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Disidentification and Volitional Activation: New Approaches to the Treatment of Cigarette Smoking

Paul Donley Lidstrom
Old Dominion University

DISIDENTIFICATION AND VOLITIONAL ACTIVATION: NEW APPROACHES TO THE TREATMENT OF CIGARETTE SMOKING

by

Paul Donley Lidstrom
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Approved by:

Louis H. Janda (Director)

Barry Gillen

Janis Sanchez-Hucles

ABSTRACT

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TREATMENT OF CIGARETTE SMOKING

Paul Donley Lidstrom
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Director: Dr. Louis H. Janda

Two previously untested humanistic treatment strategies adopted from Assagioli's psychosynthesis were evaluated for effectiveness in reducing cigarette smoking. Forty subjects were assigned to four treatment conditions arranged in a 4 X 3 (Treatment X Time) repeated measures factorial design. The four treatment groups consisted of a disidentification group, a volitional activation group, a combined treatment group, and a maximally effective placebo control. Smokers were seen in small groups for five 30 minute treatment sessions in the course of a week. All groups showed significant reductions from baseline smoking rates at 1-week and 6-week followups. At 1-week followup, the disidentification group showed significantly greater smoking reductions than other treatment groups. Both disidentification and volitional activation groups showed greater dissipation of treatment effects, however, when compared to the combined and control groups at 6-week followup. Results are interpreted

as lending empirical support to Assagioli's techniques of disidentification and volitional activation.

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INTRODUCTION

Psychosynthesis is a European school of psychotherapy and personality theory that grew up under the direction of Roberto Assagioli, an Italian psychiatrist born in Venice in 1888. It is a relatively obscure school in this country, but one which nonetheless continues to gain wider following, especially among third-force, humanistic theorists (Goble, 1970).

This paper proposes to examine several therapy techniques which are central to the practice of psychosynthesis. By way of introduction, however, I would like to begin with a backward glance. History frequently conveys the essence of a thing far more adequately than definition alone can ever do. So to give the reader a palpable feel for the topic at hand, and to convey an impression of psychosynthesis that goes beyond sterile definition, let us proceed by turning to the recent past. Three topics are of initial interest: how psychosynthesis was born, how it grew, and how it has been generally neglected in the United States.

Psychosynthesis: A Brief History

From the beginning, psychosynthesis has been rooted in the rich loam of Freudian soil. It issues from the same

fertile garden of analytic thought that was seedbed for Adler, Jung, and Rank. Jung was actually the first of Greud's circle of intimates to meet Assagioli. It was the summer of 1909, and Assagioli had just arrived in Zurich from his native Italy to work at the Burgholzi Clinic, where he was to gather information which would enable him to complete his doctoral dissertation, a study of Freud's psychoanalysis. Jung, already at the clinic in the post of senior staff physician, was obviously impressed with him. After their initial meeting he wrote enthusiastically to Freud that he had made a "very pleasant and perhaps valuable acquaintance, our first Italian", more than hinting that Assagioli was already in the psychoanalytic camp (Jung, 1909). With uncharacteristic praise he continued, "The young man is very intelligent, seems to be extremely knowledgeable and is an enthusiastic follower, who is entering the new territory with the proper brio. He wants to visit you next spring." This was only four years before Jung's final break with Freud, but the psychoanalytic movement was still quite young, and naturally interested in converts.

Several years of affiliation with Freud and the psychoanalytic movement followed, but Assagioli, like Jung, soon felt constricted by the narrowness of Freudian doctrine, by its reductionism, its preoccupation with the shadow side of human nature, and its emphasis on the passivity of the patient, who was simply to lie on a couch,

associating freely, without intent or direction, while the analyst performed his work.

