatigue. Her husband is frustrated with Judy's behaviour and it is affecting their relationship.

All of the above clients have found themselves in difficult situations because of their unhealthy boundaries. They need to focus on what they can change in themselves, and then see the impact it will have on their relationships.

In the following chapter we will look at practical ways to set boundaries and make changes in your life by using assertiveness techniques.

Key points

Boundaries are essential as they are there to protect you.

It's okay to set a boundary and say no, and not feel guilty.

It's okay to not please everyone all the time.

Boundaries are about not tolerating, or taking a stand against disrespect, abuse or dishonesty.

Healthy boundaries mean you don't put other people's approval before your own standards.

Developing boundaries indicates you have self-respect. It's okay to believe you deserve respect and to believe in yourself.

Pay attention to your feelings, if you are feeling uncomfortable with someone, stand back and have a look at what is happening. You might find your boundaries are not being respected.

If you have grown up in a family with poor boundaries and then learn to say no, it is common initially to feel shame and guilt. As you persist in setting more healthy boundaries these feelings will diminish.

It's okay to challenge families' rules and messages about yourself and replace dysfunctional messages with healthier ones. It's okay to be you.

[\(Back\)](#)

Chapter Two - Developing Respectful and Honest Communication

Speak when you are angry - and you'll make the best speech you'll ever regret.

Dr. Laurence J. Peter

Assertiveness is communication that is respectful towards others as well as to yourself

People pleasers disrespect themselves and allow themselves to be walked over

Passive communication is linked to anxiety and increased stress

People who are not assertive tolerate abuse and disrespectful behaviour

Kim's story.

Kim felt she was a doormat.

"I'm so tired of people walking over me. I don't know why I feel I have to agree with everyone; I could just scream with frustration because I want to say 'no'. Do you think there's something wrong with me?" Kim asked anxiously.

Kim came to see me because she was having trouble setting limits with everyone in her life. She described herself as a doormat, always at everyone's beck and call. She admitted she never ventured an opinion of her own until she checked out whether the other person agreed with her. Whenever there was a hint of conflict with others she avoided it by giving in. If others treated her with disrespect she never spoke up. She used 'sorry' frequently as she apologised to everyone. Kim worked as a nurse and often did extra shifts or changed her roster to fit in with others. Predictably they took advantage of Kim's accommodating nature. During meetings she was always the one who volunteered for extra work and consequently was responsible for more projects than the other nurses. Kim was becoming increasingly frustrated and resentful.

Communication

Have you ever thought about your usual response to conflict? Do you become passive and do everything you can to avoid conflict (as Kim did), or do you become defensive and go on the attack? Or maybe you are assertive and respond in a manner that is firm but respectful.

Most people respond in a similar way to their parents, as the patterns of communication are passed down to the next generation.

So how did your parents respond to conflict? Were they generally passive, angry, respectful or a combination?

When you face a problem, there are three ways you can respond:

1. ASSERTIVENESS = RESPECT

A person displaying assertive communication responds respectfully as well as honestly. Assertiveness also includes self-respect, taking into account a person's own needs and values.

Assertive people don't look for confrontation or insist on their own way all the time. They look for ways to negotiate based on co-operation. They have the confidence to disagree with another person's opinion and when faced with turning down a request they don't feel obliged to apologise, and know they have the right to say no without lengthy explanations. People who are assertive show respect towards themselves by not being swayed into agreeing with a request which conflicts with their values or standards. They possess the skills to set limits or confront people who treat them disrespectfully. While also knowing they can respond to a destructive or toxic situation by walking away. Assertive people have the least amount of conflict and stress in their lives.¹

Without assertiveness, people will either be passive or aggressive or a combination of both.

2. AGGRESSIVE

People who communicate aggressively are not concerned with other's feelings or needs; they respond angrily and become defensive if others disagree with their opinions or set limits with

them. They insist on having their own way and usually have the last word. Their aim is to win. They force their opinions on others, which results in frequent confrontations. Aggressive behaviour precludes the possibility of co-operation and communication.² Others learn to avoid discussions with them. People who respond aggressively usually have high stress levels and experience more conflict.

3. PASSIVE

People who communicate passively have difficulty saying no or expressing their opinions. This usually leads to feelings of resentment and frustration. They have an inability to express their feelings, thoughts or wants. People who display passive communication rarely ask for what is important to them and tolerate abusive behaviour. They are indecisive and look to others to advise them on what they should do. They frequently apologise. Even though they avoid conflict they attract it and frequently find themselves in difficult situations because of their inability to say no and to set limits with disrespectful people. Consequently they allow others to walk all over them and take advantage of them, which results in higher levels of stress. People often feel sorry for them; they may like them but don't respect them. Those who display passive behaviour often feel hard done by and sorry for themselves.^{1, 2}

Both passive and aggressive behaviour is manipulative and ineffective.² When people respond in either of these ways, it usually results in hidden resentments and unresolved conflict with others.



Communication patterns are passed on in families.

Kim's case study – Kim responded passively.

Whenever Kim faced a difficult situation she responded in the passive way demonstrated by her mother. She had learned to always agree and avoid upsetting anyone. Others' approval was valued more than her own needs. The belief of needing others' approval was the stumbling block to her developing assertive communication and hindered her from saying 'no' or setting limits with others. When a person, like Kim, has a strong need for approval from others, it places them in a vulnerable position of being easily manipulated. Kim felt anxious and guilty if she upset or displeased anyone.

I encouraged Kim to take small steps and gradually build up her communication skills. Kim found it helpful to draw up an assertive building skills list and to work on one step at a time. Each step she took gave her a little more confidence. The more she practiced the easier it became. She rewarded herself after she completed each task. I reminded her to be kind to herself and if she didn't get it right; she needed to be patient and keep trying. I had to remind Kim not to indulge in negative put-downs but work at encouraging herself.

Following is the list of assertive building skills that Kim found helpful. Starting with an easy task and progressing in difficulty.

Kim's Assertive Building Skills List

Step 1 - easy.

Reducing the number of times she said 'sorry' during the day to half the number. Date achieved, within 2 weeks. Reward, buy herself some flowers.

Step 2 – slightly harder.

Saying 'no' without any explanation to unwanted telephone sales callers. Date achieved, within 4 weeks. Reward, go out for dinner at her favourite restaurant with her best friend .

Step 3 increasing in difficulty.

Saying 'no' (without explanation) to her colleagues when they asked her to work an extra shift. Using the broken record technique. (Discussed further in the chapter.). Date achieved, within 6 weeks. Reward, go out with her friends.

Step 4 - more difficult.

Asking for something she wanted.

Asking to be served in a shop when others jumped the queue.

Asking for the music to be turned down in a restaurant. Date achieved, within 8 weeks. Reward, have a few hours shopping with friends.

Step 5 – difficult.

Expressing a different opinion to someone else was the next difficult step (this one was especially challenging for Kim). Date achieved, within 12 weeks. Reward, have an afternoon off doing her favourite activity.

PRACTICE AND MORE PRACTICE

Important list to draw up

Now it's your turn. Draw up your own assertive building skills list. Remember to take easy steps first and gradually build up your skills.

Consider similar tasks like:

- saying no to a stranger who asks you for something,
- saying no to a close friend or a family member,
- speaking up in a meeting at work (even if it's only a few sentences),
- asking someone out for a coffee,
- changing an appointment time,
- saying no to a charity you don't want to support,
- offering a different opinion,
- asking someone to stop interrupting you,
- refusing to do something that goes against your personal values or standards.

Can you think of any other skills that you would like to develop? Write your list and then work your way through it increasing the degree of difficulty. Don't initially set limits with difficult

people or significant people like your boss (if you take on the hardest steps first, you will more than likely fail and become discouraged.) With every small victory your self-worth and self-respect increases and boundaries are formed. Don't forget to add in a reward after achieving each task.

Kim's struggle with her guilt.

Kim initially worked well on her list, but a month into her training she made another appointment.

Kim slumped in her chair. She squeezed her eyes shut and drew in a breath. "I don't think I can continue to do this assertiveness work and say no to people; it just makes me feel worse. Maybe it doesn't work for me."

"You feel worse after you say no to someone, and you feel it would be easier if you didn't do these exercises. Is that what you said?"

"Um...yes, that's right, it's the guilty feeling I hate, like I've done something wrong." She sighed, "I just hate to upset anyone."

When people first start using assertive communication they often feel emotional discomfort associated with guilt. The discomfort can cause them to become discouraged so they give up and temporarily the pain lessens. However, their relationships with others will eventually deteriorate and conflict will increase. I quickly thought of a metaphor that Kim might understand as I didn't want her to give up at this point. She was interested in exercise and training.

"Kim, if you can, imagine you want to run in one of your marathons and you came to me because my job was a personal trainer. You would expect me to develop a physical exercise programme for you aimed at increasing your fitness and strength. I would do this by setting difficult exercises, which would result in your muscles stretching and causing you pain. Over time the pain and fatigue would lessen as you gain strength and your fitness increases. Isn't what you are experiencing now a similar situation? You have come to me for assistance to gain a new skill. It's normal to feel this discomfort as you develop your emotional muscles. Like any physical training, assertiveness training will also cause pain. When you change your beliefs about yourself, pain and discomfort results."

"Hmm, yes," she frowned as she concentrated, "I see what you mean. It's okay for me to feel guilty because I'm growing emotional muscles. Yes, that makes sense. I just hope I'll feel better soon as I do more of my exercises."

"Yes Kim, as you work your way through your assertive tasks, your emotional pain or guilt will reduce over time. The discomfort you feel as you challenge your beliefs and habits is all part of the process of change. Like any exercise continuing on and pushing through the pain brings results."



Trying hard to build some muscles.

BROKEN RECORD IS A USEFUL ASSERTIVE TECHNIQUE

Kim continued with her assertiveness skills exercise and when she returned for her next session I introduced a technique called the broken record. The broken record is useful because it effectively helps you not to become distracted from saying what you want to say. It keeps you focused on delivering your message so you avoid becoming drawn into an argument with the other person. Fewer words usually deliver a more powerful message. Using this technique, you take a short sentence and repeat it until the other person hears what you are saying, or you both reach an agreement. You must continue repeating the sentence and not become distracted. It's also helpful to change a few words around so it doesn't sound too parrot-like. For example if someone asked you to babysit for them tonight, and you wanted to decline, use the broken record technique. You might say:

'No, I'm not available to help with babysitting tonight.' (Repeat if you are being pressured.)

'No, I can't help you tonight.' (Repeat if necessary, but don't justify.)

'No, I'm not free to help you tonight.'

Don't answer any 'why' questions, 'why won't you babysit tonight?' Just ignore the 'why' question and repeat your statement to deliver your message. Sometimes 'why' questions are not used to gather information but to trip the person up and wear them down with arguments. As you practice this technique avoid giving long explanations as to why you don't want to do something. Avoiding long explanations protects you from being worn down to agree to an unreasonable request. Don't justify yourself, and keep on track.

If you want to validate their difficult situation and soften your reply, you have the option of saying something like: 'I can see it's a problem for you to find a babysitter at such short notice, but I'm unable to help you.' At this point refrain from saying 'I'm sorry', as it's not your fault.

Kim described a situation that was causing her anxiety.

Kim, because of her lack of assertiveness, had found herself in a difficult situation. She had agreed to help her friend Jane with writing her university assignments. After six months Jane was still expecting Kim to cancel any plans she might have and write the assignment the night before it was due. Jane had initially asked for assistance but over time Kim found she was doing most of the work. Kim had wanted to say no because she felt uneasy about writing the assignments, but didn't want to upset her friend. She had tried to talk to Jane about her feelings but Jane reacted angrily so Kim backed off and gave in.

Kim knew she was being manipulated but didn't know what to do. She admitted feeling angry with Jane. Anger was a new emotion to her as Kim wasn't used to thinking about her feelings or

her emotions. Anger is often a signal to the person feeling it that they are being treated unfairly. It can be a warning signal, telling you that something is wrong, and needs attention.

Kim's broken record dialogue.

Let's have a look at how Kim dealt with the situation after some training. Here is a summary of her conversation with Jane.

Jane, "Kim, I need help with this latest assignment, will you help me tonight?" Without waiting for a reply she replied crisply, "I'll pick you up at seven tonight."

Kim looked steadily at Jane and taking a slow breath said, "Jane, I can't help you with your assignment tonight and from now on I think you should be writing them yourself."

Jane glared and answered in a clipped angry voice, "Why can't you help, you always have in the past?"

Kim decided not to answer the why question and used the broken record technique we had practiced. "I'm just not able to help you tonight." She didn't want to be drawn into an argument as she had previously told Jane why she didn't think she should write her assignments for her. Jane explained incredulously, "But, I really need you to help me, you can't let me down; it's due tomorrow." Kim again repeated that she wasn't available to help. Jane's terse reply was "You're getting so selfish lately; I don't know what's the matter with you." Jane was using emotional blackmail, so Kim would give in. Kim admitted to feeling anxious and guilty but using the broken record technique said, "I appreciate that it's difficult for you Jane, but I can't help you with writing your assignment." She validated Jane's problem that it was difficult for her, but did not let herself become drawn into the problem, and ignored her guilty feeling.

Jane then changed tactics. Slumping her shoulders (designed to make Kim feel sorry for her and rescue her), Jane, in a vulnerable voice said, "Well I suppose I'll have to work it out myself, but I don't know how I'm going to write it in time. I think it's really unfair of you not to help me. I'll probably fail this subject now."

Jane was trying her best to make Kim responsible for her problem. Kim finally saw it was all about Jane and not about Kim or her needs!

As Kim persisted with developing her assertion skills it led to her self-respect growing. Kim worked on challenging her belief that others must always approve of her. When she began to develop self-respect she was amazed at the shift in her thinking.

For the first time in her life Kim felt she didn't need everyone to like her as she was learning to approve of herself. Kim explained it as liberating, as it gave her a sense of freedom, which was unfamiliar to her. She didn't have to always fit in with others or agree to unreasonable requests, which made it difficult for others to manipulate her.

Broken record technique helps you stand firm and not give in to pressure

Watch your body language.

Your body language is just as important as your words. Practising at being assertive also involves monitoring your body language and learning new skills of how to communicate non-verbally.

So what can you do? Stand up straight and look the person in the eye (but don't stare at them). Don't stand over them but be at their level. Resist the urge to touch your face when you are communicating your point. Touching your face or fidgeting shows the other person you are

nervous. Have your arms loosely down by your side; don't cross them as this sends out signals that you are anxious or defensive. Work at projecting an image of confidence and firmness (even if you don't feel it initially). If this is new to you, then practice in front of the mirror until it feels more natural. I would also encourage you to practice with one of your friends.

Important questions

Do you let people walk all over you so they will still be your friend?

Do you think you should always give in to please others?

Do you have difficulty in expressing an opposing opinion?

Do you give in to pressure and go against your own values or standards?

If you have answered yes to these questions then I encourage you to practice the broken record technique and draw up your own personal assertiveness skills building list.

One of the barriers that hinder learning these communication techniques is lack of belief or confidence that you can do it. Sometimes a client will say to me, 'I'll do it when I feel more confident.' Don't fall for that trap! Action comes before confidence; if you wait until you feel confident you'll never start. By taking small steps and ignoring your anxiety you'll find your confidence will slowly develop. If you doubt you can do it, remind yourself that assertiveness skills are just tasks that can be learned, very much like a competency or procedure you learned at work.

If your friends won't accept your boundaries then I would encourage you to have a look at your friendship (as Kim did with Jane). Do you really need friends like those?

Why is it so hard to say no and set limits sometimes?

If you have poor boundaries you will struggle with saying the word 'no'. It becomes even more difficult to say no to people when they start to pressure you. You give in because the other person might become upset with you, disapprove of you or even reject you. We saw with Kim how her feelings of guilt hindered her initially from learning new skills, as not all guilt feelings can be trusted. This type of guilt occurred because of the manipulation of others.

Good guilt and harmful guilt.

If you have hurt someone or acted inappropriately you will most probably feel guilty. The guilt you feel achieved its purpose to cause you to evaluate your actions and words. However, guilt is not healthy when it is used as a tool to manipulate you to give in to an unreasonable request. Be prepared for others to show they are upset with you when you start to change and become assertive.

Others may put pressure on you to manipulate you because they want you to stay the way you are, so they have more control over you. It's about them, not you or your happiness. When you learn to tolerate emotional discomfort you will find you are less easily manipulated. You are developing strength of character (emotional muscles).

If you were manipulated with guilt when you were growing up, then you may find it very difficult to say no or set limits with people. Making a stand may provoke feelings of guilt and shame.

In Kim's family of origin, girls were not permitted to express any anger; they were taught to nurture and placate and to be agreeable all the time. These patterns were so ingrained in Kim

that she felt there was nothing else she could do. Kim had never been taught assertiveness skills by her mother. She was taken advantage of frequently and complained of chronic fatigue and tension headaches. When she had the courage to explore her feelings at a greater depth she found frustration, constant anxiety and hidden anger.

AVOIDING CONFLICT AND REFUSING TO SET LIMITS IS A DESTRUCTIVE PATTERN

Not expressing anger doesn't mean it will go away. It can stay until its purpose is recognised. Often, suppressed emotions will cause physical signs and symptoms such as frequent headaches and high blood pressure. Expressing negative emotions in a respectful way prevents you from retaliating in anger. (Just because the other person is angry, doesn't mean you have to lose control and retaliate - that is not assertiveness.) Reacting in anger will usually cause the situation to deteriorate further and damage the relationship. If you feel angry, immediately distance yourself from the person, then when you have calmed down try and talk to them again.

Important points

If you don't learn to say 'no' to others you will end up feeling resentful towards them. This will ultimately affect the relationship.

How that person reacts to your 'no', is not your responsibility.

Don't make major decisions depending on what others think you should do.

Don't become manipulated by guilt to please others or to meet another's needs at the expense of your own standards.

Be aware if a request comes after the person has used flattery (they may be trying to manipulate you).

PASSIVE AGGRESSIVE BEHAVIOUR IS A DESTRUCTIVE PATTERN

Passive aggressive behaviour occurs when you flip from being passive to aggressive. It occurs when you don't set limits with someone and when it becomes all too much for you, your emotions boil over and you react angrily. After your aggressive outburst you feel remorse at your behaviour.

A passive aggressive reaction makes the situation worse. You teach family members and friends they can get away with their behaviour until you become angry.

Important questions

Do you change suddenly from being passive to aggressive?

Do you get back at people in an underhand way because you don't know how to communicate honestly?

Passive aggressive behaviour is not always explosive or obvious, it can be quite devious. For example, a person who responds with passive aggressive behaviour will rarely speak firmly and honestly when they are faced with conflict. During conflict they retreat but then complain to another person instead of the person whom they're in conflict with. They often respond by giving the silent treatment to the person they are upset with, which makes it very difficult for the issue to be resolved. Consequently, resentments, bitterness and anger build up. Agreeing to do something but having no intention of doing it, is another example of passive aggressive behaviour. It would be more honest to say no, even if the other person is upset with you. Being assertive is being honest and straightforward, rather than being underhanded or devious.

PEOPLE PLEASING BEHAVIOUR IS ANOTHER DESTRUCTIVE PATTERN

Jessica's story.

Jessica's sad family history and her destructive behaviours with abusive men.

Jessica came to see me because of her history of always choosing the wrong men and entering into sexual relationships with them. She would fall 'in love' with them on the first date and then act on her sexual feelings.

Unhealthy boundaries also relate to falling in love with a new acquaintance and becoming sexually intimate with them. Jessica was too afraid to insist her partner practice safe sex and frequently put herself in vulnerable and dangerous situations. (She had very little self-respect or healthy self-regard.)

Jessica had serious work to do in choosing her life's partner, and part of that work was to develop boundaries and assertiveness which were not taught to her by her parents.

Jessica admitted, "I find I just can't say no to people. I hate to upset or disappoint them and would rather do what they ask than see them upset with me. Then I find I run around doing so much and being constantly stressed. For example, my neighbour asked me to pick up her kids one day because she was running late. Now I find I'm picking them up most days, dropping them off at school and the other day she asked me to take one of them to dancing lessons." As she reached for a tissue, Jessica asked. "What's wrong with me? It's stressing me out!"

"Jessica, you do seem to have a pattern of saying yes to everyone even when you want to say no. You seem to think you are only worthwhile if you please everyone and get people to like you. Does that sound an accurate description to you?" "Yes," she sniffed.

I paused to give myself a moment to think about what she had told me. Her mother had not taught her it was okay to say no to unreasonable requests. When she was faced with a problem or a challenging situation she reacted by avoiding conflict. It was rare for Jessica to communicate directly and honestly. Jessica's people pleasing pattern had developed in early childhood and continued throughout her life. She let others make decisions for her and went along with them so she wouldn't cause any conflict. She had so few boundaries that just about everybody in her life took advantage of her.

I asked Jessica more questions, not just to gather information, but to assist her to see the patterns of her behaviour. "Tell me more about your childhood and what it was like for you growing up in your family."

Conflicting emotions flashed across her face as she answered slowly, "Mum was always running after dad. He was dominating and liked to have his own way. I remember mum being so exhausted and sad most of the time and dad seemed to be always criticising her."

"How was your relationship with your dad?" I gently probed.

"I loved my dad," she replied, her brown eyes welling up with tears, "but he was never happy with what I did or how I looked, sometimes I think he would have been happier if I'd been a boy. I remember going to my first school function when I was a teenager. Mum and I had spent so much time making a dress for me and my girlfriends had come over. I was so excited and when dad walked into the room I asked him if he liked my new dress. I can still remember his reply." She paused. I waited while she struggled with her tears. "Even, all these years later it still hurts. He said to me in front of the others, 'well if you had lost a bit of weight you might look reasonable.' I cried all the way to the party. I don't remember much about the night. And you know the saddest part was my mother never said a word in my defence."

Jessica, because of her family of origin, never really felt loved or valued. From her family of origin she formed a belief that she must work at pleasing others to earn their approval. She desperately craved love.

Over the next few months Jessica developed more balance in her life. She learnt through the broken record and assertive building skills exercise to make changes and say no to unreasonable requests. Jessica still wanted to be a help to others but didn't want to be taken advantage of, and learnt by saying no to things that robbed her of time and energy she was still free to say yes to help others.

When people are unable to say no they run the risk of exhaustion, low self-worth, feeling overwhelmed, burnout at home and work with high stress levels and depression. (We will come back to Jessica's story in chapter six and examine her relationship problems.)

Let's briefly look at some difficult situations in which people have found themselves. See if you can recognise any patterns of behaviour which cause problems.

Short vignettes

Josephine's younger brother, Stan, was irresponsible with money and addicted to smoking marijuana. He was now demanding money from Josephine to fund his lifestyle. Their mother used to give him handouts because she didn't want him to default on his rent payments or not have enough money for food and essentials. Since the mother's death, Stan now demanded financial help from Josephine. She tried to tell him she wasn't able to keep giving him handouts but he responded angrily and became upset which caused her to back down as it was much easier to give in to him. Their relationship was deteriorating as her feelings of frustration and annoyance increased. Instead of being firm and honest with him, she avoided his company. Josephine was not demonstrating assertive behaviour. Instead she was displaying passive aggressive behaviour and avoidance of conflict which was making the situation worse.

George couldn't understand why his brother Mark was so snappy and moody with him and avoiding his company. George finally asked him if there was anything wrong, but Mark responded by averting his gaze and denying there was a problem. George felt confused and wondered if he had upset Mark by something he had said. Mark would not discuss the problem with him because he thought George should know what was upsetting him. Mark was displaying passive aggressive behaviour and was punishing George rather than talking about the issue. Mark responded to all conflict and any differences of opinion by giving the person the silent treatment, which often lasted for months. George was then unable to resolve the problem because he had no idea what was upsetting his brother and their relationship continued to deteriorate.

