

*“Bravo for Changing Behavior! This unique little book contributes important interpersonal insights to the field of behavior change, while it identifies an excellent blueprint for creating healthy and fulfilling relationships.”*

John B. Livingstone, MD  
Harvard Medical School Assistant Clinical Professor

# Changing Behavior



Immediately Transform Your Relationships  
with Easy-to-Learn, Proven Communication Skills

Georgianna Donadio



# Changing Behavior

*Immediately Transform Your Relationships with  
Easy to Learn, Proven Communication Skills*

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Patent Pending on Model of  
Behavioral Engagement and Pure Presence™

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information contact - 888-354-4325

ISBN: 0983965994  
ISBN-13: 978-0983965992 (NIWH)  
Library of Congress Control Number: 2011938210  
NIWH, Boston, Massachusetts

Published by SoulWork Press, Boston



For my children, Kimberly, Conor and Ryan  
who make everything worthwhile  
and for Brian, always



# Foreword

If someone said you could transform your life and enhance your relationships by using a few simple communication techniques that can be applied in almost any setting, wouldn't you want to do that? Wouldn't you want to learn those skills? If the answer is yes, you've picked up the right book. This is an easy to read guide that is loaded with simple skills that have been scientifically shown to have a huge impact on your relationships!

When asked to write a few words about my experience of learning and applying Behavior Engagement™, I was honored and delighted to do so. Dr. Georgianna Donadio's years of experience in nursing, hospital administration and health care practice, along with her passion for transforming lives through Whole Health Education®, has really resonated with me and been an inspiration to integrate this same philosophy into my own career.

Over the past many years, as a nurse and hospital administrator myself, I have seen amazing advances in medical technology and diagnostics. Yet, chronic illness and disease are still on the rise. I believe Dr. Donadio's research addresses a critical component missing from our health care delivery system; engaging the whole person in a self-directed healing process and providing them with the knowledge and skills they need for life-long health and wellness.

Behavioral Engagement is different than other behavior change models, in that it respects and honors all aspects of the whole person - their beliefs, feelings, thoughts and values, as well as what each person innately knows is right for them. Behavioral Engagement offers a simple set of skills and tools which can be applied in a variety of settings, both clinical and personal.

These skills and tools have a dramatic effect on relationships with family, friends and colleagues; and they can facilitate *sustainable* behavior change. I know because I have personally had the opportunity to learn these skills from Dr. Donadio and have witnessed the results.

When applying the process of Behavioral Engagement in my own life, I have experienced many positive effects. As Georgianna describes, it all starts with being open to the process, clearing yourself of any preconceived ideas about the dialogue to come, and engaging in the conversation with the intent of applying the skills to be purely present to another person.

As a mother and wife, I have been amazed to see how this process has strengthened my relationship with my family and allowed for a complete connection, an ease of difficult discussions, a clearer understanding and the creation of stronger relationships. As an administrator, I have seen difficult conversations becoming easier, and have even seen improvements in job satisfaction along with improvements in wellbeing. Now who can argue with that?

The model is truly amazing. Based upon Dr. Donadio's pioneering and innovative research, creating an environment which is centered on the communication skills of respectful and mindful listening, complete openness, and pure presence can really change whatever environment you are in.

Deeply connecting with another person and being present with your whole self in a way that allows them to connect with their own inner knowledge and wisdom, is what Behavioral Engagement is all about. By using the skills outlined in this book, which are both scientifically grounded and have been tested in a number of clinical settings, you will enhance your life and the lives of others around you.

I'm not saying this is easy, but - if you have the intention to practice and apply the skills, it will become a natural part of who you are. If you want to transform your life and see dramatic affects in the relationships around you this book is for you.

Thank you, Georgianna for the passion you have demonstrated in creating a program that can offer such a transformation in our lives, as well as the world around us. And, congratulations to all who learn and apply the skills from this wonderful and compelling book!

Beth Borg, RN, MHA  
Clinical Operations Administrator, Mayo Clinic

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# ***Introduction to Changing Behavior***

*"We can't solve problems by using the same kind of thinking  
we used when we created them."*

*Albert Einstein*

## **A New Tool for Transforming Relationships**

As an educator, I have a deep appreciation and profound respect for the union of knowledge and compassion to bring about change and eliminate conflict. The expression that *knowledge is power* is truly poignant. Knowledge can re-inform our beliefs and world view, which in turn can allow us to shift our perceptions and behaviors. Compassion enables us to live more meaningful lives and achieve connections.

This book is the result of a unique health education and behavioral change program that was originally created to re-educate health care professionals in how they can more effectively demystify health information and communicate with their patients. The same hospital tested relationship, communication and behavior change skills taught to the doctors and nurses are shared here for you to enhance and enrich your own personal relationships.

We start the discussion of behavior change with an examination of the *challenge of being human*. This is a complex subject and one that is intertwined with our need for relationships, as well as our need to understand and resolve the conflicts that arise within them.

Part One presents the origins of behavior and the importance of relationships, then *cuts right to the chase* with a step by step “how to” chapter on applying Behavioral Engagement™, the behavior change model developed and researched for over 30 years in Boston hospitals, and in medical centers around the country. Part Two provides a comprehensive look at behaviors and culture in the U.S., as well as addresses the statistics and data on our current health and relationship behaviors.

As you move through the book, it may feel like you are taking a course or training in relationship communications and in a sense, you are. The information contained in these chapters will provide a new understanding of the challenges we deal with each day in our relationships, as well as easy to learn, proven communication skills for transforming those relationships

There are personal inquiry questions at the end of the chapters which invite you to think about the information you have read and how it might be applicable to your own relationships. It can be helpful to think of this book as a *continuing education program*, which is exactly what it is for our health professionals, as they receive continuing education credit hours for their studies.