So by the time Assagioli published his doctoral dissertation in 1910, his views had already begun to shift substantially from the usual Freudian perspective, and he began to draw attention to what he perceived as limitations in the psychoanalytic approach. For example, he began to criticize Freudian analysts for remaining forever in the background during therapy, anonymous, distant, inscrutable, suggesting instead that patients need active role models whom they can emulate and admire. Thus, he recommended greater transparency and openness on the part of the therapist. He differed from Freud, too, when discussing the causes of human behavior, for he argued eventually - much like Frankl - that people are motivated by a search for meaning, and that human activity ultimately flows from the spring of self-actualization, that inner prompting of everyone everywhere to grow and to move toward wholeness. And whereas Freud looked to the past to explain behavior, seeking causal explanation in the warp and woof of the associational fabric woven by his reclining patients, Assagioli turned to the future, embracing telos rather than instinct as an explanatory principle, setting conscious striving over blind drive, purpose and goal over causal antecedent.

Assagioli ultimately came to argue that successful psychotherapy requires more than mere reductive analysis in order to be effective. Successful outcome requires no less

than a total reconstruction of the personality, resynthesized and unified around an ongoing experience of the Self - the archetypal core of personality, as Jung might call it. Moreover, such drastic change requires far more than passive engagement on the part of the patient: it requires active choice. In Assagioli's view, the patient must choose to get well; and, beyond choosing, he must strive for wellness, for wholeness, for completion. A surfeit of interpretive comments, no matter how accurate, no matter how actue, no matter how well meaning, are to no avail unless the patient persistently chooses to apply whatever insights he gains in the course of treatment. Thus, for Assagioli, willing, volitional activity, and consciously exerted effort became the sine qua non of successful psychotherapy, in sharp contradistinction to Freud's heavy-handed emphasis upon the deterministic and inertic influence of the unconscious, which is seen as often nullifying the exertion of will.

Between 1910 and 1976 (the year of Assagioli's death), psychosynthesis gradually evolved into a comprehensive theory of personality and psychological development. The significant contributions of Freud are still apparent but have long since been rearranged to make room for the numerous contributions of others: James, Terman, Maslow, Mead, Jung, Frankl, Tournier, Binswanger, Sullivan, Murray, to name only a few. Indeed, over the years, Assagioli sought to arrive at a pluridimensional conception of human person-

ality. To do so he systematically assembled the major contributions of many different schools of thought, including those of eastern philosophy, and combined them into what he clearly hoped would achieve a supraordinate exposition of the human psyche. Psychosynthesis thus became an eclectic system in the truest sense of the word.

The central tenets of psychosynthesis, however, are largely unknown in the United States. Aside from several minor reviews by Crampton (1969) and Haronian (1975), Assagioli remains essentially anonymous. His name is unrecognized. His ideas have yet to be tested.

Even though psychosynthesis has received some attention form humanistic psychologists, there have been no major empirical studies which would bear directly on many of Assagioli's formulations. He is left without major following as a result, especially within the halls of academia, where statistical significance is the pudding of proof. Regrettably, this situation is likely to continue. After all, psychosynthesis is an adopted child in the house of humanism, where children are raised on the milk and honey of self-realization, but forever denied the red meat of positivistic science.

The curiosity in this situation, however, is not so much the question of why humanistic psychology neglects conducting empirical studies of Assagioli's work (the humanistic emphasis on phenomenology and the experiential often precludes it); rather, the puzzle is why academic

psychology, which traditionally prides itself on unbiased empirical judgment, seems for so long to have disregarded bringing Assagioli to the test.

The most probable reason for the near blanket disregard afforded Assagioli in this country involves his language. For not only does he speak Italian, which requires that all of his works be translated, but he also speaks with a philosophical inflection that has long passed from style. His vocabulary rings strangely anachronistic. In a time when it is no longer fashionable to speak of men's souls as the proper domain of psychology, Assagioli directs our attention to the necessity of spiritual realization. In a time when we are urged beyond freedom and dignity, Assagioli exhorts us to exercise freedom of choice, and even places the will at the center of his psychology. His thinking takes classical form, reminding us at times more of philosophy than present day psychology. He is at home with the ideas of Agustine. He calls up Plato, and knows the dark and secret way of St. John of the Cross.

None of this sits well, of course, with American psychologists, who for the most part seem blinded by the daylight of positivistic science, which illumines the outer world with brilliant intensity, but which leaves psyche - the inner life of man - a miasma of night. When Assagioli speaks of the soul we can no longer hear the relevance of such language, for we can no longer see the reality it signifies. The ghost in the machine we thought long gone,

exorcised by the priests of behaviorism. To hear someone speak again of the soul and its ways merely evokes derision. So we dismiss the speaker and deprive him of a forum, which is precisely what has happened to Assagioli, and he has failed to gain wide audience as a result.

