

**“I Think the Cure Is Worse than the Disease”: The
Importance of Realistic Expectations and Self-Compassion
Robert Brooks, Ph.D.**

In our book *The Power of Resilience: Achieving Balance, Confidence, and Personal Strength in Your Life*, Sam Goldstein and I described Larry Whitaker, a man in his early 40s whom I saw in therapy. Larry was overweight and had high blood pressure and high cholesterol. His physician warned him that unless he began an exercise and diet program, he was placing himself at risk for a stroke or heart attack. Larry knew he had to make changes in his lifestyle but had been unsuccessful in the past, which intensified his sense of failure and distress.

Larry questioned whether therapy could be beneficial. At our first session he said that he felt “very discouraged and sad.” He explained, “I don’t think I have the energy to try anything new.” He commented that he was hesitant to call me for an appointment and did so only on the strong recommendation of his physician who was very concerned about Larry’s deteriorating health and his level of unhappiness.

Larry offered a poignant comment as we discussed his pessimism and sadness. “I think the cure is worse than the disease. I actually feel worse when I try to change because I always seem to have difficulty following through, and then I feel like a real failure.” When I asked Larry to describe his previous attempts to alter his lifestyle, it became apparent immediately that these efforts were characterized by a desperate quality that resulted in unrealistic goals and expectations. If there were specific words to describe the script he was living they would read, “Major change must take place quickly or I will think they are not effective.” When his expectations were not realized he became increasingly discouraged, prompting him to abandon his goals rather than modify them.

Unrealistic goals included his implementing an exercise regime that initially involved taking a five-mile walk and a diet that was basically a starvation diet. One need not possess a doctorate in clinical psychology to predict a poor outcome for both his exercise routine and diet. He gave up exercise after the first day saying it was too difficult and too time consuming to walk five miles. His previous attempts at a diet often

resulted in rapid weight loss associated with a starvation regime that, not surprisingly, was followed by a rapid weight gain. As he ruefully noted, “My weight goes up and down like a yo-yo. I really have no control over it.” His newest diet was similar to the failed diets of the past.

A number of psychological dynamics contributed to Larry’s problems. Unrealistic goals and expectations that he established for himself served as daunting obstacles for improving his lifestyle. In my workshops and clinical practice I have frequently been asked why seemingly intelligent people engage in behaviors that are almost certain to lead to failure. The answers are complex and vary from one person to the next. Unfortunately, psychological factors often trump intellectual prowess. Many people are aware that their behaviors are self-defeating, but they are unable or unwilling to change these behaviors.

One issue that emerged in therapy with Larry, which is beyond the scope of this article to explore in detail, was that for a variety of reasons he did not feel worthy of success and consequently created situations that would confirm the view of himself as a failure. He felt any success he experienced was based on luck and thus was not genuine and could not be sustained. A closely related issue was Larry’s severe self-appraisal when he encountered failure. When Larry did not achieve his goals, as unrealistic as they were, he became his harshest critic. The taskmaster in Larry told him, “You are a fake and a failure. Why would you expect to succeed? Just give up.”

Self-compassion was not a feature of Larry’s mindset or behavior. Instead a vicious cycle or what Sam Goldstein and I refer to as a “negative script” dominated. Feelings of unworthiness occasioned unrealistic goals and expectations that eventuated in failure, further reinforcing Larry’s negative self-image, his sadness, and his feelings of helplessness and hopelessness. One therapeutic task was to help Larry create goals that were challenging but within his ability to achieve; to realize this goal necessitated that he begin to alter his current negative self-perceptions. I was aware that I had to encourage Larry to replace his negative script with one guided by a positive self-image that generated realistic expectations—expectations that were more likely to meet with success. I believe that success leads to further success and that true self-worth is predicated on realistic, genuine accomplishments.

In our sessions Larry and I examined the ways in which his negative style prompted him to become even more stressed and tired and less likely to find the strength to pursue alternative strategies. As Larry came to understand and question the negative cycle that guided his life, he was able to create an appropriate exercise and diet program with clear, specific, achievable short-term goals. This seemingly simple plan began with his establishing an initial goal of taking a mile rather than five-mile walk. Larry met with a nutritionist, a recommendation that had been made in the past but not pursued. A sensible, healthy diet was instituted, much different from the starvation diets he had previously attempted, diets that led to dramatic weight loss followed by dramatic weight gain.

What follows are two main suggestions or guidelines for implementing realistic goals and expectations and becoming more tolerant of ourselves when we face setbacks.

“What if it doesn’t work?”

Although each of my patients is different, I have seen many individuals in my clinical practice who face issues similar to those of Larry. They are burdened by a negative self-image, unrealistic and unattainable goals, and ongoing experiences of disappointment and failure. They feel trapped in a spider’s web, unable to move but often not recognizing that they have been the main architects of this web.