It would not be a bad idea if we were all required to take continuing education courses in relationships, just as professionals are required to do in their area of expertise or practice. As *National Geographic* writer and explorer Dan Buettner, who traveled the globe in search of answers on longevity and happiness, stated in his 2010 on-air NPR interview – “*Relationships are really the key to lifelong happiness.*”

As relationships are such an important part of our lives the more knowledge and skills we can have to apply to them the better relationships we can develop. Positive relationships benefit all of us.

With all good wishes

*Georgianna*



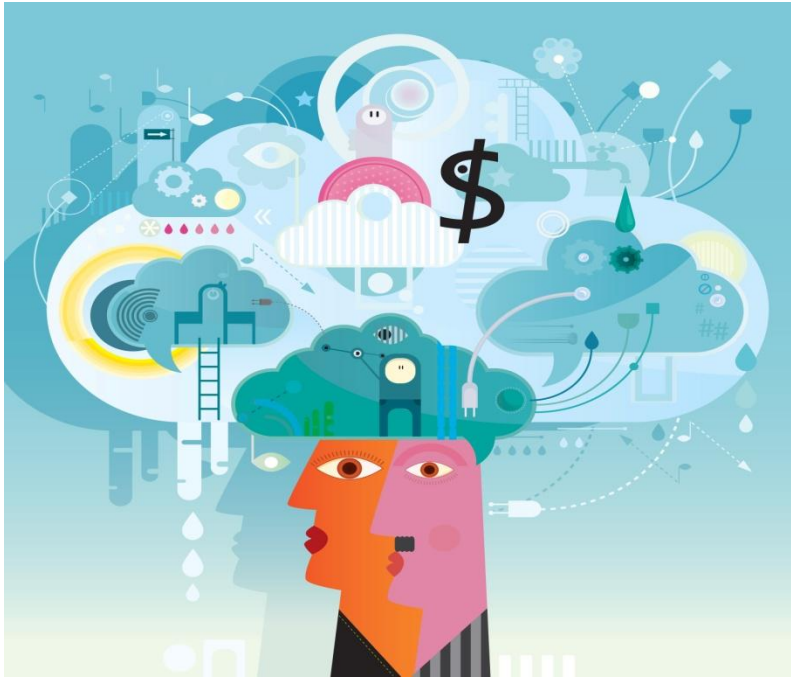
# Changing Behavior

## PART ONE



# Chapter One

## The Challenge of Being Human



*“People are itchy and lost and bored and quick to jump to any fix. Why is there such a vast self-help industry in this country? Why do all these selves need help? They have been deprived of something by our psychological culture. They have been deprived of the sense that there is something else in life, some purpose that has come with them into the world.”*

James Hillman, PhD

*Little Acorns: A Radical New Psychology*

We all want to be valued. And in the deepest part of ourselves, we know that. Yet it is forgotten when we encounter each other. What we then do is revert to the *pecking order* impulse and size up another person to establish either their comparative worth to us or our superiority to them, forgetting that each of us wears an invisible sign that reads *“Notice me; make me feel important.”*

We also forget this in our intimate relationships when our need to be valued can overshadow everything else. Many of us are unfulfilled in our lives and many of us have *hungry hearts*. There is a way to change this, to create healthy, fulfilling relationships, but most of us do not know how. Instead we continue to behave as we always have and continue to experience the same outcomes.

What we want in our relationships is for another person to listen, with a genuine interest, to our story, our suffering, our joys and dreams and to care about our life. Not for some self-serving agenda or larger interest on their part. Rather, because being present to another person in a fully engaged and authentic way connects us with our true *self* as well as with the other person and, because being fully and *purely present* to another person is deeply fulfilling.

Our relationships give us emotional nourishment and can be the spark that motivates and inspires us to live more fully; to re-direct and re-shape ourselves in a new and joyful way. To repeat Dan Buettner's earlier comment: "*Relationships are really the key to lifelong happiness.*"<sup>1</sup> We want them, we need them, and we continually seek them.

Having the right skills to create healthy, thriving relationships is important. How to create these types of relationships is not something we are taught to do. We learn about relationships with our eyes and ears from observing our family members, our peers, and surrounding environment. Unfortunately, for many of us the skills we have learned do not result in successful and healthy relationships.

It is now well established that our relationships are intimately connected to our state of health. If we experience the pain of repeated failed relationships, this can deeply undermine our well-being and self-confidence and lead to loneliness, depression and chronic illness. Knowing this, it makes good sense to learn relational skills that can help us create more positive and successful outcomes.

By having a better understanding of why we behave as we do, and by learning new skills and knowledge that can facilitate the transformation of our behaviors, and consequently our relationships, we will improve our relational outcomes and we will also improve the overall state of our health and wellbeing.

Changing our behavior is not easy. The way we behave and why we behave as we do is as unique to each of us as our fingerprints of DNA. While changing our behavior is challenging the rewards of doing so can be enormous. By changing our relational behaviors we can re-direct all aspects of our life—enhancing our happiness, our work, personal fulfillment, and even increasing our longevity.

## It's Complicated



To be a human being is a complex and challenging experience. We have basic physical, emotional, social nutritional, environmental, and spiritual needs that require attention on a regular basis. We also have instincts, thoughts, feelings, beliefs, and impulses that interact with these basic needs. Collectively, they all influence how we view and experience the world around us. These multi-faceted and compelling needs are unique for each of us and are the prime movers of our behavior.

In order to develop the skills and behaviors necessary to create the type of relationships we desire, we need to start with an understanding of how these basic survival needs are integrated with brain functions that produce various kinds of behaviors. To understand how these aspects of ourselves are developed and connected to each other, let's take a quick look at where and how behaviors originate in the brain and nervous system.