Bob's mother expected him to visit her at least twice a week and every Saturday. Bob had a new girlfriend and wanted to spend more time with her. However, if he did not spend every Saturday with his mother she became sulky, complaining to the family how selfish he was. Bob felt guilty when he upset his mother and thought it was not worth saying anything. He was unsure what to do because his girlfriend was annoyed by the situation. Bob was avoiding communicating honestly and setting limits with his mother, and was instead developing depression and tension headaches. His mother had always controlled Bob by her behaviour. She taught him over the years if he disagreed with her she would become tearful. Bob in turn responded to his mother's emotional blackmail by giving in to her requests and the destructive pattern continued.

Jason was annoyed by his sister's thoughtless behaviour. She would organise family gatherings without discussion with him and also dominated the conversations, constantly

interrupting and talking over him. He reacted to her behaviour by going quiet. Sometimes his frustration with her built up and he exploded angrily, usually over a small incident. His family were wondering what was wrong with him and why he was becoming so volatile. Jason responded to his sister's thoughtless behaviour by using passive aggressive behaviour instead of being honest and firm.

Communication expressed in a respectful assertive manner would be an alternative way of responding to the difficult situations the above clients found themselves in. Instead the clients responded in a passive aggressive manner which caused breakdowns in their relationships and an increase of anxiety and stress. All of the above situations could have been avoided.

Important points – when you don't know what to say

If you feel you are being pressured into agreeing with an unreasonable request and don't know what to say, use one of the following responses. You may need to apply the broken record technique to put your message across. As you practise, eliminate the word 'sorry' from your statements.

I need to think about that. I'll get back to you later (don't be pressured into agreeing with something you don't want to do; it's much harder to back out of it later).

I'll need more time to consider what you have said; I'll get back to you....

I've thought about that and I am not comfortable doing that...

Other statements might be:

No, I don't agree with....

Please don't smoke in the house, smoke outside if you want to.

No, I can't help you tomorrow, but I'm free on Friday.

No, I don't lend out my car to others (don't say sorry!).

Assertiveness is sometimes misunderstood. If a message is delivered in a disrespectful way then it is aggressive not assertive. Assertiveness is firm but always respectful. No-one can be too assertive. Occasionally I'm asked; 'but isn't being assertive crossing the line sometimes and becoming aggressive?' No, it's not. If a person becomes rude or disrespectful then they are being aggressive. When you are being assertive you are respectful not only to yourself but also to the other person. You can use the broken record, and say no without sarcasm, put downs or raising your voice. It's not insisting you win or you must have it your way. Remember the goal of assertion is not about changing or controlling the other person; it's about stating what you want or don't want in a respectful manner. Assertiveness is not about you doing all the speaking; it's about listening to what the other person is saying and being open to their opinions even though they may differ from yours. Listening takes practice. You'll find many people don't know how to listen; their aim is only to get their point across.

When you listen, summarise or paraphrase what you think you heard and if you are unsure you understood what they were saying, ask questions to clarify if what you heard was correct. Asking questions also shows you are interested and want to understand their point of view.

Sometimes you need to resist the urge to speak, especially at times where it might offend the other person or call attention to their mistakes. Assertiveness is not publicly humiliating or deliberately seeking to embarrass someone. It's about being respectful even when others might be rude and disrespectful. Assertiveness is also deciding that in some situations the wisest

approach is to respond by being passive and not saying anything. It's okay to be passive when it is appropriate, as long as you don't respond this way all the time.^{1, 3}

Fewer words and more action is being assertive.

SOMETIMES ACTIONS SPEAK LOUDER THAN WORDS

Assertiveness is not always about words. If your message is not being heard, then you need to consider increasing the power by taking action instead of talking. Actions will sometimes get your message across more effectively than words.

Consider the following effective actions.

Ruth tried a number of times to talk to her husband, Rob about his constant put downs and criticisms made in front of her family. When she realised her words were not being heard, she decided to take assertive action instead. Ruth, Rob and her extended family were out at a restaurant enjoying a meal. Ruth's sister asked her if she knew what was in a particular dish. Ruth answered and explained how it was made. Rob immediately snapped, 'Don't take any notice of what Ruth says. You know what her cooking's like.' His words left a strained tension. Ruth released a slow breath, looked him straight in the eye and said 'Rob, stop that. If you're going to criticise me, I'm going home.' Rob was dumbfounded. He couldn't believe what he had just heard. Ruth had always responded with long explanations, apologising and glossing over his comments. Ruth then turned towards her sister and resumed her conversation. A short time later Rob sarcastically directed another criticism towards Ruth. This time Ruth quietly removed herself from the table and drove home. Rob was stunned by her unusual reaction. The rest of the meal was spent in a strained atmosphere. When he returned home he angrily told Ruth what he thought of her behaviour. She refused to argue with him and stated (using the broken record technique) that she was not going to tolerate his criticisms. Since that night Ruth has not been criticised in front of her family!

Margaret had repeatedly asked her adult daughter to stop leaving her dirty clothes on the bathroom floor. Margaret constantly picked up her daughter's laundry and washed and ironed her clothes. Margaret eventually realised her repeated nagging and requests weren't working so she knew she had to try a different approach. She told her daughter once again she was not going to pick up after her. The following week the clothes were dropped on the floor. Margaret closed the bathroom door and ignored the growing pile. One morning her daughter was rushing to get ready for work but couldn't find any clean clothes. She yelled angrily at her mother, demanding she find some clean clothes. Margaret ignored her behaviour and left the house. Her daughter was aghast. Consequently she arrived late for work. After being reprimanded for arriving late, Margaret's daughter now is responsible for her own clothes and makes sure she has something to wear each morning.

Molly usually enjoyed her friendship with her friend but there were times when she felt annoyed and frustrated at the way she was treated. Molly's friend often made a time to meet her but either didn't turn up, or arrived an hour late. Molly's complaints about having to wait were ignored. After working on her assertiveness skills Molly decided to do something different. The next time her friend arranged to meet with her, she waited ten minutes and then went shopping by herself. When her friend arrived an hour later, she was amazed that Molly wasn't there waiting patiently for her. Her friend rang Molly, upset and asking where she was. Molly firmly told her she was tired of waiting and had gone shopping by herself. Now when her friend makes a time to meet Molly she always arrives on time. Molly wondered why it took her so long to learn the meaning of an assertive action.

Key points

Show respect in your communication and treat the other person with respect, even if they don't show respect towards you.

Non-assertive people are more likely to be exploited, which causes them to feel anxious and resentful.

Taking a stand against abuse or unreasonable requests can be difficult for you if you have never been taught boundaries or assertiveness skills. The more you say no, the easier it becomes.

The guilt you feel when you start to say 'no' doesn't mean you have done anything wrong. It occurs because you are changing your patterns.

You can't change people who you love, but you can influence them by your behaviour.

It's okay that others will disagree with you, respect their differing point of view. You don't need to change your opinion to fit in with them.

If you are unsure what to say, respond with: I'm unsure about that, I'll get back to you. This gives you more time to think about your response. Repeat it again if the other person demands an answer.

Not everyone will be pleased with you when you start to become assertive. They have been used to having their own way. But that's okay.

[\(Back\)](#)

Chapter Three - Accepting Self

No matter what level of ability you have there is more potential than you can ever develop in a life time
(Anonymous)

Unhelpful thinking will harm you

Childhood messages can either be helpful or destructive

Perfectionism is a destructive pattern

Narcissistic (self-love) and self-loathing are two destructive patterns

Addictions always come at a cost to your life and relationships

Sally's story.

Sally was sitting in a local cafe wondering why she was feeling so sad. She was a stunning woman in her mid 40's, wearing a red dress offset by expensive jewellery. She glanced out at her shiny blue sports car and thought about the lovely home she shared with her husband and son. "Am I in a rut?" she pondered, thinking maybe that was the cause of her feeling so down.

Sipping her cappuccino Sally realised her feelings of anxiety and exhaustion were more common lately but she couldn't quite put her finger on the reason why. Sally had always struggled with anxiety but it was worsening. She wondered when drinking a cappuccino by herself had become such a delicious treat. Sally felt her life was out of control as she was always rushing, at everyone's beck and call. Recently she had tried some relaxation exercises but they didn't seem to help so she gave up after a few attempts.

By all appearances Sally was successful. She had all the external trappings considered important to most people, but somewhere along the road had stopped enjoying life. It was harder and harder to keep on going. Others only saw the happy mask she wore, but deep down she was discontented and unhappy.

Sally spent most of her time pleasing everyone, always on the go, never saying no, and rarely taking time out for herself (except for the occasional cappuccino). Family and friends often took advantage of her and this made her feel resentful towards them. She frowned as she thought of her friend recently asking her to baby-sit. Sally had cancelled her own plans in order to be available and returned home late, exhausted. It hadn't occurred to her to say no, for she didn't like to let anyone down.

Sally was extremely critical of herself, especially if she slipped up and made a mistake. She frequently put herself down and made disparaging remarks about herself in front of others.

Sally had believed that when she had wealth, a worthwhile career and social status she would feel happier. Years had been spent on attaining material success, academic qualifications and working her way up the ladder in her career. Somehow it wasn't enough, as she didn't feel any better about herself; she still thought she wasn't good enough. "Anyway," she mused, "what's the point? I am what I am. I can't change."

Important points

Sally's problems were linked to important questions.

Was Sally right in thinking she couldn't change her situation?

Was being tough on herself improving her life?

Was spending time and energy on material and career success (external gain) the answer to happiness?

Why do some people have a healthy sense of self, whereas others like Sally struggle to even like themselves?

Sally had spent much of her life struggling with anxiety and self-doubt. Very little of her time and energy had been devoted to improving herself or learning new skills to reduce her anxiety. She hadn't realised it was her thinking which kept her trapped, and had believed happiness was dependent on possessions, status and external circumstances. The key to Sally reducing her anxiety would be found within, not solely in external factors. Sally's poor sense of self, failure to like herself, and over dependence on other's approval were major factors contributing to her anxiety and unhappiness.

What is a sense of self?

A sense of self is a hard concept to grasp; it's similar to your basic sense of worth which is also synonymous with self-acceptance, self-integrity and self-respect. Research clearly indicates having healthy self-esteem is necessary for happiness and the avoidance of mental health problems. Having a healthy sense of self ensures you are more able to cope with life's challenges and are not overly concerned about what others think of you. Being emotionally and mentally stable is having healthy self-acceptance, not relying on accepting yourself only when you measure up to perfect expectations, or when you meet the approval of others.

Let's leave Sally for a moment and have a look at Kerry's story.

Kerry's story.

Kerry is racked with guilt and anxiety.

“I'm just a worrywart!” Kerry frowned as she struggled for words to express her intense feelings. “And I'm tired of worrying and trying to be always perfect.”

In Kerry's case, it was her frequent debilitating headaches and anxiety which prompted her doctor to refer her for counselling. She sat there fidgeting, with her foot tapping against the chair. Kerry's life consisted of constant movement; there was so much to do and so little time to do it. She had difficulty finishing tasks and lived with feelings of overwhelming anxiety. There was so much on her plate, and Kerry hoped that counselling might help her manage her life better so she could do more!

Kerry led a busy life being a wife, mother and teacher. She found it difficult to relax and felt guilty if she attempted to slow down. Kerry wanted to change but didn't know how. Unlike Sally, she was willing to make changes and had the courage to look at her own patterns of behaviour.

PERFECTIONISM IS A DESTRUCTIVE PATTERN

Kerry told how she was constantly worried about making mistakes; she had to do everything perfectly and couldn't bear to be criticised.

Critical parent

Kerry described how she had a controlling and critical mother who led her to believe she couldn't do anything right. Her mother was very hard to please and Kerry felt she could never live up to her expectations or standards. Kerry was an only child and great expectations were placed on her to succeed in life.

Kerry had been given the message in her childhood that to win her mother's love she had to achieve perfection in all that she did. Her mother had died ten years ago but Kerry continued to criticise herself, in the same manner her mother had. Kerry had developed the habit of being extremely critical of herself, replacing her mother's words with her own thinking. Kerry set standards for herself that were unrealistic and hard to accomplish, which led to constant anxiety. Her self-worth was dependent on never making a mistake, which meant she had to be always perfect. This resulted in Kerry developing lack of self-confidence and social anxiety. The tougher she was on herself, the worse she felt and the more anxious she became.

Was it any wonder she felt overwhelmed most of the time? When she made a mistake her anxiety level worsened, creating a depressed mood for a number of days.

Being hypercritical towards oneself will increase the likelihood of depression.

Kerry described an incident at work where she made an error documenting a student's mark. When the student challenged the grade and the paper was remarked it was evident Kerry had miscalculated. She lay awake for nights replaying the incident, worrying and doubting whether she was good enough to be a teacher. She wondered if she should resign. She believed that one mistake meant she was completely hopeless as a teacher. (This is all or nothing thinking, discussed in chapter four.) Kerry now triple checked her marking and preparation of lessons, creating more work and stress.

Perfectionism is associated with anxiety and depression (with many 'shoulds').

Kerry talked constantly about the stress at work but I was curious to hear about her relationship with her husband Mark and two teenage children.

“Kerry, you have told me about the stress at work, how are things at home?” I enquired.

Kerry, with an edge in her voice, answered, “Things are not good with Mark or the kids. I’m constantly tired and irritable with them. I know I’m treating my children the same way my mother treated me because I pick on them and criticise them. But I do love them; I just want the best for them. And as for Mark and me, well it’s not real good at the moment.”

“Can you give me an example of what you mean by, not so good?” I asked Kerry.

She described a recent incident. “I like to hang my clothes out a certain way on the clothes line. One day I was rushing and Mark saw how busy I was so he went and hung them out for me. I checked a short time later and didn’t like the way he had pegged them up, so I rearranged them and told him to do it properly. He gave me a strange look and was quiet the rest of the evening. I knew I’d hurt him.”

Kerry had a habit of criticising Mark whenever he tried to help with the house work. He often complained that whatever he did was not good enough so he had stopped trying to help.

Every morning Kerry draws up a long list of tasks that she tells herself she must achieve. When she can’t do them all she becomes anxious and upset with herself. She also writes a list of jobs for Mark to do some weekends. Mark dislikes her lists and always ignores them, which creates tension that escalates to an argument. Kerry thinks she can change Mark and can’t understand why he doesn’t fit in with what she wants.

Some people with perfectionist traits become critical of others and try to change them. Even though Mark has refused to follow Kerry’s lists for years she still writes them and becomes upset when he doesn’t do them.

It reminded me of an old saying: ‘insanity is doing the same thing over and over again and expecting a different result,’ or doing something the same way and expecting the outcome to be different. Kerry reluctantly acknowledged she had to handle the situation differently if she wanted Mark to help more in the house. She also needed to understand the effect of her criticism on Mark. As the more she criticised him, the more he withdrew and refused to help her.

Kerry’s anxiety and relationship problems were linked to her perfectionism. The thinking patterns of perfectionism are associated with inflexibility, following self-made rules and trying to control others. The inflexibility and rules create anxiety and stress and have been strongly linked by a number of studies to depression and even suicide.^{1,2}

Perfectionism traits can lead to exhaustion, frequent headaches and other symptoms of stress.

I am often asked, ‘But isn’t being a perfectionist a good thing as it makes me try harder so I can achieve a lot more?’ It’s useful to have standards slightly higher than you usually have as it prompts you to put effort into making improvements. But when the standards are excessively high and impossible to accomplish, you create frustration and anxiety. If you believe your self-worth is linked with doing everything perfectly then you are setting yourself up to fail.

Perfectionism does provide the stimulus to work hard to achieve, but as self-doubt and a fear of not being good enough are also associated with it, it has a cost.²

Kerry had difficulty accepting compliments.

During the next session, Kerry told me of a conversation with her best friend that had left her confused and upset. When I asked for more details she explained how her friend had

complimented Kerry on her new dress. Kerry responded to the compliment by snapping at her friend and telling her she wasn't sure if she liked the dress and thought the colour didn't suit her. Her friend looked at her with exasperation and walked off without saying a word.

"Kerry," I gently confronted, "do you realise that your girlfriend gave you a compliment, which is a type of gift, and you threw it back at her?" I paused then continued with this question, "Is this the way you usually respond?"

Kerry's warm blue eyes welled up with tears. "Oh ..uhh, I haven't ever thought of it that way; I feel so uneasy when someone says something nice to me."

"Like you don't deserve it?"

"Yes," with more tears.

Kerry had a poor self-concept (or self-acceptance) and whenever she was given a compliment she instantly rejected it. She had rarely been complimented or encouraged as a child. Kerry carried these same behaviours into her own family, seldom praising or encouraging Mark or the children. Most of her conversation consisted of criticisms and reprimands.

Messages or beliefs about ourselves are formed in childhood.

Through counselling, Kerry developed self-awareness that the beliefs she held about herself were the cause of her anxiety. These beliefs were a reflection of what she had been told consistently by others when growing up. Most people like Kerry don't recognise some of their beliefs are distorted (or flawed). She recognised the main messages from her mother: 'Kerry you must be perfect and never make a mistake. Don't be yourself, because you're not good enough.' No one had ever offered her the option of thinking differently about herself.

If a child is criticised constantly their confidence and self-acceptance is eroded. As adults they may feel they have little to offer the world, and their low self-confidence makes it difficult for them to face life's challenges and setbacks.

Children can form a belief about themselves, and even if it hinders or harms them they don't question it, and these beliefs influence the development of their self-concept. It then becomes ingrained into their personal belief system.

Important points

Children grow up believing what is being said about them. They don't have the ability to question the messages.

If you have been told repeatedly you have no value or are not good enough you will unquestionably believe the message.

In adulthood these destructive messages need to be challenged rather than being blindly accepted.

Sally's situation

In the beginning of the chapter we looked briefly at Sally's life. Could Sally have made changes? Yes. But was she committed to make the effort? No, she probably wanted a quick fix. She faced two possible directions in her life - continue on the same way, or make an effort and bring about changes. However, we saw she wasn't prepared to spend the time and effort to change her destructive thinking patterns. Therefore, she would probably continue to drift along and remain stuck.

If we were to catch up with Sally in five or ten years, we would still find her discontented, anxious and unhappy. Nothing would have changed. Anxiety and unhappiness are often a wake-up call that change needs to happen, but in Sally's case she had chosen to ignore them. Anxiety is often the result of a life out of balance, and a belief system that is distorted (this is explained further in the next chapter).

Kerry's life

Kerry was eventually able to modify her thinking and beliefs about herself which reduced her anxiety levels, leading her to feel much happier. We will return to Kerry in the next chapter and see how she was able to make profound changes in her thinking and life.

ANXIETY AND DEPRESSION

The increased rates of depression and anxiety have become some of the greatest problems facing today's society. One in three people suffer from anxiety. Women are twice as likely to experience depression as men. One in four women will experience depression in their life time and it occurs more commonly in younger rather than older women. With men, one in six suffers from depression at any given time and four times more young men than young women commit suicide. Teenage suicide rate has also risen throughout the world.^{3,4,5} You will be affected in some way by depression in your life. It will be either your own or the depression of a close friend or family member. These statistics are alarming and research suggests that anxiety and depression will rise even further. What can you do to reduce anxiety and the likelihood of developing depression? There are fortunately a number of tools or strategies you can use which have been shown by research to help. So let's take a look at them.

TWO ESSENTIAL TOOLS THAT PROTECT AGAINST ANXIETY

1. The tool of healthy thinking.
2. The tool of self-restraint and freedom from addictions.

HEALTHY THINKING IS THE FIRST TOOL

One of the most effective tools you can use to build your armour of protection is the tool of healthy thinking, as it is a deciding factor in whether you will develop anxiety and depression. Do you realise you have a choice about how you think? Your internal dialogue or self-talk influences how confident or happy you are. You can choose to be critical of yourself or you can learn to think in a way which is supportive and kind towards yourself, much like your best friend or your personal coach. Depressed people are usually very critical of themselves. The more you say negative statements to yourself the more it becomes ingrained into your mind. It reinforces negative beliefs you have about yourself (and makes you miserable).

Important self-awareness questions

For a few days monitor your thinking and ask yourself the following questions.

How many times during the day did you criticise and put yourself down?

What did you say to yourself when you made a mistake?



I'm an idiot.

Thoughts you would say to yourself if you were your enemy or worst critic:

I'm an idiot.

I'm so stupid.

I'll never be able to do that.

I'm such a loser.

I'll never be good enough.

These thoughts reinforce, you are a loser, leading to an increase in anxiety.

Thoughts you would say to yourself if you were your best friend or coach:

I can do this.

I'm doing okay.

It's okay to make a mistake.

What do I need to do to sort this out?

What can I learn from this mistake?

These thoughts support and encourage you, leading to less anxiety.

As you become more aware of how you think, it helps you to work at changing your thought patterns. You can't change what you don't recognise. Develop a habit of pulling yourself up when you put yourself down. Acquire a new habit of treating yourself with more compassion and then note the change in your feelings or mood.

Healthy thinking is linked to having a healthy relationship with yourself.

Developing self-care or self like helps to build your layer of protection. Susan Mitchell, in her book *Be Bold* 6, encourages us to examine the relationship we have with ourselves. It's not something we are usually encouraged to do. Learning to like yourself, having self-respect and developing a healthy self-care attitude will go a long way towards protection from anxiety and depression. Self like is an essential component of emotional health. If you are consumed by dislike or self-loathing this leads to anxiety and the development of unhealthy behaviours. Research clearly shows people who don't like or respect themselves have a higher incidence of mental health problems. People filled with self-hatred are insecure and have difficulty forming

loving relationships with others. They often treat those closest to them the same way they treat themselves.

People want emotional health but often are not prepared to put effort into caring for themselves. This means avoiding behaviours which cause a person to be run down and stressed. Often a person is reluctant to develop self-caring because they wrongly associate it with selfishness.

Having self-acceptance doesn't mean you give up trying to improve yourself.

Healthy thinking incorporates acceptance of self the way you are. This doesn't mean you give up trying to improve but you learn to accept yourself (even if you aren't perfect). Having self-acceptance also leads you to become less dependent on what others think of you. Placing too much emphasis on others' opinions of you makes you vulnerable to their rejection and criticism. Developing healthy self-esteem, or self-acceptance also means you will be less likely to become self-absorbed (and not worrying about what others think of you).⁷ Being focused on wanting others approval leads to anxiety and distress when the approval is withheld. It places you in a vulnerable position of being manipulated as people withhold approval in an attempt to manipulate.

How about perfectionism? Do you believe you must never make a mistake and must do everything perfectly? When you do make a mistake, do your self-criticism and anxiety levels escalate? A person who accepts they are imperfect and believes it's not the end of the world when they make mistakes has less anxiety.

People who have perfectionist traits also find it difficult to admit to negative emotions and they may suppress these feelings by keeping busy and this contributes to their high rates of anxiety and depression (see the following section on workaholicism).

When someone is not happy with themselves they often develop a tendency to become over-reliant on possessions or status; they crave importance through fame or riches. This is referred to as contingent self-esteem. They invest an inordinate amount of time and energy in achieving so others will approve of and admire them.

However, if they do achieve great wealth, they will believe it is not enough because they haven't changed their basic beliefs about themselves. They still won't believe they are good enough.



I think you get the idea.

