Preface

To thine own self be true, and it must follow,
as the night the day, thou canst not then be false to any man.
William Shakespeare

The phenomenology of human behavior involves many forms of adaptation in response to stimuli encountered within the spectrum of everyday life. Such responses include identifiable patterns of negativity brought on by the perception of the individual or as the result of trauma from extraordinary events. These responses provide the basis for the thesis of this study. Recognizable patterns of behavior can be observed as organized reactions to recurring and similar forms of stimuli. Sometimes these patterns take on a negative tone, resulting consequences to the individual, which the authors refer to as maladaptive schemas.

The purpose of this book is to analyze these maladaptive schemas, identify their possible causes, and suggest some potential approaches to effective treatment. Perspectives from both the philosophical literature, as well as psychological constructs are covered in order to provide a wide base from which to review the topic. Case examples are included to illustrate the etiology of negative schema and to portray positive adaptations through individual effort as well as when appropriately supplemented by professional intervention. In writing about biological terms of patterns, Szasz (1974) offers:

I do not deny, of course, that man is an animal with genetically determined biological equipment which sets the upper and lower limits within which he must function. I accept the limits, or the general range, and focus on the development of specific patterns of operating within them (p. 209).

Szasz’ perspective resonates with the practical consideration that we, as humans, are either somewhat helped or handicapped by our genetic makeup and relative fortune in terms of environmental factors such as pollution, food supply, socioeconomic status, and intellectual and emotional capacity. As such, we must operate within these boundaries, though intrepid souls do all they can to break their own barriers and expand previously defined limits. In a way, each individual’s life is a partially completed canvas where the paint is still wet and the brushes stand ready to alter the impressions. Behaviors are initiated through a combination of natural instinct and, as children, by mimicking the behavior of others, typically adults. The outcome or
products of our behaviors derive cognizable results and/or consequences whether small or significant. When these outcomes are positive the behavior deemed responsible for the result/consequence is reinforced, ready for repetition when similar stimuli are presented. Negative results will typically cause an erosion of the prior pattern of behavior or, at least, inhibit formation of a new pattern. In cases where no better way of responding can be found, the eventual behavioral pattern is likely to be maladaptive.

The relative level of success (or lack thereof) that the individual perceives in life contributes heavily towards formation of schemas. Success can be defined as the favorable outcome of an attempt or endeavor, whether based on short- or long-term. Modern society tends to create pressures to succeed frequently measured by notions, such as accumulation of material wealth (money, property), attainment of power (business, political, social-standing), and abilities (professional, management, athletics, acting, or writing). Endeavors to succeed may be a relatively short span of an active life, such as an elected U. S. President or a professional football player, or span a major portion of one’s lifetime, such as a person’s career.

The human condition is defined by a range of possibilities with regard to success: total failure, partial success, complete success, and no desire at all for the achievement of success. Risks should be weighed juxtaposed to the potential feelings of regret for risks not taken. Those with high aspirations should exercise appropriate caution and evaluate the true purpose of each stated goal. When aspirations elevate in a distorted manner, they can develop into harmful fixations. Some excuse themselves for not branching out to try new things or feel inhibited from doing so because of some maltreatment endured during childhood. Murray (1955) named one type of fixation the Icarus complex, after the mythological personage who flew too near the sun in his attempt to surpass his father, and, as a result had the wax holding his artificial wings melt, leaving him unable to fly. “People with the Icarus complex are considered to have a special affinity for fire and water, strong narcissism, cravings for immortality, and great aspirations that crumble in the face of failure” (Maddi and Costa 1972, p. 78). As individuals, we are free to choose many of our options, especially those involving our will, desires, strivings, and preferences.

Some feel that the collective history of life experiences, impressions, etc. is inbred into our DNA, and continues to influence our behaviors throughout life. The age-old debate over nature vs. nurture indicates the disparate ways people feel about why they are the way they are. Extended further, some people are of the opinion that people cannot change themselves. The authors disagree and are of the belief that a willful person can, in fact, make considerable changes to the patterns of their behaviors. Despite even significant limitations, growth, improvements, and shifts in attitude remain possible.