In a sense, this paper is an apologia for Assagioli's soulful approach to psychology. His effort to reinfuse psychology with psyche recognizes implicitly the natural depth that is man. It restores psyche, soul, if you will, to its place of rightful prominence (see Hillman, 1975). And in so doing it compensates for the onesidedness of today's prevalent psychology, which sees man as organism, empty of inner agency, chained to the world by reinforcement contingency, a mere jangling of neurons.

But one needn't agree with this analysis of Assagioli's system, which is admittedly partisan. Psychosynthesis has features which make it attractive to the practicing clinician regardless of his or her theoretical orientation; and foremost among these is Assagioli's strong emphasis upon practical application.

Assagioli has developed, or borrowed, well over forty special techniques for the assessment and modification of personality. These techniques are readily applied in clinical settings and easily adapted for personal use, making them attractive to both clinicians and to individuals seeking to enhance their own growth. Moreover, most of these techniques can be employed independently of their theoreti-

cal underpinnings; so one can assume an entirely pragmatic and empirical attitude toward their use. If they bring favorable results, fine; if not, throw them to the ash heap.

The research presented in this paper will focus on two such potentially useful techniques, both of which are central to the practice of psychosynthesis. Assagioli refers to them as the technique of disidentification and the technique for the development of the will (which I will heretofore call the technique of volitional activation).

Neither technique has yet been subjected to empirical trial. Their value is merely attested to by those who have employed them. Nonetheless, it is felt they can be borrowed and fitted, although not without some conceptual difficulty, to the new and growing cognitive/behavioral literature that concerns itself with self-control and autoregulation. This study thus represents not only a first attempt to systematically verify some of Assagioli's observations, but more specifically, it also stands as an attempt to determine the clinical value of two as yet untested strategies for enhancing behavioral self-control. For reasons which will become apparent in the course of this paper, I have chosen to examine the effectiveness of these particular techniques by using them comparatively, and in combination, to help people stop smoking, which is a notoriously difficult thing to do, as the literature well shows (e.g., Bernstein, 1969; Hunt & Bespalec, 1974).

The Technique of Disidentification

One of the fundamental axioms of psychosynthesis runs as follows:

> A person is dominated by everything with which he identifies, but he can control and dominate everything from which he disidentifies.

According to Assagioli (1965), this principle contains the secret of our enslavement or of our liberty as individuals, determining the extent to which we are controlled or are controlling. To understand what he means and to see how this principle might be applied to give us greater control over our lives we need to begin by examining two interrelated concepts: the ideas of identification and disidentification. Let us examine each in turn.

The concept of identification is already universally familiar to psychology, although its specific meaning varies from one theorist to the next. Typically, identification refers to an unconscious process whereby one individual becomes like another in one or more aspects of thought or behavior (Brenner, 1955). For example, identification with the father means that the son adopts the father's ways of behaving. Or, again, identification with the aggressor means that the persecuted assumes the aggressive character of the persecutor, i.e., he 'identifies' with the aggressor. Still another illustration of what is meant by identification can be seen in cases of normal mourning, where it is commonly noted that the mourner often begins to resemble

the departed person or object shortly after loss is experienced (Fenichel, 1945; Freud, 1927). For example, there is the man who develops cardiac symptoms following the death of his brother by heart disease, or the woman who assumes the traits of her lost lover.

Each of these examples reflects the generally accepted view that identification is a defense mechanism in which the individual submerges himself in the personality of another in order to allay anxieties which stem from inner uncertainties or feelings of inadequacy (Millon, 1969). The young child and the persecuted individual both identify with stronger and more powerful figures in order to achieve at least a share of vicarious security and esteem. The survivor of loss identifies with the lost object in order to avoid the pain which accompanies final separation.