Self-acceptance is an essential part of the healthy thinking tool box. It means you don't have to prove or esteem yourself; you don't have to show by your wealth or appearance that you are someone. We are all influenced by society to become obsessed with how we look. We are socialised into thinking that in order to be happy we must have a fabulous house and evidence of wealth. Confusion then exists when people believe that happiness comes from achievement, status or wealth. This belief leads to chronic discontent with what they are and what they have.

Society praises and elevates celebrities and movie stars. Emphasis is placed on the superficial values of appearance and wealth, often achieved at the expense of happiness.

It is interesting that research indicates the opposite, that an increase in material gain does not mean an increase in happiness. What it does show is that an increase in material gain often leads to anxiety and an increase in depression.⁸

Learning to accept and appreciate yourself the way you are, and being content with what you have is essential to happiness.

Interesting points

Self-criticism leads to anxiety, discouragement and a lack of self-confidence.

Adults with emotional health know they are not perfect but are confident they can cope with life and its challenges.

If you have low self-esteem you are more likely to become self-absorbed, concerned about how you look and what others think of you.

Accepting self means you like yourself even if you don't have the perfect figure or have enough money to buy clothes with expensive labels.

SELFISH SELF-LOVE IS ANOTHER DESTRUCTIVE PATTERN (IT'S ALL ABOUT ME!)

John Bradshaw in his book, *Creating Love*,⁹ states there is a difference between the pompous self-love of narcissism and healthy self-love. Unhealthy self-love is associated with narcissism or 'it's all about me' thinking. Narcissism was named after Narcissus who fell in love with his own image (Greek mythology). Whenever he was looking at his image he was incapable of loving anyone else. John Bradshaw explains how healthy self-love or self-regard can be confused with the selfish self-love of narcissism. This unhealthy type of self-love relates to self-centeredness and selfishness where the person thinks the world revolves around them

Focusing on self and narcissistic self-love is normal in infants and children. Learning that the world does not revolve around them is an early developmental goal. However, adults with narcissistic traits never achieved this goal; they still think the world revolves around them and others should be always tuned into meeting their needs.

TWO DESTRUCTIVE PATTERNS: SELFISH SELF-LOVE AND SELF-LOATHING

Evidence points to society becoming more narcissistic with unhealthy self-love increasing. People are becoming more competitive, self-obsessed and overly concerned about appearance, status and wealth. They focus only on themselves, how they can gain happiness and riches, which is often at the expense of others.

With the collapse in morals and standards the prevailing attitude that has developed is 'what's in it for me?' It's paradoxical that the more selfish and self-absorbed a person becomes as they attempt to please themselves, the more happiness eludes them and the more miserable they become.

Sexual freedom, the availability of illicit drugs and society's acceptance of excessive alcohol intake has not led to an increase in happiness, but a society that is becoming more narcissistic and miserable with depression and suicide rates rising.

On the other hand when people are kind and unselfish, often putting others first, their happiness increases. Altruism or helping others has been identified in numerous behavioural studies as a major source of happiness.¹⁰ This is opposite to how many people think they can find happiness



It's all about me- selfish self-love.

If you have sensible self-care in your tool box, you can then avoid the next destructive pattern which is workaholicism.

HURRY SICKNESS OR WORKAHOLICISM IS ANOTHER DESTRUCTIVE PATTERN

Having little appreciation of who you are and what qualities you possess has been linked to the destructive pattern of workaholicism. When a person has difficulty liking themselves they may attempt to gain approval by what they do, rather than what they are. This may be the only way for them to feel good about themselves. They are often driven by an excessive need to prove themselves to others by always being busy. They believe if they are constantly busy it will make up for their low self-worth.

When we don't know who we are we seek approval by what we do instead. When we are dependent on others' approval we only feel good about ourselves if others approve of us.

Destructive work patterns lead to fatigue and burnout, self-neglect and neglect of family relationships. Exhaustion is a common and growing problem in today's society as people are becoming busier. Don Colbert in his book *Deadly Emotions*,¹¹ discusses this problem in society and calls it 'hurry sickness'. There is evidence from research to show exhaustion and stress weakens the immune system resulting in disorders and illness. Workaholics have an addiction to being busy all the time and find it difficult to rest or relax. Their life is not balanced and they are often stressed and anxious.

When tired and stressed the simple answer is to rest, not work harder.

Resting and down time is essential for mental health.

The pressure in society to always be busy leads to harmful habits. We are in a world where we are constantly bombarded with commercials, emails, texts and phone calls. When people are exhausted they commonly relax by watching television. An interesting study by sociologists John Robinson and Steven Martin (2008) at the University of Maryland concluded that the more television people watched the more unhappy they were. The conclusion was based on 30 years of analysed data gathered from 45,000 adults. Happy people spent more time reading, socialising, relaxing and enjoying each other's company. The sociologists analysed many activities and the interesting conclusion that came from the study was that watching TV was directly related to unhappiness.¹² As people experienced more stress and exhaustion watching TV became common, which led to social withdrawal (and depression and anxiety increased).

Clients who present for counselling have often developed the destructive patterns of self-neglect, lack of self-respect and inadequate self-care. Their destructive habits have predisposed them to anxiety, exhaustion and even depression. Anxiety doesn't happen suddenly; it is the result of years of physical and emotional stress which all takes its toll on a person's mental health.¹³

Regaining mental health is dependent on building new habits of self-care. To be emotionally healthy is to be balanced, developing self-care and self-nurturing without being selfish or self-absorbed.

Important questions to ask yourself:

When did you last take a long holiday?

Do you have at least one full day off a week (without constantly checking your emails and text messages?).

How many hours during the week do you relax?

Do you spend time walking outside, slowing down and enjoying nature?

Do you spend an excessive amount of time watching TV?

Developing emotional health is also about self-restraint and self-denial.

It is about developing strength of character.

The next powerful tool you can use is the tool of self-restraint or self-denial. This is avoidance of anything that would harm you.

Although not a popular tool, if you don't use this tool, it leads to high levels of anxiety, increased risk of depression, higher risk of family breakdowns and ill health. A very essential tool.



THE TOOL OF SELF-RESTRAINT GIVES YOU FREEDOM FROM ADDICTIONS

Australia and New Zealand have a strongly ingrained drinking culture. In Australia, statistics indicate one in three people have an alcohol problem.^{3,4} Addictions to alcohol or drugs are seen as quick fixes. They give temporary relief to life's stresses but produce a substantial cost to health, happiness and relationships. People who have heavy alcohol intake are predisposed to developing depression. Marijuana use, especially in teenagers, has also been shown to increase anxiety, rates of depression, panic attacks and mental illness. Research has linked marijuana use with thoughts of suicide in adolescents. Other studies have found a link between marijuana use and increased risk of developing schizophrenia.^{14,15}

Developing healthy self-care means you avoid developing habits that will harm you. You do all you can to protect yourself from substance abuse or addictions of any kind. Self-care and self-restraint go hand in hand. There are many other addictions that harm as well. Some people are addicted to shopping, others to gambling or over-eating. There is also addiction to conflict or stress or overwork. All of these addictions have the power to erode the strongest armour and lead to anxiety and depression.

USE YOUR TOOLS TO BUILD HEALTHY HABITS AND DEVELOP SELF-PROTECTION

A healthy sense of self-acceptance is based on simply being satisfied with who you are, being stable, and not constantly seeking to 'esteem' oneself. There are habits that build self-acceptance and there are habits that lead to anxiety and fear. It takes time and effort to develop models of healthy thinking and self-regard; it's not a quick fix. It all comes down to your choices in life.

Have a look at the following short stories and see if you can identify the problems.

Short vignettes

Trina was a stay at home single mother with two children. Each child had a different father. She was overweight and smoked a packet of cigarettes a day to help with her stress levels. She was discontented and unhappy. She constantly criticised and berated herself for the situation she found herself in. Trina had achieved high grades at school but left at sixteen when she became pregnant. She had always wanted to be a pre-school teacher and an opportunity had presented itself where the government would support her to study part time at the local college. However, Trina believed she was not intelligent enough to do the course, and therefore saw no point in even enrolling. She saw no way out of her situation even when an opportunity presented.

Bob was twenty eight and worked as a labourer. He had no qualifications. He felt constantly exhausted and the physical work was becoming more difficult as he aged. He worked long hours and hadn't had a holiday for years. His unhappiness was causing him to drink heavily and to smoke marijuana. His father was a workaholic who neglected himself and his family. Over the years his father also developed alcoholism. Bob had always wanted to be an electrician, but saw no point in trying to find any information on how to enrol in an electrical apprenticeship or actively look for another job. The local college had electrical courses available but Bob didn't think he was bright enough and considered himself too old to try anything new. He had very little motivation to try; it was easier for him to just drift along. Bob didn't realise (or chose not to admit) that smoking marijuana was affecting his thinking and leading to his lack of motivation. He often described his thoughts as racing, and lately complained he was developing obsessive compulsive behaviour; all long term effects of cannabis. His wife often complained about his behaviour and wanted him to give up drinking and smoking dope. Bob became angry with his wife when she complained, as he believed his drinking and smoking was all he had to relax. He wasn't prepared to change and his moods were worsening.

Personal productivity or achievement is one of the main sources of happiness. People are happier when they feel they have achieved something in life.

Both Trina and Bob were at risk of developing depression if they didn't take action to make changes in their lives. To increase their happiness they both needed to change their thinking and start taking small steps towards their goals. It was not their lack of ability which was the problem; the stumbling block was their destructive thinking and beliefs about themselves (and Bob's addictions).

Having a goal and taking small steps towards achieving it will change your life.

Key points

Healthy self-acceptance doesn't appear overnight with positive thinking; it takes effort at challenging your thinking and creating new beliefs that support and encourage. It comes from:

Recognising your good qualities and believing in yourself.

Accepting that it's okay to make mistakes and not be perfect.

Not falling into the trap of comparing yourself with others and criticising yourself.

Taking positive actions even if you take only one small step.

Taking care of and not neglecting yourself.

Having self-discipline by not overeating, taking drugs or drinking excessively when stressed.

Spending time with positive people who encourage and support you.

Becoming less self-focused by caring and helping others.

Not accepting that severe anxiety and depression have to be a part of your life.

Recognising when you are being your worst enemy, and reducing your critical thinking.

Accepting that not everyone is going to like you and that is okay; you don't need everyone's approval.

Believing it is more important to stand up for your beliefs or values than to have the approval of others.

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Chapter Four - Harmful Thinking

Thoughts lead on to purpose, purpose leads on to actions, actions form habits, habits decide character and character fixes our destiny.

Tryon Edward 1809-1894

Harmful thinking is linked to destructive patterns

Harmful thinking can be challenged and changed

Kerry's story continued.

Kerry's tendency to perfectionism, her inability to cope with making a mistake, and dependence on other's approval were evident in the previous chapter.

Aaron Beck, who was influenced by psychologist Albert Ellis, identified a number of harmful or irrational thoughts (or beliefs) which created problems in people's lives. They identified that behaviours were influenced by thinking patterns.

So what does irrational thinking (or harmful beliefs) mean and where do they come from? Beliefs in this context do not refer to religious or political beliefs; they relate to personal beliefs about yourself or the rules you have about life. The origin of harmful beliefs can be found mainly from family history and past experiences. The influence from teachers, television, movies and other forms of media also help form these beliefs. For example, if you grew up with excessive criticism you may develop the belief you must be perfect and never make a mistake (so you won't be criticised). Children who were abused emotionally, physically or sexually often have damaged self-esteem. They believe they are worthless and this is coupled with feelings of shame. The behaviour which results from their negative beliefs reflects their low opinion of themselves.¹

The beliefs people have about themselves are viewed as facts and if any new information comes that might challenge them, it is usually ignored. These beliefs are the filters through which people see the world. Over the years the belief becomes programmed in their minds and becomes a part of who they are. These beliefs become habits. Not all are harmful as many messages and beliefs from childhood are helpful and supportive. However, many people blindly follow self-imposed rules and beliefs even when they are false and harmful. The harmful beliefs

are then passed on to the next generation. It is only when a family member has the courage to examine the harmful beliefs and challenge them that patterns can change.

Identifying and changing harmful or irrational beliefs:

There are a number of irrational beliefs which have been identified by Aaron Beck and Albert Ellis. We will take a look at the most common ones:

Important to recognise the harmful beliefs:

I must be perfect / have rigid standards / I must never make a mistake.

I must live by excessive rules and 'should' statements.

I believe all significant people in my life must always approve of me.

Having 'all or nothing' thinking.

Overgeneralising, which is also related to 'all or nothing' thinking.

Being over responsible and having an excessive need to control others.

Catastrophic thinking (predicting bad or negative outcomes that can't be coped with).

Jumping to conclusions or mind reading.

Now read through the following section and examine each harmful thinking pattern. Look closely to see if you have a tendency to think in the identified pattern. To help you with the understanding of these beliefs I have related them to some of Kerry's problems.

Did you identify with the first one?

Are you a perfectionist with rigid standards so you believe you must never make a mistake?

Having a belief that you must be perfect and never make a mistake is a leading cause of anxiety. It leads to excessive self-criticism and has the potential to harm your relationships with others (see chapter three).

How about the next harmful belief?

Do you use a lot of 'should' statements or follow excessive rules?

Many problems in life relate to the over-usage of 'shoulds.' 'Should' statements are rules people with perfectionist traits follow. They feel they 'should' do this and 'should' do that. 'Shoulds' are associated with guilt and worry, as the person usually can't achieve all the 'shoulds' they tell themselves to do. Kerry commonly used this word. She also admitted to self-criticism when she attended a social function. Her inability to relax and enjoy herself stemmed from concerns she was not behaving or speaking perfectly. Kerry created social anxiety because of her many 'shoulds'.

Some of Kerry's 'shoulds' (and 'shouldn'ts') were:

I should always be perfectly groomed

I shouldn't feel shy around people

I should never make a mistake

I should always please others

I should always work hard

He shouldn't be doing that

Do you have the tendency to project these rules on to others as well, becoming upset when they don't do what they should? If you have an unrealistic expectation of what others should do, it also becomes a trigger for anxiety.

How about the next one?

The belief that significant others should always approve of you.

Do you have this harmful belief that others must always approve of you, and, if they don't, it's just terrible? This belief makes it difficult for you to say no to people. It creates internal conflict when you want to say no but also want to please the other person.

Does the next one apply to you?

'All or nothing' thinking. This is also known as 'black and white' thinking.

'All or nothing' thinking relates to thinking in either black or white with no grey areas. It's thinking in extremes. If a situation isn't perfect then you see it as a total failure. This type of thinking is common in people similar to Kerry who have perfectionism traits. Do you sometimes think if one small thing goes wrong during the day, then the whole day is ruined? If a person with perfectionism traits is criticised, they usually interpret this to mean they are a total failure. They catastrophise the mistake.

How about the next one?

Overgeneralising is another type of distorted thinking and relates to 'all or nothing' thinking.

Kerry said, "If I snap at Mark and lose my temper then I'm a terrible wife." She labelled and berated herself as a terrible wife which caused her to feel anxiety. Kerry was making a general conclusion based on one incident.

Do you also use the words 'always' and 'never' frequently, and say things to yourself like 'This always happens to me.' This is an example of overgeneralising which creates undue anxiety.

Do you think like this?

Over responsibility and an excessive need for control.

This type of thinking relates to being over-responsible and trying to control the behaviour of others.

Do you think if something is wrong or there is a problem it's up to you to solve it?

Does being in control make you feel more secure and reduce your anxiety?

Over responsibility can also lead to being critical and controlling in relationships. If you grew up in a family where you had a parent with an alcohol problem or drug addiction you might have developed an exaggerated sense of responsibility. This can lead to your being over-responsible, where you work too hard and forget to take care of yourself.

How about the next one?

Catastrophic thinking (predicting bad or negative outcomes that you can't cope with). It is also known as 'awfulising.'

Catastrophic thinking or awfulising, describes a tendency to exaggerate the problem and make a situation even more distressing than it is. You ignore any positive facts or information and concentrate instead on all the negative aspects, even when the evidence suggests otherwise. It leads you to feel overwhelmed by the situation, and then you say to yourself:

'This is just terrible; I will never be able to cope.'

Kerry would catastrophise how events would transpire. In catastrophic thinking, Kerry assumed that if an outcome was negative she wouldn't be able to cope with it. She would then jump to a negative conclusion without checking the facts. This created stress which caused Kerry to catastrophise, leading to even more stress.

Can you see the destructive cycle?

Kerry believed:

If I don't keep up with all my work I won't be able to cope with everyone knowing I'm a failure.

If I make another mistake at work, everyone will know I'm not good at my job and I'll be fired.

I couldn't cope if I got sick and had to take some time off work.

Do you also think like this?

Jumping to conclusions or mind reading.

When you have this type of thinking you jump to a conclusion without the evidence. Do you believe every thought you have to be true? You assume you know what other people are thinking about you and then become upset at your interpretation.

You don't look for alternative explanations as to why someone behaves a certain way. You might say to yourself:

He thinks I'm stupid.

She doesn't like my new hair style.

My boss just ignored me so he must be mad at me.

She didn't say hello to me so she must be angry with me.

They're all looking at me.

They're all talking about me.

She doesn't like me, because she didn't smile at me when I greeted her.

Important questions to ask yourself (be honest!)

Do you have an excessive number of rules you must live by?

If one thing goes wrong, do you immediately think it's terrible and the event or situation is completely ruined?

Do you have trouble standing true to your beliefs and values if you know that others will disapprove of you if you take a stand?

Do you feel upset and anxious if others don't do what you want them to do?

When something goes wrong in your life, do you make out it is just awful and catastrophise? 'This is terrible!'

Do you overreact when you make a mistake and become really upset with yourself? 'I'm an idiot.'

Do you jump to conclusions or mind read what someone else is thinking about you?

Do you overgeneralise and make decisions based on insufficient evidence or facts?

If something goes wrong, do you think it's your responsibility to fix it?

How did you go? Did you recognise any of the irrational or limiting thinking patterns in your life? If you identified with any of the comments, you need to work at challenging your thinking and changing your beliefs.

When you feel anxious, stop for a moment and ask yourself, 'Is there an action I need to take?' Lack of action may be the cause of your anxiety. In this situation anxiety is useful because it prompts you to act. The anxiety is there to alert you to a problem that needs your attention. If anxiety is not related to lack of action, then you need to examine your thinking.

Susan Jeffers in her book, *Feel the Fear and Do It Anyway*,² explains that 90% of our worries never eventuate. We spend so much time and energy worrying about something that has a high probability of never happening. Many times, anxiety is the result of irrational thinking. When anxious, check to see if you are thinking in any of the identified irrational patterns.



Trying hard to get in touch with his thinking!

It's often difficult to change how you feel but if you put effort into having more control over your thinking you will find your anxiety decreasing. As you challenge and change your thinking you will notice a positive change in your feelings.

Thoughts cause feelings, so work on changing your thinking!

When you feel anxious, try and identify any irrational thought and write it down. Challenge it by writing the thought which is more realistic and truthful. To help you with this exercise I have included Kerry's irrational thoughts as well as her new challenged thoughts. Have a look at the following lists.

Kerry's irrational belief relating to 'all or nothing' thinking:

I must always be perfectly groomed or others will think poorly of me.

If I make a mistake it's just terrible and it means I'm not good enough to be a teacher (relate to the mistake with her student's marks in chapter three).

It's just dreadful that it's raining which means the event will be ruined.

Her challenged thought or change in thinking:

I like to look my best, but I don't need to look perfect as most people won't even notice how I look.

Everyone makes mistakes and even the best teachers make mistakes. I can see them as ways to improve and learn.

It's disappointing it's raining, but the day is not ruined because we can organise another fun activity.

Let's take a look at another of Kerry's beliefs which caused her distress and see how she challenged it.

Kerry came to the next counselling session, pale and listless and tearfully handed me a long list of chores she had to achieve during the week.

"I just feel so drained; I don't have enough time to do everything."

"Kerry, if you continue at this pace for the next few months or so, what will it cost you?"

Kerry frowned, looking perplexed, "What do you mean?"

"I'm not speaking about financial cost, but the cost to your health, your children's wellbeing and your marriage? When was the last time you and your husband had some time together, without the children?"

"You don't understand, I just can't take time off." she frowned as she continued. "I know Mark complains I neglect him but he doesn't understand I've so much to do."

In a few short years Mark had gone from being Kerry's first priority to having no priority. His few requests for sex or time together were met with irritation and annoyance. The last thing Kerry felt like at the end of a busy day was to have sex with him. Despite being so busy and feeling overwhelmed, she had recently accepted a promotion at work which meant longer hours and bringing more work home. Her new promotion was draining her, she spent little time with her children and her relationship with Mark was strained.

"Kerry, you said you teach human physiology to your students. When you teach about the heart, do you tell them the cardiac contraction is called systole and the heart works hard to pump out blood during this phase?" She nodded, looking surprised that I had knowledge of the topic she taught. I continued, "Then do you also tell them the hard work of the heart is always followed by the rest period called diastole?" Again Kerry nodded.

I followed through with, "Even nature teaches us about the importance of rest. It's essential, like the heart needing a restoration phase to recharge. The heart has its cycles and must be balanced; work and rest always follows each other. What happens to the heart when it doesn't have enough time for diastole or its' rest phase?" Kerry squeezed her eyes shut and drew in a breath, knowing where the conversation was leading. "Well, it can't pump out blood because it has no blood in its ventricles. When it doesn't rest properly the blood doesn't have time to flow into the ventricles and it goes into heart failure."

Now that I had her attention, I answered, "That's right, so maybe that's the cost to you and your family. You're not allowing yourself to recharge your batteries. If you don't rest, you will

eventually run down and have major problems, just like the heart. Kerry, you are out of balance and when we become out of balance, anxiety is the result. It's not selfish to rest; it's about adding essential 'me time' to your schedule so you can recharge." I followed through with. "How long do you think Mark will tolerate the neglect in your relationship with him?" Kerry seemed genuinely surprised that Mark might have a limit to his tolerance. I challenged with, "you have two issues to consider, your mental and physical health as well as the health of your relationship with Mark. It's your choice what you do. Do you think making work commitments a higher priority than your husband and children is making you happy?"

Kerry's eyes revealed vulnerability and pain, "I hadn't thought about any of that. I do want to change and not be so tired and cranky with the family. Oh, why am I like this?"

Often the belief is connected to a childhood experience. It had been instilled into Kerry's belief system that resting and relaxing were bad as it meant she was lazy. I encouraged her to think back to the time when she first began to believe she was lazy. Kerry was able to recall a conversation from her childhood which had influenced her all her life. She had been helping her mother with the housework, but had stopped for a moment to rest. Her mother responded by glaring at her and berating her for being lazy. When her father arrived home, her mother complained to him how Kerry was becoming very lazy and from that moment on she was labelled as the 'lazy one'. Kerry then set out over the years to prove to her parents that she was not lazy. She modelled her behaviour on her mother (who also had difficulty relaxing).

Just because it's a thought doesn't mean it's automatically true.

Notice the following link between thoughts, emotions and actions. It shows how important our thinking is and how greatly it affects our lives.

Kerry's harmful belief went something like this:

'I should always work hard and not allow myself to rest, so others won't think I'm lazy.'

Thought = I should always work hard and not be a lazy person.

Feeling = Kerry responded to this thought by feeling guilty if she ever tried to rest.

Behaviour = Kerry wouldn't relax and was always uptight and anxious.

