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What You Can Change and What You Can't

The Complete Guide to Successful Self-Improvement

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Personal Development / Change Your Attitude

Take-Aways

- You can radically change certain areas of your life, but you need to know which areas are most amenable to change.
- Some psychological problems and emotional issues simply are not open to change, so much of what the giant self-improvement industry proposes is a hoax.
- Too many problems that adults face are wrongly blamed on mistreatment during childhood.
- Be hopeful and optimistic about what you can do to change yourself psychologically for the better. But also be realistic.
- Most therapies and drugs for psychological problems only control symptoms.
- Dieting does not work – and there is no known cure for alcoholism, though a large minority can recover.
- On the other hand, obsession, panic attacks and phobias are highly treatable.
- Depression, anxiety and anger are hard-wired into the human psyche, but are treatable.
- The depth of a person's psychological problems determines their treatability.
- Sometimes, the best thing people can do with certain deep-rooted emotional maladies is to learn to live with them.

Recommendation

The self-improvement industry spends billions to convince people that their psychological and physical problems are fixable. The magazine covers at the checkout counter extol the latest miracle diet, but most of the people in line with you are overweight. Seasoned mental-health professional and former president of the American Psychological Association, Martin E. P. Seligman, Ph.D., has bad news for the seriously overweight: Diets don't work. Plus, he tells alcoholics and people with deep-seated emotional afflictions, there are no definitive cures for them. He notes, however, that a large minority of alcoholics do recover, though no approach is guaranteed. Seligman, whose views have generated both gratitude and controversy, details which psychological problems are treatable and which are not. His candid attitude is laudable and his advice seems well-informed, if perhaps generalized. If you've gotten thin, you've beaten the odds. Meanwhile, he recommends that people learn to live bravely with daunting emotional issues they cannot completely master – because, he says, mastery probably isn't possible. *getAbstract* finds this treatise about what is and isn't fixable both sobering and valuable.

Summary

One Cure for Psychological Problems: Courage

Are you depressed? Addicted? Obsessive? Anxious? Do you overeat? Do you suffer post-traumatic stress? Years ago, most therapists would try to use a Freudian, analytical approach not only to treat but also to cure such problems. But, with ever-rising medical insurance rates, this is seldom today's treatment of choice. Instead, most current psychotherapeutic and pharmaceutical treatment deals with symptoms. Unfortunately, drugs and psychotherapies have an effectiveness rate of only about 65%. This is due, in part, to the fact that the majority of problem-causing personality traits have a high degree of heritability. Thus, most negative psychological problems can be only partially modified, not wholly eliminated.

“The knowledge of the difference between what we can change and what we must accept in ourselves is the beginning of real change.”

This means that people who suffer from these mental afflictions must, in many cases, simply hope to learn to live courageously with their problems. Take heart: This is achievable. Very possibly, both Winston Churchill and Abraham Lincoln were unipolar depressives. First, understand that some psychological problems may not be curable. Then, realize that people need courage to deal with such issues and rise above them.

“Many individuals surpass their IQs, fail to ‘respond’ to drugs, make sweeping changes in their lives, live on when their cancer is ‘terminal,’ or defy the hormones and brain circuitry that ‘dictate’ lust or femininity or memory loss.”

Before discussing what treatments work, look at what doesn't. People strongly believe they can benefit from self-improvement. They can lose weight. They can relax with meditation. They can use mind techniques to suppress sexual desire. They can eliminate their need for alcohol. People spend money to improve their lives, get a grip on anger and learn to love themselves and be more charming. Indeed, self-improvement is nearly a holy mantra. Unfortunately, what passes for self-improvement too often routinely fails.

“Two world views are in collision. On the one hand, this is the age of psychotherapy and self-improvement...Sometimes it works. But distressingly often, psychotherapy and self-improvement fail.”

Consider Judy, a typical overweight person. She valiantly tries one weight-loss tactic after another, and succeeds temporarily with each one. But, inevitably, the weight Judy loses comes back, with even more pounds than before; sooner or later, she gives up. Despite this, self-improvement gurus tell Judy to keep trying. They do not see that their methods simply don't work for her long-term. However, biological psychiatry professionals are not surprised that Judy cannot lose weight. They say genes and biochemical factors out of her control determine how she will do with weight loss. They believe that brain chemistry determines mood and genes determine personality. But, like the self-improvement experts, these professionals also are often wrong.

“Our very personality...turns out to be more the product of our genes than almost anyone would have believed a decade ago.”