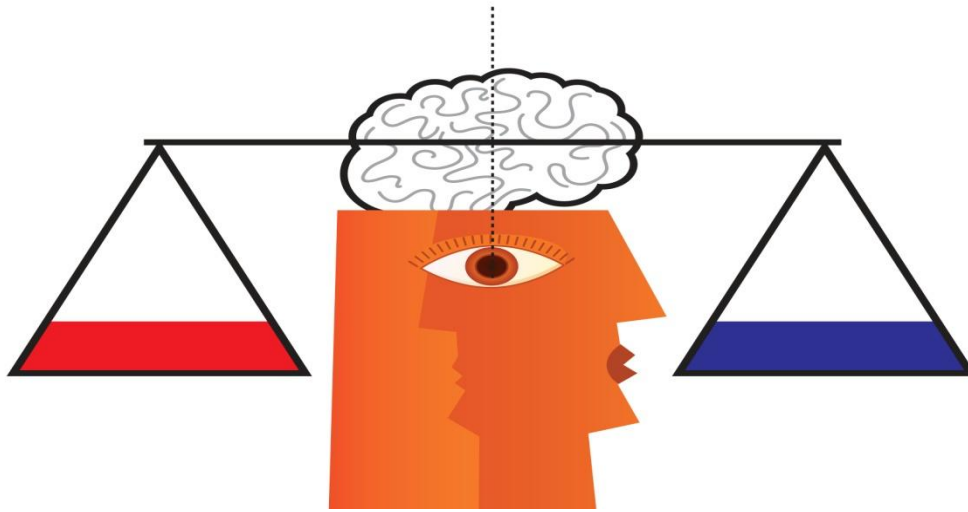
## Where *Do* Behaviors Come From?



Specifically, how do we learn to behave the way we do and why are our behaviors so persistent? These are age-old questions asked and partially answered by many who are tasked with addressing the topic. Psychologists, educators, scientists, and others have pondered and researched the topic of human behavior for decades. The current understanding of where behavior starts is at the primary site of development—in our central nervous system— with the perception of pain and pleasure.

This pain-pleasure perception is critically important to human survival as an adaptation mechanism which can be identified as early as the third trimester of pregnancy, when the specialized *thalamocortical* neuron connections in the brain are developing within the fetus.<sup>11</sup> The pain-pleasure perception allows us to respond to our environment by either moving away from what feels painful or moving towards what feels pleasurable. We will soon see just how important this mechanism is in connection with how we behave, as well as how this primal drive in human beings influence and inform our behaviors in relationships.

## The Pain Pleasure Principle



Freud's well known *Pleasure-Pain Principle* states that people seek pleasure and avoid pain. Jeremy Betham's classic *Principles of Morals and Legislation* found pleasure and pain to be "*the sole motivators and the only absolutes in this world.*"<sup>3</sup> These principals are based on deeply embedded neurological mechanisms that help to explain why it is so difficult to achieve sustainable behavioral change.

Situations or experiences that *threaten our perception* of personal survival are associated with pain and fear. Situations or experiences that *enhance our perception* of personal survival are associated with pleasure and the absence of fear. An example is the potential self-abuse associated with excessive eating, smoking, drug and alcohol use. While we can intellectually understand the potential health risks associated with such behaviors, the attachment to or avoidance of these excesses is greatly influenced by our conscious and often unconscious perception of their ability to produce either pleasure or pain.

The fear or anticipation of pain is often the major deterrent of making health behavior or relationship behavior changes. Even when behaving in a particular way leads to conflict, or the loss of a relationship, we will only make behavior changes that are within our pain-pleasure comfort zone.

## **Pain-Pleasure Imprints**

When we first enter the world our nervous system and brain is like new a new computer with no data stored on its neurological hard drive. The process of placing data into this developing *computer-brain* occurs with sensory-motor input which comes from our immediate external environment.

The five senses of sight, sound, smell, taste, and touch communicate information from the surrounding environment to the brain, which in turn identifies if we are safe or in danger and if necessary respond or adapt to survive. These sensory-motor recordings from birth to age five are deeply formative and persistent.

If, as a small child, we were to be bitten by a dog or stung by a bee the sensory-motor pain-fear data that is sent to our brain when we experience the event is recorded in the neurological data base and becomes permanent information that the brain will identify as painful or potentially threatening to our survival. Even a *perceived* threat can trigger pain-pleasure memory and the fear that can accompany it.

## **How Survival Adaptation Works**

The human sensory-motor communication system is the primal survival adaptation mechanism commonly known as the “fight or flight” response, which has developed over millions of years of evolution. The good news is this remarkable mechanism, which allows us to discern and escape from danger, is what has saved us from becoming an extinct species.

The bad news, however, is that this same ability to enhance survival is also the basis of our emotional and instinctual behaviors. This “fight or flight” system, rooted in survival adaptation, can become a self-limiting and ironically a self-destructive responder to stimuli that is only *perceived* as threatening.

We will see the importance of understanding this most basic human reaction to the various types of stimuli in our lives and how this reaction can create the difficulty many individuals experience in making sustainable behavior changes in the areas of their relationships, their health and habits, as well as in how they communicate with others.

## Where It Begins



By the time we are seven or eight years of age billions of sensory motor stimuli and messages have informed us how to respond and adapt to our environment in order to provide the best possible chance of survival. The rudimentary brain and nervous system are the first to develop in the fetus at approximately twenty-one to twenty-eight days after conception. The nervous system is essential for all communication to take place between ourselves and the environment we are in. We can only *feel*, experience and interact with our world through this remarkable mechanism which is connected to every cell in our body.

