

Church Effectiveness Nuggets: Volume 16

Clergy and Clergy-Spouse Stress-Management Skills

Purpose: These principles and procedures help clergy and spouses to gain insights into (a) what causes stress, (b) stresses unique to clergy and clergy spouses, (c) the various stress-reaction patterns, (d) their personal stress-reaction pattern, (e) coping skills that reduce their unique stress-reactions, and (d) ten ways to reduce stress-reaction intensity.

Procedures: Use this material for either for individual study or during a one-day district or regional clergy, clergy-spouse, or clergy-couple retreat. The material provides four, one-hour-and fifteen-minute study/discussion sessions.

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Volume 16 – Contents

Study/Discussion Session #1

Creating and Building Effective Study/Discussion Quads – Page 2

Study/Discussion Session #2

Stress, Stress Causes, and Stresses Unique to Clergy Spouses – Pages 3-10

Study/Discussion Sessions #3

Coping with Your Unique Stress Reactions – Pages 11-22

Study/Discussion Session #4

Ten Ways to Reduce Stress-Reaction Intensity – Pages 23-29

Appendix I—Addressing the Mood-Swing Challenge – Page 30

Appendix II—Why and How Prayer & Meditation Reduce Stress Intensities – Page 31

Appendix III—Improving Food-Intake Management – Page 32

Appendix IV—Fifteen Steps to Lower Stress – Page 33

Study/Discussion Session #1

Creating and Building Effective Study/Discussion Quads

For maximum effectiveness, divide people into small groups of four by counting the number of people in the entire group. Divide that number by four to get the number of small groups you need.

Take that number (if you have 100 people, the number is 25). Then ask members of the entire group to count off one, two, three, etc., up to twenty-five and remember their number. Then ask the four people with each number to find one another and form a small group. This genuinely mixes people and prevents close friends who were sitting together from ending up in the same group.

For maximum effectiveness, ice-breaker questions that facilitate small-group sharing follow this pattern: The first few questions ask people to share “facts.” In the second set of questions, ask people to share “memories.” Thirdly, share “experiences.” Finish by sharing “feelings.”

The following ice-breaking, group-building questions build a climate in which individuals feel comfortable sharing their feelings. Ask each individual in the group of four to take turns sharing the answers to the four questions.

Using all of the questions in each of the four categories often takes two hours.

“Facts” Questions Possibilities:

1. Ask people to take turns sharing the answers to three questions: What is your name? Where were you born? Where did you go to elementary school?
2. As an adult, what is your favorite leisure activity?
3. What might people be surprised to learn about you?

“Memories” Questions Possibilities:

1. Divide your life into three equal segments. What was the most important event that happened to you during each of those intervals?
2. As a child or teenager, describe the most boring time you remember.
3. As a child or teenager, describe the most stressful time you remember.
4. As a child and teenager, when you experienced stress, did you usually feel anxious and fearful, or depressed and despondent, or angry and hostile?
5. As a child and teenager, during times of anxiety, depression, or anger resulting from a stressful experience, what did you usually do to help your feelings return to normal?

“Experiences” Questions Possibilities:

1. Describe a time, as a child or as an adult, when life gave you a lemon and you made lemonade from the lemon.
2. As an adult, when life feels too heavy, where do you go? What do you do?
3. As an adult, when a stressful person appears in your life, are you most likely to move *away from* the stressor in withdrawal, move *against* the stressor with anger, or move *toward* the stressor with affection that attempts to placate?

“Feelings” Questions Possibilities:

1. At present, what stressful experiences cause you to feel the greatest anxiety, depression, or anger?
2. What one inner quality would you most like to develop?
3. What would you like your obituary to say?

Study/Discussion Session #2

Stress, Stress Causes, and Stresses Unique to Clergy Spouses

Life is stressful!

Life has become increasingly stressful in recent decades!

- Seventy-one percent of employees report feeling stressed at work (*Entrepreneur* magazine, February 2003).
- American couples work an average of twenty-six hours more per week than in 1975 (*Bowling Alone*, Robert D. Putnam, 2000).
- Medical researchers say the average number of hours Americans sleep each night has fallen below the level required to stay physically healthy, think clearly, remember accurately, and maintain a positive attitude.
- Experts encourage parents to feel guilty about not spending time with their children.
- Households in which both partners work outside the home have far fewer available hours per week to spend with their children than twenty years ago.

I. What is stress?

- A. The dictionary defines stress, the shortened form of the word “distress,” as a trauma or fear to which an individual fails to make a satisfactory adaptation, which causes continued physiologic tensions that may contribute to disease.
- B. The typical American defines stress as an internal emotional reaction to an external force or threat that endangers feelings of well-being.
- C. Both definitions are accurate. Prolonged or frequent stress endangers both our health and our sense of emotional well-being.

II. Stress reactions are part of our physiological nature from birth.

- A. Feelings of stress happen because we are wired for survival.

1. Stress reactions happen when there is a *real* danger to our well-being.

I spent several years circling for a landing before I understood what God wanted me to do with my life.

In my early twenties I managed a large, commercial dairy farm. One morning one of the cows didn't come in. We thought she might have gone into the woods to give birth. The farm was large and spread out. About 10:00 a.m. I saddled my horse and headed down the long lane to the east pasture. The warm spring sun decorated the green grass with the hope of summer. I crossed the creek and headed toward a grove of big oak trees. Presently, I saw the cow to my left in some brush beyond the oak trees. In the sun and green grass in front of the oaks something strange caught my attention. About the size of a basketball, it seemed to be an animal of some sort, curled up enjoying the warm sun.

Curious to learn what this basketball with hair might be, I approached slowly and dismounted. No place to tie the horse, and she always stayed patiently where I left her anyway. I walked quietly forward to investigate. To be prudent, I picked up a dead tree limb for defense but didn't expect to need the stick. I feared the animal would run when it sensed my approach. Sure enough, when I got closer, the hairy basketball unrolled itself. It ran. But it

didn't run away from me! It ran toward me, its claws half the length of your fingers and its snarling, long teeth looking less than friendly.

Oops, I thought, as I turned to get back on the horse. But the horse, wiser than me, had departed the scene at a fast gallop. As the animal got close to me I realized this was a serious matter. It was a badger. If I didn't scare it off, I would likely enjoy a limited future on planet earth.

We engaged. I hit it hard across the nose with the stick. It backed off a few feet, snarled, and came at me again. I hit it again and backed off. This badger had courage. Back and forth we went for at least five minutes. The badger advanced; I backed up. The badger backed up; I advanced. Finally, against everything I believed was right and wanted to do, I beat the animal to death.

Did I feel stressed? You bet! It was at least three hours before my stress level feel back to normal.

2. Stress reactions happen when there is a *perceived* danger to our well-being.

During the freshman year of college I took a five-credit-hour, general-mathematics course, which was one-half of the ten hours of math required for graduation. The professor was an older man with busy white hair. A Jew who had managed to get out of Germany in the late 1930s, before the Nazi's made escape impossible, his command of English was not great. Soon, however, I realized that we were about even. My math ability equaled his English. I was squeaking by, failed some quizzes, and barely passed others.

My anxiety increased as the semester progressed. I had no clue whether I passed the final exam. When grades were posted, I was happy to see the "D" beside my name on the semester-grade list. Wow! That was close. Next semester I would work harder. I would try harder.

The second semester was even more stressful than the first. I worked harder. I tried harder. But the second semester proved much harder than my work and my trying. The stress increased as my first semester grades on quizzes repeated. Again, the final exam was horrifying. When the professor posed the semester grades, I was more ecstatic about that "D" than all of the "As" I got during the years before or after. The danger was not the same as with the badger. I would not lose my life if I failed this course. I'd either have to take it over again or I couldn't graduate. But the stress reaction from the math course was just as high, and it prolonged across months, not minutes.

About once a year, I still have a nightmare about that math course. Perceived danger to your well-being can be just as stressful as real danger to your well-being!

- B. Stress reactions automatically prepare us to fight or flee.
- C. Some authorities add the word "fix" to that fight or flee duo.
 - 1. World-renowned psychiatrist Karen Horney wrote that people tend to respond to a perceived threat to their well-being by moving against the stressor (fight), moving away from the stressor (flee, withdraw), or moving toward the stressor with affection (fix). We often see these three reactions in small children.
 - When corrected by a parent, some children *fight* by throwing themselves in the floor with temper-tantrums.
 - Other children *flee* by withdrawing to their room and staying there as long as possible.

- A third kind of small child, when her father harshly corrects her bad behavior, reacts with a *fix*. She runs to her father, jumps into his arms and says, “Oh, Daddy, I love you so much.”
2. Other psychiatrists argue that “fix with affection” is merely a variation of “fight.”
 3. What do you think? Do some adults respond to stress by trying to fix it with affection or with some other form of affection such as assistance or working harder?
- D. Five Minutes of Small Group Sharing: Select a reporter in each quad. After the quad session, without using individual names, ask the reporter in each quad to report to the entire group a summary of your quad’s opinions regarding question #3 above.