Most people can change some things (often with great difficulty) and cannot change some other things. Changeable conditions include depression, sexual dysfunction, mood and outlook. The factors that people usually cannot change include severe weight problems (dieting seldom works, though some lose weight), alcoholism (no known cure, though some recover) and homosexuality (cannot be transformed into heterosexuality). The more you know about your psychological state, the better you can deal with it – and possibly change it for the better. Consider these emotions:

“Dysphoric” Emotions

A lot of people experience three negative emotions daily: depression, anxiety and anger. Many have bleak moods now and then. The inclination to anticipate catastrophe may go back to mankind's cave-dwelling ancestors, who had to worry constantly about the real danger of starving or being eaten. Historically, dysphoric emotions have reminded people that trouble looms. Anxiety warns that danger awaits (the lurking tiger); depression cautions that loss is ever present (a few more failed hunts and everyone will starve); and anger indicates that evil (an enemy tribe) is near. In the past, such emotions were useful warnings to prepare and change. That may be why human beings have been able to galvanize intelligence into purposeful action over the centuries.

“The underlying message of the age of biological psychiatry is that our biology frequently makes changing, in spite of our efforts, impossible.”

For most people, warring tribes and hungry tigers are no longer an issue. Folks in modern society need to get a grip on the ancient, dysphoric emotions. Think of them as bad weather, then find a way to “calibrate” your bad internal weather against the actual “weather” outside. You can keep dysphoric emotions from paralyzing you. You can reduce anxiety in numerous, natural ways, such as meditation. Try progressive relaxation, in which you tighten then relax all the muscles in your body. Tranquilizers – Valium, Librium and others – are temporary quick fixes. Avoid them if you can. Be aware that unrelenting, intense anxiety can indicate

serious disorders – obsession, phobia, panic – that will require acknowledgement and outright therapeutic exorcism.

Obsession, Phobia and Panic Attacks

Panic attacks manifest catastrophic thinking. One in 20 U.S. adults experiences these onsets of dizziness, nausea, heart palpitations, choking and feelings of dread. During a panic attack, people feel threatened and misinterpret what is taking place physically. This is curable. People can learn, usually with cognitive therapy, that mounting anxiety is behind the physical symptoms, and then learn to control the symptoms.

“But the view that all is genetic and biochemical, and therefore cannot change, is also very often wrong.”

Phobias also trace back through evolutionary history. People correctly learned to abhor and avoid things that could kill them. Today, phobias represent unreasonable fears. Therapists treat phobia sufferers two ways: “systematic desensitization,” in which an individual first learns to deal with a minor threatening experience and then copes with progressively scarier stimuli; and “flooding,” in which a person is immersed in a phobic situation and deals with it for a set period. For example, under careful supervision, a claustrophobe is locked in a small closet for an hour and learns that nothing bad happens. This knowledge can help extinguish the phobia.

“Optimism is a learned skill. Once learned, it increases achievement at work and improves physical health.”

Obsessions involve thoughts or images that play repeatedly in the mind. For many, such thoughts, like a silly tune, are harmless. But for some, repetitive thoughts, often of danger or filth, are depressing, scary and repugnant. People afflicted with such thinking may suffer obsessive-compulsive disorder (OCD). Many spend inordinate time avoiding any dirt or ritualistically washing their hands. Treatment involves exposing the OCD individual to a fearful situation, then preventing the ritualistic behavior. Eventually, the person learns that nothing bad transpires, even without the usual ritual. This disarms the obsession.

Depression, Anger and Post-Traumatic Stress

Depression, the “common cold of mental illness,” is now endemic. Many people feel sad, helpless and despairing. Passive and indecisive, they expect little from the present and less from the future. They eat and sleep badly. Some extremely depressed individuals may be suicide risks. Bipolar depression, which is not common, involves mania. It is quite heritable, but can be treated well with lithium. More common unipolar depression derives from loss, pain and sadness. Its mild form normally does not last long. If you suffer from mild unipolar depression, try to think optimistically. Learn to dispute pessimistic thoughts that often trace back to childhood. Severe unipolar depression is a major problem for its sufferers (far more women than men). It occurs often and strikes at any age. Four treatments address it: electroconvulsive shock, medication, interpersonal therapy (IPT) and cognitive therapy (CT). IPT helps depressed people get along with others. CT helps them find new ways to think about loss and failure.

“There are some things about ourselves that can be changed, others that cannot, and some that can be changed only with great difficulty.”