From these neurological feelings or responses come our protective strategies of how to live, survive, what to believe and value, and ultimately, how we form our world view. These psychological perceptions are drawn from what we experience within the environment we are raised in. Our environment is both external and internal comprised of incoming stimuli from outside the self, and internal stimuli—biochemical or physiological—that send messages to our brain. These developed adaptation patterns also become integrated with personality and have a significant impact on our behavior.

They can create successful strategies or problematic behaviors. Finding successful, sustainable ways to move beyond problematic behaviors is the focus of all behavioral change models. One important component to this neurological adaptation is each individual's level of resilience. Resilience, the ability to adapt, is what distinguishes those of us who thrive from those who "fail to thrive."

Resilience develops through genetics and environmental conditioning. Today, it is well documented that resilience is an important factor in how well we survive or are able to adapt to stressful environments. Much behavior change research is currently focused on understanding the mechanisms of resilience and how we can foster this important conditioning. To better understand the challenge of behavior change let's take a quick look at our fascinating and amazing brain.

## How the Brain is Wired - Made Easy



### The Brain Stem

The human brain has evolved to a multi-compartmentalized structure from what is referred to as the *reptilian brain*, believed to be over 500 million years old. This primitive neurological structure is the oldest part of the brain. It is also known as the *autonomic* or automatic component as it is responsible for vital life support functions such as breathing, heart rate, blood pressure, and so forth.

This is the *coma* brain which keeps our bodily organs functioning without benefit of the thought process. This part of the brain *thinks* in a different way than the intellectual brain does, and it is this specialized *thinking* or interpreting of the sensory-motor information from the environment that is critical to our individual survival. The brain stem is the conduit for all sensory-motor information to and from the brain, as well as the conduit for all nerves that exit and enter the skull and body. This part of the brain is primarily involved in communicating incoming data to the thinking portion of the brain.

The brain stem could be called the *stimuli gatekeeper* as it plays the important role of regulating the central nervous system. All sensations going to the brain and signals coming from the brain to the muscles must pass through the brain stem. Brain stem injuries are a serious threat to survival as this critical part of our neurological wiring affects all other parts of the brain and the body as well.

## The Mid-Brain and the Amazing Amygdala



The midbrain is believed to be between 200 and 300 million years old. Because this brain structure is highly developed in mammals, it is referred to as the *mammalian* brain. It is strongly involved with emotional reactions related to survival and contains the amygdala. The amygdala is a highly sensitive arousal system that responds to sensory motor input and stimuli. The amygdala is often referred to as the *center of emotions*.

Visual (sight), auditory (sound), olfactory (smell), gustatory (taste) somato-sensory (touch) stimulate this complex structure to produce a wide range of behavioral functions. It is widely connected to multiple parts of the brain and communicates reactions and various arousal responses and behaviors. The mid-brain is considered the *emotional gatekeeper*.

The mid-brain is affected by both neurological and hormonal stimulation. The adrenal hormone epinephrine, pituitary hormone regulator dopamine, nervous system neurotransmitter acetylcholine and the nerve impulse neurotransmitter serotonin act upon the amygdala to communicate physiological and psychological information important to individual survival. It is easy to understand why the amygdala is currently one of the most heavily researched and studied brain areas.

### **The Forebrain**

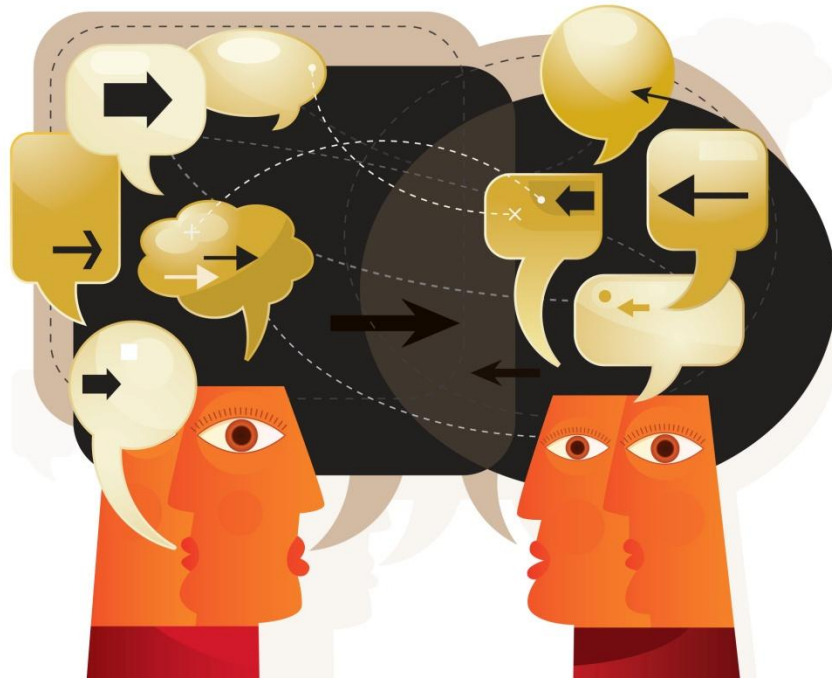
The forebrain is the *newest* part of the human brain. Our modern cortex is believed to be a mere 100,000 years old. It is the site of our intelligence, memory, personality, speech and ability to move and feel. It contains the cerebrum which could be thought of as the *gatekeeper of our thoughts*.

Our brains, like computers, become programmed by data input. This input informs us of our environment so that we may react and behave accordingly - away from pain and towards pleasure. We respond positively to reward (pleasure) and negatively to punishment (pain).

Understanding the complexity, and at the same time the simplicity, of *brain function-nervous system-survival adaptation* helps us to become more patient and compassionate about our own behaviors. This understanding also translates into a greater patience and acceptance for the behaviors of others.