III. Stress reaction is physical, not just emotional.

- A. Messages travel from the brain to the adrenal gland, located on top of the kidneys, which dumps adrenaline (technical name, epinephrine) into the bloodstream to fuel the mind and muscles for instant fight, flight, or fix. (Oversupply of adrenaline is chief among the reasons we respond to a real or a perceived threat with nervousness and a reduced sense of emotional well-being.)
 1. Adrenaline makes the heart pump faster (increasing blood pressure) and the lungs work harder to carry oxygen to the muscles for fight, flight, or fix.
 2. The adrenal gland also releases extra cortisol and other glucocorticoids, which raise blood sugar levels by increasing the body’s ability to convert sugars into energy.
- B. Messages travel from the brain through motor nerves to arm, leg, and other skeletal muscles, which release norepinephrine to tense them and prepare for fight, flee, or fix—even when none of these actions is a real possibility at the present moment.
- C. Survival hormones such as cortisol shut down the talkative left hemisphere of the brain, which specializes in language, logic, and the ability to store new information. These stress hormones increase awareness in the nonverbal right hemisphere of the brain; only later, when feelings of danger are less, does the left hemisphere analyze the meaning of the threat or loss and gives it words. This explains why we can’t think clearly when we are angry; only one-half of our brain is fully operational.
- D. Studies at Stanford University reveal that these same physical reactions can happen (1) as a result of viewing the televised replay of a tragedy several hours or days later, (2) hearing about it on the radio, or (3) thinking about the perceived danger to our well-being. Many people who experience extreme emotional trauma are re-traumatized by thinking about it again on the anniversary of the trauma (one year later) or when reminded of the original trauma by their exposure to similar circumstances.
 - This is especially true when people lose a spouse in death. Some clergy keep a careful note of and a calendar file on the death date of husbands whose funerals they conduct. That allows them to telephone the widow on the one-year anniversary of that loss and say, “Just thought I’d touch bases with you. I knew this would be a tough day for you.” What a powerful symbol of caring that phone call sends!
 - That “re-traumatizing” sometimes happens with clergy and spouses in the years after they experience a painful episode in a congregation. When something happens in the next church they serve that feels slightly similar to that painful experience in a previous church, similar feelings sometimes flood the consciousness.

- The mind does not just store facts ($2 \times 2 = 4$). The mind does not just store memories (where you lived on your sixth birthday). The mind stores feelings (how you felt when something stressful happened years ago). Those feelings can come flooding back into our consciousness when something similar happens in later years.
- E. Some people who experience stress when old feelings dump into their consciousness find it helpful to say something like the following to themselves: “This is a different time and a different place. The circumstances are different and the results will be different!” Some people report that silently repeating those sentences to themselves three or four times helps push old, painful feelings out of the present and back onto the shelf of memory.
- F. Five Minutes of Small Group Sharing: Does anything in your life re-traumatize you to an earlier stress?

IV. Prolonged stress reactions produce physical damage, not just emotional pain.

- A. The various stress hormones can produce a wide range of unpleasant physical symptoms, such as indigestion, acid reflux, diarrhea, headache, and sleeplessness (sometimes new adrenaline surges awaken us early in the morning and prevent us from going back to sleep).
1. When the threat feelings pass, epinephrine and norepinephrine levels drop. But if danger feelings come too often, they damage the arteries.
 2. Chronic low-level stress keeps cortisol and glucocorticoids in circulation, which can lead to loss of bone mass and a weakened immune system (potentially increasing the risk of cancer and infectious diseases).
 3. Stress impairs memory and quickens age-related neurological damage.
 4. Older people with high levels of stress hormones in their systems experience a 20-to-50 percent reduction in mental function.
- B. Why do clergy and spouse households experience higher group health insurance premiums than other groups in America, such as schoolteachers and manufacturing industry workers?
- C. Health insurance actuarial studies report that clergy and spouses (1) experience higher levels of stress, (2) are more prone to depression, (3) are more overweight, and (4) get less physical exercise than couples in the typical American household. These four conditions reduce the immune system’s resistance to infection and increase the incidence of the physical ailments such as back pain, heart disease, diabetes, rheumatoid arthritis, allergies, cancer, and hypertension (chronic high blood pressure that can lead to stroke). Thus, people in clergy households experience higher levels of stress-related illness than any other insured group in America.

V. Three influences determine the type and intensity of our stress reaction.

- A. *Genetics:*
1. Studies of identical twins raised in different parts of the country demonstrate that if one twin is nervous, easily irritated, or highly sensitive to trauma, an identical twin is similar, even if raised by a different family.
 2. Studies indicate that a tendency toward feeling depressed runs in some family trees.
 3. Studies indicate that a tendency toward unexplained mood changes is more common in some families than in others. (This condition, experienced by

about 10 percent of Americans, is called schizophrenia in its extreme forms and schizoid personality in its milder forms).

B. Parental Modeling:

1. Young children take emotional cues from the adults in their lives.
 - If they see anxiety, they feel anxiety.
 - If they see calmness, they copy calmness.
2. Adults act as a *source* of stress or as a *remedy* for stress in children.
3. A high percentage of parents experience and therefore model high anxiety (50 percent of Americans experience stressful anxiety levels several days each month).
4. A high percentage of parents experience and therefore model one of the four kinds of depression (55 percent of Americans experience stressful depression several days each month).
5. Many parents experience both anxiety and depression (this mixture is *not* the bipolar syndrome, which is often psychotic [irrational behavior] at either or both of its manic and depressive extremes).

C. Circumstances:

1. Mass tragedies such as New York's September 11, 2001, attack and prolonged mass-tragedies such as "The Great Depression" of the 1930s cause both short-term and long-term stress reactions.
 - When New Yorkers saw the first TV pictures of the black smoke from a Staten Island gasoline refinery fire February 22, 2003, many of them experienced instant replays of their 9-11 anxiety-reactions.
 - My mother-in-law married during the drought-stricken, dust-bowl days of Great Depression in the Midwest. She once shared with me the anxiety that always came over her when she considers a significant financial purchase. Forty years later, far beyond the poverty of those desperate times, she had plenty of money. But the Great Depression had taken residence in her mind. Its fearful feelings were still alive.
2. The death of a spouse, a child, or a parent (grief is a reactive depression that helps heal people from a loss) produces short-term stress and long-term stress if the grief-resolution process does not proceed in a normal manner.
3. Any event that causes an adrenalin surge; thus, preparing us to protect our well-being by fighting, fleeing, or fixing.
4. The 5 percent, perpetually-unhappy "lunatic fringe" group in every church, some of which inevitably blame their life-long four seasons of discontent on the pastor and/or his or her spouse.
 - A recent, random-sample national study of congregations in every denomination revealed the presence of that unhappy "5 percent," even in the healthiest of congregations.
 - Try not to internalize the painful projectiles from this group by saying, "I'm just not good at this!" No matter how capable you are, death, taxes, and the unhappy 5 percent are always with us!
5. That small number of parishioners who attempt to get their way by "triangulating" with the clergy spouse. They telephone the spouse to say, "I just thought you would want to know." Their covert objective is to influence the clergyperson to take some action they desire.

6. Living on a public pedestal, which some describe as a fishbowl and others view as an alligator swamp, thereby causing some parishioners to expect a Superwoman or Superman level of commitment, behavior, and leadership that they would not expect of “normal” parishioners.
 - Some clergy spouses react to alligator swamps by feeling angry (fighting against the unfairness of the role expectation).
 - Some clergy spouses react by trying to flee (refusing to take on any church responsibilities).
 - Some clergy spouses react by becoming workaholics in their unpaid staff role (absorbed in trying to fix everything in the church).
7. Living with a clergyperson means living with a marriage partner who is more likely than the typical American to exhibit the following traits:
 - a. *Idealism* (a higher than usual desire to make a difference in the world and to help people); in some clergy this positive virtue becomes perfectionism; in others idealism produces a high level of anxiety; in others idealism generates workaholic tendencies; in others idealism runs toward higher-than-normal expectations of the spouse.
 - b. *Limelight Needs*, or a higher-than-normal need for public attention. Weekly public speaking fulfills this desire. However, the highly critical, lunatic fringe that comprises 5 percent of every church’s membership reduces some of the blessings in this payoff.
 - c. *Introversion* (studies show that more clergy feel energized by being alone than by being in groups of people).
 - This trait is helpful in some ways. Many clergy responsibilities, such as preaching preparation, are a solitary process that pastors cannot accomplish in a crowd.
 - However, introversion also has painful drawbacks: 35 percent of the American public suffers some degree of stressful feelings from their preference for being alone instead of with groups; but more than 60 percent of clergy experience that stress.
 - d. *Borderline Depression* (studies indicate that roughly 65 percent of clergy suffer from borderline or chronic depression), meaning that they feel painfully “down” or “blue” more than five days per month.
 - e. *Adrenaline Addiction* can form during long periods of risk-taking and high-stakes experiences.
 - Sometimes originating during the long-hours and multiple-role stress of college and seminary, adrenaline addiction is prevalent among high-achievers, “Type A” personalities, clergy who plant new churches, professional gamblers, and people who suffer borderline depression.
 - Such individuals become accustomed to frequent adrenaline surges, which biologically impact the brain’s pleasure center. Their experiences slowly build an addictive process. Eventually, the person is uncomfortable without frequent “adrenaline fixes” that come from high-stress, often high-risk, efforts.
 - Thus, they repeatedly put themselves into circumstances that produce intense stresses that generate pleasurable adrenaline surges and erase depressive feelings. Such people often

defend their lifestyle by saying they enjoy and thrive on stress.

- They often quote books that speak of “bad stress” and “good stress.” They do, indeed, enjoy stress; for them, it has a biological payoff. However, that does not mean stress does them no damage.
- Dr. Archibald Hart says, “We think that because we are enjoying something, it’s not stressful. That’s a lie! The people who drop dead from heart attacks, when we put them in the box, are *smiling!*” (“Time to Get a Life,” *Cutting Edge*, Spring 2001, pp. 14-16)

Five Minutes of Small Group Sharing: Which of these several factors—genetics, parents, and circumstances—do you feel contribute to your stress-reaction pattern?