Identification is also known to play a significant part in childhood development, where it fosters socialization and adaptation to the collective milieu. Through identification a child gradually assumes the attitudes and values of his parents. And later, during adolescence, as the cocoon of childhood identities ruptures to allow for greater development, identification once again serves to help establish a secure sense of selfhood. Only now the identification reaches beyond the limits of the immediate family to include identification with other members of society as well, reaching out from parents to peers, to teachers and physicians, artists and artisans, to lawyers,

accountants, carpenters, and even politicians. And because the adolescent identifies with such socially prescribed roles, he is finally assimilated into the general cultural milieu: he emerges an adult. His identifications accomodate him to his culture.

When viewed from a cultural perspective such identification is extremely beneficial, for it enables the individual to achieve adaptation to the aggregate of society with a minimum of difficulty. One merely assumes some prefabricated role, which by virtue of its being collectively prescribed allows entrance to the collective. From the standpoint of the individual, however, adaptation through identification is largely detrimental, for it is always purchased at the expense of personal freedom.

This is a difficult point to follow, but one essential to an understanding of Assagioli when he says that a person is dominated by everything with which he identifies. At issue here is an apparently irresolvable tension between society and the individual. The prime motivating force of society is an urge toward preservation of the group, as indeed it must be if there is to be any society at all. Society encourages conformity and regulation, coherence and predictability - in a word, order. And one of the major ways that it does this is to encourage appropriate identifications among its citizens. Then, for as long as everyone goes along, everything is fine; but if someone steps out of line there is real commotion. We all know

what happens when someone in a culture too violently opposes the mold into which he is cast. He is thrown into prison, or an asylum, because collective opinion demands that he be recast, i.e., re-formed. Or, if too recalcitrant and unyielding, he is banished altogether and made an outcast.

Society tolerates individual difference only insofar as that difference mirrors societal need. From the side of society, individual freedom is always viewed as threat, for such freedom is perceived to carry within it the seed of anarchy and chaos. On the side of the individual, however, freedom is absolutely necessary, for becoming an individual presupposes the freedom to do so. To be an individual means, by definition, to be able to be distinct, to be peculiar, to stand apart from the common herd of humanity. But these are things which are altogether impossible for as long as one is identified, whether that identification is sanctioned by society or not! It is obvious that one cannot be oneself if one is busy being someone else, which is precisely what happens when one is identified. For the individual, then, identification means the forfeiture of freedom because it means, in a sense, becoming the person or thing with whom one identifies. And we begin to grasp Assagioli's meaning: to be identified is to be controlled.

This notion gains credence when we recall that identification is a defense mechanism and not a conscious

attempt to mimic or imitate another person whose general level of adaptation seems superior to ours. Imitation is conscious copying, and, as such, can be used as a vehicle toward greater individuality; but identification, like other defense mechanisms, occurs outside awareness, which means that it robs us of the very possibility of choice. One can no more choose while unconscious than one can see in the dark. Identification shrouds us in a kind of twilight awareness that dims even our perception of possibilities that might otherwise open to us. We are reminded that identification is an inverse kind of projection. In projection, as everyone knows, unpleasant facts about oneself are unconsciously attributed to others; whereas in identification, pleasant facts about others are unconsciously attributed to oneself. In either case, there is a blurring of ego boundaries, and a cloud of unknowing surrounds awareness of what belongs where, and with whom, limiting choice, if not precluding it altogether. So once again we begin to see that identification curtails individual freedom. Let us go another step.

According to psychoanalytic theory, identification originates in the following way. During the initial stages of life, a child shares complete identity first with its mother and then with its family (Mahler, 1975). Moving outward from this central undifferentiated matrix, the child gradually creates or discovers aspects of himself which are unique and which belong to no one else. These unique fea-

tures are what characterize him as an individual apart from his family and his culture. Inevitably, however, the child runs up against obstacles which are not easily surmounted and against which attempts at mastery fail. Under such circumstances the child falls back into its original identity with the family or one of its members, without being aware of it; and it is just this regression that constitutes identification (Jung, 1971). According to the analytic viewpoint, this pattern is the prototype for all instances of identification: a movement forward is halted by some insurmountable obstacle, which results in the regressive activation of earlier patterns of behavior.