Albert Ellis created Rational Emotive Behavioural Therapy (REBT) which helps to modify rigid thinking by becoming more flexible and logical. The technique was designed to assist in changing beliefs and was useful in Kerry's situation as it brought her thoughts into awareness and helped her correct her faulty logic.

REBT looks for evidence, to find out if the thought or belief is true or false (much as a detective does).

The technique is broken down into easy steps using an ABCDE strategy.

A = Activating event

The first step is where the person is encouraged to look at what event triggered the distressing feelings. In Kerry's example we see she felt an increase in anxiety and guilt whenever she tried to rest.

B = Irrational Belief.

The next part was to help Kerry identify the irrational or harmful belief. Which belief did Kerry have that was irrational and harmed her? She was able to identify the belief which caused her distress as ‘I must never rest or relax, because if I do, that means I’m lazy.’

C = Consequences.

Kerry was then encouraged to identify what the consequences were of never resting. The consequences she found were: overwork, anxiety, fatigue and irritability with her family.

D = Disputing the irrational belief.

Kerry now looked for any evidence to see if the belief was logical. The evidence she found was she worked long hours as a teacher, she was busy being a good mother to her children, ran an efficient household and tried to be a good wife. All the evidence pointed to her being overworked and definitely not lazy.

E = Effective new belief or thinking.

The last step related to Kerry replacing her irrational or harmful thinking with a more rational belief. She came up with ‘*It’s okay to rest; I work very hard, and I deserve to relax.*’

I knew Kerry had grasped the concept of REBT when she explained with a grateful smile. “Looking at the evidence of how hard I actually work, it shows me that this thought about being lazy is a lie.” I liked what she said next, “So therefore the feelings that I have when I think I’m lazy are also a waste. I’m sick of being so tough on myself.”

Kerry was able to change her behaviours by resting more and having more fun. When she slowed down and took time out for herself she was surprised how her anxiety level lessened. Initially she felt guilty, but as she ignored this feeling and continued with her new behaviours, the guilt lessened. Changing beliefs is always associated with pain, but when you persevere, the emotional pain (often guilt) lessens as the healthy belief is formed. It was satisfying to see after Kerry put some work into changing her beliefs, not only did she learn to relax but she had more time for Mark. He responded by being happier and helping more around the home. She also turned down the promotion at work and changed her priorities.

We can believe a lie and then feel emotions attached to a lie (it doesn’t make sense).

If you change the way you think then you will change the way you feel.



Our irrational beliefs keep us imprisoned.

When you have an irrational belief, or a belief that is not true (no evidence to back it up) you need to stand back and try to look at it objectively (without emotion – like a detective looking for evidence). Because of your strong emotions, you might block out any contradicting information that would disprove the thought (you’re not being a good detective!). Keep persisting with this fact finding experience, don’t give up as it takes a while. Stop believing that just because you have a thought or belief it must automatically be true.

Another technique that assists with changing thoughts is to practice mindfulness. This strategy aims to reduce the impact of harmful thoughts or emotions by acknowledging the thought or

upsetting emotion with no attempt to block it. Instead you gently observe the unhelpful thought and reduce its impact by reminding yourself it's only a thought and labelling it (as such). You might say to yourself, 'here is my unhelpful thought that I'm not good enough,' and just watch it drift away. You are reducing its impact and reminding yourself that just because it's a thought doesn't mean it's true. If the thought is not helpful don't focus on it, just let it go. You can use this technique when you are feeling sad or anxious. If you allow the distressing emotion to flow through you and just accept it, it will dissolve more quickly.^{3,4}

Taking one small step at a time

Kerry hadn't realised that her thinking was distorted or irrational, as she believed it was a clear reflection of herself. Self-awareness led Kerry to differentiate between which beliefs helped her and which were harmful. She was able to grasp the concept that her thinking was creating her destructive patterns. She knew she had to change it, or she would continue to feel stressed and anxious.



Wondering why all his irrational beliefs weren't changed overnight.

It helps if you take just one small step at a time, to prevent feeling overwhelmed.

Kerry set small goals and worked on them sequentially; reminding herself it would take time. It's not an overnight project!

The following summary of actions may help you to simplify the important points discussed in this chapter.

Developing self-awareness is one of the first steps. Listen to those repetitive thought patterns. Identify any beliefs that limit or harm you. Go through the list in this chapter.

Trying to find the connection to your past experiences. Don't be too concerned if you have difficulty with this step.

Looking hard at the evidence to find out if your thought is true or false. Staying with the facts not your emotions!

Challenging your thinking by writing down an alternative fact.

Whenever you are feeling anxious, check yourself to see if you are thinking in your old patterns and refer again to your new beliefs.

Incorporating relaxation, and rewarding yourself into your program.

Many people don't reach their full potential in life, and are held back not by lack of ability but by their irrational or limiting beliefs. Imagine what you could achieve if you didn't allow yourself to be discouraged by your negative thinking. If you don't change your thinking then you will follow your limiting beliefs and rules all your life.

Key points

What you believe about yourself, whether it is a positive or negative belief, will be a self-fulfilling prophecy.

Make a contract with yourself to reduce or stop thinking thoughts like: I'm an idiot, I'm stupid, and I'm not good enough (and don't say these statements in jest!).

Changing your harmful thinking takes time and practice. You need to develop emotional muscles and put some work into it.

Accept that not everyone is going to like you, and that is okay because you don't need everyone's approval.

Recognise when you are your own worst enemy and reduce your critical thinking.

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Chapter Five - Abusive Behaviour in Relationships

You are the product of your upbringing and experiences just as your parents were the product of their upbringing and experiences.

Courage is resistance to fear, mastery of fear, not absence of fear.

Mark Twain

Abuse creates confusion and low self esteem

Abuse can also be very subtle

Abuse and charm usually go together

Marianne's story.

Marianne was confused and anxious.

"I just don't know what to do, that's why I've come to see you, I'm just so anxious, and I think it's my entire fault. If I could work at being a better wife, then he wouldn't get so angry with me." Marianne's story gushed all in one breath. She had come to see me, a frail looking woman in her mid-thirties. She had increasing anxiety due to her problems with her husband Len. Her doctor suggested counselling.

"What do you think makes Len so angry; can you give me an example of what you mean?" I asked. She answered timidly, "Well, he gets so irritable at the smallest things. Last week he came home and his dinner wasn't ready and he got real angry with me. Another time he was upset because I hadn't bought a magazine that he wanted. When I told him I didn't know he wanted the magazine he became angry and said he had asked me that morning to pick it up and accused me of always forgetting things. I had no memory of him asking me and tried to tell him that. I find I constantly try and anticipate what he wants so he won't get upset with me or the children."

Abuse is not always obvious; it is often very subtle and it creates confusion in the person to whom it is directed.

When people put you down and criticise you, it is usually obvious what they are doing. However, if someone uses subtle tactics such as denial and lying, it often leaves you feeling perplexed and unsure. This is known as covert or hidden bullying and often triggers doubt and a fear that something is wrong with you (rather than them).

Over the years I have listened to many accounts of abuse from clients and heard numerous stories from people who attend my seminars. Their individual stories may differ, however the underlying emotion is confusion accompanied by low self-worth.

Confusion and self-doubt

Further discussion revealed that Len used various types of abuse on Marianne. He was expert at the following:

Not telling her things and then saying ‘but I’ve already told you that, what’s wrong with you?’

Criticising and calling her names in front of the children, reminding her frequently she needed help because of her ‘craziness’ and telling her she ‘has rocks in her head.’

Isolating her from her friends and family by discouraging them to visit.

Controlling money, and demanding an account of what she spent, poring over the grocery and telephone bills questioning every dollar. However, Len saw no problem with spending money on himself.

Controlling her time and wanting to know where she was all the time.

Telling her that her feelings and thoughts were wrong.

ABUSE IS A PATTERN OF BEHAVIOURS IN RELATIONSHIPS

Bullying is not a single incident as we all have times when we become irritable with someone else. We all have the potential to criticise, go silent, forget and deny things, but when it is a continual reoccurrence or a pattern aimed at hurting or controlling another person, it is termed abusive behaviour or bullying.

Bullies all tend to use similar tactics. Some use a wide variety of behaviours whereas some resort to only a few, but it is the repeated use of these tactics that causes harm to the target (the person at whom the abuse is directed is called the target). Bullying and abuse over an extended time will predispose the target to not only anxiety and depression but also a number of physical illnesses. A few may suicide.

Important points.

Bullying is a pattern, not an isolated incident.

Bullying causes confusion, anxiety and self-doubt.

The abuser blames the target until they also believe they are at fault.

The following gives a brief description of the different types of abuse. I have used the male gender as the abuser, but these descriptions can also be applied to the female bully.^{1,2,3,4}

Countering.

Countering occurs when you express an opinion about something and your partner consistently gives the opposite view. They will argue and disagree with you, and then the next day will likely change their opinion.

Setting you up to disappoint you.

The abuser works at frustrating your plans or encouraging you to expect something with the intent of disappointing you or letting you down.

Charming to others but hides his abusive behaviour.

(An old saying; House Devil, Street Angel)

The charming and abusive pattern is common. The abuser is angry and abusive at home, but charming and friendly to others. When you tell your friends and family about the abuse, you are not believed. This leads you to doubt your interpretation or perception of what really happened, which further adds to your confusion. The charming nature of the bully is an important concept to understand and will be expanded further in the chapter.

Lies and more lies – dishonesty.

The abuser tells lies about you to get your family and friends to believe that you have mental illness, are unstable, are going crazy or have hormonal problems. He will also twist facts, which leads to the next point.

Distortion and skilful manipulation.

The abuser will distort or change what you have said. They won't listen when you try to explain, and will constantly interrupt and talk over you. They will rarely apologise, and make out you made them act the way they did. It is your entire fault.

Denies and minimises the abuse.

The abuser denies and minimises the abuse, and refuses to talk about it. Refusing to talk about the abuse reduces the likelihood that they are ever held accountable for what they do to you. They may also tell you that you are the one who is being abusive.

Provocation.

The abuser provokes you to the point where you act rashly and angrily while they appear calm and rational.

Anger and blame.

The abuser may lose their temper and break possessions of yours that you value. They will blame you for their loss of temper. Anger is often used as a tactic for control.

Minimise your talents.

If you start a project or begin a new job, you may be told what you are doing is not important, or not good enough. This could lead you to feel you have nothing to offer and your self-worth will plummet. They don't want you to succeed or become independent as it threatens their control.

Isolation.

The abuser will isolate you to remove you from support and influence of others. He will discourage friends and family from visiting, or will move to another city away from family.

Discounting your feelings.

He will ignore or discount your feelings.

Chronic unfaithfulness.

The abuser may be unfaithful and then deny it, saying you are just imagining it.

Threats.

The abuser will use threats to intimidate you and bring about your submission. They may raise their fist at you in a threatening gesture. If you show resistance they will threaten to cut off your money, take the children, hurt your pet or use whatever threat they know will upset you.

Unwanted sex.

He will coerce or force you to engage in sexual activity when you don't feel like it. The more he uses emotional abuse, the less likely you will feel close and want sexual intimacy with him.

Jealousy and possessiveness.

The abuser may demonstrate excessive jealousy and possessiveness. They will make frequent phone calls or send you repeated text messages during the day. They may arrive unexpectedly at home or your place of work to check on you.

Jealousy is not a sign of love, it indicates possessiveness and insecurity.

Defining.

He will tell you what you are feeling and thinking, and will argue with you if you disagree with his interpretation.

Silent treatment.

The abuser withholds affection or stops talking to you, using it as an effective tool to punish and teach you to behave and give in to their demands.

Manipulation by guilt.

The abuser makes comments, such as ‘I’ll leave you, or harm myself, or have a heart attack, if you don’t do what I want.’

Abusive jokes.

The abuser uses jokes to upset you and then comments they were only joking and accuse you of not being able to take a joke, or you are too sensitive.

The underlying message is I will have my way and if you resist you will be punished.

I encouraged Marianne to read a book written by Patricia Evans called *Verbally Abusive Relationship*.¹ In Evans’ book she gives a very extensive description of the characteristics of verbal abuse.

Having understanding of the abuse patterns is the first step in recovery from an abusive relationship

Important points

Being in an abusive relationship will eventually lead you to:

Feel off balance and confused

Have low self-esteem and low self confidence

Think something is wrong with you

Doubt yourself

I encouraged Marianne to describe their relationship prior to their wedding. I asked her about the time before they were married and she acknowledged she had concerns.

She sighed and answered slowly, “He started to tell me what I could and could not spend money on. I was living by myself at the time and I was always careful about my spending. I remember feeling uneasy about his attempt to control my spending and tried to talk to him about it. He said he was only trying to help and I shouldn’t be so sensitive, then he came across all kind and charming which calmed me down a bit. But I still remember that feeling and I suppose I just ignored it and hoped it would all go away.”

“Were there any other concerns you had before you married him?”

Marianne’s lower lip trembled, “Yes, well, I feel sad about this one. My best friend, Belinda and I used to spend a lot of time together. Len started to make snide comments about her and he

didn't like her coming to visit me so often and didn't like me talking to her on the phone so much. Well I must admit I saw less of Belinda and stopped ringing her, and eventually we stopped seeing each other. I didn't even invite her to my wedding, which I feel sad about now because as young girls we agreed to be each other's bridesmaids. I really miss her and one day I saw her in town and she just walked straight past me. That hurt, but I can understand why she did it. He was isolating me from my friends, wasn't he?" she answered her own question as she continued, "I can see that now, and I'm annoyed at myself because I didn't see what was going on and therefore I let it happen."

She struggled with tears as she described an embarrassing incident on their first date. Len made a comment about her small breast size in front of his mates and they all laughed. She was very embarrassed, but she didn't want to upset Len so she didn't say anything. Marianne hadn't realised that on her very first date she had been given a clear example of his disrespectful behaviour (a red flag!). Marianne's passive response gave Len a very clear message he could get away with abusive behaviour. That was the beginning; over the years the insults and criticisms have escalated to the point where Marianne no longer wants to spend much time with Len.

Marianne did not address the problems before they were married. It wasn't until the fourth year of their marriage that she admitted to herself she was not happy. She just stayed in the marriage, trying best to please him.

If controlling and abusive behaviour is present at the beginning of the relationship, it will usually escalate not decrease over the years. The target becomes used to it and learns to tolerate it more. As they tolerate it more the abuser increases their control and power over their partner. Len put her down and criticised her with such confidence that after a while she began to believe it. It is difficult to have healthy self-worth when you are constantly criticised.¹

"When Len does something that upsets you, such as criticise you in front of your children, how do you respond?" I asked her.

Marianne in a firm voice stated, "It wouldn't be worth it."

"What wouldn't be worth it?" I persisted.

"If I react, he becomes so angry. He goes red in the face and sort of puffs himself up and yells at me. It's a bit hard to explain how he looks. But the whole night would be ruined, because of his bad mood."

"What would he say to you, when he yelled at you?" I asked, aiming to help her reveal the details so she could see the patterns more clearly.

"He would say it was my fault, and it was obvious I just wanted to cause a fight. That's not true. It's better for me to just be quiet and put up with it, and try to placate him."

"So what you are saying is that it is better for you to not say anything to Len because of his anger?"

Marianne nods emphatically, "Yes, that's right."

"Do you think by your reaction that you could be teaching Len that he can get away with his abusive behaviour? If you look at it from Len's point of view isn't he teaching you that if you pull him up on his behaviour he is going to puff up like a scary gorilla, go red in the face and frighten you into submission?"

With that description Marianne laughed, "Yes, he does remind me of a gorilla when he's angry, with his scary face, and I hadn't thought about it from that point of view. He's actually taught me that I'm not to object to his rude behaviour by frightening me." "And" She emphasised, "the more I try to please him, to pacify him, the more he criticises me and labels me as selfish."

She continued in a tired resigned voice “I try so hard to explain myself and when that doesn’t work I cry, which annoys him more, but I think if he could just see how upset I am he would get the message and stop.” When she tried to explain, Len would argue back. Marianne would in frustration, then try again with justifications and words which created more arguments, or she gives up, depending on how angry Len became.

Before coming to counselling Marianne had asked Len why he criticised her so much. Len became defensive and escalated the abuse. This was a common and effective technique of his to stop her objecting to his behaviour. Marianne found she was walking on egg shells most of the time trying not to upset him. She never knew when the next explosion would occur. Marianne would try to cheer him up to get him into a better mood. It was so much easier to let things go, and so the cycle continued and the marriage deteriorated!



Walking on egg shells isn’t good for your health or for your marriage.

Effects on the children.

Marianne admitted that Len was abusive to her in front of the children, which frightened and upset them. They were being not only exposed daily to the abuse, but also witnessing her inactivity in dealing with it. They were learning how the roles in a marriage work. Unwillingness to take a stand will cause Marianne years of emotional pain, and adversely affect her children. She was setting an example to her daughter of what to expect in a marriage, as well as teaching her what behaviour is appropriate for a husband.

Len has taught Marianne that if he doesn’t get his own way he will blow up and become angry with her. Any sign of resistance to what he wanted brought about a swift angry response. Marianne hadn’t realised she had let Len’s anger control her and the family. Len had worked out that when he doesn’t get his own way all he has to do is become angry and Marianne backs down. She made many life decisions based on Len’s reaction and whether he would be angry or not. This destructive pattern had been set early in the marriage, and the more Len and Marianne communicated this way the more destruction it caused to both the intimacy of the relationship and the emotional health of the children.

AVOID CONFUSION BY IDENTIFYING THE BEHAVIOURS

Bullying behaviours are easier to deal with when they are identified. When Marianne was eventually able to recognise and label Len’s behaviours it markedly reduced her confusion. She eventually saw clearly what was happening and how her behaviours weren’t working.

If the problem is ignored it will usually get worse.

Despite all the problems in her marriage Marianne wanted it to work. Len did have some good points; he could be kind and thoughtful at times, and when he was in a good mood she enjoyed his company. She also didn’t want to bring up the children by herself without a father figure.

“What do you think Len would say if you told him how you feel about his comments?”

“I don’t know. He’d probably tell me I was being too sensitive or silly. Lately he’s been telling me to see a doctor about my nerves.” She paused then continued, “But I really need to do something. I can’t take it much more.”

Following her second attempt to talk to Len about her feelings she started to think about the following issues; why was he treating her this way when she told him it upset her and why didn't he want to work at their relationship?

Emotional blackmail is also abuse.

The main concept Marianne had to understand was she was not to blame for Len's abuse, but it was her responsibility to develop clearer boundaries with him.

Susan Forward describes in her book *Emotional Blackmail*,² how it takes two people to make emotional blackmail work. This does not mean that you are to blame, or that you are provoking or causing the abuse. It's about using strategies to make it much harder for the person with abusive behaviour to use emotional blackmail or controlling behaviour on you. It's similar to protecting the boundaries of your property and house.

If you constantly react to verbal abuse by passivity, it gives a message to the abuser that they can continue and the abuse will often escalate.

CAUTION; PASSIVITY CAN SOMETIMES BE THE SMARTEST APPROACH

Sometimes being passive may be the wisest thing to do, especially when a person is in physical danger. It can quickly defuse a dangerous situation. When faced with a violent person, passivity and escape may be the best options. Partner violence, perpetrated by a husband or an intimate male partner, is the most common form of violence against women. Statistics indicate that at least 24,000 Queensland women are seriously and chronically assaulted every year. In 2005, an estimated 1.3 million women in Australia had experienced partner violence since the age of fifteen. This equated to 17% of all women. The Australian Bureau of Statistics estimates that partner violence in Australia in 2002-2003 cost at least \$8.1 billion. Throughout the world, at least one in every three women have been beaten, coerced into sex or abused in her lifetime.^{4,5,6,7} Domestic violence, is reaching epidemic proportions.

Extremely important point

If you are reading this and you are in a relationship where there is physical violence, please get professional help. Don't try to work it out yourself.

Why speak up when faced with abusive behaviour? Many families have a 'do not discuss' rule, where these issues are hidden. It is this code of silence in families that maintains the status quo. The abuser will not be made responsible for their behaviour or the hurt they cause. The effects carry on to the next generation who may learn to continue the patterns of abuse or marry someone who is abusive, or become passive themselves as a way of responding. And the destructive patterns and habits persist.

Marianne turned up for the next appointment looking tired with red puffy eyes. She poured out her story.

The night before Len's birthday they had discussed what restaurant they would choose to celebrate his birthday. Len told Marianne he wanted to try the new Chinese restaurant.

The next morning, this is how the conversation went.

"Shall I book the Chinese restaurant Len, or shall we just turn up?"

Len glared at her and answered "Why do you think I want to go to a Chinese restaurant tonight?"

Marianne looked surprised and answered quickly, “Well last night when we talked about it you said....”

Len thumped his fist on the desk and snapped. “It’s my birthday, so don’t you think it should be me who decides where to eat? But once again we have to eat at the restaurant you want.”

Marianne, feeling sick, did her best to explain, “But, I don’t want to go to.....”

Len stormed off. “If you want Chinese just book it!”

She explained that after these conversations with Len she feels bewildered and upset. She thinks if she could just get him to listen, and perhaps if she explained it better, he would understand.

A friend of mine often quotes her favourite Scottish saying that goes like this, ‘Save your breath, to cool your porridge.’ I thought of this saying as I was listening to Marianne. Sometimes we are wasting our breath when we are not being heard.



Save your breath to cool your porridge.

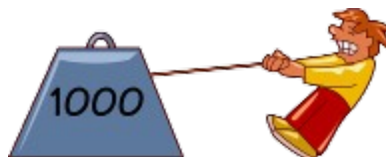
This is a common error that women make when dealing with abusive behaviour. They use long explanations and justifications in an attempt to help the bully see their point of view. A more effective way would be to respond instead in a firm voice and say something such as: ‘I don’t intend to take that kind of disrespect and abuse from you. Now stop it’ or ‘if you won’t speak to me in a respectful voice I won’t discuss this with you’ or just firmly say ‘stop that.’ If the abuser persists in the abusive behaviour then walk away and stop the argument. Walking away gives a stronger message that you won’t tolerate this disrespectful behaviour. If you want to be more effective use fewer words and more action. Actions speak louder than words. 1,8

Long explanations and justifications don’t work with abusive people, fewer words and more action does.

Explanations and discussions work when both parties are respectful, when each person will listen to the other’s point of view even though they might not agree with it.

Healthy relationships have the foundation of respect and are not based on a power struggle for control. Explanations and discussions do not work with someone who is abusive and wants to win at all costs.

Marianne with a determined look said “if I don’t do something soon and set some limits with Len, my daughter is going to grow up the same as me.” She paused, “I need to do this also for me, because I’m feeling more and more resentful towards him. I need to do this for our marriage.”



Developing muscles.

Marianne needs to change her behaviours and to develop what I call emotional muscles. Courage is essential when using boundaries for the first time. Using less words and more actions

are effective ways of setting limits. She not only needs to do this for herself and her marriage but has a responsibility to her children to act with courage and strength of character.

Important points

Let the abuser know their behaviour is unacceptable.

Respond from a position of strength and intolerance of abuse.

Don't waste your time and effort to explain if you are not being heard.

"See if you can get Len to come with you to the next session." I encouraged.

Len strode confidently into the office and smiled in a charming boyish way. Sometimes friends and family cannot see the abuse that the target complains of because the abuser puts on this charming persona (or mask).

He stated how happy he was that his wife was getting some help for her nerves and hoped that counselling would 'fix' Marianne. She showed no emotion to his comment. Len did what many people do in couple relationship counselling and that is to blame their partner for all the problems of the relationship. People who bully others will rarely take responsibility for their part in the conflict and will seldom apologise. They believe that they don't need to apologise as it's always the other person's fault. The abusive partner justifies themselves and blames the other person. This causes both of them to become stuck, the cycle continues and the relationship continues to deteriorate. In a relationship where there is abusive behaviour, emotional intimacy is slowly but surely eroded.

