A Proposal for

# *FROM DYSFUNCTION TO RESILIENCE:*

## *A Good Road to Travel*

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# PROPOSAL CONTENTS



  

# OVERVIEW

## Introduction

For many people, the principles of building resilience come easily, that is, they always bounce back from adversity ultimately in better shape than before they started. Some barely have to give it any thought. Aren't those people annoying? Seriously, for the rest of us, many of whom are children of dysfunction, we have to put out real effort.

For people who grew up with a parent who was alcoholic, absent, emotionally abusive with all that that entails, trapped in "victim" mentality, unstable, or cruel to others — or some combination of these or worse — they've either traveled the road from dysfunction or still are stuck on it. They either have overcome the denial, repressed feelings, compulsive behavior, and low self-esteem or still are trapped in the whirlpool.

### The Book

*From Dysfunction to Resilience: A Good Road to Travel* is about nuclear and extended family relationships: the good, bad, and dysfunctional. Additionally, it's about learning resilience, bouncing back from trauma and distress to be emotionally stronger than before.

This book stands apart from other self-help books because it outlines not just a road to recovery but also a path to resilient flourishing. It's one thing to recover from having a rageaholic parent during childhood and become simply "functional" in life. Though this is a huge improvement, the next level is to enter a flourishing stage in which people have few emotional roadblocks to overcome. They now are seeking self-improvement beyond dysfunction: enhanced

relationships and happiness; increased meaning and purpose; deeper life engagement. They're looking to thrive rather than just coast, swim rather than merely tread water.

*From Dysfunction to Resilience* also puts traditional self-help concepts into perspective. It clarifies the often-misunderstood term *codependency* by exploring the word's history of therapeutic usage, which began in the late 1970s and '80s. It introduces newer ways of understanding adult dysfunction such as *ACE* (adverse childhood experience) scores, which arose from a 21st century joint study by the CDC and Kaiser Permanente.

***This book will help people to:***

- Identify and recover from dysfunction and learn to live with the past
- Build resilience, the ability to bounce back stronger from tribulation and distress
- Enhance emotional intelligence (including empathy and self-control) and improve relationships
- Travel the continuous road of self-improvement, starting from wherever one is now

Why are certain relatives manipulative, malicious, and even sociopathic, often attempting to split family? Why do others exhibit integrity and treat members with love and respect? Everyone is affected by their childhood. Many emerge well adjusted and generally happy; some emerge fearful, angry, and lacking self-worth, at various levels of healing. They proceed to refine personal attributes, have families, and assume their orbits within the greater extended family constellation.

The manipulative and malicious members are driven by selfishness, greed, insecurity, and unfounded petty grievance — and sometimes by emotional or personality disorders. The majority of people, though always falling short of perfection, are driven by inherent love and

respect, that is, humanity. Other, passive family members occupy the middle, trying to find their way, struggling with control by the manipulative, caught between integrity and weakness.

The primary principle of resilience is a mindset of continuous self-improvement and learning. There's always some physical or social skill or internal emotional coping mechanism that people could stand to strengthen. So they strive to better themselves with the intention of enhancing their happiness, empathy, self-confidence, and humanity throughout life. They cherish peace of mind, the times when everything is going well, and are better prepared for those inevitable times when they have to respond to challenge or tribulation.

The way to be better prepared is for people to determine where in recovery or personal growth they are now, then commit to move ahead from there on the road of self-improvement. Maybe they're in need of clinical therapy to begin peeling away a lifetime of accumulated layers of the onion that now surround and conceal a core of emotional pain and dysfunction. Perhaps they have long-overdue amends to make or protracted cruelty toward a loved one to correct.

Or possibly they're already versed in resilience training, formally or intuitively.

Or they're situated between flourishing and fixing what's broken. Everyone is somewhere on the spectrum of personal growth. People are where they are now; that's where they're supposed to be. The only mistake would be refusing to move forward.

## Features

*From Dysfunction to Resilience* is a straightforward narrative laying out the concepts of family dysfunction, personal resilience, and life flourishing. It makes significant use of anecdotes, bullet-point lists, quotations, and bite-sized sections of text for ease of comprehension.

The book is full of references to outside resources, such as other publications, organizations, and websites, that can help readers pursue more in-depth information on many of the topics explored. There is a comprehensive and easy-to-negotiate list of references and

citations for readers seeking follow-up guidance.

Several humorous and poignant *essays* punctuate the chapters addressing the core content, which give another dimension to the subject matter.

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This nonfiction manuscript is finished and edited. It comes in at approximately 43,000 words and contains no illustrations. Now on with the story. In the words of one contemporary philosopher, "A journey of a thousand miles — is a long frickin' ways." (Ersin, Tom; "Poor Richard Simmons' Almanac"; *GraniteWord.com;* 2023.)

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# Markets

## Potentially More Than Half the U.S. Population

A recent Google internet search on the term *self-help* turned up 3.03 billion results in 0.3 seconds. Imagine what it could have produced in a full second. The topic's massive popularity is a given.

A search on *dysfunctional families* will turn up a long list of entries purporting to state the percentage of American households that are dysfunctional. A commonly mentioned range is 70-80%, which seems to have originated from Terence T. Gorski's 1993 book, *Getting Love Right: Learning the Choices of Healthy Intimacy*.

The CDC looks at it with more nuance, as mentioned, measuring a select array of ACEs, i.e., *adverse childhood experiences* (parental abuse, neglect, chemical dependency, etc.), in each person's history. It states that 1 in 6 adults has experienced four or more types of ACEs. Does this translate to "dysfunction"? Not automatically but commonly. An ACE score is the sum of a person's "yes" answers to a series of 10 questions about negative childhood experiences within

individual families of origin. Even one “yes” is associated with significantly higher rates of chemical dependency and other problem behaviors. Additional factors would include the intensity of each ACE and the amount of support a child might have had to offset its impact.

Here’s the point: There’s a wide spectrum of ACE effects on adulthood. A parent’s occasional hot temper or mild low self-esteem is very different from parental major depression or persistent rageaholism experienced during childhood. It is likely, however, that at least half the population could benefit greatly from reading this book.

## Statistics

Being the astute, cerebral, and attractive book industry professional that you are, you’re likely already aware of the galactic popularity of the self-help genre and its accompanying explosion in book sales over the past decade. As a refresher, here are a few contemporary statistics to impress your colleagues:

10) 48% of Americans believe that using self-help techniques can make a significant difference in their lives
9) 62% of Americans believe that self-help can improve their mental health
8) Over 80% of people who attend therapy also read self-help books
7) The average age of self-help book buyers is 45 years old, each one purchasing an average of 2 books per year
6) The percentage of self-help book buyers aged 18-34 increased by 20% over the last decade
5) 75% of self-help book buyers prefer physical form rather than digital
4) About 85% of Americans buy self-help books at least once in their lifetime

3) Average Americans spend around $38,000 on self-help books and courses in their lifetime

2) The self-help industry currently generates approximately $12 billion globally per year

“And now, ladies and gentlemen, the Number 1 Top 10 Statistic Illustrating the Popularity of Self-Help is:”

***1) YouTube contains over 14 million videos tagged as “self-help” or related topics, with an average of over 25,000 views per video***

(Linder, Jannik; “Self Help Industry Statistics”; *Gitnux*; 4/29/2025.)

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## Competing Books

A search on Amazon for “self-help” books produced over 70,000 results. To feed the public’s hunger, new publications continue to come out each year. Many authors introduce innovative concepts. Others simply have developed innovative deliveries for tried-and-true self-improvement principles. Countless readers enjoy exploring legacy self-improvement principles presented in new ways, with different perspectives. I’ve highlighted six titles that have been published within the past 12 months and also appear on multiple “top self-help books” lists.

- *The Let Them Theory: A Life-Changing Tool That Millions of People Can't Stop Talking About*, Mel Robbins, leading expert on self-improvement (Hay House, 2024, 336 pages,

hardcover, $16, *NYT* bestseller). Promotes the concept of giving up control over others and focusing on one's own happiness, goals, and well-being. Teaches how to free ourselves by taking back the power we give to others.