Angry people are like volcanoes, ready to explode. Anger has three components: thoughts (“Someone is trying to hurt me”); bodily reaction (the heart races, the muscles tense); and attack (the angry person directs rage at someone else). Badly socialized angry people may try to physically attack those they believe provoked the anger. A well-socialized angry person may lash out verbally. Anger focuses on protecting one’s domain (whatever it is), an ancient urge all humans share. Anger is “righteous,” that is, the angry person feels in the right. Anger is not a helpful emotion, and, contrary to what Freud said, it is not depression that focuses inward. Anger sparks violence. It seriously maims children who witness it when their parents fight. People can repel anger by controlling the thoughts that set them off; counting to 10 is not a bad idea. If you are angry, try to see things from the other person’s perspective. Try to get a firmer hold on your feelings.

“[You need] courage...to understand your psychological problems and manage them so as to function well in spite of them.”

Post-traumatic stress disorder (PTSD) involves extraordinary loss or tragedy. Sufferers relive their traumas (often rape or war experiences) repeatedly, getting anxious about anything related to these events and feel numb to the world. The symptoms can last years; time does not heal all PTSD wounds. Drugs and psychotherapy can help some people; sadly, for others no cure seems effective.

Sex, Dieting and Alcohol

Sex has five aspects: 1) Sexual identity (are you a man or woman?); 2) Sexual orientation (homosexual, heterosexual or bisexual); 3) Sexual preference (what turns you on?); 4) Sex role (macho male? female bimbo?); and 5) Sexual performance. The deeper these components exist within the psyche, the harder they are to change. Transsexuals are normal biologically, but not psychologically; they believe they are trapped in bodies of the wrong gender. No therapy can change this belief. Exclusive homosexuality is deeply ingrained in the psyche, but not as deeply as transsexuality. Feelings about sexual choice and preferences are firmly entrenched, but can be altered through therapy. Sex roles also can be altered, but only within specified limits. Therapy helps immensely with poor sexual performance (success rates of 70 to 95%).

“Much of successful living consists of learning to make the best of a bad situation.”

For heavy people, there is bad news: Dieting is not effective, and can make you more overweight, not thinner. People who weigh less do live longer, but society’s emphasis on an “ideal weight” is misplaced. Further, dieting is a dangerous hoax, can harm your health and may result in eating disorders. Have you gained weight steadily since your twenties? Live with this fact. Accept your natural weight. It is normal and healthy, but gaining, losing and regaining is very unhealthy. Do exercise; it is good for the body and it will help with weight control. Don’t diet, but try not to overeat. Stomach bypass surgery can help the extremely obese. Consider four myths:

1. People who are overweight overeat – Most scientific studies indicate otherwise.
2. Overweight people commonly share an “overweight personality” – Not true.
3. Physical inactivity causes obesity – No, it’s probably more the other way around.

4. People who cannot control their weight have no willpower – People may be able to temporarily lose weight with willpower, but it almost always returns.

“For some of the large indignities of life, the best remedy is direct action. For the small indignities, the best remedy is a Charlie Chaplin movie. The hard part is knowing the difference.” [– Carol Tavis]

Most people believe alcoholism is a disease, alcoholics have no control over alcohol and certain personalities are addictive. True? Not clearly. Alcoholism is definitely not a physical pathology, though it helps alcoholics to see it as a disease since that eliminates guilt, which can interfere with a cure. Studies indicate there is no addictive or alcoholic personality. Do treatments or Alcoholics Anonymous (AA) work? This is hard to judge; studies show a large minority of alcoholics can recover. Many who do recover substitute something else for alcohol: eating, prayer, smoking, hobbies or AA meetings. The drug Antabuse can help. It is impossible to state for sure that AA helps with recovery or does not. Overall, it is probably marginally effective. It engenders hope and provides a helpful substitute dependency (the meetings) that is not destructive.

The Depth of the Problem

Do not put much faith in the inner-child (recovery) movement, which says most psychological problems start with childhood trauma. Perhaps parental mistreatment results in adult psychological problems (but barely detectable ones). The problems could also be genetic. Studies indicate genes play a role in personality, but that childhood events have little effect. Seeing yourself as a victim of a horrible childhood doesn't help. Being “forward-thinking” and responsible for your identity in the present is far better.

“God grant me serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference.” [– The Serenity Prayer]

If you face a troubling psychological issue, therapy or drugs may help, depending on the problem's depth. If it is very deep-seated, unfortunately, therapy and drugs could fail to help in the long run. Instead, concentrate on changing the aspects of your personality within your control and most amenable to change. Do not unduly frustrate yourself about deep-seated psychological issues that may not be changeable. As the “Serenity Prayer” counsels, courageously change the things that you can, while accepting the things you cannot.

About the Author

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