VI. Stress-reaction CPR (Cognitive/Psychological Resuscitation) requires both revised actions and revised thoughts.

A. By changing your actions, you can change your emotions.

1. During my years in private practice at a medical clinic, approximately 50 percent of the patients the physicians referred to me were depressed. The differential diagnosis was easy. When they came in they looked depressed and they acted depressed. When you asked them how they felt, they said, “I feel depressed.”
 - The first counseling session or two always involved evaluation, to determine which of the several kinds of depression they had.
 - But always, always, always, at the end of that first session, as we talked about when they could come in the following week, I’d give them this prescription: “I want you to begin walking two miles every morning at a fast clip. That will help you start feeling better while we begin to work on the source of the problem.”
2. They always agreed. After all, they were paying big bucks for this conversation, so in these early weeks of treatment patients tried to follow the advice.
 - Inevitably, they returned a week later and said, “I feel so much better.”
 - What happened? The walking put chemicals into their minds and bodies that lifted some of the depression. Then, too, the very act of deciding to take action meant they were beginning to take responsibility for themselves, which also lifts depression.

B. By changing your thoughts, you can change your emotions.

1. A physician referred a young mother with two small children. She had been in an auto accident. She was driving the car. The passenger was killed. She was so fearful that she could not drive her car. She couldn’t even ride in a car.
2. A treatment procedure called “desensitization” often works for simple phobias of that kind.
 - I said to her, “When and where during your typical day or week do you feel most relaxed?”
 - She thought awhile and said, “When I’m taking a bubble-bath. That’s the only time I can really get away from the kids.”

- I said, “For the next week, I want you to spend five minutes of your time in the bubble-bath trying to feel very relaxed and imagining that you are sitting in your car in the driveway. During that time, tell yourself you feel no fear.”
 - When I saw her the next week, I said, “Once a day I want you to go and sit in the car in your driveway, on the passenger side, and imagine yourself sitting in the bubble-bath, feeling very relaxed.”
 - The third week, I said, “This week, I want you to ask your husband to take you for a drive around the neighborhood. Using your imagination, try to feel as if you were in the bubble-bath.”
 - The fourth week, her husband drove her into an area with busy traffic. She was still using her imagination to feel relaxed.
 - The fifth week, she drove her car around the neighborhood, with her husband as a passenger.
 - The sixth week, she completed the therapy.
3. That young mother remained somewhat uneasy for more than a year, but by changing her thoughts she had changed her emotions.

VII. People decide to either conquer stress with assertive actions and thoughts or cover before stress with a passive-victim mentality.

VIII. In the next session we will discuss several ways to cope with your unique stress-reactions.

Study/Discussion Sessions #3

Coping with Your Unique Stress Reactions

I. Complete a Depression Inventory

- A. The Patient Health Care (www.phqscreeners.com/) and the Beck Depression Inventory (http://en.wikipedia.org/wiki/Beck_Depression_Inventory) are two examples of several such instruments in wide use by health-care professionals across the United States.
- B. A Google search can help you find and obtain one of these depression-measuring tools for each person in the group.
- C. Say to participants, “Please take a couple of minutes to complete your depression inventory. Do not discuss your results with others in your group. Your answers are totally confidential.”
- D. “Completing your inventory tells you where you are on a depression scale that ranges from none to severe.”

II. Primary reactions to prolonged or frequent stress:

- A. *Anxiety*: With some people this is a higher-than-average tendency to react to stress by feeling nervous, fearful, and agitated. With other people, anxiety is a life-long pattern, sometimes so mixed with feelings of depression that physicians find making a differential diagnosis quite difficult. (This is the reason that many people receive anti-depressant medication when they should have received anti-anxiety medication.)
 1. *Chronic anxiety* is a pattern of worry, anxiety, and extreme mental preoccupation with a problem or loss that fills 50-to-75 percent of a person’s month. As this kind of person resolves one worry or problem, a new one takes its place. In other words, the person is chronically anxious about something.
 2. *The primary cause of this pattern* is unloving, perfectionist, or undependable parents. The child grew up feeling he or she could never measure up to parents’ expectations. Consequently, the child often felt like a failure, then in adult life suffers from continues re-runs of those fear-of-failing feelings. Those chronic anxiety patterns often manifest themselves as health problems.
 3. *Phobias* (unusual fears) and obsessive-compulsive behaviors (repetitive hand washing is one example) are often unconscious efforts to block high levels of anxiety.
 - Some phobias are minor and harmless, such as never being sure you turned off the curling iron and going back to check on it twice.
 - Phobias can cross over the line into psychosis, such as the pastor who, every Sunday afternoon, began washing all the money from the offerings that morning. The lay leadership knew they had a big problem. Soon, the pastor was receiving psychiatric care.
 4. *The compulsive workaholic* (a not unheard of pattern in clergy and spouses) feels *fully alive* (translate that “adrenalin rush”) when engaged in frenetic ministry activities. Without that over-functioning pattern, the workaholic feels anxious. Thus, when free time appears in the schedule, he or she tries to reduce that anxiety with more activity. However, the additional activity produces anxiety. This “gerbil on a treadmill” behavior keeps reproducing

itself because such individuals cannot feel fully alive without the frenetic work pattern that generates their anxiety.

Workaholics (most of which unconsciously try to compensate for not feeling accepted by one or both parents while growing up) must ask themselves, “Can I learn to feel *fully alive* without taking on an additional ministry project?” Unfortunately, many workaholics cannot see this pattern in themselves; thus, they never ask the question.

B. *Depression:*

1. Depression and anxiety often occur in combination with each other.
2. Physicians often misdiagnose anxiety as depression and inappropriately prescribe an antidepressant medication. Some physicians make the opposite mistake. Many physicians hedge their bets by prescribing a tricyclic antidepressant, which covers both problems.
3. The depression inventory you completed suggests your level of depression at the present time.
4. Feelings of depression are identified *by their degree* (mild to severe) and *by their type* (one of the four major depression categories in “Section 6” below).
5. The degree of depression is measured by the severity of the following symptoms: sadness and unhappiness in mood, feelings of hopelessness about the future, feelings of unreality, tearfulness (sometimes without any good reason), inability to concentrate well, lack of interest in work or family, inability to sleep (or sometimes the opposite, sleeping all the time), loss of appetite (or increased appetite), perpetual tiredness, diminished sexual drive, preoccupation with physical health, bad taste in mouth, feeling like a failure (feeling bad or worthless), social withdrawal, difficulty making decisions, irritability (sometimes fits of anger without good reason), occasional visual distortions (seeing something out of the corner of the eye that is not there, in the way a tired, sleepy driver sometimes momentarily sees an imaginary deer; this is quite different from and not to be confused with hallucinating).
6. The type of depression fits into one of four major categories:
 - a. *Reactive Depression* is caused by overwhelming stress in a person’s life. In most cases, its onset follows shortly after a significant and obvious loss of a loved person, a lost object such as financial security, or a lost position in their social or work environment. Examples include job loss, death of spouse, broken engagement, divorce, or a developmental loss such as (1) the mid-life crisis or post-retirement crisis for males or (2) the female mid-life crisis at approximately age thirty-five to thirty-seven. Generally speaking, women are more often depressed due to family relationship problems; men are more often depressed due to job-related problems. People with reactive depression sometimes exhibit fits of anger for no good reason (anger is apparently an involuntary depression-coping mechanism—depression turned outward is anger).
 - b. *Endogenous Depression* does not derive from any apparent precipitating factor in the person’s emotional or physical environment. This form of depression is body-chemistry related and often stems from (1) physiological causes such as thyroid deficiency, (2) a health problem such as the flu or an infection, (3) glandular causes such as menopause or senile depression, (4) unknown factors that cause people in some family trees to have chronic and repeated bouts with depression, (5) long periods of being bedfast with no

- physical activity, and (6) secondary to schizophrenia (unexplained mood shifts) or other mental illness.
- c. *Neurotic Depression* is a pattern of worry (sometimes mixed with anxiety) and extreme mental preoccupation with a problem or loss. As this kind of person resolves one worry or problem, a new one takes its place. Describing such a person, one woman said, “Some people just aren’t happy unless they are depressed about something.” In other words, the way this person’s thinking and personality chronically works is by being depressed about something. The primary cause of this pattern is unloving, perfectionist, or undependable parents. The child grew up feeling he or she could never measure up to parents’ expectations. Consequently, the child often felt like a failure, and keeps repeating this feeling in adult life. Feelings of failure at something lead to feelings of guilt, lead to feelings of depression (in an ever-recurring cycle).
- Many kinds of neurotic depression manifest themselves as health problems. Agitated depression is one such example, in which the young adult experienced a racing heart, shortness of breath, and skipped heart beats for no apparent reason.
 - We often see this in the conscientious freshman or sophomore college student. He or she fears the possibility of failure and begins to experience irregular heart beats. After a cardiogram and thorough examination, cardiologists tell such students that everything is fine. The simple diagnosis is “nerves.” Actually, his or her fear of failing is sending a bad fuel mixture into the electrical-chemical organ called the brain.
- d. *Psychotic Depression* manifests itself with the person distorting reality, not seeing the world and his or her life as it really is. This kind of depression is relatively rare. It is often seen as a secondary problem associated with schizophrenia or a secondary problem in manic-depressive patients and is often found in suicide-inclined persons.
- About 10:00 a.m. one morning at the medical center, a physician called to see if I could work in an attempted suicide.
 - The man had tried to hang himself from an oil rig. Corporate supervisors become very nervous when their employees try to hang themselves at work, so they brought him to the clinic to see what could be done.
 - This man had psychotic depression. He was not seeing reality accurately and required long-term medication.
 - A reminder of the difference between neurosis and psychosis: Neurosis is when the patient sees a lion in a cage at the zoo (or something fearful in everyday life) and feels extremely anxious and nervous about the lion. Psychosis is when the patient sees a lion nearby and feels extremely anxious and nervous about the lion but nobody else in the room sees the lion.