- *Beyond Anxiety: Curiosity, Creativity, and Finding Your Life's Purpose,* Martha Beck (The Open Field, 2025, 336 pages, hardcover, $17, *NYT* and *USA Today* bestseller). Explains why anxiety is increasing, around and within us. Shows how to reduce anxiety and harness it for a life of joy, meaning, and peace by turning "anxiety spirals" into "creativity spirals."
- *How to Be Enough: Self-Acceptance for Self-Critics and Perfectionists,* Ellen Hendriksen, Ph.D., clinical psychologist (St. Martin's Essentials, 2025, 320 pages, hardcover, $20). Focuses on the harm of perfectionism. Lays out an empowering guide to flexibility and self-forgiveness without foregoing the excellence achieved through hard work and high standards.
- *Open When: A Companion for Life's Twists & Turns — Research-Backed Skills for Managing Vulnerability and Responding to Mental Health Challenges,* Dr. Julie Smith, British clinical psychologist (HarperOne, 2024, 336 pages, hardcover, $17, *NYT* bestseller). Explains how to navigate tough life challenges in real time rather than after they occur. Illustrates how to harness emotions and stay present, to process and choose positive situational responses.
- *Shift: Managing Your Emotions — So They Don't Manage You,* Ethan Kross, Ph.D., clinical psychologist, leading expert on regulating emotions (Crown, 2025, 288 pages, hardcover, $19, *NYT* bestseller). Addresses the timeless quest to manage our feelings using tools we already possess. Busts certain self-help myths and examines how to make our emotions work for us rather than against us.

- *The Prism: Seven Steps to Heal Your Past and Transform Your Future,* Laura Day, *NYT* bestselling author (Spiegel & Grau, 2025, 320 pages, hardcover, $17). Lays out her life-changing method for self-discovery and renewal. Instructs how to resolve vulnerabilities and replace them with new coping methods and tools to achieve goals, embrace success, and attain joy.

My book *From Dysfunction to Resilience: A Good Road to Travel* will sit comfortably with these titles on the "self-help," "psychology," and "personal growth" shelfs and will stand out because it:

- Outlines not just a road to recovery but also a subsequent path to flourishing
- Examines traditional self-help concepts and their relationship to resilience
- Establishes the parallel negative effects on a child growing up with a chemically dependent parent and an emotionally or physically abusive one — or a mentally ill one
- Clarifies the oft-misunderstood concept of *codependency* through examination of the term's inception in the late 1970s and its current application
- Introduces new ways of understanding adult dysfunction such as *ACE* (adverse childhood experience) scores

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## Complimentary Books

The self-help publishing genre has an abundant history of classic titles by famed authors and experts: from Dale Carnegie in the 1930s (*How to Win Friends & Influence People*); to Norman Vincent Peale in the 1950s (*The Power of Positive Thinking*); to Dr. Wayne Dyer in the 1970s (*Your Erroneous Zones*); to the gaggle of authors that began writing about codependency in the

1980s including Robin Norwood (*Women Who Love Too Much*), to Melody Beattie in the 21st century (*The New Codependency*), and many more. I occasionally revisit some of my favorite self-improvement writers such as M. Scott Peck (*The Road Less Travelled*), Gerald Jampolsky (*Love is Letting Go of Fear*), Stephen Covey (*The 7 Habits of Highly Effective People*), Deepak Chopra (*The Seven Spiritual Laws of Success*), and Eckhart Tolle (*The Power of Now: A Guide to Spiritual Enlightenment*).

So let me get this straight: Self-help books *are* popular? If the colossal interest in this subject matter didn't persist, publishers would not continue to commission these authors' second, third, and fourth books, as well as many other writers' first books. The continuing wave of interest in the topic practically ensures the salability of *From Dysfunction to Resilience: A Good Road to Travel,* a unique arrival to the party.

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## About the Author

This author has been a full-time health and well-being writer/editor since 2010 and holds degrees in communications and counseling. I'm a former Certified Alcohol and Drug Counselor (CADC) and mental health professional with inpatient and outpatient experience in the fields of clinical therapy and chemical dependency treatment. My experience has provided a comprehensive familiarity with both sides of the counselor-client relationship within individual, couples, and family therapy. I've written several nonfiction books, one being a **2023 International Book Awards Finalist.** And I have a (good) dog named Bob Barker.

  

# BOOK TABLE OF CONTENTS

# SAMPLE CHAPTERS

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## Introduction to Dysfunction

This section, Part A, describes how dysfunction in a family affects its members. It often originates with a parent or guardian who perpetuates one or more of the following:

- Alcoholism or other chemical dependency *(aka alcohol use disorder or other substance use disorder)*
- Other addiction or compulsion *(gambling, food, sex, etc.)*
- Abandonment or neglect
- Abuse *(mental, physical, sexual)*
- Anger and rage issues
- Hyper rigid household rules
- Toxic (and/or persistent) criticism and guilt-tripping
- Lack of boundaries
- Other emotional abuse
- Lack of closeness and intimacy
- Mental health issues such as clinical depression, sociopathy *(antisocial behavior)* or other personality disorder, or other condition

In cases of blatant emotional or physical abuse, there's often an enabling partner who seems to have allowed it, which can cause children to believe the dysfunction — i.e., the abuse — is their fault.

Each experience as a result of growing up in these types of environments is known as an *adverse childhood experience*, aka an ACE.

> "Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood. … Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood." [0-1]
>
> *(— Centers for Disease Control and Prevention)*

More ACEs in a person's history equates to a higher ACE score. This translates to potentially more dysfunctional behavior, impaired life-coping abilities, and physical health problems (due to persistently high levels of stress as a child).

Growing up with dysfunction — which goes beyond simply too many arguments, common communication problems, and occasional disrespect in the home — can cause lifelong mental health and emotional issues along with physical disorders caused by extreme chronic (long-term) stress. You'll learn what is effective and ineffective in helping your loved one who perpetuates the principal damaging conduct. You'll learn how to take care of yourself, even if your loved one won't seek help. If children are involved, you'll learn how to help them deal with the effects.

Seek education and support for yourself if you have a family member or other loved one who has exhibited persistent dysfunctional behavior. Whether or not that person wants or gets help, you'll learn what you can do to help yourself. If you grew up with a parent or guardian who *was* that member, learn how to break the cycle, get yourself well, and raise children to go out into the world without the emotional baggage you had.■

# Codependency as a Product of Dysfunctional Families

## What a Co-Dependent Is

Codependency is the primary product of family dysfunction. In this book, codependency and dysfunction generally are synonymous.

The term *codependency* has acquired many connotations since the term was coined in the late 1970s and the concept became widely written about starting in the 1980s. During that decade, authors such as Janet Woititz and Melody Beattie sold millions of books on the subject, which outlined a framework for the disorder and guidelines for treatment and recovery.

Since then, the term has taken on various nebulous definitions in the self-help field and pop culture, to the point that many clinicians prefer to avoid it. It has not attained an entry in the *Diagnostic and Statistical Manual of Mental Disorders* (the definitive reference for psychiatry and psychology professionals). The word *co-dependent* has become a pejorative in some circles.

In this book, we take a literal semantic view of the word. Consider the prefix *co-*, defined by Merriam-Webster:

> "1. with; together; joint; jointly … 3. one that is associated in an action with another; fellow; partner" [1-2]

A *co-worker* is a person associated with another worker. A *co-dependent* is a person associated with, or a "partner" to, a *dependent*.

A *dependent* is the person in a family who is dependent upon one or more substances of abuse (alcohol or other drugs). This term also has come to include the member who is dependent upon perpetuating mental or physical abuse, hyper rigid household rules, anger and rage, or other antisocial behavior. All these actions produce emotional and relational family disorder.