One technique I employ to break the hold of this paralyzing web is to prepare people in advance for the possible occurrence of mistakes and setbacks in order that the web not have an opportunity to be spun. The preparation is to lessen the possibility that negative outcomes will be interpreted as evidence of one’s shortcomings. It is a technique that I think is useful for all of us to apply. Even as my patients establish increasingly realistic goals and strategies, it is not unusual for me to say, “This seems like a good plan, a plan that should be successful.” However, I then wonder aloud, “But what if it doesn’t work?”

I am then quick to explain, “I hope that in posing the question ‘what if it doesn’t work?’ it doesn’t come across as a self-fulfilling prophecy for failure. I’ve found that as people begin to make positive changes in their lives, sometimes their efforts are not always successful and they too quickly fall back to seeing themselves as incapable. In asking the question my goal is to have you consider how you might interpret and respond

to setbacks and to make certain you don't resort back to the trap of negative thinking. Also, I think it's always important to have a back-up plan with new strategies should the first plan prove ineffective."

When I have shared this seemingly simple idea of preparing ourselves for setbacks as we venture outside our usual ways of thinking and behaving, many have told me that it appears to be a very sensible, useful approach. Yet, I must acknowledge that during the beginning of my career I did think about or verbalize this technique. My introducing it in my work in a systematic and consistent fashion was born out of necessity as I observed the reactions of my patients. I discovered that when people courageously strive to adopt a new life script they face many emotions running the gamut from anxiety about venturing into unknown waters and to elation and hope that they have taken a proactive stance that may enrich their lives. However, when the new script does not lead to the outcome that they had hoped or envisioned, they are vulnerable to feeling even more defeated and disillusioned than before they attempted to change. I want to lessen the possible re-emergence of such negative thoughts as: "I cannot change. My situation is hopeless. Why did I even bother to try new things?" That is why I now encourage people to develop back-up plans. It's my way of communicating that setbacks are experiences from which to learn rather than indictments of our abilities.

Applying this strategy with Larry proved helpful. Even when he set a goal of walking a mile rather five, I cautioned that if the mile proved too exhausting, we could move to a half-mile goal and build from that point. I emphasized that what was most important was for Larry to experience success and build on each accomplishment. Comparisons with how many miles others walked or jogged were not as important as monitoring his own progress. Larry said he was pleased I had "warned" him about the possibility of not meeting his first goal of a mile. After about three quarters of a mile he became tired. He stopped and felt discouraged, but he recalled what I had said about having a back-up plan. Within a week he was walking a mile and after a couple of months reached three miles, which he felt was a comfortable limit for him in terms of the time and distance involved.

The nutritionist Larry consulted helped him to develop a reasonable diet that included "sweets" on occasion rather than requiring he go "cold turkey." Actually, the

sweets were set up as a “reward” if Larry adhered to his diet. Larry told me he eagerly looked forward to a sweet—at first creamy chocolate ice cream that was eventually replaced by a light version of chocolate ice cream. Although the pounds were shed at a much slower pace than was evident during his crash diets, when he reached his desired weight he was able to maintain that weight. He also added the activity of lifting weights twice a week to his walking exercise.

As a therapist I have worked with many patients who become increasingly self-critical, angry, and depressed if they are not prepared for the setbacks that frequently occur when they adopt new behaviors in their lives. Some become their own worst critics, which prompts them to retreat more and more from life’s challenges. We must avoid becoming our own prosecuting attorney. This last assertion leads to the second main point I want to emphasize to assist us as we engage in the challenge of assuming new scripts in our lives.

Develop Self-Compassion

How do you view and treat yourself? Larry had to overcome his tendency to be his harshest critic. I recently read an intriguing article in *The New York Times* by Tara Parker-Pope titled “Go Easy on Yourself, a New Wave of Research Urges.” This piece has direct bearing on the themes of this month’s article. It begins with the following question:

“Do you treat yourself as well as you treat your friends and family?”

Parker-Pope writes, “That simple question is the basis for a burgeoning new area of psychological research called self-compassion—how kindly people view themselves. People who find it easy to be supportive and understanding to others it turns out, often score surprisingly low on self-compassion tests, berating themselves for perceived failures like being overweight or not exercising.” This description sounds a lot like Larry.

Parker-Pope continues with a comment that resonates with my question, “What if it doesn’t work?” She observes, “The research suggests that giving ourselves a break and accepting our imperfections may be the first step toward better health. People who score high on tests of self-compassion have less depression and anxiety, and tend to be happier and more optimistic.”