Each of us has potential, as well as, at least in certain societies, ample room to make choices in our lives, which we can define as a form of personal freedom. “Choices are influenced by many factors, such as family, fears, and goals” (Kreuter 2014). We also each have gifts—those elements of native ability that enable us to do one or more exciting things in life. Those who are born disabled or become ill, or who are compromised due to accident, may lack certain abilities, but their
gifts are not shuttered. Living within limits may be one of the aspects of being human, but not everyone adheres to such limits. Many persons in human history have triumphed despite their limitations by bravely overcoming obstacles. As an example, the famous American Helen Keller (1880–1968) was the first deaf and blind person to earn a Bachelor of Arts degree. Through the dedicated efforts of her teacher, Anne Sullivan, Ms. Keller was able to learn to communicate. Thus, through Ms. Sullivan’s pioneering work, the isolation of lack of language was shattered, enabling Ms. Keller, by many accounts, to live a very fulfilling life. Naylor (1998) wrote:

And so what I’ve learned in the last twenty years is that I am the sole judge and jury about what my limits will be. And as I look toward the horizon of the next twenty years, it is no... no limit. With that kind of knowledge, I’ve grown as old as I can possibly be; the aging has stopped here, and now I just grow better (p. 42).

We can also refer to freedom of choice as one’s volition since it matters most what we do with our knowledge, skills, and abilities. Such freedom, which is to be particularly cherished when we realize that some do not have it, can help to define what we strive to accomplish in life. Some may consider that an element of luck interplays with success. Perhaps that is so. A person born into a wealthy family would presumably be initially exposed to opportunities that are much grander than a person born into an impoverished family. “[A] study, entitled: A Status Enhancement Account of Over Confidence,” concluded: “The individuals among us who are elevated to positions of status wield undue influence, have access to more resources, get better information, and enjoy a variety of benefits” (Furness 2012, p. 1). This is not to imply that the wealthy person will succeed or that the poor person cannot. It does mean that sustained effort and some good fortune and/or mentoring would be helpful for a person who is at a distinct disadvantage. Even those with disadvantages can become noticed and earn the opportunity to demonstrate capability to the fullest extent possible. An example is a long-distance runner who was born in a very poor city, but whose efforts result in his or her running prowess being discovered and then nurtured. Bringing the person into an environment where opportunities can be presented, may lead to the person’s potential of being realized. How many brilliant-minded or athletically gifted persons become lost in the crowd because of limitations of exposure?

As the purpose of this book is not to debate geopolitical issues, we can only focus on potential within the psychological, emotional, behavioral, and spiritual construct of a person as opposed to an entire society or culture. We also examine the phenomenology of adapting or not adapting well to stimuli regardless of the backdrop of societal influence or the relative levels of privilege and fortune. The authors do encourage other researchers to explore whether there are connections between privilege and lack thereof, which may encourage the formation of maladaptive schemas. Attitudes and paradigms become important considerations when analyzing the lack of progress towards transformative goals in the examined life.

The study of maladaptive schemas must include the older concept of paradigms. What is meant by the term “paradigm”? One important aspect of the definition of
paradigm is how we are bound or confined by some form of pervasive or subtle limitation on our ability. It is also important to consider that a lack of flexibility in our thought process may result in the failure to achieve a goal, which can be interpreted as the failure to succeed. Or the lack of ability may result from a manner of perceiving or thinking, which can be changed. A deficit, with coaching, can be turned into a skill, especially with sustained effort and motivation. The lack of ability may be attributable to a physical factor (or factors) that affect the mental process, which is outside the scope of this book. Treatment protocols are certainly available for many conditions and maladies. Further, hope is always present that new or improved treatment regimens may become available in the future.