A *co-dependent* is a person who lives or grew up with a dependent — and has been affected by the same components of dysfunction manifested by the dependent: denial, repressed feelings, compulsive behavior, and low self-esteem.

It's that simple.

## What Codependency Is

> "… a dysfunctional pattern of living and problem-solving … kept in place by a set of rules within certain family systems. These rules make healthy growth and change very difficult." [1-3]
>
> *(— Robert Subby, M.A. & John Friel, Ph.D.)*

You'll find many other definitions. The following is a hybrid we've compiled that summarizes the basic concepts:

> … a dysfunctional set of coping methods and problem-solving techniques learned, developed, and repeated in reaction to emotionally repressive and unhealthy family rules (spoken or implied). These rules cause personal development to stagnate and regress, in childhood and later in adulthood. They can be summed up as: [1-4]
>
> - Don't talk
> - Don't feel
> - Don't trust
> - Don't be truthful

By not talking (about the problems), by not feeling feelings (good or bad), and by being unable to trust the adults in the home, the family is living a lie. The dependent perpetrates the lie and the other members play along. Deception becomes a way of life, the means by which to function within the emotional sickness.

These components of home life result in what therapists often call a closed, or repressed, family system. Members become isolated from the outside world — emotionally and sometimes literally. Children are discouraged from having friends over because outsiders are not allowed to see the inner workings of the home. Members don't talk to friends or relatives about their situation because it's embarrassing and against the "rules."

Children translate these rules into coping mechanisms, which seem necessary to survive in an emotionally troubled family. But later in adulthood, those learned ways of coping cause many challenges, especially with developing and maintaining close relationships.

One narrow aspect of codependency is the dependence upon another person to fulfill your own needs for self-identity. This is known as *enmeshment*, e.g., you only feel good if your spouse/partner or parent/guardian feels good. [1-5] On the other hand, many co-dependents are lonely, with few or no meaningful relationships in their lives.

## Where It Came From

The term *codependency* grew out of the study of chemical dependency (alcohol and other drug addiction) treatment starting in the late 1970s.

As mentioned, the *dependent* is the person who compulsively uses alcohol or other drugs. Additionally as mentioned, later research determined that the characteristics of *dependent* also apply to those who compulsively perpetuate emotional or physical abuse, rigidity, and other antisocial harm in the family. (In this book, we also refer to this member as the "principal," a term interchangeable with "dependent.")

The *co-dependent* is affected by a family relationship with a *dependent* and the dependent's — principal's — way of life. The psychological stress of this relationship can produce long-term emotional and physical consequences for all family members.

The reason non-alcohol, non-drug-using family members originally drew attention in early treatment research was because they often exhibited many of the same negative emotional characteristics that the chemically dependent person did, even though those members didn't use chemicals. Researchers found that many family members developed harmful, self-defeating life coping mechanisms simply by being in a close relationship with a person with alcoholism or other drug dependency (aka alcohol use disorder or substance use disorder). We now know that codependency usually affects most members of a dysfunctional home to some extent. [1-6]

## Family Rules and Coping Methods

When we talk about rules in a home with a member who is a principal, we're generally referring to unspoken relationship guidelines. These are learned over time and necessary for functioning and surviving in a repressive family system. As the situation gets worse — for example, as a parent/guardian's alcohol use disorder or emotional/physical abuse progresses — the guidelines solidify and become stricter.

While these rules seem necessary for survival, they support (enable) the damaging behavior and, therefore, the family's sickness as a unit. These learned coping methods are harmful to all members when they interact with the outside world, especially after the children become adults.

**Unwritten, Unspoken Rules** [1-8]

*(generally related to communication, emotions, and trust)*

- Do as I say, not as I do.
- Don't be "selfish," that is, never think of yourself or your own needs.
- Don't rock the boat.
- Emotions should not be expressed openly.

- Indirect communication is best, with one person acting as messenger between two others *(triangulation).*
- It's not OK to be playful.
- It's not OK to talk about problems.
- Unrealistic expectations are the norm, such as always being perfect and always doing the "right" thing.

## Other Signs and Symptoms

As stated, family members often develop a set of common negative characteristics when living with a principal. The causes for these are varied. But the key factor is that dysfunction spreads among those who are living with it — and continues to intensify without intervention.

Principals deny the extent of their damaging actions and accompanying life problems. They increasingly repress their feelings to suppress guilt, which enables them to justify continuing the activities. They often engage in harmful compulsive conduct (e.g., religion, gambling, etc.) in addition to their primary compulsive behavior. Family members sharing a roof with this person are highly likely to suffer similar chronic emotional stress, especially children.

The following lists comprise some of the generalized signs and symptoms that people with codependency exhibit, i.e., characteristics developed from growing up with, or being in a current relationship with, a chemically dependent, rageaholic, or otherwise dysfunctional person.

**The Big 5 Characteristics of Codependency** [1-9]

- Denial *(of family problems)*
- Repressed feelings
- Compulsive behavior
- Low self-esteem

- Medical problems *(often due to chronic stress)*

**Additional Symptoms Commonly Developing out of The Big 5** [1-10]

- Compulsion to judge others *AND/OR* persistent fear of being judged
- Constant need for approval to feel good about oneself
- Difficulty forming or maintaining close relationships
- Difficulty making decisions and adjusting to change
- Difficulty with emotions *(unfounded depression/anxiety)*
- Excessive people-pleasing behavior *(weak self-protective boundaries) OR* abuse of other people's boundaries
- Expecting the worst in life *(even when things are going well)*
- Feeling overly responsible for others' behavior or feelings
- General sense of powerlessness over one's life
- General sense of shame and low self-worth over one's perceived failures in life
- Grandiosity, narcissism, selfishness *(to hide low self-esteem)*
- Lopsided "giver"-"taker" relationships *(or controlling relationships)*
- Lying for short- and long-term gain
- Lying when telling the truth would be just as easy
- Perfectionism — too many expectations for oneself and others
- Putting up an emotional "front"
- Rigid attitudes and behavior
- Self-destructive behavior *(including self-sabotage and self-harm when angry or stressed)*
- Unreasonable resentments
- Victim mentality *("Woe is me")*

  

Most of us have experienced many of these characteristics briefly at one time or another, which is wholly normal. For people with codependency, however, several or more of these symptoms have become a way of life. No one will exhibit all of them: Indeed, many of these traits are opposite extremes, such as highly controlling versus overly submissive behavior, or excessive people-pleasing versus chronic "taker" behavior. The key factor is *extreme*.

Many of these people appear on the outside to be strong, self-sufficient, and in control of their lives. This is because they've become expert at one of the previous bullet points: They're good at putting up a front to the outside world that everything is OK at home and with themselves. This involves denying their (and their family's) problems to the world, which eventually evolves into denying their problems to themselves. [1-11]

## Family Roles

In a dysfunctional, codependent family environment, members often take on unique roles, each with accompanying negative characteristics. All these may or may not show up, and members' roles can change and overlap. Since the 1980s, many authors have delineated their lists of family roles, in addition to the dependent. I've settled on the list laid out by Sharon Wegscheider-Cruse, with my own modified descriptions to include all types of dependents.

*Enabler* (often the spouse/partner): The enabler's main function is to protect the principal from the consequences of poor behavior. Enablers bail the principal out of crises. They lie to cover up and make excuses for damaging activities and broken promises. If the principal is emotionally or physically abusive to the children, the enabling partner can be seen as allowing the abuse, which can lead children to believe it's their fault. Often the enabler will distort family reality, e.g., convincing children that last night's raging emotional brawl was a "nice family dinner." This can cause children to doubt their own perceptions, now and later as adults.

*Hero* (often an older child): Heroes commonly become high achievers and model citizens to make up for the principal's embarrassing and harmful actions.

*Scapegoat* (often a middle or older child): Scapegoats seek attention through negative behavior, which takes the focus off the principal. The scapegoat often is the "identified patient": the member whose symptoms force the group into crisis treatment, though it's the principal at the core of the family's illness.