- C. *Mood Swings*: A tendency toward unexplained mood changes (a condition experienced by about 10 percent of Americans, called schizophrenia in its extreme forms and schizoid personality in its milder forms).

III. Changing your actions changes your emotions.

- A. Aerobic therapy:
1. Walking five hours per week is optimum for most people (with the approval of your physician). Three hours per week gives you almost as much benefit.
 2. Walking five days a week is a good pattern. If you walk seven days a week, you may burn out and feel like stopping altogether.
 3. Walking with your spouse gives the added benefit of creating three-to-five hours of communication opportunities per week, which reduces the kinds of life stress that result from insufficient time to discuss important issues.
 4. To gain the optimum benefit for your heart that comes from aerobic activity, you must walk a minimum of thirty minutes each time, to keep your heart rate high enough for long enough.
 5. If walking is not a good option for a person with your medical condition, your physician may recommend water aerobics or some other way to get your heart rate sufficiently high for sufficiently long to give you the health benefits that come only from aerobic activity.
- B. Resistance/strength training:
1. Thirty minutes per week produces many health benefits.
 2. Every other day is superior to daily, especially when you first begin. This prevents muscle soreness by giving muscles time to build and firm between sessions.
- C. Questions, clarification, discussion.
- D. Five Minutes of Small Group Sharing: What has worked for you and/or what plan do you feel you would like to try in order to add aerobic and resistance/strength training to your weekly habit patterns?

IV. Changing your thoughts changes your emotions.

- A. Painful feelings from the past can replay in the present, when triggered by similar experiences or circumstances.
1. The human mind is like a gigantic office building, full of file rooms, full of filing cabinets, full of file folders.
 2. The file folders contain memories such as where you attended elementary school. The file folders contain facts, such as two times two equals four. But the file folders also contain feelings.
 3. Draw a line on your page, from left to right. At the left, write birth. Then put an X on the line for age twelve. Put another X on the line for age eighteen and another X for age thirty-five.
 4. When something happens at age thirty-five that feels a little similar to something which made you feel extremely sad, angry, rejected, or fearful at age twelve or sixteen, you are often amazed at the feelings that flood into your consciousness. You begin feeling right now exactly like you felt back then. Such feelings are very difficult to get rid of.

5. One example is when your spouse does or says something that makes you *feel* like one of your parents made you feel when you were a child or a teenager.
 - It seems as if a crazy file clerk went into a file room in your mind, opened the wrong file cabinet, and pulled the wrong file folder.
 - When the crazy file clerk plops that feelings file on the desk of your consciousness, you feel sad, angry, rejected, or fearful, even when this is a different situation and those feelings make no sense right now.
- B. But that crazy little file clerk does not work totally alone.
- C. Each of us develops habitual thinking patterns that can bring about painful feelings which do not match the reality of our present circumstances.
1. Psychiatrist Albert Ellis called this the ABC Theory of Emotions.
 2. The ABC Theory of Emotions says that A—any *event* outside ourselves—is followed by B—our attitude, *opinion*, or belief about that event—is followed by C—an *emotional feeling* about that event—is followed by D—a stress-reaction about that event—sometimes followed by E—inappropriate actions and/or words.
 3. In other words,
 - A = an event outside ourselves
 - B = our opinion or belief about that event
 - C = an emotional feeling about that event
 - D = a painful stress-reaction resulting from that opinion
 - E = in some instances, inappropriate words and/or actions
 4. Our mind believes anything we habitually tell it, so we become emotionally upset when we think alarming and disturbing ideas that are not true.
 5. Those ideas or beliefs or thoughts *cause* the emotional response, rather than the event or the person connected with the event.
 6. Most people think we first have bad feelings; then, bad thoughts spin around in our head as a result of those bad feelings.
 7. Actually the opposite is true. First we have bad (untrue, irrational) thoughts; then those thoughts produce bad feelings.
 8. If our thinking is accurate (consistent with reality), that is good.
 9. But what if our thinking is not accurate?

Here is an illustration of the ABC components from my own life:

- We were in seminary. I served a student church with an average worship attendance of about ninety.
- Like most seminary students, we were permanent residents on the fringes of poverty during those years.
- Our washing machine broke down. A service call would be at least \$40, an amount of money we did not possess.
- Herb decided to fix the washing machine.
- To fully understand this matter, you should know that Herb's mechanical aptitude, on a scale of one to ten, is a minus three. Machinery breaks down when Herb stand close to it, without even touching it.
- Herb worked on the washing machine.
- Result: while trying to fix it, Herb broke something else that was far more expensive to replace than the problem he tried to fix.
- I felt absolutely terrible for about three days. (In early life I had a great tendency toward feeling depressed, and this incident brought on a huge depression.)
- Here is how it worked, according to the ABC Theory of Emotions:
 - A. I failed at fixing the washing machine.
 - B. Irrational thinking; I told myself, "This is terrible. That always happens when you try to fix things. You are such a failure! You can't even fix a washing machine without breaking it!"
 - C. Feelings of guilt and depression.
 - D. Stress-reaction that hampered my ability to think clearly and work as productively as I would have otherwise.

10. Much of our emotional stress comes from such irrational thinking.
11. There are actually only twelve kinds of such irrational thinking. If we did not adopt one or more of those twelve crazy ways of thinking, we would feel very little stress or emotional turmoil.
12. On the list of "Twelve Irrational Ideas" on the next page, take three minutes to put a check mark beside each item that you feel reflects one of your characteristic thinking patterns. If you are in a group session, do this silently. Do not discuss the items with others in the group. Remember that you will not be sharing your answers with other people in your group.

Twelve Irrational Ideas

Adapted from rational-emotive theories originated by Albert Ellis

1. “The idea that people must love and approve of me all the time.”
2. “The idea that making mistakes is terrible. If I can’t do everything well, I’m no good.”
3. “The idea that people who hurt me should be condemned and punished for their wrongdoings.”
4. “The idea that I can’t stand it when things are not the way I would like them to be.”
5. “The idea that my emotions can’t be controlled.”
6. “The idea that if I’m scared of something, I ought to worry about it constantly.”
7. “The idea that it is better to avoid problems and responsibilities than to face them.”
8. “The idea that I can’t survive without having someone to lean on.”
9. “The idea that bad experiences in my childhood will always control my feelings and actions.”
10. “The idea that I should be upset about the way certain people feel and act.”
11. “The idea that there is a perfect solution to all my problems, and it is a disaster if I don’t find that perfect solution.”
12. “The idea that beliefs held by my parents and other authorities are always correct and should not be questioned.”

When, at point B of the ABC Theory of Emotions, one of those “Twelve Irrational Ideas” goes through our mind, at point C we are likely to experience a painful emotional feeling that leads to D: an inappropriate stress response.

Idea Patterns that Point toward Classic Stress-Responses

Irrational ideas that often point to feelings of depression and guilt:

1. “The idea that people must love and approve of me all the time.”
2. “The idea that making mistakes is terrible. If I can’t do everything well, I’m no good.”
3. “The idea that people who hurt me should be condemned and punished for their wrongdoings.”
4. “The idea that I can’t stand it when things are not the way I would like them to be.”
5. “The idea that my emotions can’t be controlled.”

Characteristic Mistakes of People Who Suffer from Guilt Feelings:

- They find it hard to distinguish between events that are their fault and things that are not their fault.
- They are determined to think they are personally responsible for all their stupidities, misdeeds, and emotionalisms, usually because their parents taught them to feel or act that way.
- They do not understand that guilt feelings strangle the energy needed to correct the deed, but think that feeling guilty helps them not to repeat the mistake. Actually, the opposite is true. Guilt feelings prevent them from concentrating on the problem.

Irrational ideas that often point to feelings of anxiety:

6. “The idea that if I’m scared of something, I ought to worry about it constantly.”
10. “The idea that I should be upset about the way certain people feel and act.”

Irrational ideas that point to feelings of depression in some people and feelings of anxiety in other people:

8. “The idea that I can’t survive without having someone to lean on.
11. “The idea that there is a perfect solution to all my problems, and it is a disaster if I don’t find that perfect solution.”

Irrational ideas that often point to feelings of anger:

3. “The idea that people who hurt me should be condemned and punished for their wrongdoings.”
4. “The idea that I can’t stand it when things are not the way I would like them to be.”
5. “The idea that my emotions can’t be controlled.”

Three Requirements for Dealing with Anger:

- We must realize that the person, thing, or event that angers us has no direct relationship to this feeling. Rather, what we tell ourselves about it or them at this moment makes us mad.
- We must realize that we are mentally converting our *wishes* into *demands*. Since these demands are not met, we get mad.
- We must realize that we have no legitimate right always to be spared frustration, or to demand that other people be infallible, just because we *dislike* fallibility. We must grant people their God-given right to act imperfectly and face the fact that it is not essential to our own happiness that we be *pleased* all the time.

Irrational ideas that often point to difficulty of feeling improvement in psychological therapy:

7. “The idea that it is better to avoid problems and responsibilities than to face them.”
9. “The idea that bad experiences in my childhood will always control my feelings and actions.”
12. “The idea that beliefs held by my parents and other authorities are always correct and should not be questioned.”