Logically, paradigms form the basis for paradigmatic thinking. Such cerebral effort is either deliberate or reactionary, perhaps guided by nothing more than pure habitual behavior. The proverbial “knee-jerk reaction” is one example of a response borne more out of habit than measured and thoughtful consideration. An example of habitual behavior is a person becoming unduly hostile towards a spouse during marriage counseling or some other confrontational event. Such a person may simply respond to new stimuli as if having the same reaction they always have without filtering the appropriateness of the response. Limitations on the person’s ability or willingness to self-judge his or her own reactions to stimuli can limit the possibility for interpersonal growth.

It is the reactivity to common or repetitive stimuli that result in a person exhibiting behavior that is routed in a boundary, recognized or unrecognized. Only the person receiving the stimuli can perceive it as the same type of stimuli. Whereas Kuhn conceptualized paradigmatic thinking from a societal perspective, for the purpose of this book, we are analyzing paradigms or schemas from the individual perspective. We adapt the basic concept, put forth by Kuhn, that paradigms are a belief system to the present subject matter. We engage in paradigmatic thinking because we think that it works (consciously or subconsciously) or has meaning to us. Normally, if we do not believe that it will work, we would not engage in it: an example coping or a way of dealing with reality.

Our organized patterns of thought and behavior, or schemas, can either work perfectly, work somewhat, or be maladaptive to our internal goals and best interests. Such organization is necessary in order to perceive and process new information received in the world, even to the extent such perception is incompatible to that which would ordinarily be considered appropriate. When strife is encountered (a roadblock), a person with insufficient coping skills may succumb to stress and become psychologically unable to deal with a given situation, leading to some level of dysfunction. Such dysfunction may manifest as behavioral problems or physical illness triggered by unstoppable reactions to stress. Prolonged stress can lead to major life-shortening medical emergencies. Career longevity, for example, can be cut short as a result of unchecked stress.

1 “Filtering” is part of Executive Function.” Incorporating retrospective thinking is helpful to a person who seeks to find superior ways of responding to stimuli.
Interrelated dysfunction compounds these developed negative schemas. For example, consider a person who has difficulty coping with the pressures and challenges of chronic unemployment and depression, but who also binges (eating, sexual behavior, drug-use, etc.) and sleeps through the morning on most days. Such a person may or may not be on medication and, if the person is being treated pharmacologically, may be taking multiple forms of medication (both legal and illegal). Unwinding the person’s issues can be a complex undertaking. As a workable combination approach, the person likely is under the care of a psychiatrist, may be in treatment with a psychotherapist, and may also have one or more allies (peer/friends) who take on the role of coach. The central point of help from the humanistic perspective, respecting the theories of Carl Rogers and others, is client-centered. Where the coach’s role becomes most prominent is in daily or, at least, frequent, communication with the person about the currency of events (stimuli) where immediate response is possible or demanded.

It is vital to point out to the client where the clients’ thought-process may be deceptive to him or herself. Hegel (1977) wrote:

The commonest way in which we deceive either ourselves or others about understanding is by assuming something as familiar, and accepting is on that account; with all its pros and cons, such knowing never is anywhere, and it knows not why (p. 18).

What forms our reactions? What affects them? We engage in paradigmatic behavior for one of two reasons: we cannot or do not care to control it or we expect it to lead to a certain result (consciously or subconsciously). Life, in reality, is a series of behaviors influenced by attitudes, stimuli and decisions, including nondecisions. Paradigmatic behavior is predicated on our reaction to stimuli. For example, it (stimuli-induced behavior) has meaning to us. If we did not believe it would work, we would not engage in it, often a form of coping mechanism or way to deal with reality.