*Lost Child* (often a middle child): Lost children stay out of the way and fend for themselves, seemingly requiring little attention. They become one less worry.

*Mascot* (often a younger child): Mascots draw attention to themselves and away from family problems by showing off and clowning around, which other members appreciate as occasional relief from the drama.

Again, all these roles may or may not show up, and members' roles can change and overlap. For example, a mascot can evolve into a scapegoat over time. And heroes often engage in enabling activities. [1-12] They all are affected by the chronic stress of the home environment.

  

## ESSAY: So — You're Still Smoking?

### Australia Ahead of Its Time

As of 2012, Australia not only has gone big on graphic effects-of-tobacco-use photos in ads and on packaging, they've banned all branding text, colors, and logos from every pack of cancer sticks sold. Australia was at the vanguard of finally out-messaging the previously all-powerful tobacco lobby, and we applaud the other nations that have followed. With the World Health Organization's blessing, every country should do it.

Australia passed the world's first so-called plain-packaging regulations in 2011 and implemented them the following year. By law, the government established a collection of 14 rotating images that must be used on all cigarette packages. These images include tongue cancer, blackened lung, and foot with gangrene, as well as "a toilet stained with bloody urine and a skeletal man named Bryan who is dying of lung cancer." This material must cover 75% of the package's face. Trademarks, decorative styling, embossing, and any other unique design are banned. [2-2]

To add insult to opprobrium, equally ferocious warnings must be posted on one side of the package (the other side reserved for barcode and company address) and overlay 90% of the back — not one percentage point less. [2-3]

The bottom quarter of front-of-package real estate is reserved for the brand name in uniform Lucida Sans font against a color fill — also legally decreed — of "drab dark brown" Pantone 448C. (The government originally characterized the backdrop color as "olive green" until the Australian Olive Association complained that it gave their product a bad name.) Over a comprehensive course of seven studies comprising 1,000 smokers, researchers concluded that Pantone 448C had the lowest appeal and implied the lowest quality and maximum harm in a

cigarette. Survey participants commonly described this color as "'death,' 'dirty,' or 'tar' without any positive adjectives." [2-4] [2-5]

## What's It Gonna Take?

So — you're still smoking? What's it gonna take? A selfie of you in a Pantone 448C-colored coffin emblazoned on your favorite brand of smokes?

In 1965 — a year after then-Surgeon General Dr. Luther Terry averred that smoking causes cancer and most likely heart disease — 42% of Americans, including the good doctor, smoked cigarettes.

A six-decade messaging war has been waged since then between *Mad Men*-style marketing geniuses (backed by Big Tobacco law firms) and U.S. government regulators. The government initially was near-impotent in fighting this war, but over the past half-century it has made significant progress. Ultimately we learned that habitual smoking ("Is there another kind?" — *thanks to Col. Nathan R. Jessup, aka Jack Nicholson, "A Few Good Men"*) [2-6] severely harms most bodily systems and causes numerous torturous diseases. And the smoking rate for Americans fell to 15% by 2015. [2-7] The number dropped further to 12.5% by 2020, per the CDC.

But why isn't that rate at zero? Sure, it's extremely painful to quit smoking. So is a root canal, but you do it to save your tooth (which is a far cry from your life). The drop in the smoking rate over the past two or three generations has occurred largely through convincing young people not to start. And that's where Australia has been trying to make real gains.

The cigarette pack has been the tobacco companies' last best source of advertising potential. They were kicked off television and radio. Their ads are all but gone from magazines, newspapers, and internet sites. But they still were able to draw your attention with their flashy packaging — at least until December 2012 in Australia.

And 2017 in France and the U.K. And 2018 in New Zealand, Norway, and Ireland. And by 2025 in another dozen countries. Based upon legislative enlightenment and progress in Australia, these governments have followed Oz and found the courage to stand up to Big Tobacco. [2-8] [2-9] It's called standardized (or "standardised") cigarette packaging, and the percentage of the pack devoted to disturbing images and warnings is slightly less in some countries. But the theme is the same: Force smokers to view and think about the real, obscene effects of smoking on the human body.

## Gross Is Good

Do Australia's gross-out cigarette packaging laws work? Not surprisingly, tobacco companies say "no." The data still is being gathered, but most signs point to a modest "yes," with strong potential for expanded effectiveness. In 2015 a series of comprehensive studies was published. It found that standardized packaging reduced the allure of cigarettes, encouraged smokers to quit, and more effectively emphasized the health warnings. In the three years after plain-packaging laws were implemented, it's estimated they accounted for a quarter of Australia's 2.2% drop in smoking from the previous three-year period. (The remainder of the drop was attributed to increased tobacco taxes, other advertising bans, and smoking area restrictions.) [2-10] [2-11]

So far, public smoking aversion therapy has had modestly significant (Now there's an oxymoronic modifier) positive effects. Since plain-packaging laws are only several years old in most national markets that have them, public health professionals are optimistic about future increased efficacy, especially in preventing young people from lighting up that first fag.

Clearly, the small, unobtrusive warnings on U.S. cigarette packages do not get the attention that graphic images and messages covering most of the pack do. Maybe Congress will grow a backbone. Until then, it remains invertebrate — unwilling to stand up to American tobacco lobby money.

For those partially motivated potential quitters in the states who need a little more impetus, start your collection of voluntary cigarette package cozies today. Get a jump on the U.S. government and collect all 14 in the Greatest Hits series of headlines and photos, including such timeless classics as “Smoking Causes Lung Cancer,” “Smoking Causes Peripheral Vascular Disease,” “Smoking Damages Your Gums and Teeth,” “Smoking Harms Unborn Babies,” and many more.

The time to quit is now. Help is available (CDC quit line: 1-800-QUIT-NOW).

And if nothing else matters to you: Smoking makes your face look older.■

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# Readers’ Questions

## Tough Love

**Q: Can you explain “tough love”?**

**A:** Tough love is a term coined in the late 1960s by author Bill Milliken who co-wrote a book by the same name. [5-1] [5-2] It refers to the treatment of a loved one that, while seemingly hurtful or harsh on the surface, may help that loved one feel certain consequences of harmful behavior. The theory is that protecting — or rescuing — principals from these consequences *enables* them to continue their damaging activities more easily.

In relation to this book, an example of tough love might be a spouse/partner refusing to call in sick to work for the partner with alcohol use disorder because she or he has a severe hangover. Another example might be parents/guardians forcing their child with substance use disorder to spend a night in jail for a drug arrest rather than automatically bailing out the child (possibly for the third or fourth time). In both instances, the refusal to rescue could help principals feel the consequences of their actions and possibly seek help sooner.

**Q: Where can I find a set of tough love guidelines to use on my son with severe substance use disorder?**

**A:** Though the principles of tough love can be invaluable in dealing with a family member who is chemically dependent, there is no one-size-fits-all set of guidelines. Many people seek guidance from support groups. Others seek specialized counseling for a perspective on their situation that can come only from a professional, emotionally detached therapist. If you're not ready to try either of these, at least explore some pertinent reading materials.

**Q: Is the television show *Intervention* anything like the real thing?**

**A:** *Intervention* [5-3] is a reality show-documentary hybrid, somewhat more serious and realistic than other reality shows. It's important to remember two things: 1) the producers use only the most compelling and interesting interventions they film because their purpose is to gain the most viewers, which produces more commercial income; and 2) participants in this show generally know the camera is on them, especially the people with dependency, which likely influences their demeanor.

A clinical intervention is a serious endeavor. It's emotionally draining and requires professional planning and leadership. If you're considering an intervention, it's highly recommended to seek professional chemical dependency family therapy first. Only in this way can the therapist get to know the situation and prepare to lead an intervention in the best interests of everyone involved.