As we become more aware of brain functions and the pain-pleasure mechanism, we can see why our behaviors may-be more complex than we imagined. Many of us believe it is a matter of identifying a strategy to solve a problem and then implementing that strategy. Rational, cognitive approaches to behavioral change can provide structure and tools to work with. However, when it comes to making sustainable changes, emotions trump cognitive thoughts hands down.

## Beliefs, Emotions and World View



Emotions, beliefs and world view play a large role in our behavioral choices. The Merriam-Webster dictionary defines emotions, beliefs and world view as follows:

> *Emotion—a conscious mental reaction (as anger or fear) subjectively experienced as strong feeling usually directed toward a specific object and typically accompanied by physiological and behavioral changes in the body*

> *Beliefs—conviction of the truth of some statement or the reality of some being or phenomenon especially when based on examination of evidence*

> *World view - a particular philosophy of life or conception of the world.*

These three components of the *self* have significant influence on our behavioral choices as well as our attachment to those choices. A new body of research out of the University of Michigan suggests that we base our opinions on our emotions, beliefs and world view and when presented with contradictory facts, we adhere even more strongly to our original beliefs, which are rooted in our emotions.<sup>11</sup>



One would logically assume that factual evidence should clarify and influence a person's choices or their acceptance of, for instance, a political candidate or someone they know or their family members and so forth. Rather, the study shows that people will *dig their heels in deeper* and resist changing any of their beliefs, emotions or views even when confronted with undeniable, overwhelming proof that runs against their position. This is another example of how our emotions and attachments to our beliefs and worldview are more influential to our behavior than intellectual thinking, rational judgment or pragmatic reasoning.

## **Feeling and Thinking**

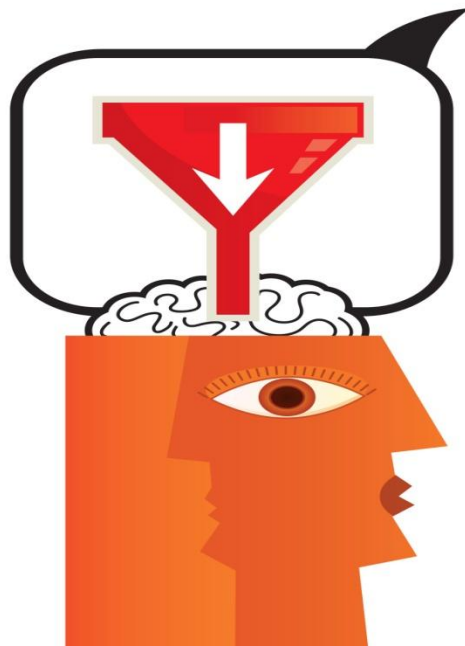
Thinking does not change behavior. If it did, it would be easy for any of us to think we need to lose a few pounds and have our intellectual-thinking brain direct our body to make the behavioral changes necessary to bring about the weight loss. That is not to say that many individuals cannot do this for short periods of time because we can and do lose weight or stop smoking for short intervals. Then, the majority of the time, what derails this desired change is a new stimulus of threat or fear that re-activates the stored data or unconscious memory of an event, as well as our personalized response to that data or memory.

This triggered *pain-pleasure* experience often returns us to behaviors—such as smoking, over eating, excess drinking or other self-soothing behaviors—we have just spent much time and effort to eliminate. This triggering is an emotional response to the perceived threat (pain) or fear. We often attempt to eliminate this fear through any number of self-soothing behaviors that will produce chemical reactions in the body that are intended to help reduce the anxiety.

At the Beckman Institute for Advanced Science and Technology at the University of Illinois at Urbana-Champaign, cognitive neuroscientists are researching and investigating emotional functioning—how interactions between various regions of the brain relate to mood and the link between the mental process of *knowing* and our emotions.<sup>12</sup>

This is an exciting and fascinating area of research that will one day help us to better understand how to address the emotional triggering that so often derails positive change. What is clear at this point about emotions is that this *feeling* component of our brain function is intimately and more powerfully linked to our behaviors than our knowing or thinking brain component.

## Nature versus Nurture



While there are numerous theories relating to the origin and function of emotions two of the most examined theories are: Evolutionary psychology, which views emotions as *adaptations* representing the *human psychological nature*, and the oldest but less favored nineteenth-century theory by scholars William James and Carl Lange. Known as the James-Lange theory on the origins of emotions, it states that “*emotions are feelings resulting from physiological changes.*”<sup>13</sup>

These two theories represent the classic *nature* (James-Lange Theory) versus *nurture* (Evolutionary Psychology) debate. However, while there is currently no scientific certainty of exactly where in the mind or body the physical sensation of emotion is experienced, the work of Klaus Scherer provides an excellent definition of the *function* of emotions.

Scherer states that “*the principal design and function of emotion in humans is to mediate relationships. Events which are the focus of emotions are predominately social. They connect primarily with others; those with whom we have conflict; those with whom we are attached and those with whom we love.*”<sup>14</sup>

The James-Lange theory attributes emotions to physiology. We see that even within the womb, we are conditioned or nurtured by the hormonal, nutritional, emotional, social, and physical environment within which we are formed

Our personality, and the way we act in different situations, is also a form of adaptation—both physically and mentally. Often, individuals who did not experience a balanced or healthy upbringing may suffer from the pain of feeling they are not valued, are unworthy of love, or from a fear of inadequacy. They will adapt behaviors that both deny their fear or pain and, create a means to elicit the pleasure and approval they need.