Identification thus entails the surrender of individual freedom not only because it is an unconscious process, but also because it means giving oneself over to something outside of oneself, as for example the child who unwittingly falls back on the example set by his parents instead of creatively solving a problem for himself. Identification means surrender to a pre-established role or to a set of behaviors or attitudes that really belong to someone else. In the course of development, temporary regressions along this line are to be expected and can be considered normal, for there is usually recovery in which the individual once again becomes himself - perhaps even consciously assimilating the regressively adopted identificatory role, enhancing individual development in the process. But chronic identifications, unrecognized and unexamined, severely compromise

the individual by cheating him of his birthright, which is his individuality, his uniqueness, his ability to choose for himself what he will do or what he will refrain from doing.

As the reader has probably surmised, identifications are not limited to identifications with just other people. They also extend to include identifications with inanimate objects, drives, thoughts, feelings, sensations, emotions, psychic functions, among other things. In point of fact, any object of consciousness can serve as an object of identification. Thus we find that people identify sedulously with most anything, with their professions, with their country, with their familial heritage, with their sexual prowess, with their money, their homes, their automobiles. Examples can be multiplied endlessly, and in each case it is typical to find that the person no longer acts from himself, but rather from an eccentric locus which is always to be found in the object of his identification. The identified individual is thus made over in the image of the other. He is no longer himself because he adopts the character of someone, or something, else.

Identification shifts one's sense of selfhood from the 'I' to the 'not-I', i.e., from the phenomenological center of one's awareness, outward, to the world of images and objects which ordinarily stand apart from the ego. There is a movement from center to periphery, from subject to object. This process, which might be called decentrifica-

tion, has the unfortunate consequence that the individual is, so to speak, supplanted by the object with which he is identified. The identified individual thus comes to live under the domination of something alien, something which he nonetheless takes to _be_ himself; and, in this process, the object's choices become his choices, the object's wishes his wishes, and the object's goals his goals. There is a fusion of subject and object. The identified individual subsequently plays out life as if in a dream, without any real awareness of himself _qua_ self and without any clear awareness of his own inner promptings. The object of his identification, an unacknowledged usurper, rules in his stead. This is precisely what Assagioli means when he writes that a person is dominated by everything with which he identifies. Identification leads ultimately to a loss of self.

By way of contrast, _disidentification_ involves a movement from the periphery inward. Disidentification leads to a greater realization of the personal self. It does so by heightening awareness of the difference between self and not-self, 'I' and 'not-I'. There is an unconditioned center of awareness at the core of conscious personality which is usually referred to as _ego_, as a sense of _I am_, and all experience is predicated upon this center. But most people do not know themselves in this sense and mistakenly identify with the objects of their consciousness instead. This results, as we have seen, in total domination by those ob-

jects. But, the reverse is also true. Individuals who experientially realize themselves to be a center of consciousness are freed from domination by the objects in their field of consciousness. They are able to distinguish self from not-self. This is what is meant by disidentification. It is the divorce of the 'I' from the 'not-I' which results from an expanded awareness of the self. The actual technique of disidentification, as developed by Assagioli, thus proceeds by negation, systematically denoting all of the things which the self is not. When everything extraneous is subtracted from the personality, only self remains, experienced as a center of pure consciousness. This experience frees one from the bondage that inevitably results from identification.

As a preliminary step in Assagioli's method, the individual is advised to inventory the conscious components of his personality, i.e., to list and to make an accounting of those identifications of which he is aware. This may appear to fly in the face of our earlier observation that identifications are unconscious, but it should be borne in mind that the distinction between conscious and unconscious is only a relative one. What is unconscious at one instant can be partly, or even fully, conscious in the next. Identifications should therefore be noted while they are accessible to consciousness, and delineated in anticipation of their later ascendance. In this way their eventual deleterious effects can be attenuated. Once the tendency

toward identification has been recognized, simply calling it to mind enables one to consciously resist and to make the concerted effort which is always required in order to differentiate oneself from an object of identification.

Exploration of the conscious aspects of personality, however, fails to dissolve those identifications which are inaccessible to consciousness. Hence, in order to free the individual in these cases it is necessary to address the problem of the unconscious. This venture requires the assistance of a therapist who can reflect word and image to the patient from a relatively objective point of view. The therapist's task, which is often performed against a steep gradient of resistance, is to reveal the hidden, namely those things which the patient cannot see by himself. This is necessary because the strongly identified individual does not know that he is in a state of identification.