  

## Extended Families

**Q: OK, You've explained how emotional abuse, toxic manipulation, chronic dishonesty, and other antisocial behavior perpetuated by a member can cause the same dysfunction in a family as alcoholism and other drug addiction. Can these effects appear in an *extended* family, say after the kids grow up, marry (then maybe divorce), and have kids of their own?**

**A:** Clearly the answer is "yes." Many movies, novels, drama series, and "reality shows" have drawn heavily on this fact for their storylines. It makes perfect sense: If it happens in nuclear families, it's bound to manifest as much or more in a *collection* of nuclear families, even though they all don't live together. The intertwining of dysfunctional threads can cause great pain and harm to primary and secondary relationships.

*The basic tenets of codependency recovery still apply:*

1) Become educated about the effects.

2) Focus on *your* recovery to improve emotional well-being.

3) Avoid the isolation of only engaging in the unhealthy (extended) family relationships.

4) Refuse to enable the damaging behavior, i.e., refuse to consistently let it go unchallenged (while carefully choosing your battles).

Note that the many members and interspersed symptomatic relationships can make Point No. 4 ("Refuse to enable …") more complicated in an extended family, sometimes producing unintended consequences.

The self-help group Al-Anon lays out a set of guidelines for those dealing with family dysfunction, nuclear or extended. They contribute greatly to Point No. 1: "Become educated about the effects."

*"We learn:* [5-4]

- Not to suffer because of the actions or reactions of other[s]
- Not to allow ourselves to be used or abused by others …
- Not to do for others what they can do for themselves
- Not to manipulate situations so others will … behave as we see fit
- Not to cover up for another's mistakes or misdeeds
- Not to create a crisis
- Not to prevent a crisis if it is in the natural course of events"

Recovery certainly is more difficult for these extended families as a whole. Individual members seeking to maintain emotional and relational well-being must be that much more creative, upright, resilient, and self-protective against abuse, with the option of "letting go with love" always available to them.

**Q: Several branches of my extended family tree are a dysfunctional mess: backbiting, mendacity, cruelty, greed, embezzlement, manipulation, estrangement. I often feel like my situation must be rare. Then periodically I talk to someone like my hair stylist, dental hygienist, or co-worker who tells me equally disturbing stories. I'm beginning to think that screwed up extended families are not rare and likely common.**

**A:** And your point?

## Chemical Dependency Counseling

**Q: My spouse is the one who has alcohol use disorder and has caused all our troubles. Why should I go to counseling if she won't?**

**A:** Counseling is not for partners to help the person with dependency. Counseling is for partners to help themselves and other family members. You may or may not be ready to present your spouse with an ultimatum. Whether you leave the marriage or not, whether your spouse gets help or not, you have been affected negatively by living with a dependent, and you could benefit significantly from counseling.

As you've learned, a family with a member who is chemically dependent inherently develops problems with communication, expressing and dealing with feelings, and trust. These can last long after the relationship may have ended. It's possible you'll learn something that could increase your spouse's chances of recovery, but helping yourself remains your most important purpose of therapy.

**Q: I've heard a lot about enabling over the years. Covering up for my spouse's drinking and bailing him out of trouble has been necessary to make life easier for my kids and me. Why should I stop this if it keeps the peace?**

**A:** This is a classic case of putting a Band-Aid on a broken arm — the bleeding might stop for the moment, but the arm will not heal correctly and will get worse without proper treatment. And it ultimately will increase harm to the entire body.

First, it sounds like you've made the decision to stay in the marriage for now. (By the way, this is a very personal decision, and there is no one right answer to fit all circumstances.) If that's the case, protecting — or enabling — your spouse's drinking makes it easier for him to continue. And since we know alcohol use disorder is a progressive disease, his drinking and drinking-related activities will get worse over time.

You can't make him stop. But you can allow him to feel the consequences of his drinking, with the hope that this will break through his denial that much sooner. Additionally, covering up for his drinking probably has involved lying to the kids about his destructive conduct. It's better to be honest with them, in an age-appropriate way. Denying to them what they know to be true at some level causes children to question their own perceptions of reality.

**Q: You say we can't make a drug/alcohol dependent get sober, that we can only stop enabling. What about my brother and his wife, parents-in-denial of a self-destructively addicted young adult son, Cameron, who still lives at home? We love our nephew and have tried to talk to him about treatment, but only his parents have real leverage, and they're dismissive of the problem.**

**A:** Sadly, this is an issue for too many chemically dependent young people. It still comes down to (parental) enabling and the denial behind it. Here's a common scenario (not the only one but common): The child is in denial because he doesn't want to stop using chemicals, which likely are numbing emotional pain and definitely are warding off withdrawal effects including depression and anxiety. The parents are in denial likely because they don't want to address the underlying familial turmoil. In this case, the dependent child, Cameron, is the "identified patient," the member whose obvious poor behavior is an open manifestation of deeper family affliction. The identified patient's symptoms often are the catalyst for bringing other members into treatment and, with hope, recovery.

To help save Cameron, informed loved ones should intervene with the parents, gently at first, then more confrontationally if necessary. It's better for them to be confronted by a loved one than by their child's mortality. You may be castigated for butting into the family's business. You likely never will be thanked. But your input could prompt a moment of clarity in the parents. And you'll know you did what you could to save your nephew's life.

Point your brother and sister-in-law toward chemical dependency counseling — for them. This provides invaluable support: 1) personalized education about alcohol/drug addiction; and 2) unbiased, unemotional guidance in dealing with their son's destructive symptoms and underlying family issues. If they won't go to counseling, suggest at least a support group — for them.

## Addiction Gene (or Not)

**Q: Experts say that chemical dependency can be inherited. How does that work?**

**A:** You've heard the phrase *nature versus nurture*, which poses the question of how much of a person's behavior is genetic and how much is learned. With chemical dependency, the answer is both, in various ratios. [5-5] A person without a genetic inclination simply can use enough chemicals over time to develop a substance use disorder. The dependent might abuse chemicals due to peer pressure, learning from parents/guardians, self-medication of depression/anxiety, or effects of negative social determinants of health.

There's also a definite genetic component to chemical dependency, but it does not follow hard and fast rules. What scientists know is that, like many other diseases, a stronger family history of chemical dependency creates a higher chance of developing the disorder. We also know, however, that a biological family of two parents with severe alcohol use disorder and five children might produce only two adult children with alcohol or other drug problems, leaving the other three unaffected. It's also possible that one or more of the three unaffected offspring could be carrying the addictive gene but never drank or used enough (or any) chemicals to activate that gene.

Ultimately it's a crapshoot. Nothing is a sure thing. But if the dice are loaded against you through genetics and/or a dysfunctional childhood, you're more likely to lose if you don't

take careful precautions. By the way, the three "unaffected" offspring from our imaginary family still will be affected emotionally by their parents' disease, as you have learned.

**Q: Is chemical dependency a real disease in the medical sense?**

**A:** Yes. The American Medical Association says so. The World Health Organization says so.

Alcohol and other drug dependency is a *chronic* disease like (Type 1) diabetes. Both make diseased changes to brain and body chemistry. There is no cure but with treatment and lifestyle changes, people with these chronic illnesses can live relatively normal lives.

## Repressive Marriage

**Q: I know at least two people, female and male, that are in situations similar to this story, including my cousin. She's been in a repressive marriage for years. Her spouse often has been emotionally abusive: He's disparaged and raged at the family for much of their time together — off and on, as those guys do. I always thought she was waiting for their two sons and daughter to be grown and gone, which now is the case. So why doesn't she finally leave this unhealthy relationship?**

**A:** Yes, alas, this is not rare. We don't know your cousin. But reflect on what we've learned about these types of families. First, both partners likely grew up in environments with at least one of the following: parental chemical dependency, emotional or physical abuse, abandonment or neglect, anger and rage, hyper rigid household rules, or other dysfunction. Some people break that cycle as adults but unfortunately many don't.