They may mask their feelings with such behaviors as being *the life of the party*, a great person to have a good time with, funny, charming or easy to get along with. In actuality, their outgoing, superficial behavior is a protective adaptation to insulate them from re-experiencing the early fear of inadequacy, feelings of unworthiness or risking rejection through their attempt to please everyone they meet and have everyone like them.

This type of adaptation can be a successful coping strategy that produces pleasure and avoids pain. It can also prevent emotional intimacy. These are difficult behaviors to change. The pain-pleasure-reward-punishment conditioning of a prior psychological trauma, and the resulting adaptive behaviors to self-soothe the trauma, are anchored in the unconscious, survival-driven brain.

Psychology and the study of human behavior is a vast science that explores why particular experiences produce particular behaviors. There are many theories and models of therapy that offer interesting and complex explanations for human behavior. Yet the one constant in our behavioral motivation is our *primal pain-pleasure drive*. Unless we have developed an unhealthy pleasure in experiencing pain, we will always avoid it and move towards the sensation of pleasure. The unique stimuli our brain and nervous system receive define what our experience of pain or pleasure is. This pain-pleasure conditioning has a significant impact on adaptation behaviors and drives many of our relationship behaviors.

Our behavioral choices express how we have uniquely crafted our individual survival adaptations to avoid pain and pursue pleasure. The longer we live with these adaptations or behaviors the more difficult it becomes to change them.

## The Behavior of Others

Most of us are well aware of how behaviors can create both pleasure and fulfillment or dissatisfaction and conflict. Trying to resolve conflict, and the desire to understand others, in addition to having our own needs met, are two compelling aspects of human relationships. Have you ever caught pieces of someone's conversation on a cell phone or gathered with co-workers around the water cooler?

Once the pleasantries are out of the way, what is generally the most common topic of discussion? It is about relationships and specifically about the *behavior of others* in those relationships. Rarely do we discuss our own behavior as a problem. It is usually the behavior of others we are concerned with.

If we are candid, most of us will remember those times in a relationship when after the *honeymoon* period was over we tried to make the other person change his or her behavior. Especially once we saw their behaviors as flawed or not reflecting the feelings or appreciation we desire in a partner.

In his *Psychology Today* magazine column, psychologist Steven Stosny, PhD, talks about what couples are really arguing about in relationships. Stosny states:

*"[Cohabiting] couples don't fight about what they think they fight about. It's not 'the big [issues]' they identify in surveys: money, sex, kids, or house-work." "Lovers fight when they believe their partners don't care about how they feel. They fight about the pain of disconnection."*<sup>2</sup>

Most of our behaviors, as Stosny points out, are generated by our primal mechanism of wanting to be cared for and valued. As we explore human behavior in the upcoming chapters, consider how the underlying messages of our behavior in relationships stem from this primal mechanism. We don't stop and think "how am I reacting to what she said?" or "why am I behaving this way?" We react to the situation emotionally, *not* intellectually.

## Health and Behavior



In November of 1996, a fifteen-year study by Harvard School of Public Health was published that showed up to 70% of all chronic disease is generated by our behaviors. <sup>4</sup> Smoking, over-eating, lack of exercise and excessive use of alcohol are the leading contributors to heart disease, obesity, high blood pressure, type II diabetes, cancer and stroke.

Many of us know that our lifestyle and health behaviors lead to the chronic conditions we suffer from and yet we cannot seem to change them. The same thing is true for our relationships. It appears that our survival adaptation behaviors for avoiding pain and seeking pleasure are so deeply embedded in us that, ironically, we avoid change to the point of endangering our lives.

Harvard psychology professor Robert Kegan, PhD, the William and Miriam Meehan Professor in Adult Learning, cites a recent study that concluded; *“Doctors can tell heart patients that they will literally die if they do not change their ways, and still only one in seven will be able to make the changes. They want to live out their lives, fulfill their dreams and watch their grandchildren grow up. These are not people who want to die. And, still they cannot make the changes they need in order to survive.”* <sup>5</sup>

This study raises the obvious question of what makes changing the way we live such a daunting and difficult task and why have we not yet found definitive answers and solutions for it.

## **Changing Health Behaviors**

In healthcare, the exploration of behavior change models is ongoing. As the cost of providing healthcare services continue to increase, along with our rapidly expanding chronic care population, finding alternatives that can reduce the need for healthcare services is desirable.

Over the last twenty years, the application of behavior modification and disease management models have not been successful in improving statistical outcomes or creating sustainable health behavior change. A current and well utilized health behavior change program is the Stages of Change model developed by James Prochaska, PhD, of the University of Rhode Island, and his research colleagues.

This six-stage change model has been shown to be effective in identifying the *staging* for when behavior change occurs and has identified ways to encourage health behavior change in those stages. <sup>6</sup>

In clinical studies in 2002 <sup>7</sup> 2004 <sup>8</sup> and 2007 <sup>9</sup> this model demonstrated initial enhancement to preliminary health behavior change. However, like the Behavior Modification and Disease Management models previously utilized, this program did not identify tools that produced long periods of sustainability once the patient moved into the *action* and *maintenance* stages of the model.

Prochaska acknowledges the complexity and challenge of making behavior change and the greater challenge in achieving sustained change. In *Changing for Good*, a book he co-authored, Prochaska states:

*“In fact, it can be argued that all change is self change. This [changing behavior] is tough work, but nothing else will do. For example, although many diets succeed in the short term, their long term success is quite low. Many dieters lose weight quickly, but six months after beginning a diet, many people weigh more than they did when they started.”* <sup>10</sup>

## Getting Our Attention

It often takes, just as in health behavior change, a painful or threatening event of such severity that we begin to pay attention to the other person's needs within the relationship. The threat of a relationship break-up or divorce can be so painful or upsetting that we want to *do* something about *fixing* it.