Following the initial assessment of both conscious and unconscious aspects of personality, Assagioli urges that patients be introduced to a more active and deliberate form of disidentification. The technique to be used is one in which the patient is led through a series of successive disidentifications from the various contents of consciousness, namely the physical, emotional, and mental contents of awareness. The general formula of this technique is given in the following quotation, which is lengthy, but which I have chosen to include because of its explanatory

value for the reader.

The first step is to affirm with conviction and to become aware of the fact: "I have a body, but I am not my body." That seems evident. This body is something material and changeable (it has been stated that within a few years all the cells of the body are renewed). Nevertheless, we mistakenly identify ourselves all the time with our body and attribute to the "I" our physical sensations. For instance, we say "I am tired," which is nothing more than a psychological heresy; the "I" cannot be tired; the body is tired and transmits to the "I" a sensation of fatigue - which is something very different. This distinction is of great practical importance, because every time we identify ourselves with a physical sensation we enslave ourselves to the body.

The first step is comparatively easy; but the second step is much less so. It is the realization: "I have an emotional life, but I am not my emotions or my feelings." When someone says: "I am irritated," "I am content," or "I am dissatisfied," it is also a case of false identification of the "I" with those psychological states which are changeable and often contradictory. To say "I am irritated" is to commit an error of psychological grammar. Let us say instead: "There is in me a state of irritation."

The third step consists in realizing: "I have an intellect, but I am not that intellect." Ordinarily we identify ourselves with our thoughts, but when we analyze them, when we observe ourselves while we think, we notice that the intellect works like an instrument. We can look at the logical and illogical connections, at the working of the mind, observing it from above, as it were. This indicates that we are not our thoughts. They also are changeable: one day we think one thing, the following day we may think the opposite. We get ample proof of not being our thoughts when we try to control and to direct them. When we want to think of something abstract or boring, our mental instrument often refuses to obey us; every student who has to learn something that is annoying has that experience. If the mind is rebellious and undisciplined it means that the "I" is not the mind.

These facts give us evidence that the body, the feelings, and the mind are instruments of experience, perception and action - instruments that are changeable and impermanent, but which can be dominated, disciplined, deliberately used by the "I", while the nature of the "I" is something en-

> tirely different.
>
> The "I" is simple, unchanging, constant and self-conscious. The experience of the "I" can be formulated as follows: "I am I, a centre of pure consciousness." To state this with conviction does not mean one has yet reached the experience of the "I", but it is the way which leads to it. And it is the key to, and the beginning of, the mastery of our psychological processes. (Assagioli, 1965, pp. 116-117)

The concepts expressed in this passage sound admittedly strange on first hearing, especially to Westerners who are unaccustomed to introspection and more contemplative ways of being in the world; but in the East they are well-developed and have a long history. There are parallels, for example, in Hindu thought, where the Self (Atman) is realized through a via negatio which aims to bring the individual into a state of self-realization by systematically denoting the multiplicity of things which the self is not - neti, neti - not this, not this (Brhadaranyaka Upanisad). In the East there is a long tradition that man is more than body, more than mind, and Assagioli has obviously drawn from this legacy. Thus, it is not surprising to find that he has developed a technique which, like its Eastern counterpart, is phenomenological and based only upon the authority of experience, handed down from guru to chela, therapist to patient. As we have already noted, Assagioli stresses that the core of personality is a center pure consciousness. It is the experience of this center that ultimately has meaning for him and for the process of disidentification.

In actual practice the patient is asked to relax, to close his eyes, and to focus on an affirmation which the therapist then presents (see Appendix B). The affirmation is designed to lead the patient, cognitively, through a series of successive disidentifications. During the presentation of the affirmation the therapist also closes his eyes to participate in the exercise. This tends to minimize negative intellectual reactions that the patient might otherwise have as he is introduced to what are almost inevitably alien concepts. This also helps the therapist to really know what he is attempting to do, since it is not enough to merely form an intellectual conception of this (or any other) technique. Disidentification must be experienced before it can be successfully conveyed to someone else. The overall effect of the therapist's participation in this exercise, then, is to convey a feel for the technique to both therapist and patient and to provide an opportunity for the therapist to model the desired approach. The affirmation focuses attention on the contrast between self and not-self.