Second, consider the common codependent characteristics your cousin likely has carried into adulthood and marriage, attitudes that often harden over a lifetime if left unaddressed: 1) *low self-esteem and fear of abandonment* — she may have integrated the conscious or subconscious belief that this relationship is all she deserves; 2) *victim mentality* — her sense

of “victimhood” might be so ingrained that she simply can’t let go of parts of her life that support it; 3) *denial* — she’s likely continuing a decadeslong denial of the situation resulting in attachment to her toxic “normal”; she’s kept up the emotional front for so long, it’s her only reality; 4) *repressed feelings* — your cousin likely has habitually (compulsively) stuffed her painful emotions down for many years, causing her emotional mechanisms to be impaired severely, i.e., she doesn’t process negative *or* positive feelings the way most others do.

By the way, a common side effect in people with this type of denial, low self-esteem, and debilitated emotional functioning is to put blame for the pain anywhere besides its true source. They’re likely afraid of that source and the hurricane of frightening emotions it could unleash if ever confronted. As a result, it’s not unusual for people like your cousin to invoke persistent cruelty toward certain other family members, often those who love them the most, for three reasons: A) to give themselves an artificial sense of righteousness to divert their attention from their own demeaning abusive situations (from childhood and in adulthood); B) to lift themselves up artificially by “bringing down” and hurting others around them; and C) to assuage warped resentment toward loved ones who have helped them; they’re embarrassed, resentful, and/or in denial of needing that help. Psychologists call this “hostile dependency.”

A common method of shifting the pain through hostility is by being excessively and often hypocritically judgmental, attempting to split family and force members to choose sides. Weaker individuals may succumb to this pressure. Those with integrity will not. They realize this only enables and perpetuates the malicious behavior. For children who are being manipulated, the emotional harm can be intense and long-lasting.

This cruelty is inherent evidence of severe emotional disorder.

Why doesn’t she leave the relationship? Denial, repressed feelings, disabled emotional functioning. Is there any hope? She may have few friends and interact mostly with one or two like-minded relatives who often manipulate her by supporting her cognitive and emotional

distortions. It's difficult to picture any effective therapeutic intervention. But we always hold out hope. Life sometimes has a way of presenting unexpected circumstances that might prompt a moment of clarity leading to recovery.

## Rageaholic Parent

**Q: The principal in our family was my mother. She was a rageaholic who doled out persistent toxic criticism. Why did I "inherit" her anger issues and hostile aggression whereas my younger brother turned out to be overly submissive and afraid of his shadow, with an acute woe-is-me "victim mentality"?**

**A:** Again, we don't know the specific dynamics of what went on in your childhood home. But generally, principals (male *or* female) exhibit one or more of an array of harmful-to-the-family behaviors, as laid out earlier in this book. In turn, those family members, e.g., children, frequently develop one or more of an array of dysfunctional characteristics, also as laid out earlier. Any principal's adverse behavior can lead to any dysfunctional characteristics in each child, for various known and unknown reasons.

It's also common for a child to "inherit," i.e., learn, the *same* behavior exhibited by the principal. Often the first child has received the brunt of the damaging treatment — in this case, anger, rage, and malign criticism. What could be more logical than that juvenile growing up to be angry and rageful? Commonly, that oldest child also might have developed auxiliary problems including depression/anxiety and chemical dependency, the latter even though his parents might have never indulged in alcohol or other drugs. In recovery, this adult child will have a hierarchy of issues to address, beginning with the substance use disorders, then the anger/rage, followed by the depression/anxiety. *Without* recovery, the cycle not only continues but expands.

Conversely, you say younger brother is overly submissive, timid (has difficulty standing up for himself), resentful, and full of victim mentality. There are two possibilities to explain this: 1) due to his inherent personality, genetic makeup, and/or birth order, he simply developed different dysfunctional behaviors than you; *or* 2) he "inherited" (learned) the *enabling spouse's* primary behaviors, i.e., ignoring, denying, and covering up the principal's harmful treatment. Younger brother could have been more prone to buying into the enabler's efforts to draw an artificial picture of a healthy, happy family when it was anything but. However, believing this lie (while subconsciously knowing the truth) likely has caused adult younger brother to doubt his perceptions and doubt himself, resulting in submissiveness. He's afraid of his shadow because he's never learned to confront conflicting information. He simply shuts down emotionally instead. Having impaired defenses, negative things seem to come his way more often, hence the "victimhood."

Note: A prime *commonality* between you (oldest) and younger brother is the depression/anxiety. Additionally, the chances of one or both of you developing chemical dependency rise considerably.

## Good Childhood, Antisocial Adulthood

**Q: Regarding those with *normal* childhoods who inexplicably turn to antisocial behavior in adulthood: Why *do* some people become selfish enough, regarding relationships and illicit material gain, to use toxic manipulation and spitefulness to fulfill their sense of twisted entitlement?**

**A:** Why *do* some people in nuclear and extended families lie, cheat, and steal from each other? Why *do* they attempt to divide their families and manipulate members into picking sides, forcing those members to choose integrity or weakness? Why *do* they selfishly intimidate their adolescent and young adult children into those same false loyalty choices, causing untold

psychic damage? Why *do* they employ insidious cruelty to implement and cover up their selfish, pernicious, larcenous pursuits, often under cover of religious vanity?

There are several known (and unknown) reasons, which go well beyond the scope of this book. One place to look is within the psychiatric diagnoses of "Cluster B" personality disorders: most notably *antisocial* and *narcissistic* (as well as *borderline* and *histrionic*). [5-6]

Another good source is psychiatrist M. Scott Peck's book *People of the Lie: The Hope for Healing Human Evil*. You might know Peck from the more well-known books in his *The Road Less Traveled* series. In *People of the Lie* he lays out his findings, as a psychotherapist, about the basis of evil in certain persons and how it is manifested in pathological self-serving duplicity and other antisocial behavior.

> "Another reaction that the evil frequently engender in us [is] confusion. … Lies confuse. The evil are 'the people of the lie,' deceiving others as they also build layer upon layer of self-deception. …
>
> "It is necessary that we first draw the distinction between evil and ordinary sin. It is not their sins per se that characterize evil people, rather it is the subtlety and persistency and consistency of their sins. This is because the central defect of the evil is not the sin but the refusal to acknowledge it … their *absolute* refusal to tolerate the sense of their own sinfulness. …
>
> "A predominant characteristic … is scapegoating. Because in their hearts they consider themselves above reproach, they must lash out at anyone who does reproach them. … Scapegoating works through a mechanism psychiatrists call projection. … When they are in conflict with the world, they will invariably perceive the conflict as the world's fault … They *project* their own evil onto the world." [5-7]
>
> *(— M. Scott Peck, MD)*

  

## Always Room for Self-Improvement

**Q: I've heard a lot about this new concept of "mindfulness" recently. What's it all about?**

**A:** Mindfulness principles are rooted in ancient Eastern religious and philosophical traditions that have been appropriated (and watered-down) by Western culture. The primary element is a focus on the present to minimize 1) stress and negative thinking often associated with one's past, and 2) worry and anxiety often surrounding speculation about one's future. This can be achieved through a variety of mindfulness meditations or simply a mindfulness outlook.

In this vein of self-improvement, we highly recommend the 1999 book *The Power of Now: A Guide to Spiritual Enlightenment* [5-8] by Eckhart Tolle. Before *mindfulness* was a superstar, Tolle melded Eastern and Western principles for a powerful guide to spiritual focus on the present, the *now*, and recovery from dysfunctional pasts. Many people have found great comfort and improved their lives and relationships through exposure to *The Power of Now*.■

  

## PART B: Introduction to Resilience

In this section, Part B, we address the many components of resilience: the ability to endure and recover from stressful periods or traumatic events in life and come out better and stronger on the other side. For many of us, the *period* could comprise a childhood (or adulthood) with one or more dysfunctional family relationships. Or the *event* could be a single occurrence such as a physical assault, emotional trauma, or consequential personal failure. Resilience is the capacity to bounce back from tragedy or tribulation, not only to recover from hardship but benefit from negative experiences and emerge mentally strengthened. Most anyone can learn to increase resilience.