Despite the struggles of relationships and raising children, we are willing to work hard at making relationships last because for most of us they hold great importance and meaning in our lives. Martin Seligman, PhD, *the father of positive psychology*, states that *"If we just wanted positive emotions, our species would have died out a long time ago. Why [do] couples go on having children even though the data clearly shows that parents are less happy than childless couples?*

*Why [do] billionaires desperately seek more money even when there was nothing they wanted to do with it? We have children to pursue other elements of well-being. We want meaning in life. We want relationships."*<sup>15</sup>

Many of us have learned that even when our relationships are at their all-time low, staying in it can be preferable to our leaving or the other person leaving the relationship. Even if we say it is because of finances, practical considerations or because we do not want to leave the children, we stay with the hope of making the relationship better because the pain of *losing love*—either through the death of a relationship or the actual death of a loved one—is one of the most intense pain a human being can experience. We can feel more threatened from the possibility of losing an intimate relationship than from receiving a serious medical diagnosis. Often we are more willing to work on improving a relationship than work on improving our health issues.

It may seem counter-intuitive that many of us would rather pay attention to saving a relationship than to saving our own life—insuring our survival—which is the primary human drive. Why is this so? Because many of us will go into denial after receiving a serious medical diagnosis while the threat of losing love, or an intimate relationship, as Seligman points out, is about *emotional disconnection*—a more immediate type of death. This threat of disconnection can motivate us to quickly do something to eliminate that threat, like change our behavior, because as Freud identified, *"we are never so hopelessly unhappy as when we lose love."*

## Let's Look at a New Model of Behavior Change



Since 1980, the National Institute of Whole Health has been developing and testing a model of behavioral change, Behavioral Engagement™ with *Pure Presence*. Although this model was developed for application in health care settings it applies to all types of relationships. Human beings come to relationships with the same needs. These needs are generally not focused on in the day-to-day unfolding of a relationship.

Decades of pilot studies and research have evidenced that when applied to relationships, Behavioral Engagement (BE) can facilitate deeply satisfying communication and relational changes. However, it requires a clear understanding of the mechanisms at work within the model, and most importantly, that BE is not about changing someone else's behavior. Rather, it is about changing our own behavior, which in doing so invites the other person to make changes from their own self-directed desire to do so.

When behaviors are invited to evolve through the experience of being purely present with another person, and not because we wish to please someone, or be a compliant patient, or a codependent partner, even the most resistant individuals can and do change their behaviors. What is required is the absence of sub-textual or obvious intent of someone wanting the individual to change.



## What the Research Demonstrated

The pilot studies the Institute conducted, in developing and testing the Behavioral Engagement model, contain countless stories of individuals who were completely unwilling to make any behavior changes even though they were *“one emergency room admission away from the undertaker”*, as one of the referring physicians had commented. The physician who was the primary investigator (P.I.) of one of the pilot studies told the BE providers that he *“stacked the deck”* against the study, recruiting the most ill and behaviorally challenged individuals possible.

One memorable story is told by a physician who referred one of his patients to the study. The doctor did not believe this particular person would make any changes in an effort to save his own life, as he had repeatedly refused to do so in the past. The man had serious heart disease, diabetes, smoked and drank alcohol even though these behaviors were exacerbating his conditions; he was chronically ill, physically stooped over, had an unhealthy pallor and regularly presented a negative disposition.

About twelve weeks after that patient began participating in the study the referring physician was walking down the hall in the hospital and heard someone calling after him. He turned to see who it was and could not identify the man speaking to him. He asked the man if he knew him, and when the man identified himself the physician could not believe this was the same stooped over, negative, uncooperative individual he referred into the study.

Before him stood that same man, now standing upright, looking healthier, and even more surprising, appeared to be hopeful. Here was someone who had obviously made changes in attitude, weight loss and his overall appearance. Here was a person who, *“had been re-moralized with renewed interest in health and well-being.”*<sup>16</sup>

The BE facilitator shared with the physician, as well as the other facilitators, the story of her experience with this particular individual. At first, he was completely resistant to working with her and did not trust that she wasn't going to try and *“do”* something to him. He told her that the only reason he was going to *“stick around”* was because he wanted to find out *“what she was selling.”*

On the last day the facilitator worked with this man, he turned to her and said, *“By the way, I figured out what you’ve been selling.....you’ve been selling me to me!”* In other words, *“you valued and respected me and demonstrated to me that my feelings and insights, and what I know about my life, are to be listened to and acknowledged. These insights are also part of the fabric of how I can get well and become whole physically, emotionally and spiritually.”*

What was brought to the individuals in this study that we can bring to our relationships? Why did the interactions between the Behavioral Engagement facilitators and these study participants have successful outcomes? It was the application of new, proven ways of communicating and relating to another person that can create deeply satisfying relationships.

## **The Tenets and Philosophy of Behavioral Engagement**

The model of Behavioral Engagement as a philosophy is grounded in science, and when applied correctly is an art. There are basic tenets regarding the nature of relationships and communication that are essential to the application of the model, which approaches both relationships and communication from a whole person perspective.

- We enter into the application of BE without agendas, expectations, desired outcomes or with the idea of changing another person.
- We all want to be seen, heard and valued for who we are. We want to be in relationships with those who validate our worth.
- Respect, acceptance, integrity of thought and action, and holding others in a sacred way are powerfully healing and transforming behaviors.
- Individuals often choose to make behavioral changes after their beliefs, values and behavioral decisions are respected, acknowledged and accepted.
- No one welcomes being told what they should do or what is best for them to do. They will likely resist. Once the interaction is not focused on the client’s self-determination the individual is likely to emotionally disconnect.