Close examination of a few of these ideas allows us to see the irrationality in them:

1. “The idea that people must love and approve of me all the time.”
We tend to confuse needs and desires. You do not have to have “X” to love and approve of you all the time, do you? You would like that to happen, but is it really a necessity? People have lived all alone on desert islands for years and survived without the affection of others.
2. “The idea that making mistakes is terrible. If I can’t do everything well, I’m no good.”
If I contrast myself with a physician who knows how to set a broken leg, I would not say I am no good if I can’t do that. Such thinking would be irrational.
If you contrast yourself with an athlete who can run a four-minute mile, you would not say, “If I can’t do that, I’m just no good!” You are equally irrational to think, “Because I did not do a particular thing with excellence, I’m a bad person.” Doing something ineffectively does not make you a bad person. If you learn from that mistake, you become a better person than you might have been without the mistake.
3. “The idea that people who hurt me should be condemned and punished for their wrongdoings.”
Anger seldom helps a situation. More often, it builds such barriers between people that they stop communicating.
4. “The idea that I can’t stand it when things are not the way I would like them to be.”
Few things go exactly the way we want in life. It is irrational to demand that they do! Did someone promise you life would be fair? If so, they were wrong. Life is often very unfair.
Frustration is not what gets our goat; it is how we react to frustration. Some people react one way and some another to exactly the same circumstances. The reaction depends on their attitude toward the circumstances. One person sits down and cries. Another person gets busy trying to overcome or work around the circumstances.
5. “The idea that my emotions can’t be controlled.”
6. “The idea that if I’m scared of something, I ought to worry about it constantly.”
7. “The idea that it is better to avoid problems and responsibilities than to face them.”
8. “The idea that I can’t survive without having someone to lean on.”
9. “The idea that bad experiences in my childhood will always control my feelings and actions.”
10. “The idea that I should be upset about the way certain people feel and act.”
Children who identify this thinking pattern in their parents sometimes can become very effective at learning what gets parents upset, then using that to get what they want. This is called adult training. Spoiled children develop this skill to perfection.
11. “The idea that there is a perfect solution to all my problems, and it is a disaster if I don’t find that perfect solution.”
Few problems have one perfect solution. If we wait for that, we often do nothing at all, thus making it worse. Most problems have several solutions—none of which is perfect. Usually, we have to take the least bad one and try to work with it.
12. “The idea that beliefs held by my parents and other authorities are always correct and should not be questioned.”
Few parents hold absolutely correct and accurate religious beliefs that fit their children as they become adults. Some teenagers and young adults experience great pain when they find themselves disagreeing with parents who reared them with extremely conservative or unusual religious ideas and insisted on rigid conformity to that thinking.

The big question: “What can we do about irrational idea patterns after we identify them in ourselves, so they do not lead to painful emotions and inappropriate stress-reactions?”

The answer: learn how to replace our habitual *irrational* idea with a *rational* idea that does *not* produce painful emotional feelings.

Listed below are rational ideas that many people have found helpful as replacements for irrational thinking.

Antidotes for Twelve Irrational Ideas

Adapted from rational-emotive theories originated by Albert Ellis and further developed by Paul Hauck

1. “The idea that people must love and approve of me all the time.”
“I do not have to feel loved *all the time* in order to be a person of worth.”
2. “The idea that making mistakes is terrible. If I can’t do everything well, I’m no good.”
“A stupid mistake does not make me a stupid person. I will learn from it and will be better for it.”
3. “The idea that people who hurt me should be condemned and punished for their wrongdoings.”
“Condemning and punishing people will make me feel bad and make it hard to communicate with them later on.”
4. “The idea that I can’t stand it when things are not the way I would like them to be.”
“I can stand anything if I decide to. *Food, air, and water* are life’s only necessities.”
5. “The idea that my emotions can’t be controlled.”
“My thoughts can control my emotions. I will change my thinking habits.”
6. “The idea that if I’m scared of *something*, I ought to worry about it constantly.”
“I can succeed without worrying.”
7. “The idea that it is better to avoid problems and responsibilities than to face them.”
“I can face this and deal with it successfully if I think I can.”
8. “The idea that I can’t survive without having someone to lean on.”
“I am strong enough to make it by myself. I will not believe that my wants are necessities which I can’t live without.”
9. “The idea that bad experiences in my childhood will always control my feelings and actions.”
“Emotions and actions can be changed by my present thinking.”
10. “The idea that I should be upset about the way certain people feel and act.”
“I refuse to get tangled up in the emotional state of others.”
11. “The idea that there is a perfect solution to all my problems, and it is a disaster if I don’t find that perfect solution.”
“Some problems have no perfect solutions. I will choose the best one and make it work.”
12. “The idea that beliefs held by my parents and other authorities are always correct and should not be questioned.”
“I will be my own person and be myself. I have that right as a human being.”

How to administer the antidotes:

1. Try to catch yourself this week each time you begin to use the irrational thinking pattern you have identified.
2. Then, say the antidote to yourself.
3. When you do that soon enough, the antidote alters the characteristic feeling and stress response. When someone else gives you this same advice, it has absolutely no effect; when you say it to yourself, it has amazing power to change your feelings.
4. Considerable practice is required to alter a basic irrational thinking pattern that you have been using for years; typically, thirty-to-sixty days.
5. Many people find that slightly revising the antidote sentence(s) to more precisely fit them allows it to help them more.
6. So you may want to rewrite the antidote(s) in the blank space before you memorize it for use during the next few weeks.
7. Take three minutes to rewrite the antidote sentence(s) so it fits you better.

Practical Application Guidelines for the ABC Method:

- The ABC method works best for depression and anger.
- The ABC method is not as effective with anxiety as with depression, but many people have found it helpful when coupled with exercise and the relaxation or meditation methods in “Session Four” of this material.
- The ABC method does *not* work at all for psychopathic (irresponsible) behavior patterns.
- The ABC method does *not* work at all to correct schizophrenia (mood changes unrelated to depression or anxiety).
- The ABC method does *not* work for people with compulsive behavior.
- The ABC method does *not* work to correct phobias.

A few case histories illustrate some of the irrational idea patterns and their antidotes:

Anger: An architect was having trouble with anger on the job. He sometimes lost his temper with contractors on job sites. His boss told him that the tendency to “chew out” contractors when they did not perform up to his expectations had to stop. When the architect understood the ABC theory of emotions, he quickly picked #3 and #4 as his thinking pattern—“The idea that people who hurt me should be condemned and punished for their wrongdoings.” and “The idea that I can’t stand it when things are not the way I would like them to be.” He memorized the antidote he had personalized for himself. As soon as he felt his temper rising, he said the antidote to himself three times. Over a few weeks, he got control of his anger habit.

Depression: A physician referred a widow who after eighteen months was exhibiting physical problems that seemed related to unresolved grief. After an explanation of the ABC theory of emotions, she identified # 8 as her feeling—“The idea that I can’t survive without having someone to lean on.” Soon, she began repeating to herself the antidote for that irrational thinking. Within a few weeks, she had made the adjustment to the loss of her husband and began making plans for getting on with her life.

Anxiety: A physician referred a ten-year-old boy with ulcers who suffered from severe nightmares. The physician suspected that emotional feelings were making the ulcers worse. As I talked with the boy, I learned that he ate popcorn every night before going to bed. When he dropped the popcorn habit, the bad dreams stopped. The boy also identified #6—“The idea that if I’m scared of *something*, I ought to worry about it constantly”—as his constant thinking pattern. A few weeks after he memorized and began repeating the antidote to himself, the ulcer symptoms moderated.

Social-Worker Syndrome: A young woman became responsible for the hospitality desk in the huge new waiting room at the medical center. Within a few weeks, the business administrator asked me if she could see me. When she came in and we talked, I saw that she was suffering from what is classically called “The social-worker syndrome. This happens to many young adults in the months when they begin work at an agency that addresses needs of people in poverty circumstances.

By the end of the first session, the receptionist had identified her thinking pattern. A very sympathetic person—caring, kind, and outgoing in personality—she often listened to the concerns of cancer patients in the waiting room. Soon, she was feeling depressed. She decided that she was chronically thinking #10: “The idea that I should be upset about the way certain people feel and act.”

Soon, she was able to see how irrational it is to take responsibility for the way another person feels. She should continue to feel concerned about their plight, but crossing over the line from concern for patients to taking responsibility for the way patients feel was making her so depressed that she was less effective in caring for other people in the waiting room.

She began repeating to herself several times a day, “I refuse to get tangled up in the emotional state of others.” Within a few weeks she was feeling fine and once again liked her job.

Clergy Caring Syndrome: Clergy spouses and clergy sometimes experience feelings similar to the Social-Worker Syndrome. When parishioners become irritated or angry, the pastor and spouse can become preoccupied with trying to fix their problem. They cross over the line between concern for someone and taking responsibility for them.

In doing so, those clergy and spouses break one of the Ten Commandments: “Thou shalt not steal.” The way a parishioner feels is his or her responsibility; it is not your responsibility, so don’t steal it. When you try to do that, you always fail. Then you feel guilty. Then you feel anxious or depressed.

No human being can successfully take responsibility for what another person thinks, feels, says, does or acts. To attempt that is irrational thinking that prolongs an inappropriate stress-reaction.

At the points in which you feel comfortable doing so, share some of your insights and/or your action and thinking plan with members of your small group.

Take a break when you finish.