### Spectrum of Personal Growth

Regarding personal growth, some people are in the flourishing stage, that is, they have no significant mental or emotional roadblocks to overcome, and they're simply seeking self-improvement: enhanced relationships and happiness; increased meaning and purpose; deeper life engagement. They're looking to thrive rather than just coast, swim rather than merely tread water.

Conversely, other people still are digging out of codependent confusion. There's no one explanation for a person's severe emotional debility. It's always some combination of initial causes, trauma, an extended sense of victimhood. It could be years of denial and negative cycles of reasoning: "Stinkin' thinkin'" is the technical term used in counseling school. It's common in spouses and adult children of alcoholics. We now also know that other family issues such as parental absence, toxic control, and emotional abuse perpetrated by a guardian or partner can have the same effects — two sides of the same dysfunctional coin.

Another thing counseling school teaches is that a person's disorder, in someone with serious long-term emotional disability, often is embedded at the core of a metaphorical onion. And the way to achieve recovery is by peeling away and addressing, one at a time, the many layers of the onion that have formed over decades. The alternative is to keep getting sicker, to keep sliding backward.

In a dysfunctional family, nuclear or extended, trust and honesty are the first casualties. In recovery and through flourishing, some people have made it to a point at which they live and teach the principles of integrity and probity, notwithstanding personal human lapses of perfection. For some of those people, this comes naturally. Others have had help by learning and applying the tenets of resilience and self-improvement.

Wherever individuals find themselves on the personal growth spectrum — ranging from emotional malaise, languishing, and recovery; to treading water, coasting; to evolution and flourishing — every person has the freedom to decide: "Do I remain stuck at my current level of development, or do I make a commitment to move forward from here?"■

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## Resilience 101

### Basic Idea

Resilience is the ability to endure and recover from stressful periods or traumatic events. It can be summed up as the capacity to bounce back emotionally from tragedy or tribulation to emerge mentally stronger than before.

We've all heard the saying "What doesn't kill you makes you stronger," attributed to Friedrich Nietzsche, or Paul Reubens, or Oprah Winfrey's intern — no one knows for sure.

Seriously, it was Nietzsche, the German philosopher who lived during the latter half of the 19th century. The way he originally said it was, "That which does not kill us, makes us stronger." [7-1]

Since Nietzsche's declaration, philosophers and psychologists have pontificated on its essence. Today it's accepted that the spirit of the sentiment is true, or at least *can be* true for those who seek growth and self-improvement.

## Other Quotations

Other statements regarding resilience are helpful in understanding the concept:

> "The ability to take misfortune and make something good come of it is a rare gift. Those who possess it … are said to have resilience or courage." [7-2]
>
> *(— Mihaly Csikszentmihalyi, leading researcher in the field of positive psychology)*
>
> "Mastering the art of resilience does much more than restore you to who you once thought you were. Rather, you emerge from the experience transformed into a truer expression of who you were really meant to be." [7-5]
>
> *(— Carol Orsborn, Ph.D., best-selling author)*
>
> "Our greatest glory is not in never falling, but in rising every time we fall." [7-6]
>
> *(— attributed to Confucius & others)*
>
> "Resilience is a precious skill. People who have it tend to also have three underlying advantages: a belief that they can influence life events; a tendency to find meaningful purpose in life's turmoil; and a conviction that they can learn from both positive and negative experiences." [7-8]
>
> *(— Amanda Ripley, best-selling author, journalist)*

## How to Build Resilience

Resilience is a skill. However, we don't develop that skill immediately as stressful events manifest. We generally learn from our *reactions* to those events. But we can prepare in advance, which improves our reactions and the ability to learn from them.

Preparing in advance boils down to this: enhancing mental, emotional, and physical health. And those things don't just happen. You might have heard the analogy of a garden. If you pay attention to the care and maintenance of a garden, you get beautiful flowers and vegetables. If you neglect it, healthy growth is impeded and you get weeds and unhealthy plants.

Think of your mind-body as a garden: Keep it free of weeds and nurture its plants.

Strengthening innate resilience is a journey, not an event. Your goal is to acquire a mindset of self-improvement, that is, always being on the lookout for ways to improve mental and physical health. In this way you're preparing to be more resilient in response to stressful circumstances when they arise. Additionally, you'll be more prepared to make the best of negative, stressful events and learn from them. As the saying goes, when life gives you a lemon, ~~get some tequila to go with it~~ find a way to make lemonade.

An affirmation we like a lot is this one: "Every problem is an opportunity in disguise," from Founding Father John Adams. Besides being able to recover more effectively from a stressful situation, resilience involves the desire and ability to learn from the situation that just occurred, to better handle similar situations in the future.■

## ESSAY: Chronic Stress and the Love of a Good Dog

### Fido Dog

Years ago our family moved back to Greater Detroit from North Hollywood, California. My wife and partner, Norma, was in the Dodge Omni with our two young daughters. I was leading the way in a giant U-Haul rental truck with our dog, Fido, riding shotgun. Yes, his real name was Fido (Yes, I'm *that* clever), a name I had been set on long before picking him out of the barking, yipping gaggle of hoping-to-be-rescued canines at a Phoenix shelter over a decade and a half before. He was the only dog that day who was calm and quiet.

Fido was a black, white, and gray Australian Shepherd mix who had turned 16 years old just before we began this trip. Everyone loved him for his universal trusting acceptance of all humans. He was a great dog who rescued me when he was just six months old.

When I got married, Fido held about nine years' seniority over Norma and the girls, but he agreed to grandfather them into the family as equal members, with all the same rights and benefits he enjoyed.

The age of 16 is old for any dog. Fido was movin' slow and had the usual senior aches and pains. During a pit stop at an Iowa rest area, while emerging from the elevated U-Haul passenger seat for a bathroom break and a little olfactory stimulation, he experienced a hard landing on the pavement. From that point he was supersensitive to any touch or movement, whimpering in anguish at the slightest shift in position.

We immediately found a local veterinarian and got a diagnosis. Fido had wrenched his back in the fall, which produced a pinched nerve in the spine. Any minor movement prompted an additional, intense shot of pain.

The doctor also noted that Fido now was on high alert for flashes of distress. He was so stressed about the *expectation* of pain that the tension itself was hurting him. It was causing his body to overproduce doggie cortisol, which intensified his existing discomfort and caused him to "catastrophize" that more hurtin' always was imminent. The poor guy's stress and physical suffering were feeding each other.

The cycling of severe chronic stress like this over time ultimately causes serious physical (and mental) health issues. This can happen at any age and not only to dogs.

## Ubiquitous Chronic Stress

In this era of cultural discord amid a national reversal of humanitarian progress — an ever-cresting tsunami of bad news — many of us are living with some level of fear, which is causing persistent tension. Combine that with personal sources of long-term anxiety such as work and dysfunctional relationships and it can threaten real harm to physical and mental well-being.

It's important to differentiate acute from chronic stress. *Acute* stress is what occurs when we disturb a bear on the trail or realize we've stepped into the path of a speeding car. The release of cortisol kicks in and we immediately leave the bear's personal space or jump out of the street without even thinking about it. Events like these trigger the well-known fight-or-flight response. Since it's not prudent to fight with a large angry creature of the forest or a speeding vehicle, our brain chooses flight in these circumstances. The fight-or-flight response is as old as humankind and has helped ensure our survival as a species.

Indefinite chronic stress was not meant to be a human survival mechanism. Prolonged cortisol production by the body is a distortion of this mechanism. Chronic — long-term — stress results from sustained ordeals such as a dysfunctional childhood, an unhappy marriage, an abusive boss, or persistent financial troubles. The body thinks it's releasing cortisol and other stimulant hormones for a reasonably timed crisis. In the short run, these hormones support

alertness and a call to action. In the long run, they put negative tension on many bodily functions, which produces blood pressure disorders, sleep disruption, fatigue, a weakened immune system, increased infections, anxiety, depression, anger, lack of focus, memory loss, and other issues. [20-12] [20-13]

Like Fido's continual worrying about when the next excruciating pinch to the nerve in his spine was going to occur, many people are walking around in a diseased state of habitual anxiety, exacerbated by the significant fear of when the next (national or personal) crisis will emerge.