I was curious to hear what Len wanted in his marriage. He said he would like Marianne to go out more with him but thought the relationship was okay, and couldn't understand why Marianne became so emotional and upset at times.

I asked Marianne the same question. I was not surprised at her response but amazed she faced up to him so quickly. I had thought she would take longer to build up courage to be honest with Len. For the first time in their marriage Marianne confronted Len. The tension in the air was palpable as she bravely replied.

"Len, I still love you, but I've had enough of your behaviour, I'm not going to tolerate any more of your snide put downs, or criticisms. I'm fed up with not having my friends and family over, and I don't want to give you a constant account of where I am all the time."

She felt safe in the counselling environment and was able to say what she had wanted to for a long time. She admitted later she was trembling, her heart was racing and she felt sick in the stomach, but she knew she had to say it. She was also prepared for an increase in psychological violence when she arrived home. When abusers are confronted they usually escalate their attack. Len's eyes darkened, he was not happy with Marianne (or me, the counsellor).

I saw what Marianne meant when she said Len changed from charming to abusive in moments. Len looked incredulously at Marianne. He couldn't believe what he had just heard. Red in the face, fists clenched, he raised his voice, telling Marianne she didn't know what she was talking about. Controlling people usually respond with anger to boundary setting. He was not used to Marianne setting limits with him or pulling him up on his behaviour.

Commonly the pattern of behaviour moves from charm to abuse.

COMMON PATTERNS OF BULLYING BEHAVIOUR

CHARMING AND 'POOR ME'

When someone is chronically abused they withdraw as a means of protection. The abuser senses their withdrawal and turns on the charm to entice them back. This is the period of calm where the abuser works hard at rebuilding the relationship. The abuser will also minimise the effects of their behaviour.

The target then feels confused and thinks, *'maybe they are not so bad, maybe I'm imagining this,'* Target doubts their own reality or perception of what actually happened because they see that everything is fine now. They relax their guard around the abuser, placing themselves back in the vulnerable position of being abused.

When the charming behaviour becomes less effective, the abuser changes tactics and demonstrates the next type of behaviour called the 'poor me' position. The abuser may use tears and promises that they will change. It is all aimed at trying to make the target feel sorry for them. The target doesn't realise that the 'poor me' behaviour is a very powerful tool. The abuser wants the target to feel sorry for them so they are more likely to stop their complaints about the abusive behaviour. The focus is now on the abuser's emotional pain.

The focus has been expertly moved away from the abusive behaviour and attention is given to feeling sorry for the abuser (very clever!). The 'poor me' is aimed at pushing buttons in the target to get them to feel guilty.^{2,6,9} The emotional distress of guilt causes the target to back down. There is no change in behaviour and the destructive cycle continues.

Marianne phoned me a few days later to say that Len had pleaded with her to discontinue with counselling (another common tactic). His reasoning was:

It was making her selfish and perhaps she should just see a doctor for some pills instead (blaming her).

They didn't have money to waste on counselling (trying to isolate her from support and control money).

He was going to improve (charming her).

He was having a tough time at work and that was why he was a bit snappy (poor me, and minimising the abuse to just snapping).

It wasn't as bad as she was saying (causing her to doubt her reality, minimising abuse).

Marianne was not deterred by his comments, and returned for the next appointment. She stated that Len had continued with his usual pattern of abusive behaviour; being charming at first and after a few days resorting to the 'poor me' behaviour. However, for the first time in their marriage, the charm and poor me behaviour didn't work on Marianne.

To help Marianne not feel overwhelmed I encouraged her to just take on two initiatives that were within her power. One was to ask firmly for changes in Len's behaviour. The second was to follow through with clear healthy boundaries as to what she would not tolerate.

In the next counselling session she described two occasions where she did set boundaries and consequences for the first time in her marriage. The first incident took place at a family gathering. Len directed a derogatory comment at her in front of everyone, so she quietly collected the children and drove home. Marianne described another time when Len criticised her in front of the children, she stopped what she was doing, took a big breath and told him very firmly, "Len, stop that behaviour" and then she walked away. Both actions gave a very definite message that she would not tolerate disrespect. Gradually as Marianne continued with her boundary setting, Len finally began to learn he could not control her by his anger anymore, and the relationship slowly improved.

ABUSE WILL USUALLY ESCALATE, SO BE PREPARED

Initially abusive people will often escalate their abuse as the partner attempts to establish new boundaries. During this phase the person setting the new boundaries mustn't succumb to the pressure; they must stand their ground. This is often the only hope for the relationship improving (see chapters two and three). Abusers may also bring in reinforcements to assist. They recruit significant people who have influence over you. They will be duped into assisting the abusers to continue with their behaviours.

Marianne received a phone call from a mutual friend of theirs who gave Marianne advice to be more understanding and patient with Len. Her sister in law also rang her and suggested a similar approach. Len had rung a number of friends and relatives activating the troops to help him!

I had encouraged her to practice role playing with me in the office, aimed at helping her project confident body language. When nervous, she had a habit of looking away and slumping her shoulders, and her voice would waver. Her passive body language was undermining her firm message. She practiced assertive body language by standing up straight, maintaining eye contact and using a firm voice when she delivered her message. After she stood her ground with Len, she said to me with a grateful smile, "I wish I had learnt this years ago. I can't believe the changes that are occurring in our marriage." I asked her what had changed. She said she was enjoying Len's company more as his periods of abuse were lessening. She now visits with her family, and has had a few coffees with her girlfriends. She has also contacted Belinda with plans to meet. Marianne has also stopped justifying her spending to Len. They discuss bigger purchases but she refuses to discuss why she spent money on groceries and household expenses and her coffees with friends. Marianne realises her marriage has been unbalanced, as her needs were not considered to be important. It had been all about Len and his control.

Len's family of origin.

Marianne remained firm with her boundaries and eventually Len returned to counselling.

Little by little it began to emerge how Len's family of origin had affected him. He described how unstable his early years were and his father controlled and bullied his mother. They divorced when he was 10 and his mother remarried. His step-father was also an angry, abusive man. Through counselling Len began to recognise he was becoming very much like his father and step-father and using the same techniques that he had despised in them. Fortunately with this insight into his behaviours he could see the effect it was having on Marianne and their relationship. He said that he loved Marianne and wanted the marriage to work.

In Marianne's story, we saw that even though Len was abusive, she made the decision to stay in the marriage and put some work into what she could change. Marianne learned to set healthy boundaries and Len changed his behaviours. The result of these changes brought about improvement and closeness in their marriage.

WORKING ON YOUR RELATIONSHIP

Often a person in a relationship feels they can't take the verbal abuse any longer and decides to leave. If they leave without doing any work on themselves they usually will take the same patterns into their next relationship, and recreate the same destructive cycle. Many poor relationships have improved when one person develops clear boundaries and finally takes a firm stand, and the behaviour of the other person changes.¹⁰ (I am not referring to relationships where there is physical violence. Your children's as well as your own safety must be your first priority!)

Relationship breakdowns are not always due to one person's behaviour. Problems often start because of one person's destructive patterns and the other partner ignoring them, hoping they will go away. Both partners contribute to the breakdown. One does the offending, the other does the enabling. There needs to be a healthy balance in every relationship, where there is a clear message that destructive patterns are not tolerated and respect for each other is evident.

The Australian Bureau of Statistics tells us that in Australia there has been a decline in marriage rates and an increase in divorce. Thirty three percent of marriages in Australia end in divorce and now women are more likely to instigate the divorce than men. Many marriages that end in divorce have moved from working together to a struggle for power. A good marriage exhibits an absence of criticism and no struggle for control over the other person.^{2,11,12,}

Women who have been in abusive relationships often express their frustrations and pain in similar ways. It has a recurrent theme:

I feel like I'm going crazy.

He says I have hormonal problems.

I think I'm going mad.

He tells everyone I have a mental problem.

If I could only try harder and get him to love me more.

Why is he is charming and nice to the women next door but not to me.

It's because of his sad childhood he has these problems, I just have to be more patient.

If I can just get him to read some self-help books, he will change.

Short vignettes

Read through the following short stories and see if you can identify the red flags in these real life situations? Each person has severe problems in their relationships with abusive partners.

Janine approached me at a seminar. She told me she was suffering from frequent migraines and fatigue. Janine had been married for ten years. Twelve months ago her husband organised a move to another city away from her family and friends without any discussion with her. She explained how she became anxious when her husband came home at night, worried that he might find fault with the meal or if the house was untidy. Very little would set him off. Janine was obsessed with his moods and keeping him happy. She has no friends or family around her; she doesn't work and has no income other than the housekeeping money he gives her. He monitors what she spends and insists she gives him an account of her time. She has been to see her doctor, who diagnosed depression and wrote a script for antidepressants. I asked Janine if she would ever consider counselling to help with some of her problems but she said her husband wouldn't like that as he doesn't believe in counselling.

Bill has stopped going to his gym, and given up on his football training with his mates. He explains how every time he went out, Lucy becomes emotional and pouts and pleads with him not to go. She rings and texts him constantly, until he returns home. He is constantly worried that she would self-harm as she has threatened a suicide attempt after a fight. They have one child, and if he disagrees with any of her plans she gives him the silent treatment for days, and sometimes threatens to take his child away from him. He is feeling increasingly frustrated and unhappy. Her possessiveness makes Bill feel trapped and smothered. As he withdraws

emotionally from her, she clings even more tightly. Bill has no awareness that Lucy's neediness is a mechanism of control.

Patricia has been in a relationship with Roger for twelve months. Seven months into the relationship she worked late one evening and forgot to tell him she would be slightly late. When she returned home he wouldn't speak to her for a few hours and then he exploded angrily, losing his temper and calling her names. Patricia was taken aback by his reaction. To quieten him down she then apologised profusely and took all the blame. Roger then reacted by becoming extra nice to her, but refused to apologise for his abuse because he insisted Patricia deserves to be pulled into line. She is to blame for his bad temper. Roger has a pattern of being aggressive and abusive until he gets his own way and Patricia apologises. Then he switches to being extra nice to reinforce his approval. His tactics always work. A few months later Roger and Patricia were out with a group of friends and he indicated he was ready to leave. She was talking to her girlfriends and didn't respond immediately. When they returned home Roger became abusive, yelling and swearing at her, calling her selfish. He then forcibly grabbed her by the arm and pushed her against a wall. The next day she had severe bruising to her arm and chest. What Patricia is not realising is she is becoming more tolerant of his abuse and it is escalating. She is in danger. In the future Roger will probably cause more serious injury.

The stories in this chapter have highlighted that abuse is not always obvious and threatening; it can also be subtle. If abuse is tolerated and the partner has unhealthy boundaries then low self-esteem, low self-worth and destruction of the relationship will be the outcome.

Key points

Developing boundaries and learning to be intolerant of abusive behaviour is a vital step in becoming unstuck.

Increasing your knowledge of the characteristics of abusive behaviours will reduce your confusion and self-doubt. Remind yourself that the abuser will deny the abuse and minimise the hurt, causing you to question your interpretation and doubt your feelings.

Support may be required from professional counsellors or therapists to help with clarity.

Definitely find professional support if your partner is physically violent.

Refusing to become isolated is another vital step. Surround yourself with a network of trusted friends and support from family members. This helps to counter the effects of the abuse.

If you have been told repeatedly that you are crazy, stupid, or irrational, don't believe it. Recognise and label the behaviour.

Don't minimise the abuse and explain it away.

Chronic abuse can lead you to develop low self-worth with loss of confidence, which makes it more difficult for you to see how to make changes.

Avoid long discussions and arguments with people who are abusive, it only leads to anger and frustration.

Abusive behaviour may worsen when you set new boundaries, so be prepared and stand firm.

If you want your relationship to work, you must develop clear boundaries and self-respect.

[\(Back\)](#)

Chapter Six - Choosing Your Potential Partner

A man is known by the company he avoids.

Gordon Livingston

Recognise the red warning flags that indicate danger

Ignoring red warning flags is a destructive pattern

Very important chapter for single people

Jessica's story.

Jessica ignores warning signs.

“The first eight months we had so much fun and I was sure he was the one, you know, Mr Right. Then after a while I noticed he was drinking too much and when he drank he became a different person, angry and flying off the handle at anything.” Jessica took a big breath to calm herself as she told her story.

Jessica had a history of being involved with abusive men with addiction problems. She would stay with the abusive partner in the hope of the romance and earlier happiness returning. But a long period of abuse would cause her to end the relationship. Within a short period of time she would meet another man and enter into an intimate relationship with him. Jessica felt happy for a while but the cycle would start all over again.



The first year or two is known as the in love-lust stage.

The first year or so of a relationship is often referred to as the in love-lust stage where each person is seen through rose coloured glasses. What you see in this early stage is not always what you end up with, as it is not the true state of the relationship.¹

After each relationship, Jessica was determined she would not become involved with a man who gambled. She fell in love with a man who was a womaniser, followed by an alcoholic then a drug addict. Every man she lived with had an addiction problem coupled with abusive behaviour. She had two daughters to two different men. Although she had a history of multiple partners what Jessica really yearned for was a happy marriage and a stable family life for herself and her daughters.

Jessica admitted she found it difficult to set boundaries because she was always so hypersensitive to how the other person reacted. We saw in chapter two how Jessica had trouble saying ‘no’, and had found herself in some vulnerable situations relating to sexual intimacy with strangers.

Jessica was always on guard in case she upset her partner. She worried she was not ‘good enough’ for that person; not whether they were abusive or harmful to her. This actually hadn’t occurred to her! If her current partner reacted angrily or became upset she gave in. Jessica had never thought deeply about what she wanted in a partner, and had never considered what she wouldn’t tolerate in a relationship. Any warning signals at the beginning of a relationship were ignored. Jessica would enter into a sexual relationship with a man she didn’t know well, without any consideration of the consequences for herself or her daughters.

Jessica's family of origin.

Jessica's mother had never set healthy boundaries with her alcoholic husband. As a young child, Jessica observed and learned the same patterns from her mother. She recalled a time in her childhood when she had been excited because the family was going to the beach. However, her father told her she wasn't allowed to go with them because she had been disobedient. He said she hadn't cleared the table properly, even though a few moments earlier he'd told her to leave it until they came home. Her father often would say one thing and mean another. Rules in her family changed erratically. She remembered her mother just standing there passively, not saying a word in her defence.

Jessica was always on tenterhooks, unsure of her father's moods, ready for the next attack. She tried to anticipate his moods, to read any warning signals in case he would flare up. She thought if she kept everything just right for her father she could prevent him from becoming angry. Her father's constant criticism led Jessica to believe she was never good enough.

Is it any surprise that as Jessica grew up she developed low confidence, low self-worth and was always tuned in to what others around her might be feeling? Jessica eventually saw how these feelings and beliefs from her childhood affected every relationship and why she chose similar partners to her father.

During one session Jessica thoughtfully summarised how she felt about herself, "I really don't know who I am. I'm constantly looking out for others and wondering what others think of me and I find I run around pleasing everyone and am too frightened to say no." With a troubled frown she continued, "I've given some thought about what you said in the last session when you asked me, who are you? I don't really know who I am. All I can think about are dad's criticisms. That's who I tell myself I am."

As Laura Schlessinger explains in her book *Bad Childhood Good Life*,² one of the biggest challenges for an adult who has had a bad childhood is to override the programs in their thinking that keep them from finding their full potential.

In childhood we absorb messages and lack the ability to filter out or discard any that is unhelpful. Most adults don't understand how their history has influenced and moulded their behaviour. One of the legacies of a difficult childhood is that the child learns ways of thinking and reacting that are not always healthy. Because of the lack of love and inconsistency of boundaries, there is a greater need for love and belonging. Adults can then be tempted to accept any sort of love.^{3,4} In Jessica's case she desperately wanted love but had confused sexual feelings for love and security.

Jessica realised as an adult she still craved approval from her parents. She was still trying to get her parents to show they loved her. Eventually she recognised she had to appreciate her own qualities and find healthy self-acceptance. Jessica was describing a common problem in people who had grown up with excessive criticism or had parents with alcohol or drug addictions. I had asked Jessica to describe who she was, encouraging her to tell me about her good qualities. I wasn't surprised when she looked at me blankly and sat there, uncomfortable with my question. It was a clear indication of how her sense of self had suffered over the years. The difference was now, as an adult, Jessica was gaining valuable insight into her behaviour and realising she no longer needed to be a victim of her past.

Jessica spent time working on her boundaries and developing healthy self-acceptance. It didn't happen overnight. Habits that have been ingrained over years take time and effort to change. Little by little she began to develop self-confidence. Because she didn't like herself or have any appreciation of who she was she was trying to find love in all the wrong places. Jessica

eventually learned to avoid relationships with men when there were definite warning signals. After some reflection and work on herself she was finally able to admit she could no longer avoid setting boundaries. She also developed insight into the modelling effects of her behaviour and how her relationships with abusive partners affected her two daughters.

Important points

Don't confuse sexual feelings for love and security.

Don't make yourself responsible for another's behaviour.

When we don't like ourselves we want others to like us and this leads to people-pleasing behaviour.

BE WISE WHEN CHOOSING YOUR PARTNER

The following section is not written to encourage you to look for faults or flaws in your relationship. It is written for women (and some men) who have a habit of falling in love with the wrong person time and time again. It's about developing insight and recognising warning signals that indicate you need to avoid entering into a relationship that will only hurt you. Some women ignore the warning flags and go eagerly into the relationship, whereas others clearly see the danger signs and avoid the relationship (and the hurt).



When choosing a partner be alert for the red flags.

There is a popular saying that tells you to 'follow your heart.' However, this saying can sometimes be misleading, as your heart can lead you into forming relationships with a person you should avoid. Sexual intimacy also affects a woman's feelings, and clouds and confuses their thinking at a time when they should be thinking clearly. The saying 'follow your heart' in this setting would be better revised to 'listen to your uneasy feelings before you follow your heart.'

Following your heart can be dangerous to your emotional and physical health.



Besotted, infatuated and smitten (with poor vision!).

A woman becomes attracted to a man. The romantic and sexual feelings she has can blind her to the destructive patterns of the potential partner. Men who are abusive often have well developed seductive and charming behaviours which are attractive to women. These women are flattered

and intoxicated by the attention they receive. There is often an initial phase of intense sexual attraction.

Important points

Avoid relationships with potential partners who have:

A history of being unfaithful or dishonest (faithfulness and honesty are the foundation of a relationship, much like the foundation of a house. Without which the house falls).

An addiction problem.

A pattern of abusive characteristics (discussed in chapter five).

A history of making promises they don't keep.

Personality traits to be aware of:

There are behaviours which give out clear warnings. So let's have a look at some of these traits that you need to recognise and avoid. (Written mainly for women but also applies to men who habitually pick the wrong women!) Pay attention to what their behaviours are telling you about them.

Very important questions to ask yourself

Be alert to what they divulge about themselves; what characteristics do they have? When they make plans to meet you, do they frequently not turn up or not even bother to ring? Are they dishonest in their dealings with people? Do you catch them out telling lies? How do they react when you disagree? Do they lose their temper and become sarcastic and put you down? Must they win an argument at all costs? What happens when you are going through a difficult or distressing experience? Are they able to give you emotional support and comfort? Was there any history of violence in their previous relationships, and did they blame their ex-partner for their loss of control? Did they place the blame for all their relationship problems entirely on the previous girlfriend or partner? This is a warning signal. Their history is an important source of information for you.

Do they have an alcohol or drug addiction? An addictive personality is another very obvious warning sign and should cause you to be very wary before making a commitment. Look very closely at their drinking patterns. Don't minimise their alcohol intake and justify it by saying everyone else is doing it.

Are they extra needy and vulnerable and you feel the need to constantly rescue them? You feel sorry for them. Be careful. Taking on the responsibility for fixing them or meeting all their emotional needs would eventually lead to exhaustion. It's not your job to fix them.

If they demonstrate some of these behaviours and you told them it hurts you and is harming the relationship. What do they do? Do they make an effort to change? Or do they become angry and refuse to discuss the relationship problems with you?

In all of these situations, the red flags are waving frantically! If you feel attraction but have uneasy feelings, listen to these misgivings. Don't ignore the feeling that something is not quite right.

NARCISSISTIC TRAITS OR NARCISSISTIC PERSONALITY

Some people have a cluster of personality traits which make them poor partners. If he (or she) is self-absorbed, dishonest, or displays narcissistic personality traits, be very wary (*or putting it*

more bluntly, don't become involved!). Their preoccupation with themselves makes them incapable of really caring about you. They lack empathy and are unable to give genuine emotional support. People with these traits will feel no remorse as they exploit their partner emotionally and /or financially.

In a healthy relationship there is compromise on both sides so each person has their needs met. Someone with narcissistic traits won't compromise; their wants and desires take precedence over their partner's needs.

If you challenge their behaviour or place restrictions on them, they usually respond with rage. People with narcissistic traits also believe they are entitled to special treatment and go from being charming to abusive very quickly if they don't get their own way. The charming nature makes them fun and exciting to be with but it has a cost.^{4,5}

A person with these traits will commonly look for partners who are accommodating and eager to please. This partner is easily manipulated and tolerates abusive behaviour.

The *Diagnostic and Statistical Manual of Mental Disorders* is a manual compiled by the American Psychiatric Association and it gives an explanation of Narcissistic Personality Disorder. If a person has five or more of the following traits, then a psychiatrist would suspect they have this disorder.⁶

Traits of the narcissistic personality are:

Grandiose sense of self-importance – expect to be recognised as superior; will exaggerate or lie about their achievements. Their priorities and opinions are more important than others.

Preoccupation with power, their brilliance or beauty.

Believing they are special and therefore will associate with high status people.

Expecting excessive admiration. Often brings the conversation back to themselves.

Expecting favourable treatment and automatic compliance with what they want.

Exploiting others, taking advantage of them without feelings of guilt or remorse.

Having no empathy, unable to recognise or identify with feelings of others.

Envy others and believing others are envious of them. Will be envious of others if they have more than themselves. Will belittle or show contempt towards others.

Arrogance or haughtiness, rage if contradicted or confronted.

Some people may have some of the above mentioned traits whereas others have the full narcissistic personality disorder.

PSYCHOPATHY

Psychopathic personality is another real cause for concern as one to three males in 100 and one in 200 women are psychopathic (see chapter seven). Twenty five to fifty percent of spousal abuse is committed by partners who have psychopathic personalities. Generally, people think of psychopaths as people who commit serial rapes and murders. However, many psychopaths live in society and are not physically violent. But they do leave behind them broken lives, financial ruin and emotional abuse. The person with a psychopathic personality has traits of lacking remorse, little or no empathy, as well as being deceitful and dishonest. It is very difficult to have a warm, loving relationship with a person with narcissistic traits or psychopathy because of their

inability to feel empathy towards their partner.^{3,7,8} Empathy is an essential requirement of a healthy relationship.

LOOK AT THEIR BEHAVIOURS.

If you have misgivings, examine the evidence by standing back (without emotion) and looking at the behaviours. If a person's behaviours are at odds with their declarations of love, consider the evidence not the words. Self-protection means you learn to recognise the red flags and avoid forming a close relationship with someone with particular traits. If you habitually choose partners who end up hurting you, learn to look for behaviours and don't be so focussed on romantic words and intensity of emotions. Slow down and be cautious.