We are taught to learn or develop paradigms from infancy, which is one reason they are so hard to change. We are surrounded by stimuli and with the ever-expanding onslaught of social networking. In some ways, we have become bombarded by this phenomenon. In fact, we are reacting to stimuli virtually every second of every moment when we are awake. Depending on the relevance of the stimuli to us, our reactions vary as to both intensity and conscious thought that we give to it. There are innumerable examples and we will provide some. Our reaction can be conscious or subconscious, to varying degrees, to the point of being rote. It can be planned or thought-out to varying degrees.

We react, overreact or we underrespond to or even completely ignore relevant stimuli. The person with an explosive personality may be likely to overreact at the slightest provocation and the depressed individual may not even care about what is occurring environmentally or may be incapable of finding effective ways of responding. Stimulus causes reactions. Stimulus is frustrating when our actions do not result in the reactions from other people that we seek or hope for—that we expect should be the consequence of our actions. As we discussed in Fostering Resilience for Loss and Irrelevance (Kreuter 2013a), we have certain expectations when, for example, we cross the street (or before we begin that walk) or when we begin our
day. We have certain expectations that our reactions to stimuli will have a certain or desired effect. Individuals like to feel important and that their actions matter to others or, at the very least, get noticed.

There are many types of paradigms that are situation-dependent. Some categories include:

- How to spend time
- What is pleasurable
- What is painful
- How to respond to an abusive coworker
- How to react to a tragic event
- Dealing with death or illness
- Ways of handling stress
- Attitudes about money and finances
- How to hit a baseball
- Making decisions while grocery shopping; and
- How to handle a recurring problem

As an example of situational-dependent thinking: when a child pushes too far, when he/she refuses to listen and does things detrimental to him or herself because she/he perceives that she/he can “get away with it.” Particularly with children, the expression “give an inch take a mile” has much meaning. Add to that the exasperation (perceived or real) when a spouse seemingly undermines the other spouse when she/he attempts to impose disciplinary constraints or to impose some semblance of discipline absent acknowledgment from the other spouse that such constraints are necessary.

Thus, the problem of maladaptive schema must be considered when dealing with a person in a treatment or coaching environment. Rogers (1988/1951) felt that treatment should be client-centered. According to Rogers (1995/1961), “… it is built upon close, intimate, and specific observations of man’s behavior in a relationship, observations which it is believed transcend to some degree the limitations or influences of a given culture” (p. 5). Rogers firmly believed that his clients were not fixated on negativity. Rogers added:

> It has been my experience that persons have a basically positive direction. In my deepest contacts with individuals in therapy, even those whose troubles are most disturbing, whose behavior has been most anti-social, whose feelings seem most abnormal, I find this to be true (p. 26).

According to Rogers (1988/1951, 1956), for constructive personality change to occur, it is necessary that these conditions exist and continue over a period of time:

1. Two persons are in psychological contact;
2. The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious;
3. The second person, whom we shall term the therapist, is congruent or integrated in the relationship;
4. The therapist experiences unconditional positive regard for the client;
5. The therapist experiences an empathic understanding of the client’s internal frame of reference and endeavors to communicate this experience to the client; and,

6. The communication to the client of the therapist’s empathic understanding and unconditional positive regard is to a minimal degree achieved (pp. 95–96).

No other conditions are necessary. If these six conditions exist, and continue over a period of time, this is sufficient. The process of constructive personality change will follow. It is in the sharing that the client is best able to accept notions of change required in the client’s repertoire or behaviors, attitudes, and perceptions—all leading to the ways the client responds to stimuli. However, the client’s struggle and ultimate ability to change must be recognized for it is the client who ultimately changes or at least should be credited with the responsibility to at least try to adapt. In many ways, it is far better for the person to accept ownership of any change in behavior.