In reviewing Parker-Pope's review of the research some may question what came first, that is, are happier and more optimistic people more likely to allow themselves room to make mistakes without a loss of self-worth or when one is self-compassionate does it contribute to greater happiness? Or are they correlational in nature, that is, one factor does not cause the other but rather they represent a reciprocal relationship? Whatever the answer, as a clinician I believe that one can focus on reinforcing either optimism or self-compassion and in the process both of these factors will be strengthened.

What is a possible obstacle to becoming more self-compassionate? Parker-Pope offers an interesting reason, noting that the advice provided by many professionals and self-help books "suggest that willpower and self-discipline are the keys to better health." However, Kristin Neff, on the faculty of human development at the University of Texas at Austin cautions that self-compassion should not be confused with self-indulgence or lower standards. I believe this is a very important point.

Neff, whose book *Self-Compassion: Stop Beating Yourself Up and Leave Insecurity Behind* will soon be published, elaborates, "I found in my research that the biggest reason people aren't more self-compassionate is that they are afraid they'll become self-indulgent. They believe self-criticism is what keeps them in line. Most people have gotten it wrong because our culture says being hard on yourself is the way to be. Self-compassion is really conducive to motivation. The reason you don't let your children eat five big tubs of ice cream is because you care about them. With self-compassion, if you care about yourself, you do what's healthy for you rather than what's harmful to you."

Although I did not find in my therapy with Larry that the issue of falling prey to self-indulgence was present, I have observed that particular dynamic with other patients. The question can be raised as to what strategies might be applied to strengthen self-compassion. Neff, who has developed a self-compassion scale, recommends a set of exercises such as: "Writing yourself a letter of support, just as you might to a friend whom you are concerned about. Listing your best and worst traits, reminding yourself that nobody is perfect and thinking of steps you might take to help you feel better about yourself."

There is research to support these kinds of exercises. Parker-Pope cites a study conducted at Wake Forest University that found that even a minor self-compassion intervention could influence eating habits. Using different instructions the researchers discovered that when dieting women ate “forbidden foods” such as a donut, the women who were not self-compassionate ended up engaged in what was called “emotional” eating, while those who were more self-compassionate gave themselves permission to enjoy the sweets offered during the study and did not overeat.

Jean Fain a psychotherapist at Harvard Medical School and author of *The Self-Compassionate Diet*, asserts, “Self-compassion is the missing ingredient in every diet and weight-loss plan. Most plans revolve around self-discipline, deprivation, and neglect.”

Neff observes that the study of self-compassion is a relatively new field and she is just beginning a study to assess whether teaching self-compassion can lead to less stress, depression, and anxiety and to greater happiness and satisfaction.

As a therapist and someone who has written extensively about resilience, I am well aware of the challenges in changing negative scripts. There is no quick cure. Neff agrees, noting, “The problem is that it’s hard to unlearn habits of a lifetime. People have to actively and consciously develop the habit of self-compassion.”

A Few Questions to Consider

In ending, I would like to pose a few questions for you to consider as you reflect on the topics discussed in this month’s article:

“What do I typically tell myself when I make a mistake or don’t reach a goal?”

“When goals are not reached do I tend to back away from the challenge or instead do I engage in creating more realistic goals?”

“Do I have back-up plans but ones that do not fall in the category of self-fulfilling prophecies?”

“Do I recognize that mistakes and setbacks are not indicative of my being a failure but rather provide information for future success?”

“Do I often make excuses to avoid challenging tasks that I believe may lead to failure?”

“What is one instance when confronted by a setback that I displayed self-compassion? What followed from the self-compassion?”

As you consider these questions you might wish to keep in mind the words of the late Willie Stargell, a Hall of Fame baseball player for the Pittsburgh Pirates. I have quoted his words in previous writings. When asked after his retirement what he thought baseball had taught him, he replied:

Baseball taught me what I need to survive in the world. The game has given the patience to learn and succeed. As much as I was known for my homers, I was also known for my strikeouts. The strikeout is the ultimate failure. I struck out 1,936 times. But I'm proud of my strikeouts, for I feel that to succeed one must first fail; the more you fail the more you learn about succeeding. The person who has never tried and failed will never succeed. Each time I walked away from the plate after a strikeout, I learned something, whether it was about my swing, not seeing the ball, the pitcher, or the weather conditions, I learned something. My success is the product of the knowledge extracted from my failures.

Stargell certainly possessed a healthy, self-compassionate attitude towards mistakes (strikeouts). When he came to bat he expected to do well, but also realized that when he did not, he would avoid a self-defeating, harsh assessment. Instead, his plan was to learn from the setback so that his next at bat might prove more successful. Although it is difficult to change negative scripts, to not do so is to continue to lead a life of disappointment, anxiety, and unhappiness rather than one filled with optimism and resilience.

<http://www.drrobertbrooks.com>