Important points

If you feel uneasy, pay attention to your feelings; don't let yourself be pushed into making a commitment or entering into a sexual relationship.

Some personality traits are very resistant to change; don't think once you are married they will change.

Any traits he has that cause you concern will increase, not decrease, over time.



Having a partner with psychopathic or narcissistic traits will break your heart.

Very important point: you will not change him once you are married

The examples in this chapter have identified how important the modelling effect is from parents to children in those early years. Forming a relationship with the wrong person because their behaviours are familiar is an example of how the family of origin still has impact on a choice of partner. In Jessica's story we identified how the relationship with her father influenced her choice of partners. It was also seen how the mother's passivity taught Jessica unhealthy boundaries in dealing with abusive behaviour. It is well known that issues from childhood acquired from both parents show up in future adult relationships.

If the father is distant and critical or controlling it will adversely affect a girl's development. As an adult, she will usually be drawn to a man with similar traits and once again the destructive cycle continues into the next generation. Developing awareness of red warning flags will help you choose more carefully and break the pattern.^{8,9}

In the following short stories about real situations there are very obvious warning signs or red flags. Read through them and see if you can recognise them.

Each person in the following vignettes had ignored the warning signs and become involved with someone with either:

Narcissistic traits / psychopathy or

Controlling traits

Short vignettes

Michelle explained how uneasy she was feeling about her partner's behaviours. Initially she felt happy and enjoyed the attention from him; it made her feel special. But now she felt smothered. She received 30 or more text messages a day and if she didn't answer them quickly, he responded angrily. Michelle had to give an account of where she was throughout the day and he became moody and upset if she spent time with her friends or sisters. He turned up unexpectedly at her work place and if he found her talking to any men, he became angry. She had tried to explain to him how his behaviour made her feel but he discounted her feelings. She now felt on tenterhooks at work, always worried he might turn up. He was insisting that she stay at home and have a baby. Michelle wanted to marry and have a baby and had believed if they were married he would change his behaviours as he would feel more secure. Now she admits to grave misgivings.

Isobel was very attracted to her new boyfriend Justin and they had lots of fun together. They had been going out for a few weeks when he insisted they sleep together and then wanted to move in with her. Isobel wasn't happy with this early sexual intimacy but felt pressured. She owned her own home and had a well-paid job. He was currently out of work but explained he was too qualified for his last job. Justin had a history of lasting only a few months in each job. He was always broke and last month borrowed \$2000 from Isobel for another business venture. Yesterday he asked her for another \$500. Justin had two children but refused to see them or support them financially. Isobel admitted to being concerned about his lack of responsibility towards his children. When she mentioned some of her concerns to him, he told her not to be so sensitive and stop overreacting. She wondered if she was being too sensitive.

Sara had been involved in a relationship with Ted for two years. Despite her friends and parents telling her they didn't trust or like him, she went ahead and moved in with him before she really knew what he was like. Within a month she felt smothered and became frightened when he was verbally abusive. She realised she had made a mistake in living with him, but it took her a further four months to leave. They had been separated for six months but he was still obsessed with her and stalking her. Although she had moved to another district he had found her new address and would turn up unexpectedly. He was also visiting her at work. During the day he sent her frequent texts and rang her at night to check if she was home. He had threatened to kill himself if she didn't come back to him. He was possessive and jealous and, although not physically threatening, Sara was constantly frightened and in her words 'a nervous wreck.'

Bill's story.

Bill, a man of few words, is finally heard.

"He's irritating me and I think he's having an affair," said Amanda loudly. I found out in the first session that Bill had been forced to come to couple counselling by Amanda but the counselling didn't go as she had predicted. He was a tall distinguished looking man who worked as an accountant. A man of few words. His partner, Amanda, was a petite, attractive woman who ruled the roost. Although small in stature she was larger than life, with a loud, strident voice whereas Bill was quiet and unassuming. Amanda ran the home and what she said went. They had been together for five years, had not married and had no children.

She said she couldn't understand what was happening to Bill as he was not himself. She controlled the money, made all the decisions, and Bill usually went along with it. His motto in life was 'anything for peace.' If I had asked Amanda what her motto was, I would have suspected something like this: 'I'm in charge and what I say goes.'

Her first complaint was his lack of interest in attending the family outings she organised with her large extended family. He had refused to go. Her second complaint was that he no longer was interested in sex and she wondered if he was having an affair. She admitted to checking his emails, phone calls and text messages but couldn't find any evidence of this.

I asked Amanda a number of times to stop talking and let Bill have a say. I encouraged them to practise a technique called reflective listening where one person speaks and the other listens, and then reflect back what they thought they heard. Although a simple communication technique, it proved an extremely difficult concept for Amanda to grasp; she just couldn't seem to understand she had to give Bill time to speak, which meant she actually had to stop talking! She kept interrupting Bill, talking over him in a loud voice. When Bill finally did speak she was very surprised at what she heard.

Bill said he felt controlled; he was told what to wear, how much money he was allowed to spend, and what social events he had to attend. He added that Amanda constantly criticised him in front of others. He felt he was always on guard around her, trying to please her so she wouldn't become upset. He had tried to tell Amanda how it was affecting him but she wasn't listening. The more she criticised him, the more he withdrew emotionally and physically.

Bill described an incident which had upset him. At the last family gathering, he and Amanda's brother were talking about the new tax laws and the impact they would have on small businesses. Amanda had interrupted in a loud voice saying "What would Bill know about any of that; we all know how useless he is with money." It was the last straw for Bill. The only way he could make her understand how hurt he was by her criticisms was to refuse to attend family gatherings; that way she couldn't criticise him in front of the others. The more she criticised him, the less attractive he found her. He had no desire for sex with her anymore and had moved to the spare bedroom. This had infuriated Amanda; it was one area in which she couldn't control Bill and she didn't like it.

He told her; "I'm not sure if I love you any more, Amanda. I'm fed up with your criticisms and the way you speak to me in front of others. I've had enough." Amanda looked incredulous; she couldn't believe what she was hearing and was actually speechless!

Despite these revelations they left the session with a commitment to work at their communication. Amanda tearfully agreed to stop criticising and Bill agreed to speak up more. However, as you might have guessed, within a few days Amanda reverted to her previous behaviours of criticisms and put-downs.

Bill suggested they return to counselling but Amanda adamantly refused and said counselling was a waste of time. So Bill came to the counselling sessions by himself.

It took Bill six months to leave the relationship. Bill and Amanda broke up twice, and then reconciled briefly before finally separating. Bill was caught up in Amanda's emotional manipulation. He found it difficult to end the relationship because she became upset and he couldn't cope with her tearful reaction. Amanda also threatened to harm herself if he left her. She blamed all the relationship problems on Bill and complained to whomever would listen that Bill had a psychological problem and needed help.

When Bill finally realised that Amanda was not going to change he knew he had to leave. Bill began to develop headaches and other symptoms which prompted him to see his doctor. He was diagnosed with high blood pressure exacerbated by stress. Bill finally left the relationship before his health deteriorated any further, and surprisingly his blood pressure normalised!

Important points4

Don't put off doing the right thing because you are worried about hurting the other person's feelings.

You don't need to feel guilty because they are upset; you are not responsible for their feelings.

Their feelings and your actions are two separate issues.

Abusive relationships cause stress.



The body's normal response to stress - the fight or flight response.

A normal stressful situation causes an outpouring of adrenaline in the body. When you are faced with a stressful situation, adrenaline will cause the blood vessels in your body to become tighter and this is known as vasoconstriction. This normal response causes more blood to flow to essential areas of your body. That is why you go pale when you are extremely upset or frightened, as the blood in your skin has been moved to more vital areas like your heart in times of need or emergency. Your heart rate speeds up as well, which increases your blood flow. With more blood flow and energy it enables you to deal more effectively with the stressful event. This 'fight or flight' response is a primitive response meant to protect you. It will enable you to run away from someone who is about to attack you or give you strength to fight back. It was this response that helped the cavemen and women when they faced the tiger or lion and they had to decide whether to fight or flee (flight).



Fight or flight response is activated by stressful situations – like running from the tiger.

Cortisone, a steroid, is also excreted in the body during a stressful moment. It has the positive effect of stimulating the production of glucose or sugar so more energy is available. However, all these emergency responses come at a huge cost to your body. You will become fatigued after the fight or flight response has been activated, and your body will need time to recuperate and rest. The rest aids in rebalancing and replacing the hormones and chemicals that were depleted in the stressful situation. This fight or flight response is meant to be a temporary measure to assist you with emergencies; it was not meant as a long term effect.

Effects of long term stress.

Many men and women live with chronic emotional and verbal abuse and the effects on their bodies can be just as severe as physical abuse. They feel stuck and helpless to make any changes. A long term stress response has a dangerous effect on the human body. If a person is

constantly hyper-vigilant and always walking on eggshells around their partner, they will have excessive amounts of adrenaline excreted in their body. Over time the effects of adrenaline will cause high blood pressure, as well as a fast heart rate. The other deleterious effects on the body include fatigue and depression, gastric problems, bowel problems such as irritable bowel syndrome, and many other debilitating conditions. Research shows that chronic steroid elevation will eventually lead to an impaired immune system, with the risk of developing many illnesses, from cancer and auto immune disorders to heart attacks. Research into heart disease at the Mayo Clinic found that psychological stress was the strongest predictor of whether a person will have future cardiac events including cardiac death, cardiac arrest and heart attack.^{4,10,11,12}

Being in a toxic situation and feeling there is no way out has the potential to cause serious illnesses.

IGNORING RED FLAGS IS A DESTRUCTIVE PATTERN.

Alicia's story.

Beware of danger signs.

Alicia either couldn't recognise or chose to ignore the warning signals.

She sat demurely and in a soft voice asked, "I don't know if it's just me; when you hear my story you might think I'm just being silly and over dramatising." Alicia then told of her partner Tim whom she suspected of having an affair. When she confronted him about this recently he denied it and told her she was crazy to even think it. This led Alicia to think maybe she was acting 'a bit crazy' and perhaps she needed counselling.

Tim had reacted angrily to Alicia's accusation and told her he was disappointed in her for even thinking he would be unfaithful! He gave her his usual silent treatment for a few days until she became upset by his withdrawal. Alicia then apologised for doubting him and did all she could to make amends.

She also told me that Tim was a perpetual liar and had a history of being dishonest at work. He had been fired once from a job for stealing funds. Despite all this she was planning to marry him in six months (but read on further!).

Alicia arrived for her next session looking sad and contemplative, wondering what to do. She was pale with dark shadows under her eyes. In halting speech she told me what had happened to upset her. At a party she realised Tim had disappeared, so she went looking for him. She walked into a room and was appalled to see Tim and a woman having sex. Extremely distraught, she fled the room, and asked her girlfriend to drive her home. Tim now couldn't deny he was unfaithful, but said it had happened only once and agreed to cut off all contact with the woman. Alicia cried on and off for a few days until Tim snapped at her to stop her immature behaviour and get over it.

However, during the following weeks, Alicia again began to notice suspicious behaviours. Tim was deleting all his text messages and emails. He frequently used his phone in another room and spoke quietly so she couldn't hear what he was saying. One time she was sure she heard a woman's voice on the phone, and when she asked Tim who he was speaking to he told her it was one of his male friends. Some evenings he came home late and when she asked him where he had been his answers were vague. One of her friends told her that she knew about the recent affair and said he had a reputation of cheating. Alicia admitted she couldn't rely on him to be honest or faithful to her but she was still going ahead with the wedding and believed that once they were married Tim would change.

I paused, trying to think of an appropriate response in my last attempt to help her. Looking into the future often prompts insight. I asked her, “Alicia, if you could look ahead 10 years into your marriage and you have a child or two, what do you see?”

Choking back tears, she averted her gaze and, evading my question, replied, “But I just love Tim so much; it is something I have to do. I can’t bear to be without him.”

What Alicia needed to develop at this point was courage and emotional muscles. She required firm boundaries to what she would or would not accept. She also needed to ask herself ‘is this what I want in a husband?’ She was giving Tim a clear message that there were little, or no consequences to his infidelity and dishonesty.

If Alicia would look at Tim’s past behaviour, it would indicate what her future was going to be with him as a husband and father of her children.

Past behaviour is a strong indicator of future behaviour.

Alicia was making a decision based on Tim’s assumed potential. She was not making the decision on what she saw and the proof she had. She had so many warning signals but refused to see them or see the effect they would have on her in the future.

Important points

I am sure you can see the red flags in Alicia’s story.

Dishonesty and lies

Infidelity

Abuse with emotional blackmail

A belief that she can change him

Tim had placed Alicia in physical danger. She was in danger of contracting a sexually transmitted disease.

A common trap women fall into when choosing a partner is thinking they can change them once they are married. They justify their partner’s abusive behaviour, making excuses because of their sad childhood.

Thinking you can change him is a trap!

Alicia wasn’t to blame for Tim’s abuse and infidelity, but she was responsible for setting boundaries that told him in a definite way what she would and would not tolerate (see chapters one and two). Alicia’s lack of boundaries and her lack of self-worth made her vulnerable to being abused again in the future. She was making a decision, knowing he was dishonest and unfaithful, that will undoubtedly bring her future sadness and distress. The only true way to foresee someone’s future behaviour is based on what they do now, not what they say they will do. Tim was saying he would change but his behaviours were definitely not saying the same thing, in fact quite the opposite.

After Alicia walked out of my office I felt sad as I knew she wouldn’t return for another session. She didn’t like what I was telling her. It was not just Tim’s infidelity and dishonesty that were the issues, but Alicia urgently needed to do work on her lack of boundaries and her self-respect. Tim didn’t respect Alicia and neither did Alicia respect herself.

Key points

Being emotionally healthy is having the ability to recognise red flags or dangerous signals and avoid forming a relationship with someone with certain traits.

If you are attracted to someone with these identified traits, move out of that situation as quickly as you can.

Don't fool yourself that you can change him; look instead at what he is doing now not what he is saying.

If your potential partner has a history of being unfaithful, then don't be surprised if he's unfaithful to you in the future.

As hard as it is, ignore your sexual attraction and listen instead to any uneasy feelings or misgivings you might have; check them out by looking at behaviours.

The old saying 'actions speak louder than words', is worth remembering.

Listening to your heart is not always the answer. Instead, tune in to what your brain and your uneasy feelings are telling you!

[\(Back\)](#)

Chapter Seven - Workplace Bullying

One would not expect a victim of rape to have to single-handedly identify, trace, catch, arrest, prosecute, convict and punish the person who raped her. Targets of bullying often find themselves doing all of these whilst those in positions of authority persistently abdicate and deny responsibility.

Tim Field

Bullying is about power and control

Targets have admirable qualities which leads the bully to become envious

Mismanagement of bullying is the norm rather than exception

It's easier to remove the target than the bully!

Fay's story.

"I just can't believe what's happened to me. I'm having trouble thinking straight but I'll try and tell you my story." Fay explained wearily.

As I listened to Fay's narrative I was reminded of the many times I've heard a similar sad tale. I wasn't surprised when she told me where she worked. The ward was well known for its bullying culture. Client confidentiality forbade me to disclose I had counselled a number of staff from the same ward over the years. The bully's behaviour in the ward had been allowed to go unchecked for many years. Despite numerous complaints, management had failed to take action.

Fay had unknowingly commenced in a ward where the nurse manager, Linda was a serial bully. Fay was Linda's new target and she set out from day one to bully her.

Within two months of commencing in the ward Fay developed anxiety attacks and tension headaches. She felt fearful at work which resulted in her taking sick leave.

Fay had believed (prior to the bullying experience) that she was a knowledgeable and competent nurse. Throughout her years as a registered nurse she had always achieved excellent performance appraisals and high grades in her nursing studies.

Linda began her campaign by complaining about Fay's lack of knowledge and incompetence. One of the nurses privately told Fay to watch her back. Linda was friendly and pleasant one moment and critical and condescending the next.

"I became hyper vigilant, anxious I was going to make a mistake. I was always on guard waiting for the next attack."

"What do you mean by the next attack?"

Fay, in a strained voice, replied. "She would criticise me in front of the patients, and make out I didn't know what I was doing. Sometimes she'd wait until the doctors turned up and pounce on me, picking on any little thing she could find. Recently she told the doctor (in front of the patient and other staff) that I hadn't organised a chest x-ray. I tried to explain I wasn't aware the patient needed a chest x-ray, but she just sneered at me and shook her head. The doctor glared at me and walked off, angry with my being so disorganised. I found out Linda was told about the chest x-ray but didn't inform me."

Linda would change Fay's roster without notifying her, which made it difficult to find a babysitter at short notice for her two children. Once Fay turned up for work and found she wasn't rostered on for that shift, as Linda had changed it without informing her. Fay applied for one day's study leave, but it was denied her. Her request for education on a new piece of equipment was provided, with only limited support; she felt nervous and unsure when using it.

Fay soon realised she wasn't rostered on when the ward meetings were held. Recently she made an error with patient care because she wasn't being informed of the changes (which had been discussed at the latest ward meeting). Fay asked to speak with Linda, but was told she was too busy but would be available after Fay's days off. Fay spent her days off anxious, fearful and unable to sleep. When she finally spoke to Linda about missing the ward meetings, Linda said she would organise the next meeting when Fay was rostered on an afternoon shift. However this meant Fay would have to come in early for the morning meeting.

Fay put her head in her hands and sighed deeply, "Initially I was pleased with the conversation with Linda, because she was so pleasant and accommodating; I wondered if I was exaggerating the problems. So I organised a babysitter for my children and came in early to work, only to be told the meeting was cancelled." She paused as she fought to contain her emotions. "I asked Linda why she hadn't told me the meeting had been cancelled, and she snapped at me in front of everyone, saying she had informed me a few days ago and if I didn't have such a poor memory I would've remembered."

Later that day Fay asked Linda if she had upset her in any way, or did she think there was a communication problem between them. Linda coldly denied there was a problem, told her she was imagining it and then walked off, refusing to speak further with Fay.

Fay now doubted herself; felt incompetent and her confidence and self-esteem had plummeted. She also felt isolated as the staff were avoiding her and wondered if she should leave, but felt trapped and fearful of the future. Fay had a mortgage and the only career she knew was nursing.

Bullying tactics usually escalate.

One day Linda informed Fay she was to have a meeting with the nursing director. When Fay queried the purpose of the meeting Linda told her it was nothing to worry about. Fay went home anxious and was unable to sleep. The following day the nursing director informed Fay that complaints had been made about her clinical incompetence. When Fay asked who had made the complaints she was told it was confidential. The director then organised for Fay to have supervision to improve her skills and was given a warning about her frequent sick leave. Fay attempted to describe the difficulties she was having with Linda, but the nursing director

explained away the behaviours by saying it was a personality clash and it was up to Fay to improve her communication. Fay later found out that Linda had been to see the nursing director and placed the complaint.

Bullies thrive wherever authority is weak.

Tim Field

What is happening here?

It is not always obvious to the target that they are being bullied; sometimes it takes weeks or even months to wake up to what is going on. Initially they believe they are to blame and tell themselves if they try harder, the bullying will stop. The bully watches and waits for any little slip. The target becomes hyper vigilant and their anxiety level rises as they try not to make any mistakes. The fight and flight adrenaline response is activated, stress increases and health issues develop. The target will take more time off work as they struggle to cope.

From Fay's experience we can see the tactics used by the bully:

Withholding of information

Making it difficult for Fay to attend ward meetings and changing meeting times and rostered shifts at short notice

Denying there was a problem, or lying about events

Isolating her and excluding her from activities

Criticising her to humiliate her in front of others and implying she was incompetent

Alternating behaviours from pleasant to critical

Intrusive supervision, causing escalation of Fay's anxiety

Arranging a meeting with her supervisor and not informing her of the agenda

Placing a trumped up complaint about her incompetence

Fay knew she should leave but her general mood and anxiety level made it difficult for her to find the energy to submit an application for another job. Although Fay recognised the risk of developing depression if the situation continued she believed the only solution she had was to take more time off work. She felt exhausted!

Fay returned after her extended leave determined to seek justice and regain her reputation. She began to document the incidences of abuse. Linda continued to escalate the level of bullying and convinced a staff member to lodge a complaint against Fay. She was now required to submit a report to address the charges laid against her. It was all too much for Fay and her health deteriorated further.

It was at this point that Fay came to see me. She was exhausted, losing weight, suffering anxiety, insomnia and panic attacks. She felt betrayed by the nursing hierarchy and realised she would not find justice. Fay took more leave and eventually transferred to another ward.

It has taken a long time for Fay to recover, but she is slowly regaining her health and confidence.

Since Fay's experience two other nurses have placed complaints about Linda bullying them. An investigation was conducted, where it was concluded the nurses were at fault and the complaints were invalid. In both cases the nursing director supported Linda. Linda could not survive in her

position and continue with her bullying behaviours without the protection of the nursing director above her.

Fay recently heard that Linda had been awarded with an 'excellence in achievement' certificate by the organisation.

WHAT IS BULLYING?

Bullying is known as horizontal violence, lateral hostility, workplace bullying, incivility, or verbal abuse. It is important to realise that it is a pattern of behaviour aimed at devaluing and controlling a target.

The following is a list of bullying behaviours (review also the list in chapter five). These behaviours apply to all workplace bullying regardless of the profession or occupation. However, some research has indicated bullying to have a higher incidence in health care institutions. 1,2,3,4,5

Uses surprise and unpredictable behaviour.

Changes plans and meetings to catch the target off guard.

The target is not given any warning about planned meetings with a supervisor (or a witness) when complaints are laid. They don't have time to prepare for the meeting. The bully will entice others to place complaints against the target.

If they are informed about a meeting it is held when they return from their holidays or days off and little information is given regarding the purpose of the meeting.

Lies and dishonesty.

Will twist the truth in a convincing way. Lies serve to blame the target and to absolve themselves from blame.

Creates division amongst staff.

Creates divisions, creating a climate of distrust and fear. Staff are fearful to put in complaints of bullying.

Uses information as a form of power.

Charms people to extract information from them and then uses this information as a source of power. Will spread misinformation and confidential information about the target.

Silent treatment and isolation of the target.

The bully will isolate the target, and encourage others to do the same. The target will be excluded from information and workplace activities. Withholding information or supplying incorrect information will increase the likelihood of mistakes.

If the target tries to talk to the bully, they are usually unavailable, or deny there is a problem. They may use hand gestures to prevent conversation and walk away.

The bully may greet everyone pleasantly but ignore the target in an underhand way. They may not return phone calls or emails from the target.

Rarely gives credit or praise.

They will refuse to acknowledge good work and demean accomplishments. If praise is given it is used as a form of manipulation. They take credit themselves, and will sometimes plagiarise another person's work and present it as their own.

Denial and forgetting.

Will conveniently forget to tell the target about changes in meeting times, roster shifts or important information. If they are confronted they will lie and state they did tell them.

Sends threatening emails or leaves phone messages.

The target may receive threatening letters about disciplinary actions or meetings, worded in a way to instil fear. The messages are often sent prior to the target's holidays or before their days off (so the target is anxious on their days off).

Criticising and demeaning.

Criticises and belittles the target using put downs aimed at humiliation. Rolls their eyes when the target speaks, or uses body language to indicate contempt.

Charming, sometimes charismatic.

Recruits, charms to cultivate friendships with people in positions higher than themselves. Recruits others to assist them with the bullying.

Charms the target to gain information from them.

Sets the target up to fail at work.

Overloads the target with too much work, or reduces the work load. Removes important tasks the target may have, so as to reduce the target's responsibilities or authority and replace them with menial tasks. Or they may set them up to fail at a complicated task.