The effective coach can help catalyze the ability of the person to adopt more effective paradigms and forge small breakthroughs, which can compound into dynamic and positive change, possibly leading to even grander breakthroughs. In a way, the coach is a more immediate and easily accessible person to take the role of sounding-board. Communication is much more casual and balanced than it could be under the (ethically appropriate) constraints of formal psychotherapy. Such informal communication can include email, texting, frequent telephone calls, letters, and in-person meetings. Events that cannot wait for the next scheduled session with therapist or psychiatrist can be discussed with the caring coach, usually an uncompensated individual. Just as a mentor, who is best recruited by the person needing mentoring, the relationship of coach and protégé is best done through direct request by the protégé, though it can occur through initial offering by the would-be coach. It is the sincerity and validity of the relationship that is of primary importance.

Coaching becomes essential to help the person overcome internally driven resistance (setbacks). Such resistance includes minor complaints, as well as overtures to give up. Reminding the person what goals they had set and asking them to speak about the importance of these goals will help steer the person back to a centering place in their life, specific to resumption of their progress towards his or her goals. It is important to respect these setbacks and find ways for redoubling the psychic energy to keep moving forward and break through obstacles.

Coaching and mentoring can be effective interventions to catalyzing meaningful change in the mindset of the individual. It is the process of instilling motivation to keep making an effort despite the short-term lack of progress that can lead to amazing breakthroughs in the person’s life.

Therapeutic intervention, whether in the form of traditional psychotherapy or therapy using a multitude of modalities, such as poetry therapy, expressive art therapy, dance therapy, and others, can instigate positive change in a person’s momentum. As an example, Wyatt and Rogers (2009) developed an instructor’s manual on person-centered expressive arts therapy based on the work of Carl Rogers:

Natalie Rogers’ approach to person-centered expressive arts therapy developed out of the client-centered therapy work of her father, the late Carl Rogers, combined with the influences of her mother, who was an artist herself. The person-centered approach is more than just a theory of psychotherapy—it is a belief system and way of life. This philosophy holds that every one
of us carries tremendous inner resources, and we each have the capacity to become more fully ourselves. The main task of the person-centered therapist is to create the facilitative environment with the proper conditions for the client’s full self to come into bloom (p. 11).

Another example is bibliotherapy in which connections are more between literature and one’s own development for intellectual, emotional, and behavioral growth (Jones 2006). “Bibliotherapy is an adjunct to psychological treatment that incorporates appropriate books or other written materials, usually intended to be read outside of psychotherapy sessions, into the treatment regimen” (Encyclopedia of Mental Disorders 2014, p. 1). Self-guided bibliotherapy offers individuals an important cost-saving and time-saving alternative to irrational thinking and negative emotions, without contacting any counselors or therapists (Frieswijk et al. 2006). Self-guided bibliotherapy was found to be “…a helpful tool to look at the family violence in a tolerant and understanding way” (Wang et al. 2013, p. 261). As well, it may be useful for others with other types of problems. “Bibliotherapy is not likely to be useful with clients suffering from thought disorders, psychoses, limited intellectual ability, dyslexia, or active resistance to treatment” (Encyclopedia of Mental Disorders 2014, p. 1).

Let us consider change itself. Can we really change our behavior—even when we really want to? If so, what leads to “real” change in the way we act? How hard it is to change depends on what we are changing and how deeply committed we are to change. Further, there may be external influences that either attempt to force us to change or encourage us to change. The following are just a few such influences:

• Imprisonment
• Sudden unemployment
• Death in family—loss of support system
• Disabling accident; and
• Intervention

Mistakes, worrying (which by definition is about the future), being subjected to the judgment of another person or the control they may have over us, and how we may be able to change any specific paradigm are important psychological constructs. To change our paradigms we have to understand why and how they are formed in the first place. Change is a word easily stated—but real change requires real understanding. Understanding often requires a catalyst who, or which, can challenge our previously ingrained notions. The timing of when we gain that understanding is critical to the process of change, if it is to be made. In the end, only we can determine when we have gained a sufficient understanding to realize whether we can effect real change, but we must be confident that we have, in fact, gained sufficiently new understanding and that such understanding is “correct,” at least for the particular objective.