Study/Discussion Session #4

Ten Ways to Reduce Stress-Reaction Intensity

I. Regular physical activity is the best way to reduce stress-reaction intensity.

- A. A study at Mount Sinai School of Medicine found that people who exercise regularly have fewer headaches and muscle aches, less heartburn, fewer episodes of disturbed sleep, and lower blood pressure than those who do not exercise. Exercise helps counteract the effects of stress on the body and mind.
- B. For optimum health and emotional protection
 - Walk at a fast clip (three-to-four miles per hour; a mile every fifteen-to-twenty minutes) for a minimum of thirty minutes, five days a week; one hour, five days a week produces slightly greater health benefits.
 - In combination with walking, ten minutes of resistance/strength training, three days a week, especially with the upper-body muscles (arms, shoulders, back), protects against osteoporosis. This bone-thinning increases the likelihood of fractures in later years. Especially prevalent among women, it also affects men. (Walking provides no protection to bones above the waist.)
- C. In exercise, the muscles burn surplus adrenalin, flood the brain with other feel-good chemicals, and reduce the production of stress-reaction chemicals that damage the body and emotional system.
- D. What causes people to resist developing a regular exercise routine?
 - Many people reply that they lack sufficient free time.
 - The real truth: we are in denial about the damage that insufficient physical exercise does to our physical and emotional well-being, or we are skeptical that exercise would help us, and we have never experienced the one month of regular exercise essential to making it a lifestyle habit.

II. Five breaks that total twenty minutes a day can reduce stress-reaction intensities.

- A. Harvard University research indicates that five brief breaks a day, totaling twenty minutes, can cut stress symptoms in half.
- B. Distract your mind and muscles by concentrating on something else for a few moments. Phone a friend (studies show that people with wide social circles live longer than those who have minimal contacts with other people). Say a prayer. Take a brief walk. Do two minutes of the breathing exercise described below. Do four minutes of the Progressive Muscle Relaxation described below. Do a ten-minute meditation as described below. Do what helps you. For me, after four or five hours of writing in the mornings, a few minutes at the coffee shop a few blocks from my house clears out the cobwebs. In the afternoons, ten minutes of exercise does the same thing.
- C. All of these breaks reduce adrenaline production, increasing your sense of well-being for the next several hours.
- D. Some authorities note that by refusing to take some *voluntary* downtime by choice, you subject yourself to taking *involuntary* downtime later without choice, due to illnesses resulting from prolonged, intense stress-reactions.

III. Play can reduce stress-reaction intensities.

- A. Movies are more than entertainment. They replace scary stress-images that we cannot fix at the moment with images that involve “attention-focus without risk.”
- B. Losing ourselves for a couple of hours in a story line and set of images different from those that typically inhabit our minds often allows us to reenter life with an improved perspective. Books accomplish that for some people.
- C. Movies with humor are particularly therapeutic. Laughter turns off adrenaline, increases our pain threshold, and creates a sense of community if we laugh in the company of other people. Humorous movies increase our sense of well-being by flooding our brain with serotonin (a calm-down, feel-good chemical), endorphins (natural mood elevators), and prolactin (promotes sleep).

IV. Talking with a “safe” friend can reduce stress-reaction intensities.

- A. If possible, find a friend outside your congregation.
- B. Talk with your friend as early as possible in the stress experience. This gives you
 - 1. A sense of doing something to address the problem
 - 2. An opportunity to listen to yourself think as someone else listens to you explain the problem
 - 3. An opportunity to better understand what you are thinking and feeling, because your left brain’s logic begins to engage, which was not possible during the initial stage of stress when only your right brain was engaged
 - 4. An opportunity to adjust your thoughts and feelings as you gain new perspective through discussing issues with someone who brings a different slant to them
- C. Talking through your concerns with friends, family, or a counselor can actually influence your brain biochemistry by changing your serotonin level (the brain chemical that helps you stay calm and wards off sadness and depression).
- D. Many people get the urge to eat when they feel anxious. High carbohydrate foods such a candy, cookies, bread, and pasta help increase brain serotonin, which takes the edge off our tension, depression, sadness, fatigue, anger, and confusion. Talking with a friend provides a similar chemical benefit, without the calories.

V. Weekly volunteer work can reduce stress-reaction intensities.

- A. Allen Luks, author of *The Healing Power of Doing Good*, finds that people who volunteer weekly are ten times more likely to say they are healthy than people who volunteer only once a year.
- B. Volunteers report fewer headaches, backaches, and arthritis pain.
- C. Along with reducing over-concentration on ourselves by seeing someone else’s problems (which often provides a new perspective on our own problem), nurturing behavior seems to flood us with endorphins, the body’s natural painkillers.

VI. Intentional breathing can reduce stress-reaction intensities.

- A. Sit or lie still and concentrate on your breathing.
- B. To start, close your mouth and inhale a slow, deep breath through your nose *for three seconds*. Fill your abdomen with air, not just your chest.
- C. Then hold your breath *for three seconds*.
- D. Then, force all that air out through your open mouth *for three seconds*. Some people add imagination at this point. To do that, visualize a mist of your favorite color that your breath is creating in the room. This imagery brings the right hemisphere of your brain into action, giving some relief from worrying, which is centered in your brain’s left hemisphere.

- E. Repeat this breathing process twenty times.
- F. Finish by sitting or lying still while you count, one second for each number, back down to one.
- G. Rejoice in how much more relaxed and less anxious you feel. The process has corrected the CO₂ imbalance in your lungs, has added oxygen to your bloodstream, has reduced the likelihood of hyperventilation, and by delivering more oxygen to your brain allows you to think more clearly.

VII. Progressive muscle-relaxation exercises can reduce stress-reaction intensities.

- A. During the 1930s a physician named Jacobson discovered that relaxing the muscles relaxes the mind. Called the “Jacobson Techniques” or “Progressive Relaxation Techniques,” many people report benefit from the process:
 - 1. Start with your right foot. Tense all the muscles in your foot and toes for three seconds. Then relax your foot and toes for three seconds.
 - 2. Repeat the process of three-second tensing and relaxing with your left foot and toes.
 - 3. Repeat the process with the calf of your right leg; the calf of your left leg.
 - 4. Now with the thigh of your right leg; then the thigh of your left leg.
 - 5. Repeat the process with your buttocks.
 - 6. Next with your abdomen and stomach.
 - 7. Now with your back and shoulders.
 - 8. Now with your right hand and arm; now your left hand and arm.
 - 9. Now with your neck muscles.
 - 10. Now with your facial muscles.
 - 11. Now, sit or lie quietly for ten seconds.
 - 12. Rejoice in how much more relaxed and less anxious you feel. By receiving relaxation signals from the muscle groups, your brain has stopped the fight, flee, or fix flow of anxiety-producing adrenaline that makes you feel jittery and propels you toward meaningless hyperactivity. Tensing your muscles also burned off some of your adrenaline oversupply.
- B. Electromyography studies indicate that this process replaces the brain’s beta-wave pattern (used when solving a math problem) with an alpha brain-wave pattern (present during meditation and prayer).
- C. The muscle-tensing and relaxing uses up surplus adrenaline while producing more endorphins (feel-good, pain-killing chemicals).

VIII. Meditation can reduce stress-reaction intensities.

- A. Autosuggestion is a classic form of meditation used throughout the world for centuries and given a variety of fancy scientific and spiritual titles. When used a few minutes each day, meditation significantly increases the sense of calmness in stress situations.
- B. As with other methods that reduce stress-reaction intensities, meditation is more than mental; it actually changes the balance of brain chemicals that come into play during stress.
 - 1. Australian researchers found that after patients with sleep disorders took time to meditate, they had higher blood levels of the hormone melatonin. (Geri Clark, “Your Health,” *www.womansday.com* 10-9-01)
 - 2. World-renowned cardiologist Dr. Dean Ornish has long argued that meditation, added to diet changes, can reverse the buildup of plaque in coronary arteries more than diet changes alone. (Joel Stein, “Just Say Om,” *Time*, 8-4-03)

- C. Many people report that their mind remarkably relaxes with the following method:
1. Pick a time when you can be alone and undisturbed.
 2. Lie down or sit comfortably in a chair, with hands and arms limp and relaxed.
 3. Pick as a focal point at which to stare, a spot or an object on the wall about a foot above your eye level; some people use an imaginary spot about one foot in front of and a few inches above their eyes.
 4. Look at your focal point and begin counting backward from 100, one number for each breath you exhale; as they count, some Christians say to themselves “Come, Lord Jesus.”
 5. As you count and continue to concentrate on your focal point, imagine yourself floating, floating down—down through the chair—very relaxed.
 6. As you continue to concentrate on the focal point, your eyelids feel heavier and begin to blink. When this happens, let your eyes slowly close.
 7. With your eyes closed, continue to count backward, one number for each time you exhale. As you count, imagine feeling limp as a rag doll, totally relaxed and floating in a safe, comfortable space.
 8. As that safe, comfortable feeling flows over you, stop counting and just float.
 9. If any disturbing thoughts enter your space, let them float out again; continue to feel safe and relaxed.
 10. To end the meditation, let yourself drift off to sleep, or count to three and exit using these steps: At one, let yourself get ready; at two, take a deep breath and hold it a few seconds; at three, exhale and open your eyes slowly. As you open your eyes, you will continue to hold on to that relaxed, comfortable feeling for as much as several hours.
- D. As with other such methods, this process produces physiological results, changing the balance of brain chemicals related to stress-reactions and changing the brain-wave pattern from beta to alpha.
- E. Meditation trains the mind to feel less anxious all day—providing the person does it regularly. Its positive effects rarely begin sooner than seven consecutive days after a person begins using it on a daily basis. After using any form of meditation, such as the one outlined above, for seven-to-fourteen *consecutive* days, almost everyone reports feeling less anxious throughout the day.
1. Why? In addition to the positive physiological results from better brain-chemical balance and calmer brain-wave patterns, meditation reduces the anxiety that results from thinking about what happened in the past and what might happen in the future.
 2. Their minds focus more on the present moment than on what they should have done in the past (which produces guilt feelings and fearfulness about repeating such mistakes in the future).
 3. Their minds focus more on the present moment and less on what they should do or avoid doing in the future.
- F. What causes people to resist spending time in meditation each day?
- Many people reply that they lack sufficient free time to incorporate meditation into their lives.
 - The real truth: we are not sure it would help us, and we have never practiced meditation for the seven-to-fourteen consecutive days essential to obtaining its maximum benefits.