Instigates intrusive monitoring or supervision which causes the target to feel anxious and increases the likelihood of them making more mistakes.

If in a position of power the bully will control by denying annual leave, sickness leave, compassionate or study leave. Blocks promotions or prevents the target from acting up in higher positions, to block career progression.

Denies necessary training to perform the job adequately. Withholds important information which is a necessary requirement to perform efficiently. Removes equipment or support, may prevent access to computers, emails etc.

Sets unrealistic goals and changes them frequently, leaving the target confused and unsure.

If the bully is in a lower position they will undermine the targets position and authority and convince others the target is an incompetent manager.

Spreads malicious rumours.

Discredits the target by spreading gossip.

Uses performance appraisals as a bullying tool.

Gives the target a poor performance appraisal but is unable to give examples to support the allegations of incompetence.

Is it all too trivial?

Usually the incidents of bullying seem too trivial to complain. When bullying is subtle or covert it makes it harder for others to recognise it as aggression. Nevertheless, it is these small incidents that the bully will use to undermine the target and eventually destroy their self-confidence.^{1,5} Nurses are often very reluctant to document the trivial incidents or even take the matter further, which makes it difficult for management to address.

The duration of bullying lasts on average about 15 months, although some targets can be bullied for longer than five years.⁴

Bullies work at seducing and cultivating friendships with the person in the position above them. Seduction in this context relates to charming and beguiling and does not apply to sexual seduction (although it can also happen). The bully will attend social gatherings where the manager above attends, they will ingratiate themselves socially into their lives and they might

even babysit for the manager's children. All aimed at gaining their favour. The level above now becomes the protector of the bully. They promote and protect them from criticism and blame. When complaints come then the protector will convince others that the bully has been unfairly treated.

The bully alternates their behaviour from being friendly to abusive. The change in behaviour creates confusion in the target as they doubt their own perception of the abuse.

If the bully is challenged about their behaviour they may take the position of 'poor me' or 'victim'. They then claim they are the one who is being bullied. Feigning distress and indignation changes the focus from their abuse to their distress, so they are not called to account for their bullying behaviours.

They can also be callous and cold and are masters at manipulation. They know their rights and how to use the system for their own needs. They take pleasure in destroying the target by causing distress which often leads to illness. (Read again chapter five.) All bullying has the potential to harm no matter the degree or level of malice. However, bullying or abusive behaviours can range from mildly annoying to extremely aggressive and psychologically violent. A person who uses only irritating or annoying techniques (lower end of the scale) is more likely to cease their behaviours if they are directly confronted and/or a complaint is laid against them. The majority of bullies are found at this lower end of the scale.

Low level bully

Common type of bullying where the tactics are learnt.

Bully

Uses more severe tactics, has narcissistic traits.

Severe bully

Known as an organisational psychopath.

Organisational psychopath.

A chronic bully who uses severe tactics is more accurately known as an organisational psychopath. John Clarke in his book *Working with Monsters*,² explains that between one to three adult males in 100 are psychopaths and one in every 200 adult women are psychopaths. We think of psychopaths as being violent and committing serious violent crimes. But not all psychopaths turn to physical violence. They instead have their needs met by psychological violence and emotional harm of others (see chapter six).

When the psychopathic bully is confronted on their behaviour or a complaint filed against them they quickly respond with escalation of abuse, psychologically attacking the target. If a manager challenges a person with psychopathic traits, they will divert their bullying from the original target to the manager.

Organisational psychopaths take pleasure in psychologically weakening their target with the aim to destroy them. These people have a cluster of personality traits and are known for their lack of remorse or guilt. They have no compassion or empathy for the distress they cause. Some of them have narcissistic traits as well and believe they are superior to others.

Bullies with traits of psychopathy manipulate and lie with ease; they are able to deceive others into believing the target deserves the treatment. Lying is second nature to them when they are called to account for their behaviours and respond by fabricating evidence to blame the target. After a while the target will also doubt their own judgement and competence.²

Important points

Bullying includes behaviours that intimidate and humiliate a person.

It is a repeated hostile behaviour that constitutes harassment.

Bullies work at destroying the target's reputation, getting others to believe the target is incompetent.

Bullies need the protection from the level above to survive.



Why am I the target?

WHY ME, WHY AM I A TARGET?

Targets are usually popular and good at their job. Often they have a need for approval and have a non-confrontational approach to conflict, preferring peace at any cost. Usually they have traits of being trustworthy and conscientious, and easily forgive and think well of others. They don't want to treat the bully unkindly and are reluctant to lodge a complaint. Therefore, they like to give the bully the benefit of the doubt. The bully takes advantage of these qualities and predictably exploits them.

Bullying occurs in other situations as well:3

Bullying may commence after an employee has been praised or attention drawn to their admirable qualities. The bully feels envy towards the target and is threatened by them.

Bullying can occur when a witness has challenged the bully about their treatment of a target. The bully may then turn their attention to that person.

A new graduate nurse (or any new employee) may also be in a vulnerable position as they lack confidence and are usually not as assertive as an experienced employee.

Important points

Bullies are predatory.

The bully will rarely apologise or take responsibility for their part in the conflict.

Targets have admirable qualities that set them apart from others.

Bullying tactics are learnt behaviours and develop as the bully becomes successful and feels insecure.

The bully likes to surround themselves with a team of favourites. Some of the workers surrounding the bully are bullies in training but the majority are there for their own protection. They have learnt the safest place is to be close to the bully and not challenge them. They earn the bully's approval when they supply them with information they can use. Favourites of the

bully are also rewarded by being given small amounts of information and if the bully is in a position of power they will be rewarded with roster requests, lighter work load, extra study days, leave, and opportunities for promotion.

Directing from behind the scenes.

Sometimes bullies find others to do their bullying work for them. These people are manipulated to bully the target while the bully remains behind the scenes, choosing the target and directing the behaviour.

THE THREE CHARACTERISTICS OF A BULLY INCLUDE:

Blame – they will blame the target. They lie and distort the truth to make out the target is incompetent.

Buddies – bullies have buddies. They charm or seduce others, especially the level above them, to increase their control and power. The more severe the bully (psychopathic) the higher the level they seduce. Most bullies cultivate friendships with the next level of management above them but a severe bully (psychopath) will cultivate friendship at least two levels above them.²

Best – bullies choose the best. They are predatory and choose a target with admirable qualities. The bully is envious.⁶

BULLIES ARE A PROTECTED SPECIES

Sue Forster in her book, *Do you want bullying with that?*⁷ explains that bullies are a ‘protected species’. Because they work at cultivating friendships or relationships with people who are higher up in the institution or in positions of power, they establish a power base prior to the bullying. The bully, being a protected species, is rarely disciplined and their behaviours go unchecked. When complaints are made against the bully, the networking system has already been established to protect them. The majority of managers are not aware of the insidious nature of the bully and do not understand the seduction process. They see the charming side of the bully and are blind to the bullying behaviours.

How bullies survive.

Comments frequently made by management when dealing with bullying behaviour:

You’ll get used to her

You’re too sensitive

He may be tough but he gets things done

It’s a communication problem

Everyone has their own unique personality we need to learn to get along

If the bully accuses the target of bullying (which they frequently do), management will often respond by reprimanding the target and say:

Bullying is what a person perceives it to be, so if she thinks you are bullying her, then you must be at fault.

These statements greatly add to the distress of the target. This effective tactic of counter blame is usually unrecognised by management.

In the majority of bullying situations, management does not respond adequately, and by its passive stance will usually side with the bully. Frequently the excuse is made that it is a

personality conflict. The onus is put on the target to change and work on the 'personality clash' and to improve their communication. This absolves management of the responsibility of disciplining the bully. It's much easier to blame the target; they are easier to remove, rather than confront the bully. Research indicates a dismal failure of management to address bullying. In only 2% of bullying cases did management conduct a fair investigation, protect the target or give negative consequences to the bully. In the vast majority of cases the employer did nothing, the target was retaliated against and eventually lost or left their job.⁸

The US Hostile Workplace Survey by Gary Namie found:⁸

81% of workplace bullies ranked higher than the target

14% were on the same level

5% were bullied by a lower level.

Tim Fields data showed a slight variation at 90% higher level, 8% same level and 2% subordinate.³

Most nursing researchers agree that bullying occurs more commonly between nurses. However, Sofield and Salmond⁹ differ in their research findings and concluded that physicians were the main source of bullying towards nurses. Doctors' who bully use common tactics of intimidation, professional humiliation and verbal abuse in front of patients and other staff. They refuse to learn the nurse's name or maintain eye contact, talking down to them in a condescending manner. Nurses respond by withholding information and patient care suffers. Management usually responds by refusing to confront a physician about their behaviour and places the responsibility on the nurse to address the problem. Sofield and Salmond also suggest that nurses lack the skills to cope assertively with the verbal abuse and perceived themselves as powerless to change the organizational structure.

Very important point for targets

It is not your fault you are being bullied.

Bullies attack the target's self-confidence, self-esteem and cause them to doubt their competence.

EFFECTS OF BULLYING ON THE TARGET

The target's self-esteem and confidence decreases, they may become defensive and then exhaustion sets in. It makes it easier for them to be bullied. The target is told they are incompetent, are encouraged to leave the organisation or to be transferred to another area. Many resign due to ill health.¹ The tactics are all aimed at eliminating them from the organisation. It also sends a message to the staff observing that they must not complain or confront the bully.



The target feels overwhelmed by the situation!

The problem does not go away.

Senior management believe when the target is moved the problem will disappear. However, it takes two to fourteen days for the bully to find a new target.⁴ The bully must always have a target. And the problem continues!

Numerous studies have examined the link between bullying, self-esteem and staff retention. Having high self-esteem may protect an individual against stress and bullying, but the self-esteem of nurses is usually considered to be low. This may be due to the oppression that exists within the nursing profession.

A person with low self-esteem is more susceptible to fear and anxiety when they perceive criticism and disapproval (see chapters one and two).¹⁰

Bullying is a health hazard!

Forty one percent of people who are bullied develop depression and over 80% report signs and symptoms that prevent them from being fully productive at work.⁷

Perhaps the ongoing high prevalence of bullying in nursing can be largely attributed to the reluctance of nurses to lodge a complaint. Evelyn Field states that 40 % of targets never report the bullying however, Andrea Needham quotes a much higher figure of 95%.^{1,4} This may be due to a number of reasons including fear of retaliation, lack of trust in having the complaint treated seriously, and lack of confidence. Employees have observed previous cases which were not dealt with fairly and the person putting in the complaint was usually punished.^{1,11} They fear if they complain they will not be believed and will also receive a poor reference which will jeopardise their chances of finding another nursing position.

The fight or flight mechanism eventually becomes activated and hyper vigilance develops accompanied by signs and symptoms of stress; irritability, anxiety, sudden angry outbursts, loss of motivation and sleep disturbance (see chapter six on the fight and flight response). Finally exhaustion and chronic fatigue develop which makes them vulnerable to making mistakes. The underlying emotions are feelings of betrayal and a sense of injustice. The target now becomes obsessed with the situation. In one study of nurses who were bullied, 10% of the respondents said they had contemplated suicide because of distress from being bullied.⁵

BULLYING CAN LEAD TO POST TRAUMATIC STRESS DISORDER

The effects of bullying are so severe that posttraumatic stress disorder (PTSD) and even suicide can occur. Post-traumatic stress disorder has been identified as occurring from a single traumatic or life-threatening event in someone's life. However, in recent years it has been recognised that an individual who constantly finds themselves the target of workplace harassment may develop symptoms of PTSD. It has also been referred to as Prolonged Duress Stress Disorder (PDSO) or work trauma. The trauma that occurs is the result of cumulative events rather than a sudden life threatening event. Factors need to be present, such as feeling trapped and loss of control. Feelings of inability to escape occur, when the target feels they are unable to resign due to financial responsibilities and fear they will be unable to gain further employment. Symptoms of anxiety develop which can lead to depression. Panic attacks, sleeplessness and nightmares are common. The target that develops PTSD or PDSO, experiences flashbacks, and replays bullying events and conversations over and over in their mind. This leads to difficulty in thinking and poor concentration. Research indicates that between 50 to 77% of targets will experience PTSD and 65% of targets will still suffer from anxiety and stress symptoms five years later. It takes many years to recover from the effects of bullying.^{3,12,13}

EFFECTS OF BULLYING ON INSTITUTIONS

When organisations don't address the destructive behaviours of the bully they are supporting the bully.

The impact of bullying has negative implications on the health and well-being of employees, and the function of the organization as a whole. Bullying causes high rates of absenteeism and employee turnover as well as reduced productivity. Bullying has been estimated to cost the Australian economy \$14.8 billion dollars annually.¹⁴ In health care it results in civil and legal actions, experienced staff leaving the profession, decreased commitment to nursing, low job satisfaction, and poor patient care resulting in more law suits.

Employees who witness the bullying are also affected. They feel fearful and powerless to help and are aware if they speak up they will be targeted next. Wanting to help but fearful of repercussions creates internal conflict and distress.

Workplace bullying leads to low morale, poor communication, and distrust of management. Increased alcohol and drug dependency are common in targets and witnesses.

COMMENTS FROM HEALTH PROFESSIONALS

The following comments came from Australian and New Zealand health professionals who have been affected by bullying. They are comments taken from targets who had been bullied over long periods. They are not isolated events. As you read through the comments, can you relate to any of the feelings expressed or comments made?

I feel sick when I look at the roster and know I am working with her.

Despite everything I have to offer, I am an expert cardiac nurse. I don't understand why I'm always side-lined.

My manager is constantly dismissing me, promoting junior staff ahead of me, no matter how much education I do. He makes me feel incompetent and not good about myself.

If I ever spoke up in a meeting, she would roll her eyes and give me that look and I would cringe.

During the night my patient deteriorated. I knew I had to ring his doctor, but I was too anxious to do it. In the past whenever I rang him (the doctor) he would humiliate me by talking down to me and abuse me. I don't understand why he treats me this way.

I have recently been diagnosed with breast cancer after a long battle at work with a bully. I just got so run down and stressed.

I am a level two nurse, and my manager over time has reduced all my authority and responsibility that I had and given it to others. I am not allowed to talk to the drug representatives, order the stock and other important tasks that I have been doing for years. I am undermined and feel so humiliated.

During a ward round, he publicly criticised and undermined me in front of the other doctors and nurses. He does this to anyone who challenges or disagrees with him. (Comment from a doctor who was being bullied by another doctor.)

When I complained to the Dean about the bully's behaviours and how she was criticising me behind my back, she told me others had also complained but what could she do? (And she did nothing!) The bully is still there and the best staff has left.

I have devoted my whole life to nursing, I'm at retirement age and now my reputation is destroyed as everyone thinks I'm incompetent. I feel so depressed and let down by nursing.

I feel nobody understands and I'm constantly crying. My family are tired of me going on about work and tell me to do something, but what can I do?

She set me up by not telling me about a patient's treatment plan, the patient's care was affected and I was reprimanded.

There's no point in talking to the nurse manager as she won't do anything, she's a friend of the bully. Others have put in complaints and they went nowhere.

I feel depressed, as some days I don't even want to get out of bed. I know I have to leave, but I don't have the energy to look for another job, and how am I going to get a reference?

If I make a complaint she'll give me a poor reference and then I won't be able to find another job, so I'll just leave and not say anything.

I've always loved nursing, but now I know I have to get out and find something else and I'm scared.

The doctor spoke to me like I was dirt; he wouldn't even listen to what I had to say and yelled at me in front of the junior doctors and the patient.

The patient was extremely sick and the doctor ordered the wrong emergency treatment. We all knew it was the wrong treatment but no one was game to say anything as we are all frightened of him. If I had spoken up it would have made the situation far worse. Consequently the patient deteriorated.

I took six months off work because of high blood pressure and stress; I like nursing but hate my job because of what he's doing to me.

She took a nursing program I had developed and replaced my name with hers. Then she presented it as her work. I didn't say anything because I felt sorry for her, as she was going through a marriage breakup.

I'm more upset and fed up with the assistant director of nursing. Why does she support the bully, why won't she deal with many complaints of bullying?

Each morning I wait to check out what sort of mood she's in, if she's in one her moods I know it's going to be a bad day.

The doctor yelled at me and then wouldn't discuss the issue with me; he said I'm only a nurse and should know my place. He has a history of this sort of thing but the hierarchy do nothing. It's easier to blame the nurse than deal with an abusive doctor.

I listened to my friend give her talk at the university for her confirmation of her PhD and just cringed when I heard the other colleagues criticising and undermining her, all in the guise of scholarly critique. It was a competition of academic ego between two senior colleagues. No wonder we can't get on top of bullying, when it's rife as well at the highest levels.

I feel like I just want to kill myself, as nobody understands. Nursing was all I had and now it's been taken away from me.

If nursing is supposed to be such a caring profession why am I being treated like this?
(Comment from a new graduate nurse).

As you read the following short stories can you identify the key points discussed in this chapter?

Short vignettes

Ruth had been nursing for many years and had a history of achieving excellent ward appraisals plus academic awards for excellence. She moved to a busy ward to gain more experience. Her peers had warned her about transferring to this ward because of the nurse manager's behaviour. Within three months of Ruth commencing there she was a nervous wreck. She described a time when the manager had thrown a piece of equipment on the floor in a rage. Everyone scattered, even the doctors. The manager was angry with Ruth for using the equipment on a seriously ill patient during the night (even though the doctor had requested she do it)

Ruth found she was constantly contradicted when she made any suggestions and criticised in front of others. She heard how the ward had difficulty in keeping their nurses, so had a high turnover. Ruth and a few nurses spoke to the medical director about the behaviour of the manager, but he refused to help and said 'it's just the way she is, you'll get used to her.' She eventually left the ward.

Even ten years later Ruth felt sick and anxious when she talked about the experience. She told of a time after leaving the ward, when she heard the familiar clippity-clop of the manager's footsteps coming down the hospital corridor. She felt so anxious that her palms became sweaty and she developed palpitations (that was years after leaving the ward!) Even though five years had lapsed she quickly changed direction in the hallway, as she felt she couldn't face the manager. It took Ruth the rest of the day to recover.

A manager is in a difficult situation, often caught in the middle of the conflict between a bully and a target. They are usually not given enough information by the target, who refuse to document the incidents (due to fear of the bully), but are expected to deal with it effectively. In the next vignette the nurse manager was being bullied by the enrolled nurse (a nurse on a lower level).

Georgina, a very experienced nurse manager had been working in a new ward for four months. The previous nurse manager had resigned after taking excessive sick leave due to stress. Georgina arrived at work one Monday morning and was bombarded with staff complaints about the enrolled nurse's behaviour over the weekend. (This was the same nurse who had created problems for the previous nurse manager.) When she spoke to the nurses who had made the complaints they refused to put anything in writing, as they were fearful of repercussions. However, they still wanted her to address the problem. Georgina thought if she handled it informally and had a chat with the nurse it would be resolved easily. The chat appeared to go well and Georgina was sure the matter was settled. Within two hours she was called to the nursing director's office and told a bullying charge had been laid against her by the enrolled nurse. The same afternoon the medical director told her he was disappointed in her handling of the situation and suggested Georgina's lack of experience was the problem. Later she saw the medical director and the enrolled nurse engaged in conversation and laughing over a cup of coffee. Georgina was now having difficulty sleeping, and taking medication for anxiety. She was finding it difficult to go to work and felt the only option she had was to take stress leave or ask for a transfer.

Angus found himself ostracised and singled out for supervision. He was being bullied by two nurses. Sometimes bullies will band together for maximum effectiveness. Angus was a typical target as recently he had been awarded an excellence in achievement award. After his commendation they set out to belittle, criticise and undermine him. They made complaints about his lack of clinical competence and he was reprimanded by the head of the department and a report placed in his file. He endured it for a further twelve months believing if he stayed, justice would prevail and his reputation restored. However, he finally realised it was affecting his

health; he was diagnosed with depression and made the decision to leave. He was unable to work for eighteen months (due to his ill health) and eventually found a position in another hospital. Even four years later he felt anxious whenever he drove past the hospital. The two bullies are still there, and one of them has been promoted.

HIERARCHICAL SYSTEM

Nurses belong to an oppressed group and throughout history bullying has flourished in oppressed groups. The hierarchical system is also known as the authoritarian management style, where it originated from the industrial age and military models. Individuals who succeed in this model use power based on position. Andrea Needham, the author of *Courage at the Top, Igniting the Leadership Fire*,¹⁵ explains there is no place for this type of management in a progressive, growing organisation. Despite all the research and literature about the negative consequences of the hierarchal system it is still prevalent in health care. Communication is stilted, and workplace bullies thrive in this type of environment.

A bully will endeavour to work their way up in the hierarchy; the higher up the more positional power they have and the more able they are to control others.

The hierarchical model does not encourage autonomy, as one group controls the autonomy of the other group leading to powerlessness and oppression. History shows us images of nurses seen as a handmaiden to the doctor in a patriarchal environment where the doctors hold the power and nurses have little autonomy.

Communication in a hierarchical model goes one way, from the top downwards to the nurse. In this type of communication there is little professional collegiality. The structure of power is learned and reinforced throughout each generation. Although nurses are gaining more autonomy and changes are being made, this culture still exists today.^{12,16}

Important points

Bullies work their way up to positions of power.

Horizontal violence is a common factor in oppressed groups.

Nurses often feel powerless.

WHAT TO DO:

Despite the increase in legislation, anti-bullying workshops, policies and a supposedly zero tolerance to bullying, workplace bullying continues to rise. Addressing workplace bullying is long overdue.

An annual anti-bullying workshop and anti-bullying policies are not effective in stamping out bullying. They only serve to window dress the problem.

Education and support of all managers is one of the vital ways to address this growing problem.

Managers and leaders who have been successful in changing an ingrained bullying culture have used various strategies, such as raising bullying awareness at meetings, conducting staff satisfaction surveys, providing education aimed at recognising bullying tactics, assertiveness training and self-empowerment education. They have developed a ward philosophy which reinforces that bullying behaviour is not acceptable. They reinforce the obligation of employees to report all bullying and protect the target and witnesses. Education is one of the keys to instigate change in a culture. For the culture to change, the higher levels of management must

increase their knowledge of the bullying tactics and make available more funds for communication and assertiveness training as well as anti-bullying workshops.

Funds are readily allocated for education of clinical skills but little is generally allocated for assertiveness or self-esteem training.

The higher the self-esteem and assertiveness skills of a nurse (or employee) the harder it is to bully them. A nurse leader who displays assertiveness and courage with knowledge of bullying will have a greater likelihood of effectively dealing with a bully. They will be able to stand firm in the midst of allegations and threats. It is only when a target is supported by the levels above that the bullying culture will be stamped out.

Building up the self-esteem and confidence of employees helps towards stamping out bullying.

Other successful strategies include the development of a local ward (or area) code of behaviours and not rely on the organisation's generic code of ethics to protect them. The manager or a facilitator supports the employees to draw up a list of behaviours they will not tolerate in their working environment. This list of unacceptable behaviours is then placed on posters and becomes visible in the working environment. It is also included in the orientation information for all new staff and frequently referenced.

Other workplaces have instigated a 'bullying code' which is activated when an employee witnesses a staff member being bullied. Employees then move quickly to stand by and support the target. They quietly observe the behaviour of the perpetrator, which gives a clear message the behaviour, is recognised as bullying and it will not be tolerated in their area.