How do our paradigms impact on how we define success? Success is a very individualized concept. Depending upon how it is measured, success may not be that difficult to obtain. It can be as broad as a career change or as meaningful as a single experience viewing the want ads. Even movement toward a goal can be a success or, at least, a very positive first step. Many people stuck in a rut have a
difficult time committing to start the process of change. In running it is not finishing that defines success, but a positive beginning. One cannot finish what one has not started. What meaning the individual ascribes to the success is critical because that can define whether she/he continues the straight and narrow road or veers off the path. The precipitating reason for a change or suppression with respect to one’s goals (e.g., boredom, believing it is not attainable, expectations not met) is also relevant. It is only when the goal or goals are set that we can know if we have met it and thus have succeeded. There may be a change in goals and thus a change in the change of paradigms necessary to meet the goal or goals. Sometimes success is measured by the attempt to reach a goal. An example is a runner who tries to win a race, but fails to do so. However, the completion of the race, albeit at a pace slower than that of the winner, can be felt as a successful endeavor. People have different levels of ability and not everyone has the same training regimen nor the same quest or even conceptualization of victory. Thus, pure physical ability and preparedness are ingredients that can make major differences in who can and will win. For some, the thought of actually winning might never enter the mind as a possibility. Just being an entrant and being there for the finish may be adequate and desirable. The reality is that not everyone can win first place, but many can complete the course. If the only reason to enter is to win, then most who think rationally would never even try.

Thus, the paradigm of not engaging in a particular activity because of the self-admitted prophecy of defeat can derail any effort to be a participant solely because of the reality that winning is very unlikely. Some youth may avoid team sports in competitive leagues if the coach emphasizes “winning” more than sportsmanship, athleticism, and simply having fun. This may have more to do with why people compete. Some compete for prizes or trophies or bragging rights; others for the pure challenge and for the value of the established goal to motivate the person to stick to a training program. There are those who deem “winning” to be equated to finishing. Kreuter has now completed 71 marathons and 24 half marathons. He has not won any of these races and winning has never been set as a goal. At age 54, trying to run 26.2 miles faster than runners under age 25 would be somewhat foolish, if not delusionary. Instead, a much more realistic and attainable goal would be to be fit enough to handle the physical demands of the distance and the specific challenges of the course, which invariably include steep hills, inclement weather and inhospitable temperatures. His attitude is “Bring it on” because there is no point (for

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2 An example is the recent 2014 Winter Olympics where the Jamaican bobsled team competed, but had no real chance to win a medal, according to expert sports commentators.

3 Kreuter trained by running every day for one year before considering the challenge of a marathon. It was the original goal of improving his health that, once accomplished, turned into a lasting desire to compete in sanctioned distance-running events. The regimen of frequent competition in sanctioned events proved to be beneficial on physical, mental, and emotional levels.
him) in taking the easy road. The positive boost of energy and spirit is evident fol-
lowing each race despite the inevitable recovery period. Even the small amounts of
pain and discomfort (blisters, lost toe nails, fatigue, dehydration, sore muscles) pale
compared to the positive elements, thereby making the effort one of a producer of
net positive results. In this way, the repetition of the experience of running becomes
an adaptive schema, one that incorporates well with the lifestyle and persona of the
runner. Nonrunners may speak of prolonged distance running as an addiction or a
penchant for an endorphin rush, but such criticisms miss the point entirely. Some
more sedentary people dislike those around them who are more active. Instead of
cheering them on, they comment in the negative.