IX. Bible study and devotional reading can reduce stress-reaction intensities.

- A. Some people report that ten minutes of Bible study per day produces benefits similar to what other people achieve with meditation.
- B. A national study indicated that other people report equally positive results from reading devotional or religiously-oriented books, which helps to explain the skyrocketing sales of such books during the past two decades.

X. Prayer can reduce stress-reaction intensities.

- A. Why is prayer the form of meditation from which so more Americans report enormous benefits than any other?
- B. Probably because prayer is the type of meditation that more Americans are likely to practice than the other kinds mentioned above.
- C. Developing a daily prayer pattern, either in addition to those described above or as your only form of meditation, brings enormous positive benefits.
- D. Hundreds of thousands of Americans have reported positive benefits from use of the prayer card titled *The Secret to Abundant Living: Learning How to Ask*. To obtain this in electronic form, along permission to reproduce it for your congregation and a description of how to encourage its use via a Sunday morning worship service, contact HrbMiller@aol.com

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The Secret to Abundant Living: Learning How to Ask

“Ask, and it will be given you; seek, and you will find; knock, and it will be opened to you” (Matthew 7:7).

“And in the morning, a great while before day, he rose and went out to a lonely place, and there he prayed” (Mark 1:35).

Ten Steps to God

Many people feel they should pray, but few know how. The following steps, if used fifteen minutes daily for fourteen consecutive days, enable you to experience God’s peace, joy, and power in a way you have never known before.

As you begin this adventure, remember that prayer is an experience, not an idea. Prayer is like riding a bicycle. You only learn by doing it, never by thinking about doing it.

Few people experience God’s presence as fully during their first three or four days as they do after several days of practice.

The experience of God’s presence is impossible to define. But when it happens, you understand why great Christian leaders of every century have so enthusiastically recommended and practiced prayer. You understand what Jeremiah meant when he said, “You will seek me and find me; when you seek me with all your heart . . .” (Jeremiah 29:13).

1. In preparation, set aside fifteen minutes in a location where you can be physically relaxed and uninterrupted. Read one or two chapters from the Bible, listening for what God says to you. This helps to erase distracting thoughts from the blackboard of your mind. The following passages are especially helpful in preparing for prayer: John 14, Psalm 23, Matthew 5:1-12, Romans 8:35-39, 1 Corinthians 13, Psalm 46, Romans 12, John 15, Psalm 27, Psalm 103, Psalm 121, Isaiah 55, Luke 15, Psalm 84, John 1:1-18, Psalm 90, Psalm 19, 1 John 4:7-21, Psalm 139, Luke 24, Psalm 130, and Luke 18:1-17.

2. Close your eyes and give thanks for three personal blessings of which you are especially conscious today. This helps you move toward God by moving away from a sense of your own self-sufficiency.

3. Ask God to help three other people you feel need God's help today. This helps you move toward God by moving away from self-centeredness.

4. Ask God to forgive specific mistakes and sins from the last 24 hours and give you the strength to forgive others.

5. Ask God to help one person whom you find it hard to like. Ask God to give that person insights into his or her personal problems and ask for the power to let God's love flow through you to him or her.

6. Ask God to give you sensitivity to the needs of one person today with whom you can share God's love in word or deed.

7. Ask for insights into your personal problems.

8. Ask for help in achieving your personal goals.

9. Ask God to tell you the most important thing you need to do today to "seek first his kingdom" (Matthew 6:33).

10. Conclude by listening intently for three minutes to what God may say to you.

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Origin of the above prayer card: Several people asked a young psychotherapist at a medical clinic, "How can my Christian faith help me deal with these problems?" In response to that, the young man developed the prayer card above and gave it to people who wanted to connect their faith with their therapy. He asked patients to set aside fifteen minutes every day to praying in that manner.

Since the therapist typically saw each patient once a week, he could easily monitor the results. He found that some people made the following statement after their first seven days: "I felt a sense of the presence of God unlike anything I've ever before experienced." At the end of their first week, other patients reported "no results, nothing happened," but they *always* reported their experience in something like those words by the end of the second week (fourteen days): "I felt a sense of the presence of God unlike anything I've ever before experienced."

During the years when the therapist was a pastor, he used the prayer therapy under quite different circumstances. For example, late one afternoon a few months after arriving in his first church out of seminary, the pastor visited the home of an inactive church member as part of his congregational get-acquainted ritual. As an oil field specialist called a "Pumper," the man went to work early in the morning and arrived home about mid-afternoon. He welcomed the pastor and asked if he would like a cup of coffee. They sat down at the kitchen table to chat. The pastor opened with his standard line, "How are things going with you?"

"TERRIBLE!" the man answered. He added to that explosive beginning a long monologue regarding his newly appointed supervisor at work. "I don't know what I'm going to do," the man said, "I have a lot of retirement money built up, but I'm thinking about chunking it all and walking away. I just cannot tolerate the way this guy treats me."

The second surprise came when, at the end of his long monologue, the man asked the young pastor, "What can I do about this?"

The pastor replied, "I can tell you what to do about that, but I don't think you would be willing to do it."

"Try me!" the man replied. "I'm desperate."

The pastor responded, "I can give you a prescription that will help, but I'm skeptical about your willingness to use it. Before I give you the prescription, you would have to promise me you will follow it."

After the man promised that he would comply, the pastor asked, “Do you have a sheet of paper?” After a brief introductory explanation that included, “Set aside fifteen minutes every morning to follow this prescription,” the pastor dictated the ten steps on the prayer card above as the man wrote them out on the first page of a yellow legal pad.

Several months later, the pastor had still not seen the man in worship. (A couple of years later, the man and his wife became active church members, but not at this point).

The pastor arrived home a bit early one afternoon. Since the oil field worker only lived three houses down the street, the pastor walked down the sidewalk and knocked on his front door.

The man welcomed him in. As usual, they sat at the kitchen table and drank coffee. The pastor fully expected to get “the rest of the story.” When he opened with, “Well, how are things going with you?” the man responded, “Just fine!” and shifted the conversation to a recent local event. As the minutes passed, the pastor waited, assuming the man would get around to discussing his “supervisor problem.” That did not happen. They talked about the rainstorms, the snowstorms, the sandstorms, the ball games, and local happenings.

Overcome with curiosity, the pastor thought, I’ll tell him that I’d better be getting on down the road. Then, when he knows that I’m leaving, he will bring up this sensitive, personal subject. However, in this case, that time-tested technique (a form of which had virtually always worked forty-five minutes into a fifty-minute therapy hour at the clinic) failed to elicit the expected response.

Finally, as they walked toward the door, the pastor said, “Oh, I forgot to ask. How did that problem at work ever come out?”

“What problem?” the man asked, seeming puzzled.

“I seem to remember that when we talked several months ago,” the pastor said, “you were going through a stressful time with a new supervisor at work.”

“Oh, that,” the man replied.

“How did that ever come out?” the pastor asked.

“He changed!” the man said.

Prayer does not merely change the person who prays. Research by the parapsychology department at Duke University and medical research at several hospitals demonstrates that prayer sometimes has a scientifically verifiably influence that extends beyond the normal cause-and-effect elements of nature and human nature.

Later that year, the young pastor involved a group of twelve key leaders from his church’s governing board in an eight-week Bible study of 1st Timothy, 2nd Timothy, and Titus. During that study, the leaders make a commitment to use the ten steps on the prayer card. The results were dramatically helpful, both to the individual people in the group and to the atmosphere of the congregation. Financial stewardship improved. A couple of the lay leaders who would barely speak to each other, partly because of strife they had experienced as employees of competing oil companies, went to lunch, worked out their differences, and became good friends.

A few months later, the pastor had the prayer card printed on three-fold, billfold-sized cards. He distributed them at the midpoint of a sermon on prayer and wove the seven steps of the prayer card into the sermon content. The concluding “altar call” asked people to sign an accompanying commitment card, pledging to set aside fifteen minutes every day for the next fourteen days to use the card’s seven steps.

(To obtain this in electronic form, along with permission to reproduce it for your congregation and a description of how to encourage its use via a Sunday morning worship service, contact HrbMiller@aol.com)

XI. Which of these ten alligator wrestling skills have you personally experienced as helpful?

XII. Which of these ten alligator wrestling skills do you plan to test for the next fourteen days?

Appendix I—Addressing the Mood-Swing Challenge

About 10 percent of Americans experience stresses related to frequent or occasional mood-swings that seem unrelated to their personal life circumstances.

These mood-swings typically have a physiological basis whose electrochemical imbalance is not yet fully understood by medical science.

Mood-swings with occasional periods of depression that seem unrelated to personal life circumstances at the time of onset is one of the many subcategories of this condition.