- The Golden Rule is the *physics* of relationships. <sup>20</sup>
- When our behaviors are congruent with our values, we have positive self-esteem. When our behaviors are not congruent with our values, our self-esteem is diminished and our behaviors express that.
- People will most often do what they want to do and will not do what they do not want to do, even when others think they should.
- An individual must experience an emotional shift prior to making a behavioral change in order for that change to be sustainable. People will generally only make behavioral changes if they believe that the level of pain or threat they are experiencing—which is the impetus for them to make a behavior change—*is severe enough to warrant the level of discomfort they anticipate they will experience in making that behavior change.*
- Unless the *reactive mind*, which provokes our stored internal pain and fear response, is re-informed then random external stimuli can reactivate stored fear or pain responses, and their accompanying adaptive behaviors.
- Not all *bad* behavior is bad. We will often develop behaviors that are not optimal to avoid behaviors that are more harmful. Everyone is doing the best they can, even if their best is not too good.
- Behaviors are not changed with cognitive thinking. *Habits* can be changed with thought, intention and process. However, emotional triggers can re-stimulate dormant behaviors until which time that individual's *emotionally chooses* to release the behavior, as it no longer serves their survival either physically, nutritionally, environmentally or spiritually.
- No one heals or fixes anyone. Only we heal ourselves. Others can only *facilitate* this healing.
- It is a privilege to be in a relationship with another person. Relationships are sacred – worthy of reverence and respect.

Behavioral Engagement brings to relationship communications what we refer to as *pure presence*—*a state of being fully and wholly present*. It is an integration of the twenty relational dynamics detailed in the upcoming chapter which result in BE-ing and communicating with another person from our *whole self*; attentive and focused on the person in front of us, without bringing an agenda, anticipated responses or desired outcomes to the interaction. *Pure presence* brings compassionate, respectful and sacred interaction which establishes the worth of what *both participants* bring to the relationship, rather than placing one of the individuals in a greater or lesser role than the other.

The dynamics of Behavioral Engagement have been studied and proven to be essential for successful behavioral change in both healthcare related interactions, as well as in personal, familial, or work-based relationships. Autonomy, equality, sacredness, intention and service to others each play important roles in creating the *pure presence* component of Behavioral Engagement.

## Testing the Details

In researching Behavioral Engagement, hospitals and medical environments are utilized as testing sites. What is also utilized to assist in the ongoing development and testing of the model are NIWH students who are required to participate in case study externships to demonstrate their ability to apply the model in their work with clients. The student externships provide an excellent opportunity to test specific aspects of Behavioral Engagement and to evaluate how each aspect impacts both the student's professional and personal relationships.

Testing the specific aspects of BE, requires two groups of externs that are provided different skill sets which they are asked to utilize with their clients. One group is provided training in mindful listening, rapport building, interviewing skills, and goal setting techniques. Another group of externs are also provided the same set of skills the first group of externs is trained in. However, in addition to the first set of skills, the second group is trained in the Behavioral Engagement *pure presence* skills and components. The second group then applies both sets of skills to their interaction with their clients.

We surveyed both sets of externship students using the standardized Royal College of General Practitioners, Scotland, CARE Measure survey, adapted for the purposes of measuring Behavioral Engagement.<sup>19</sup>

The outcomes for the first group of non-Behavioral Engagement trained externs scored, on average, positive for seven out of ten questions. The group of externs utilizing the BE skills scored, on average, positive for nine out of the ten questions.

The difference in the two skills set changed what the externs brought to the exchange with their clients. Depending upon the skill set they were trained in there were significant differences in the extern's intention, attitude, expectations, state of presence and the specific communication skills that were brought to the client encounters. Then the group of externs that had *not* been trained in the BE skills set were given instructions in the model of *pure presence* and asked to apply these new skills, along with the first set of skills, to three additional clients.

When the CARE Measure surveys for the re-trained externs were completed, the scores were consistent and surprising. Expecting the scores to be equal to those of the first group trained in the full BE model, which had positively scored 9 out of 10 consistently, the group of externs who had been *re-trained* in the BE model, scored a positive ten out of ten questions on the surveys.

We asked the twice-trained externs what shifted for them after the second training. They replied that the experience provided them an organic understanding of how the specific nuances of the two different skill sets affected their communication *and* their relationship with the clients. They preferred the full *pure presence* skills set as they personally experienced its transformational ability, and now also *understood the science* behind why and how it worked so well. They also reported that it was more fulfilling for them, and their clients, to provide the *pure presence* skills to their interactions rather than just applying the listening skills, interviewing techniques, rapport and goal setting methods.

## **Let's Get Started**

In the upcoming chapter we explore and learn how to apply the Behavioral Engagement model, with its *pure presence* components. For readers who want information on the most current statistics relating to problematic behaviors in the U.S., or the effect of culture and environment on our behaviors, you are invited to read Part Two of the book before beginning this next chapter.

## ***Chapter One***

### ***Personal Inquiry Questions***

**We now have a basic understanding of the how and why of behaviors. In the next chapter we go directly to applying Behavioral Engagement and transforming our relationships.**

**(1) What has been valuable about reading where human behavior comes from? How has the connection between our emotions and survival instincts been helpful to you?**

**(2) How has this information assisted you in appreciating or better understanding any of your own behaviors or the behaviors of others you know?**

**(3) In what way has understanding how we develop our behaviors as forms of self-preservation and protection allow you to have a greater sense of compassion for some of the behaviors of others?**

**(4) How has this information helped you understand your own behaviors and how they have developed in your life?**

**(5) What information or insights has led you to re-think your opinion of someone you may be at odds with?**

**(6) Did any of this information cause you to reflect on how we are all *doing our best* given our conditioning or upbringing?**

**(7) In what way do you think this information may shift your awareness of your own behaviors?**