## Take Care of Yourself

If any of this sounds familiar, take care of yourself. Observe tension-reduction recommendations in the areas of exercise, sleep hygiene, and proper nutrition. Learn to meditate. Expose yourself to nature. Get organized. Take breaks. Moderate the use of alcohol and other chemicals. Adjust perspective. Establish boundaries — especially with negative people you must endure in families, at work, or elsewhere.

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Eventually Fido was able to settle down and de-stress. We kept him calm and comfortable. The pinched nerve in his spine ultimately relaxed, and his constant fear of the next jolt of agony subsided. We were able to help him interrupt the stress-pain cycle, and he had a comfortable trip the rest of the way home.

Sadly, two months after returning to Michigan we had to put down our cherished companion. One final morning he couldn't get out of bed anymore, and we determined that his pain in living was greater than the heartsickness we would suffer from saying goodbye.

Norma and I gently petted him and whispered to him and cried like babies while our new vet of two months administered the barbiturate cocktail. Our precious family member drifted into a peaceful, permanent sleep. When it was over, we left through a back exit used by newly

mourning pet owners, so we wouldn't have to face those happy humans in the waiting room whose animal loved ones were still with them.

When Fido's ashes came via FedEx, we spread them over his favorite swimming hole where he had spent many happy hours retrieving tennis balls from the water.

Good boy, Fido.

A good dog is the greatest stress-reliever known to humankind.■

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## Self-Control: Thinking, Feeling, Doing

Human beings do three things: think, feel, and do. Self-control involves these functions of living: thinking, feeling, and doing. When processing information, keep an open mind and think critically. When processing emotions, don't let them take over thoughts and behavior. And when deciding how to (re)act in certain situations, think it through before (re)acting.

These three areas of life functioning are solidly interrelated. Thoughts affect emotions. Emotions affect thinking. They both affect (and *effect*) behavior, which affects thought and emotion. This can create a wondrous cycle or a miserable slog. It's your call.

### Critical Thinking

Among other components, resilience involves rational decision-making, the ability to suspend judgment, and mental agility. Combined, these three factors make up the essence of critical thinking.

Consult your favorite search tool and you'll find many definitions. We like this hybrid:

> "[Critical thinking is t]he careful, deliberate, skilled, active interpretation and evaluation of (the veracity, bias, and fairness of) observations, communications, information, and argumentation." [18-1] [18-2]
>
> *(— thanks to Alec Fisher, Michael Scriven, Brooke Moore, & Noel Parker)*

And to get there?

> "Cultivate the intellectual virtues. [Those] are the qualities necessary to be a critical thinker and an effective learner. They include curiosity, open-mindedness, and intellectual humility." [18-3]
>
> *(— Greg Lukianoff, J.D., & Jonathan Haidt, Ph.D.)*

This quote comes from a book we mentioned previously and highly recommend: *The Coddling of the American Mind: How Good Intentions and Bad Ideas Are Setting Up a Generation for Failure* (Lukianoff and Haidt, 2018). It examines the state of academic learning in American primary, secondary, and postsecondary education.

By "intellectual humility," Lukianoff and Haidt are referring to the truth that our reasoning can be (consciously or unconsciously) flawed and prone to bias, in spite of absolute *feelings* of being right, and even among the most careful thinkers.

Put another way: Wisdom is understanding how much you don't know.

Resilience and critical thinking are as inextricably intertwined as "inextricably intertwined" is hard to say five times in a row. So important to building resilience is the ability to identify and admit a mistake (because only then can we learn from it), to be able to process new information *(knowledge)* and change a closely held opinion *(belief)* based upon facts and dispassionate logic rather than emotional reasoning and tribalism.

Let us beat our favorite dead horse into the ground one more time: We must develop a required, age-appropriate K-12 critical thinking curriculum geared toward 21st century digital information sources and social media. And we must require more high school humanities studies

*(— thanks to educator, spiritual consultant, and friend of the show Keith B.).* It might be too late for many members of past generations. But if we start now, we can help ensure the *next* generation learns how to think critically about information sources. If we start now, we can teach kids how to differentiate between belief (opinion) and knowledge (facts) *(— thanks to psychologist, American philosopher, and another friend of the show Bob O.).*

## IBATR: Practical Critical Thinking in Communication

Critically thoughtful communication does not involve intellectual hoop-jumping or mental gymnastics that only lawyers, philosophers, or Mensa members understand. It's a simple form of critical thinking that anyone should use to cut through the adult male bovine excreta and get to the most accurate possible version of the truth regarding any given issue or question.

IBATR [18-4] (pronounced "EYE-batter") is the author's acronym representing the five legs of a critically thoughtful communication table. When even one leg is broken — or missing — the table wobbles. Milk spills.

**(I)** ***Information:*** Carefully consider the communicated information or question at hand. Assign no immediate favoritism toward information sources and no immediate judgment about accuracy or inaccuracy of the information.

**(B)** ***Biases:*** Examine all biases you or the sources might have surrounding the communicated information or question at hand.

**(A)** ***Assumptions:*** Examine all assumptions you or the sources might have surrounding the communicated information or question at hand.

**(T)** ***Truth:*** Maintain a commitment to truth and honesty, and consider the level of this commitment for each communication or information source.

  

**(R)** ***Response:*** Carefully draw a conclusion and formulate a response. And always remember that this might require modification based upon new analysis, new communication, or new information-source evaluation.

IBATR is the Holy Grail of successful communication. Granted, perfection is not possible. But applying one's best intentions *is* possible. Applied IBATR best intentions means that we try to follow the steps to the best of our ability. And the last one, Step "R" ("Response"), always allows for the reexamination of information, sources, and personal motives.

Critically thoughtful communication and IBATR constitute the trunk of the communications tree. When this trunk is weakened, branches break or die — or get misquoted. This acronym represents the foundation of accurate, ethical information exchange. Make this acronym your best friend. Put aside time for it. When it is speaking to you, give it your full attention as if it were the most important acronym on Earth. Compliment it now and then on a new hypothesis (or hairstyle). Surprise your acronym occasionally with an intimate rendezvous at home. And never, *ever*, dispute your acronym when the two of you are with friends.

## Thoughts and Coping — Feeling in Control

Another important component of resilience is maintaining (or cultivating) the belief that you're in control of much of your own life and destiny. If you don't believe this, it's easy to fall into a fatalistic habit of expecting the worst because you can't do anything to change things. This characteristic of feeling and acting that one has no control over one's life has caused a boatload of avoidable troubles for many people.

Even if you believe God or the universe has an ultimate plan for each person, that doesn't mean every detail is predetermined. And, just maybe, God or the universe has a set of

contingency plans for you depending upon the way you deal with the details, i.e., all the small steps along the way. You've heard the old saying "God helps those who help themselves." We know: Those words are not in the Bible. But the concept certainly is part of almost all spiritual teachings.

*The Lucky Break*

Yes, lucky breaks — and bad breaks — happen to everyone. But being in control of your own life or not is exhibited in how you deal with either type of break. If you believe the bad breaks are predetermined, you'll be much less inclined to take measures to prevent them. And in keeping with the idea that resilience helps you emerge better and stronger from misfortune, the fatalist is missing a prime opportunity to learn, grow, and improve life — that is, build resilience.

Regarding good breaks, another old saying reads, "Luck is what happens when preparation meets opportunity" [18-5] *(— Seneca the Elder, Roman writer and rhetorician).* If you believe the positive breaks are predetermined, you'll be much less inclined to take measures to cultivate them. Resilient self-improvement can influence or effect positive developments that might otherwise seem preordained. The more you believe it, the better it works.

The feeling of being in control is related directly to one's perceived ability to cope with life events, be they blessings or tribulations. This is a key example of how thoughts control feelings and behavior, for better or worse.■

*(Some information for this chapter comes from these sources:* [18-6] [18-7] [18-8])

  