The personal challenge is the one most coveted internally. When we strive to
reach new plateau’s in our lives it is the result (positive or negative) that often
downs out the sheer excitement of the process. While it is always good to win at
something or reach the highest level possible in a particular endeavor, coming in
second (third, etc.) does not equate to failure. Just because one or more people are
superior does not in any way diminish the effort or mute the achievement. Sincere
competitors prefer strong adversaries because it provides a better challenge. It is
better to lose to a superior team rather than easily defeat very inferior teams. The
very essence of competition is that there are others who share the same dream. Thus,
lining up on a track next to nine other qualified runners makes the race a “race.” If
in the end someone else breaks the tape at the finish line we should not be unduly
disappointed except, perhaps if we know deep down that we did not put in the
fullest effort we were then capable of. Thus, finishing well based on your current
capabilities may be very beneficial for boosting self-confidence.

To overcome the negative schema of low esteem, depression, etc., a person can
adopt a regimen of simple, sustainable, and increasingly challenging movement.
This plan can consist of any number of goals, such as reaching a commitment to
an eventual goal of a specific level of fitness or the attainment of a finisher medal
in a marathon. Once a baseline of capability is established, the next goal would be
to increase the effort. Staying with running as the example, the person wishing to
climb out of their dilemma (the lethargy) can start on the first day by walking for
20 minutes at a normal pace. The prescription for achievement equates to nothing
more than compounding the effort of day 1 by adding more effort in day 2. This can
mean walking for 25 minutes at the same pace. For day 3, the distance can increase
slightly to 30 or even 35 minutes and the pace could be quickened. Following suit,
the days that follow can produce results of more time and more effort (read: prog-
ress). Of course the person needs to be committed to the program, allocate the time
necessary, and be motivated. Excuses such as the weather must be set aside and
overcome. This helps build confidence and toughness. By starting out easy (rela-
tive toward the ultimate goal) the mind–body–spirit connections all contribute to
improved performance. Using this technique with the guide of a coach or therapist,
the person can soon become capable of longer distances and faster paces.

There is no real measure of our limits except those we place on ourselves and
those determined through trial. Kreuter noticed a famous T.S. Eliot quote on a shirt
that said: “Only those who risk going too far can learn how far they can go.” This
saying proves quite apropos to the person beginning a sustainable regimen with increasing self-induced pressure. Staying with the program produces amazing results. Kreuter has described this technique to several persons he has coached and they have all benefited by the simplicity yet the effectiveness of the process. The human body is built to deliver performance based on demand as long as the training allows the body to be ready for the potential demand. In the movie *Rocky II* (United Artists 1982), Rocky Balboa’s trainer, the character “Mickey,” explains that to fight for 45 minutes (15 3-minutes rounds), a fighter needs to train for 45,000 minutes. So, then, applying this concept to the person needing to climb out of morass, the element of physical movement works wonders to use the process to also move the mind forward. It is the progression of the capability of the self as a physical entity that has positive reverberation on the mental, psychological, and spiritual aspects of the person.

Another such example is the material presented in Appendix E: Jewish Oncology, which is a comedic, though serious, essay written by Kreuter as a method of altering the negative mood of the cancer sufferer. Using such writing, the current mood of a person, a form of transient paradigm, can be changed if even for a brief moment. Some people who are diagnosed with a serious disease say to themselves and others: “Why me?” But, they also could say: “Why not me?” Adapting to disease may take time and the process of acceptance following denial can lead to coping and actually embracing the illness and the treatment plan if there is one.

Laughter is a gift, an elixir of the heart and mind. It has long been known that humor can be involved in the healing process. Films have been made about the topic and books have been written covering the power of laughter, which has the medical benefit of reducing blood pressure. By looking at the onslaught of disease through the lens of a combatant, reducing the intense pressure of the disease from a psychological perspective can help stimulate the will to live and add to quality of life during the ordeal of treatment.

Today we seek immediate cure. Some illnesses are not able to be cured quickly and others are not curable at all. For example, cancer survivors typically have to wait five years and be cancer-free during that period for the “cure” word to even be mentioned by the medical community, if even then. Thus, remission becomes the in-between period of time wherein nobody can predict the ultimate prognosis, though there is, of course, plenty of available statistical data. Nonetheless, patience is required to cope with and deal with the required wait for more definitive medical news. Even with the news of “cure” worry may invade the person’s conscious, resulting in the ongoing importance of keeping a positive attitude.