The inclusion of communication and team building criteria in all performance appraisals and work agreements sets a standard that must be achieved by all staff. If a person fails to meet the criteria it makes it easier for the manager to take disciplinary action against a bully. The communication and team building criteria in a performance appraisal must be considered just as important as any clinical skill.

Managers must look at areas where there is a high turnover of staff and take all complaints seriously. Those who carry out the investigation must have extensive training in looking for the patterns described in this chapter.

When bullying has been identified, disciplinary action must be instigated immediately, as any inaction will encourage the growth of bullying and result in low morale and distrust of management.

Move quickly.

The quicker the target moves to challenge the bully the more likely it will have a positive outcome.

Targets usually don't act when they should because they believe that justice will occur. However this is rarely the case. By the time they decide to challenge the bully their self-esteem and confidence levels have plummeted. They are exhausted and their reputation has been destroyed.

Document and document.

Always document. The majority of targets won't document the many incidents. They often feel too exhausted to take on a further task and are not aware that this is the most important factor in proving bullying exists. If they do not keep evidence such as documentation of events and witnesses, and copies of emails they will have a hard time proving they are a target of bullying.

Summary of actions if you are a target:

Avoid working with the bully (if at all possible).

If you cannot avoid working with them, document all incidents (even trivial ones) and keep the documentation away from the workplace. One isolated event has little chance of proving you are being bullied.

Quote and record all statements said to you, document the time, date, what was said, who witnessed it and how it affected you.

Write a report without emotion. You may need another person to read your report and look for emotional statements.

Document what you did after you were bullied, to whom you reported it and what action they took (if any).

Avoid giving out information to the bully (or their supporters).

Keep all communication from the bully, all memos and emails.

Keep all emails which acknowledge your good work, copies of performance appraisals, and letters of appreciation from others.

Know your strengths, so you don't believe the bully's criticisms.

Don't allow yourself to be isolated. Find support, contact the support services in your organisation, union, workplace health and safety, peer support, etc.

Communicate up to the next level. Be aware they are often fed misinformation about you, but persist in educating them on the true facts. If you are not being heard, communicate further up and put it in writing.

Visit a doctor and a counsellor (with experience in handling bullying cases) and have it documented that you are being bullied and how it's affecting you.

Ask for assertiveness training and educate yourself on the tactics used by bullies.

If you choose to confront the bully, name the behaviour and do it in an assertive manner in front of a witness. Use the 'I' phrase. 'I would like you stop criticising me in front of the patients.' Don't use 'you make me feel..' or allow yourself to be provoked into saying something in anger. If you feel you are going to respond angrily remove yourself from the bully. The bully wants you to become angry, defensive and to act aggressively so they can use it against you.

If the bully is being supported by management, and your health is suffering, you must make your self-care your priority. Sometimes the wisest option in that situation is to leave the toxic environment. Remember to keep safe!

Consider legal action if all other avenues fail.

Investigation of bullying – caution.

If you are in a higher position than the bully, and are conducting an investigation into the bully's behaviour, the bully may then turn on you. When a bully is a severe bully (see the bullying scale) they will do their best to discredit you, claiming; the investigation is at fault, you are biased, or you are bullying them. You have now become the next target. If management have

little knowledge of the tactics of the bully they will be seduced into believing the bully and to now blame you for your supposed incompetence. It all adds to the confusion. It is a very effective tactic of the bully and also teaches others to never confront them.

Let's have a look at the next case study.

Final vignette

Isabel, the nurse manager, noticed the new clinical nurse, Jo, was critical and condescending towards one of the inexperienced graduate nurses. Jo had only transferred to the ward a few weeks ago.

Isabel runs frequent meetings raising bullying awareness, sends staff to bullying and assertiveness workshops and has developed a ward code of behaviours. She is determined to provide a safe work environment for all the staff.

Isabel spoke to Jo, and listened to her side of the story. Jo explained away her behaviours by blaming the graduate nurse. She stated it was the graduate nurse's fault because her clinical skills were poor and she was only trying to help her. Isabel responded by telling her the behaviours she demonstrated to the new nurse were not acceptable in this ward. She arranged counselling for Jo and booked her into the next anti-bullying and communication seminar. Isabel also supported the new graduate nurse and reassured her about her clinical practice.

Isabel thought the matter was resolved, but asked her senior nurses to document any further incidents and keep her informed. Two weeks later the new graduate nurse was in her office crying and requesting she be moved to another ward. Further investigation revealed Jo had escalated the bullying to the point where the distressed nurse was too frightened to come to work. Isabel organised support for the distressed nurse and changed the roster, ensuring she was not working any shifts with Jo. Isabel requested a meeting with Jo and told her a report was going into her file and the bullying behaviours were to stop.

Within 24 hours Jo had contacted the union and filed a bullying charge against Isabel. As Isabel had been keeping her on line manager informed about the situation she called Jo, the union representative as well as her on line manager to a meeting to discuss the issues.

The documented incidents with dates and witnesses were presented and discussed. When Jo realised she was being called to account for her behaviours she resigned and moved on to another hospital.

Isabel showed admirable leadership qualities by:

Acting quickly.

Immediately organising support for the inexperienced nurse and validating her experience.

Listening to Jo's story, and offering her education. She also confronted and labelled the abusive behaviours and brought Jo's attention to their ward philosophy.

Keeping the next on line manager informed.

Demonstrating assertiveness skills and courage in the face of allegations.

Instigating disciplinary action against Jo immediately.

This chapter has highlighted the tragic and serious problems that occur when bullying is left unchecked. The nursing culture in the hierarchical system has created an environment for bullying to grow unchecked. Removing the hierarchical system and putting in place a flatter

system will empower nurses and improve communication. It will also address some of the shortfalls in patient care. Nurse leaders in positions of power must continue to lobby for change. It is the responsibility of management to act quickly to ensure bullying behaviours cease and the bully is held accountable for their actions. The target and witnesses must be protected. When management acts swiftly, with courage and knowledge of bullying behaviours, staff will develop confidence in the process and the culture will gradually change.

The employer has a duty of care to provide a safe environment for all their employees.

Key points

Bullies alternate between charm and abusive behaviours to create confusion.

Weak and passive management supports bullying to flourish in any organisation.

Bullies distort the truth and act as victims to gain others' sympathy and support.

If you choose to confront the bully, be assertive and respectful; don't enter into an argument with them. Disengage if you become angry.

Bullying is about control and power.

Organisations that don't address bullying behaviours are supporting the bullies.

Bullying unchecked will cause serious health problems to the target and adversely affect morale and productivity of the workplace.

You are usually targeted because you are good at your job, so don't believe the bully and start to doubt your competence.

Keep safe!

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Chapter Eight- It's Your Choice

There are two primary choices in life; to accept conditions as they exist, or accept the responsibility for changing them.

Denis Waitley

Life can be unfair but you don't have to be a victim

You have choices

You are responsible for your happiness

Roger's story.

Roger was an expert at being a victim.

“Oh, it's just all too hard. What's the point of even trying?” Roger slumped in his chair and, with a big sigh, began his long story. Roger was one of my earliest clients. Even years later I still can remember the feelings of frustration he evoked in me, and I can't say that I did much to improve his life or help him in any way.

Roger had an uncanny ability to remember every sad event, large and small in his life from childhood to his 58 years. Months after his first counselling session, I was still listening to his unhappy stories. His wife had left him years earlier, his two grown up daughters rarely visited

him, his grandchildren wanted nothing to do with him, he had no close friends and he was overweight with poor health. At this time I believed if I just listened to Roger it would help him. With the majority of clients, empathetic listening lessens distress and assists them to move on. But with Roger I finally had to admit that the counselling sessions were not making any difference to how he was feeling. In fact, I suspected they were doing the opposite as he continued to wallow in his self-pity.

Roger also had an amazing knack of turning every problem around and blaming it on someone else. He blamed his selfish ex-wife, ungrateful daughters, spoilt grandchildren, terrible parents, useless school teachers, incompetent bosses and whoever else came into his firing line. He blamed all his previous doctors, counsellors and psychologists as well for not fixing him!

It dawned on me finally. I was watching a master playing a psychological game called 'poor me' or 'martyr'. If I made a suggestion, he would immediately counter with his standard response of 'yes, but' which would be followed by an excuse as to why the suggestion wouldn't work.

Some people are determined to be victims and if a solution is suggested they still won't make any changes. I finally realised he had no intention of ever being 'cured' of his sadness. Over the years I have had a number of clients who have been stuck in 'poor me' and 'yes but.' None played these games with such finesse as Roger. He was a professional victim and well established in his role. 'If only the others would change,' was his prevailing attitude. The same destructive cycle continued over and over again.

I eventually challenged him on his attitude and his habit of blaming everyone else for his problems. His angry reaction didn't surprise me. Not unexpectedly, Roger never made another appointment with me, and I surmised he would have moved on to the next unsuspecting novice counsellor or psychologist.

You might wonder why someone would be a chronic martyr; what do they actually achieve from taking on this role? There are payoffs (or rewards) for being a victim. The person usually receives sympathy and attention. (Roger received sympathy initially until everyone became tired of him.) Another reward is the person doesn't have to make any effort to change (because they believe it was always the other person's fault). They play out their life script of being a victim, over and over again. When they are confronted about their behaviour, counselling becomes too difficult for them and they usually blame the therapist and find another one. Roger was setting up a self-fulfilling prophecy so he could stay in his negative situation and not make any effort to change.

A human being can alter his life by altering his attitude.

William James.

BLAMING OTHERS IS A DESTRUCTIVE PATTERN OF BEHAVIOUR

It is much easier to blame others than to look at ourselves or take responsibility for the situation we may find ourselves in. However, when we blame others we hand over the control of our life to them as we wait for them to change. A state of helplessness develops which leads to anxiety and a predisposition to depression.^{1,2}

Roger was in a destructive cycle of complaining about his lot in life and refusing to acknowledge he was responsible. He refused to look for solutions. Roger was well and truly stuck.

To have power is to take responsibility for your life and your decisions.

Focus on what you have, not what you don't have.

People want to be happy but often they form a habit of dwelling on the negative things in their life and on all the things they don't have. They are unaware that focusing on what they don't have brings discontentment and unhappiness. If they focused more on the positives in their lives their happiness would increase.

Important questions

Have you developed a habit of complaining but refusing to take responsibility for your life?

When something goes wrong in your life do you find someone to blame?

LEARNED HELPLESSNESS CAN BECOME A DESTRUCTIVE PATTERN

We all go through difficult and tiring times and it can be natural to feel a degree of self-pity. However, this feeling is usually transient. When these feelings of self-pity become a common reaction to all of life's difficulties it leads to anxiety and depression and the development of a state of 'Learned Helplessness.' Even when there is a solution the person will feel helpless and give up too easily. They believe they have no control over the situation and have the attitude of 'what's the point of even trying.' If they face a disappointment, which I liken to a roadblock, instead of looking at how they can move past the roadblock they give up and say 'it's all too hard', and complain 'why does this always happen to me?' Victims have the ability to turn everything that happens into thoughts they are hard done by. They have a belief, 'I can't do anything right,' and believe Murphy's Law of 'anything that can go wrong will go wrong' was written specifically for them. They don't realise they are making themselves powerless by their thinking, as it is not the circumstances or the environment that are making them unhappy but their own attitude. People can become quite attached to their problems and let them form a part of who they are (they don't want to let them go). They can become part of their identity.

If you don't like the situation you are in, then make some changes.

You don't have to be a victim.

They will rarely ask themselves, 'what can I do to move past this roadblock? What solutions can I come up with?' Roadblocks have a purpose; they are there for your personal growth. The challenge to move past the disappointment will prompt you to grow and stretch yourself to find a solution.



Some people stop at roadblocks and just give up; others look for solutions.

Sometimes life is not fair.

Sometimes life is not fair. Some women would make wonderful mothers but are unable to have children, whereas other women don't want children but become pregnant. Children are sexually abused, innocent men and women are jailed, people are injured in car accidents which cause lifelong disability through no fault of their own. There are many things we could think about that highlight the unfairness in life.

There are two ways in which a person can respond to an unfair distressing situation. One way is to drown in self-pity, become a victim, and develop helplessness. The other way is to look at what you can change to improve the situation. These difficult experiences can benefit us. As

hard as it is, we need to learn to tolerate emotional discomfort and look to see what changes we can make.

If you want to overcome helplessness, then you need to realise that the way you think or interpret an event is as important as what actually happened. If you alter the way you see a situation you can change the way it affects you.³

Avoid being dependent on others for your happiness.

The more responsible you are for your own happiness, the more happy you will be.⁴ Some people have a habit of expecting others to rescue them and sort out all their problems (they have developed learned helplessness). They are attracted to and form relationships with people who have a strong need to rescue and fix others. However, their problems can't be fixed by others and this only leads to frustration and often the downhill slide to depression.⁵

Life is 10% what happens to you and 90% how you react to it.

Charles R. Swindoll

REFUSE TO BE DISCOURAGED OR TO BLAME YOURSELF

Taking responsibility does not mean blaming yourself and becoming miserable. It is more helpful in difficult situations to encourage and tell yourself you are doing the best you can.¹

Those with perfectionist traits often react with excessive anxiety when they make mistakes. They are tough on themselves and see a mistake or failure as catastrophic, leading to discouragement and a greater propensity to give up. It is interesting to see how successful people view mistakes. They have a common attitude to failure and see it as a learning experience, refusing to allow the experience to depress or discourage them.⁷ Unlike the person with perfectionist traits!

DON'T STAY STUCK IN THE PAST BLAMING OTHERS

We have seen in the preceding chapters some past experiences contributed to problems later in life and development of destructive patterns. However, it wasn't my intention to encourage you to dwell on past experiences and become stuck lamenting on the unfairness of life or your sad childhood.

Many people who have been abused as children or suffered severe setbacks have chosen to move past the pain and hurt, and focus instead on changing what they can.⁸ They have not allowed the past to adversely affect their future happiness and have risen above injustices or roadblocks they may have faced.

NOT CONSIDERING OUTCOMES OR CONSEQUENCES OF CHOICES IS A DESTRUCTIVE HABIT

In life, some people tend to rush into making decisions without considering the consequences or outcomes. Although in business we often put a great deal of thought into considering outcomes. People often don't stop to consider potential consequences for their personal choices. Looking at or considering consequences of the decision you are about to make will help you avoid regret and outcomes you don't want. Do your homework; find out as much information as you can and don't jump rashly into making decisions which you may later regret. (See also chapter six on choosing a partner.)

Final vignettes

Consider the situation Pete found himself in. Can you see, because of his choices, he had created difficulties which were affecting his happiness and his relationship with his wife?

Pete was not happy. Three months ago he received two speeding fines. When his driver's licence expired he didn't get around to renewing it. Last week he was pulled up again for speeding and also fined for not having a licence. Pete was now struggling to cope financially and complaining bitterly 'why does this always happen to me?' Pete has found himself in debt, working longer hours and now becoming tired and stressed. His wife is pregnant and not working. She is angry with Pete and worried about their finances. Pete still hasn't renewed his licence and his car insurance is about to expire (nor has he changed his driving habits!). He has no understanding that his actions or choices caused these consequences, and blames the traffic police for 'picking on him'.

Amy applied for a job promotion but missed out on the position. She desperately wanted this new job as she hated her current job and felt as though it was depressing her. However, when she was told she wasn't successful in gaining the position, she made a decision to stay in her current job. She had eight years until retirement. Amy's attitude of 'what's the use of trying, I'm never any good at job interviews,' stopped her from actively looking for another job. Amy had struck a roadblock or a disappointment, and, instead of looking at what she could do to improve herself, such as developing her interview skills or increasing her experience, she did what she had always done in the past. She just gave up. There were other jobs available but Amy had an attitude of 'nothing ever works out for me.' She was having anxiety attacks, not sleeping well and was generally unhappy with her life. Amy was unaware her unhappiness stemmed from her own choices and attitude, not from the employment situation.

Mary had fallen in love with a married man. She had entered into a sexual relationship with him despite knowing he was married and had two young children. Harry kept promising he would leave his wife, but pleaded with Mary to just give him a bit more time. After two and a half years in the relationship she was frustrated with the lack of resolution and her health was suffering. Mary was now blaming Harry's wife and complaining endlessly. What she didn't realise was she had chosen this situation. She needed to take responsibility for what she was doing and stop blaming others. Harry was being unfaithful and Mary didn't realise if Harry left his wife and moved in with Mary, history would more than likely repeat itself. Harry had a history of infidelity, so had the potential to be unfaithful to Mary in the future. Mary felt sorry for herself and was telling her friends that it wasn't fair. In the victim role she ignored that she was the one who was the threat to the family and instead wanted others to feel sorry for her. She had allowed herself to be drawn into a situation which would ultimately bring her sorrow and sadness, with many wasted years. Just spent waiting.

Consider this contrasting story and see how Caroline took responsibility and decided to do what she could.

Caroline was working in a new job as a preschool teacher. When she received her first pay she was dismayed to see she was being paid at the minimal wage, despite her having two diplomas. The more she thought about it the more frustrated and upset she became. She realised she had three choices:

1. Accept the low pay and complain to her friends and family (and be miserable).
2. Leave the job which she enjoyed.
3. Assertively talk to her supervisor and ask her to review her pay rate.

Despite feeling anxious she made an appointment to talk to her supervisor to ask for a more realistic wage. Her supervisor listened to her complaint, reviewed her qualifications, and agreed to increase her pay rate. Caroline had chosen to speak up and do what was in her power to

rectify the situation. She was amazed at the outcome. It was the first time Caroline had ever asked for something she felt she deserved.



He thought if he partied hard enough all his troubles would be over; they were just beginning.

IT'S YOUR CHOICE TO MAKE THE SITUATION BETTER OR MAKE IT WORSE

All of us are going to experience hard times where grief and sorrow will threaten to overwhelm us. These times can't be avoided. As I work on this last chapter and make the final changes to this book, my thoughts seem to roam back to times with my mother. Mum had recently passed away after a long struggle with cancer. There was still so much I would like to discuss with her and at times found myself going to the phone to ring her. I would love to talk to her about this chapter. She left behind an influence of how to face one of the toughest experiences we may ever go through. She faced death with an amazing dignity, inner strength, and hardly a word of complaint. When she was told she had only a short time to live, she naturally was upset, but instead made the decision to use every precious moment she had left to spend time with her five children, grandchildren and husband. Her behaviour in the last few months of her life was one of the greatest lessons she taught me. She demonstrated calm acceptance of something out of her control. She died at home, contented and surrounded by her family. It's the way we react to these situations in which we have no control that will lead to either happiness or distress.

It's your choice how you react to harsh and sad experiences.

Your reaction determines how you cope with life's distressing experiences. It's up to you what steps you take during these times. The following simple exercise will help you whenever you are facing a distressing experience that feels out of your control. You may feel you have no control over what is happening, however, there is still a lot you can do.

Coping exercise

Ask yourself what actions you could take to make the situation worse (that's right, worse!). Write them down. Now ask yourself what you could do to make the situation better. Write them down also.

WHAT CAN YOU DO TO MAKE THE SITUATION WORSE?

Stay in bed, don't get up until late.

Have an unhealthy diet, either putting on weight or losing weight.

Don't talk to anyone and keep all your feelings hidden. Shut people out. Don't exercise.

Stay indoors.

Smoke, indulge in heavy alcohol intake, and take illicit drugs to dull the pain.

Tell yourself over and over again how terrible it is and you will never be happy again or recover from this experience.

Focus on what you don't have and remind yourself how terribly sad it is.

Watch an excessive amount of television, avoiding company

What else could you do to make the situation worse?

WHAT CAN YOU DO TO MAKE THE SITUATION BETTER?

Get up at a certain time each morning regardless of how you feel.

Eat a healthy diet regardless of your appetite.

Find someone you can trust to talk about your feelings.

Regardless of how you feel, exercise or walk at least three times a week. Spend time outdoors enjoying nature.

Avoid smoking, drinking or taking drugs.

Tell yourself it's okay to feel sad, that this will pass, and you will recover.

Think about all the things you are thankful and grateful for in your life and keep a gratitude diary.

Avoid watching the television and neglecting social connections.

What else could you do to make the situation better?

Now look at your list and ask yourself what are you doing now? Which way have you chosen to go? That's right it was your choice, you chose how to react, to make the situation worse or better. Nobody else is responsible for your reaction. Seeing your actions in writing helps you to make better choices and pulls you up if you find yourself doing those actions and having those thoughts you identified as making the situation worse. It helps you see you do have control and there are many things still in your power.

Final comment

The more you understand yourself the easier it is to change any destructive patterns and improve your life. Some actions and behaviours lead you to happiness and success in life, while others will take you down the path to pain, stress and increased difficulties. It really is your choice.

Key points

Become more responsible for your life and don't blame circumstances or other people.

If you don't take responsibility for yourself you lose control over your life.

Develop a habit of thinking about the outcomes or consequences of the decision you are about to make.

Focus more on what you can change rather than what you can't change.

Be thankful and practice gratitude for what you do have in your life.

Don't become stuck and blame your parents or others. Take responsibility for your own happiness.

Avoid fretting about the past and worrying about the future; stay in the present and enjoy what you have now.

Everything in life is a choice, so choose wisely.

It's up to you to create a life that will make you happy.

You can do it!

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About the author

Anne Evans-Murray is a registered nurse, professional counsellor, and education consultant. She is the author of two other books. Anne is a leading education consultant teaching a variety of topics from physical assessment skills, cardiac disorders, counselling, grief therapy, assertiveness training and leadership seminars. She and her husband Graham are based on the Gold Coast and travel extensively throughout Australia and New Zealand. Anne speaks at seminars throughout both countries. She is a guest speaker at a number of hospitals throughout Australia and New Zealand and Anne is also a guest lecturer at Bond University Gold Coast teaching medical students. Anne has her own counselling practice on the Gold Coast, Australia.

Other books by Anne Evans-Murray

ECGs Simply, Cardiac arrhythmias made easy.

Interpretation of Chest X-rays Simply.

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Acknowledgements

Writing this book has been a team effort. I am indebted to Jillian Thomas who has spent many long hours checking the manuscript. I am grateful for her expert knowledge and patience with me as she steadfastly worked her way through each chapter.

I would like to acknowledge and thank Kaye Laemmle for her critique and suggestions in this manuscript as well as her continual encouragement to move out of my comfort zone.

I would like to also express my appreciation to Hazel Bailey for the time she spent in proof reading and making suggestions. I am indebted to Owen Phillips for his advice and helpful suggestions.

The following people gave me invaluable advice and critique of my writing as well as their continual encouragement and support. John Aylward, Debbie Bradley, Jan Bond, Helene Christian, Myra Cummings, John Evans, Paul Evans, Graeme Lobegeier, Heather James, Andre Marschke, Anton Marschke and Toni Watson. Thank you to Murray Hart for his suggestions relating to the book cover.

A special thank you to Barbara Paterson, who many years ago encouraged me to improve my assertiveness skills. I would like to thank Ruth Simons and Sue Forster for their encouragement over the years.

I would like to thank all those nurses who wanted their stories told; to them it was the only way they could have a little justice in an unfair system. Thank you for your comments. Thanks also to others who have asked that their story be put into this book. They too shared their experiences at my seminars throughout Australia and New Zealand.

I would like to thank my late sister-in-law Robyn Hegarty for her example of kindness and constant encouragement she gave everyone. Robyn passed away during the time I was writing this book.

My father at eighty five years of age spent time reviewing chapters, checking my sentences and giving suggestions.

Lastly, I thank my husband Graham for his patience as I write another book and his encouragement to stretch myself and for always believing in me.

Clip Art provided by: www.graphicsfactory.com.au

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