Generally speaking, psychological counseling does not fully address this challenge.

Solution Checklist:

1. Ask yourself whether any of your parents, grandparents, brothers, sisters, uncles, aunts, or cousins seem to suffer with mood-swings and/or depression. Research findings seem to indicate that the condition has a genetic component.
2. Obtain a thorough psychological workup, covered by some clergy insurance plans.
3. Consult a physician with specialized knowledge in psychotropic medications, and experiment with medications that address this problem. (Standard antidepressants and anti-anxiety medications are often ineffective this problem; they sometimes make the symptoms worse.)
4. Rule out the possibility of infections. For example, tooth infections sometimes trigger mood swings and depression among people with this condition.
5. Rule out the possibility of under-active thyroid gland, which in many people is an unidentified cause of depression.
6. Avoid tobacco, which seem to make the condition worse.
7. Avoid amphetamines, which seem to make the condition worse.
8. Get plenty of regular sleep, since sleep loss sometimes seems to make the condition worse. If you lose sleep, catch up on it as soon as possible. Since people with this condition report difficulty in going to sleep, figure out what works for you, a hot bath or whatever.
9. Develop a regular exercise pattern, since many people report that exercise significantly reduces mood swings and depression.
10. Eat a high-protein diet, which some people report is helpful.
11. Test the use of the over-the-counter vitamin, niacin, often called nicotinic acid (vitamin B-3) or nicotinimide. Take six, 500 milligram tablets per day (two tablets after each meal. This dosage usually causes the skin to feel hot and flushed for a few minutes, but this reaction is not harmful.
12. Use the following, available over-the-counter at drug or health food stores: a daily multivitamin tablet, plus a 500 milligram vitamin C tablet, plus a 400 units vitamin E tablet, plus an a B-6/B-12/Folic Acid vitamin tablet that melts under the tongue.

Appendix II—Why and How Prayer & Meditation Reduce Stress Intensities

Every human being experiences shifts in “level of consciousness.” Consider these five examples.

Love: Do you remember the first time you feel in love? The day that happened, you became an entirely different person. Everything changed. Your thinking and behavior suddenly came under the control of a whole new perspective. You looked at the world through a new level of consciousness.

Hope is another level of consciousness. Hope can recharge energy output. With a shot of hope from someone who provides new information or a different slant on old information, people who have given up on solving a problem change their beliefs and behaviors.

Fear is another level of consciousness. What was the most frightening situation you every experienced? During that time, was not your thinking about what is important and what is unimportant radically altered? You were still the same person. Yet you were not the same person. Your motives, aspirations, and priorities were momentarily reshuffled. To a lesser but still powerful degree, a high level of anxiety does the same thing, putting us into a new level of consciousness in which we think and behave quite differently than normal.

Depression or “the blues” is yet another level of consciousness. In the grip of that deadening mood, you look at the world through negative-colored glasses. Your “perceptive set” is temporarily restructured.

Anger is another level of consciousness that changes your perspective. During the moments when you are caught in the grip of anger, your thinking and behavior temporarily shift to different gears. You become a different person than you were a few minutes ago.

In summary, a new level of consciousness changes perspectives, priorities, and behaviors.

- Three of the five levels of consciousness listed above generate negative results: fear, depression, and anger.
- By contrast, two of these five levels of consciousness generate positive outcomes: love and hope.
- Any effective behavior-change process, be it spiritual, psychological, or sociological, moves people beyond anger, fear, and depression levels of consciousness into love and hope levels of consciousness.

This is the primary means by which Jesus changed lives.

He did not just say, “Believe this idea.” He said, “Believe in God, believe also in me” (John 14:1).

Jesus did not say, “Get a feeling of love, joy, and hope.” He said, “Follow me” (Mark 1:17).

Jesus did not say, “Change your mind.” He taught the disciples to talk with God, in prayer.

When people like Peter the fisherman and Matthew the tax collector entered that relationship they entered a level of consciousness that empowered them for major life changes—new perspectives, priorities, and behaviors.

Appendix III—Improving Food-Intake Management

Like alcoholism, overeating is an obsession with consuming something that gives us sensory payoff. Whether the obsession with eating is genetically created, emotionally produced, or habit-driven is not clear to medical science.

With many people, overeating is clearly stress-related. Thirty-seven percent of Americans say overeating is the primary way they deal with the pressures of life. (“USA Today Snapshots,” *USA Today*, 5-1-01)

Whatever the causes, it is clear that American abundance of food and its use to reduce anxiety, combat depression, and celebrate success makes more than 60 percent of Americans overweight.

Result: on average, carrying ten-to-thirty extra pounds shortens life by three years; being thirty-plus pounds overweight shortens life by seven years.

Recreational eating is part of our American culture. When more than 20 percent of our food intake is for purposes other than maintaining a healthy body, we are engaging in recreational eating. Like alcohol or other substances used in inappropriate amounts or ways, recreational eating damages our health while providing temporary sensual payoff. The sixty billion dollars per year Americans spend on unsuccessful diets illustrates the formidable challenge of permanently altering our recreational eating habits.

Successful food-intake management is a level of consciousness people enter that blocks their inclination toward recreational overeating of health-destructive foods. Most people have experienced the temporary level of consciousness of a diet. They control eating habits for a brief period. Then they fall back into their previous level of consciousness (in which a large percentage of their food intake is for recreational purposes) and regain the weight.

How do we enter and retain the level of consciousness that blocks recreational overeating? Jesus said, “Everyone who asks receives” (Luke 11:10). Jesus said, “Whatever you ask for in prayer, believe that you have received it, and it will be yours” (Mark 11:24). *Ask* and *believe* are the operative words.

How do we ask? Prayer is the way we ask. How do we believe? We believe in pictures, with our imaginations. That is why we call a strong belief in future-reality *vision*. Prayer alone is insufficient to help us achieve and retain the level of consciousness that blocks recreational overeating habits. The Old Testament scholar wrote, “As he thinketh in his heart, so is he,” (Proverbs 23:7, King James Version). Imagination is the way we think in our heart. When we plant positive images in our heart with our imagination, we enter a level of consciousness that blocks recreational overeating habits in much the same way that Alcoholics Anonymous participation blocks recreational alcohol consumption.

The presence of fat, sugary, unhealthy food, along with the pictures of such food in advertisements, along with the smell of such foods (which produce pictures in our minds) brings us into the “eat what we see” level of consciousness. Counterbalancing that picture power requires strong pictures from inside us—from our imaginations.

Ask-and-believe prayer and imagination provides that counterbalancing power. One effective way to plug in that power is the “3 x 3 prayer-imagination habit.” Once each day for five minutes, do the following prayer-imagination practice. Picture yourself eating and *enjoying* three kinds of food: (1) fruit of all kinds, (2) green vegetables of all kinds, and (3) lean, un-fried meat, especially fish and poultry. Use your imagination for thirty seconds on each one of those three healthy food groups. Picture yourself savoring and enjoying those three food types.

Then picture yourself *disliking* three kinds of food: (1) fat, such as fat meat or fried food of any kind, (2) carbohydrates such as breads and pastries, and (3) sugar such as cookies, cakes, pies, and candies. Do not see yourself eliminating these three food types completely. That kind of binge dieting is as inappropriate, irrational, and unhealthy as binge eating for recreational purposes. Your goal is to reduce the daily intake of those three food groups, not to eliminate them altogether.

Avoid doing this prayer-imagination practice while doing something else. Dedicate a specific five minutes per day to it. Multitasking does not work because muscle relaxation is essential to planting positive pictures in the mind through imagination. Tense muscles produce tense minds, and tense minds block prayer-imagination power.

Use this outline each day:

1. Set aside fifteen minutes in a location where you can be physically relaxed with little likelihood of interruption. (Many people find that reading a chapter from the Bible erases distracting thoughts from the mind's blackboard.)
2. Close your eyes and give thanks for three personal blessings of which you are especially conscious today.
3. Ask God to help three other people that you feel need God's help today.
4. Ask God to help one person whom you find it hard to like. (Ask God to give that person insights into his or her personal problems and ask for the power to let God's love flow through you to him or her.)
5. Ask for God's power as you plant the 3 x 3 visualizations in your imagination. Ask for the power to enjoy the three positive food groups and the power to find less enjoyable the three negative food groups.
6. Conclude by listening intently for three minutes to what God may say to you.

Persist in this prayer-imagination practice daily. The power of prayer-imagination practice builds over five-to-fourteen days. After that initial period, most people, like alcoholics with AA participation, find that they must persist in prayer-imagination practice to continue achieving its benefits. They do the practice each day to attain and retain its benefits.

Appendix IV—Fifteen Steps to Lower Stress

- Invest thirty minutes in vigorous physical exercise, three-to-five times per week (assuming your doctor doesn't have a problem with that). Work up a sweat.
 - Learn relaxation techniques.
 - Cut down on caffeine.
 - Eat right.
 - Meditate. Get still. "Center."
 - Develop better time-management habits.
 - Play. Have fun. Recharge.
 - Get plenty of sleep.
 - Smile more. Laugh. Use humor to lighten your emotional load.
 - Count your blessings—daily. Make thankfulness a habit.
 - Say nice things when you talk to yourself.
 - Simplify.
 - Set personal goals. Give yourself a sense of purpose.
 - Forgive. Grudges are too heavy to carry around.
 - Practice optimism and positive expectancy. Hope is a muscle; develop it.
- (Price Pritchett & Ron Pound, *The Stress of Organizational Change*, 2001, p.35)