By starting out small, big things can happen. Breakthroughs occur when a person feels ready to advance to the next level in any effort to alter his or her present course. An example is a smoker whose habit contains both a physical and psychological component, where the person is determined to decrease the number of cigarettes smoked in a day by one per week to which there is both a physical and

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4 This essay was inspired by Kreuter’s wife, who was undergoing surgery, chemotherapy, and radiation for breast cancer.
psychological component. Eventually, the decreased intake of nicotine will be tolerated and the tapering may lead to complete cessation of the unhealthy habit. It is the further hurdle of finding new ways to adapt to the future onslaught of emotional strife and stress that becomes necessary to manage.

Negative paradigms can be overcome. By breaking down the challenge into steps, one can achieve short-term and then eventually long-term goals. Discipline is necessary for perseverance and moving beyond immediate, and ultimately hollow, gratification.

Societal influences play a role on both how we view success and in the methods used to obtain it. Some individuals require a less complicated life (i.e., fewer activities); therefore, they set fewer goals, which means less to achieve success in order to feel fulfilled and happy. Others simplify their lives by focusing and removing what they perceive to be the clutter.

Camus (1913–1960) wrote about our sense of choice and acceptance of consequences. In an abstract of the philosophical writings of Camus, the complexities of choice are discussed (Lander.edu 2013):

This specific sense of “choice” implies that I must accept the consequences of my choices, even when those consequences are undeserved since the consequences of actions cannot be reliably foreseen. Yet, when I am self-directed and my soul is clear, the existentialist recognizes my anguish of taking personal responsibility for fortuitous consequences. As an existentialist, when I am self-directed and my soul is clear, I recognize my anguish of taking personal responsibility for the fortuitous consequences (p. 1).

It is important for the client to accept personal responsibility for his or her life and the decisions that are made within the lifetime. “…to make a decision presupposes the willingness and capacity to assume responsibility for it. This would include the risk of making a wrong decision and the willingness to bear the consequences without blaming others for them” (Horney 1957, p. 26). Maslow (1961) wrote:

A problem we psychologists have been ducking is the problem of responsibility and, necessarily tied in with it, the concepts of courage and of will in the personality. Perhaps this is close to what the psychoanalysts are now calling ‘ego strength’ (p. 56). Sartre (1985/1957) discussed absolute responsibility as “…simply the logical requirement of the consequences of our freedom” (p. 53).

This book is the natural evolution of Kreuter’s (2013a) book titled: Fostering Resilience for Loss and Irrelevance (Springer-Verlag, New York). In that book, Kreuter (and Moltner and other contributors) convey their viewpoints that the constructs of resilience and relevancy are related and, when tied together, form the added basis on which to base therapeutic intervention. In the present thesis, the authors join forces to extend the notion of what the problem is and how can the problem be resolved by examining the construct of the paradigmatic shift as a necessity along the continuum of self-improvement by dealing effectively with the problems of negative schema.

Synopsis of preface
• Patterns of behavior are organized reactions to recurring stimuli.
• Negative patterns can form maladaptive schemas, impacting the person’s life.
• Success in life is a determinant of the formation of schemas.
• Each person has gifts, enabling potential to achieve in life.
• Attitudes and paradigms impact on the level of happiness in life.
• When treating a person, the problem of maladaptive schema should be considered.
• Constructive personality change requires certain conditions to occur.
• Interrelated dysfunction compounds the development of negative schemas.
• Coaching and psychotherapy are two approaches to helping a person overcome the impact of maladaptive schemas.
• Coping mechanisms help a person deal with reality.
• Movement is one way to overcome the negative schema of low esteem and depression.
• Societal influences play a role on how we perceive success.
• Paradigmatic behavior is predicated on our reaction to stimuli.
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