According to Assagioli, the gradual disidentification of self from the contents of the field of consciousness (from body, intellect, emotions, etc.) results in an expansion of personal freedom in accordance with the already noted principle that a person can increasingly control and dominate everything from which he disidentifies. The child who realizes that he is separate from his parents,

for example, is suddenly free to go his own way and to develop into his own unique person. Similarly, the individual who disidentifies from the body and its cravings is increasingly able to control it, to discipline it, and to escape its compulsive demands for gratification. It is this latter aspect that has bearing on the question of cigarette smoking, which we shall take up momentarily. There is, however, another effect of the process of disidentification, already alluded to, which should not be overlooked, namely the effect of bringing the individual to an increasing realization of himself qua self. Disidentification is ultimately self-identification. It is a process through which the not-self is systematically stripped away until only Self remains, a shining sun of pure consciousness. Or, to use an image from the East, where these things are better understood, we might say that disidentification leads ultimately to discovery of the "eye of the eye, the ear of the ear" (Kena Upaniṣad). This aspect of disidentification lies beyond the scope of the present paper, but it is an aspect of which the reader should nonetheless be aware. It remains for us to examine the more mundane question of how the technique of disidentification can be used to help people stop smoking.

How can we translate from the private language of inner experience to the shared language of science? How are we to understand Assagioli's method from a behavioral/cognitive point of view? And how are we to apply it to

help people stop smoking? Our task is made easier if we first break the technique of disidentification down into its component parts, of which there appear to be two: a component of relaxation and a component which we might call cognitive relabeling.

The first component of disidentification, that of relaxation, is encountered early in the technique as the patient is led into a state of comfortable relaxation at the start of the exercise. Relaxation, of course, is physiologically incompatible with anxiety (Wolpe, 1973); and it can be argued that during the course of treatment relaxation becomes increasingly conditioned to the cognitive stimuli of the affirmation learned by the patient, i.e., by the thoughts "I am not my body, I am not my desires, I am a center of pure consciousness." This would provide the patient with a counter-anxiety response which could be employed to alleviate the adverse effects of anxiety in day-to-day life situations whenever the smoker feels tempted to smoke. The patient needs only remind himself, "I am not my body." Tomkins (1966) has already shown that negative affects and anxiety increase smoking rates, so we would expect to see reduced smoking rates among individuals trained in disidentification procedures, on the basis that they have learned a relaxation response which is incompatible with the anxiety that leads to cigarette smoking.

The second component in the technique of disidentification involves cognitive relabeling, a process in which

the individual is taught to restructure his cognitions about himself. Assagioli makes the underlying assumption that people overgeneralize when thinking about themselves, i.e., they assume themselves to be many things which in point of fact they are not. Thus his technique aims to delimit the boundaries of the self in increasingly narrow terms. Individuals are given a series of self-statements which are essentially negative in grammatical structure: I am not my body, I am not my mind, I am not my emotions or my desires. These statements enable the individual to think about himself in a more sophisticated, increasingly differentiated manner. The generalized term 'myself' is broken apart into its various meanings with the result that the individual begins to perceive himself as a collection of many different parts, each with its own demands, needs, and wishes. Then, with the introduction of a radically new self-statement, Assagioli begins to build an Archimedian point from which the entire world of personality can be moved and rebuilt - "I am a center of pure consciousness and I <u>have</u> a body, a mind, an intellect, a social role; but I am none of these things: I am I." The consequence of this statement is enormous. It provides the individual with a new lexicon of the self, enabling him to think about himself as something apart from everything else. This has tremendous advantages in that it allows the individual to cognitively step outside every component of what was previously regarded as self, promoting disengagement from

previously active reinforcement patterns. The individual thus attains a position of relative objectivity with regard to the impinging and often contradictory demands of instinct, logic, and emotion; he is able to evaluate the relative merits of each; and he is free to choose from a wider range of options than previously was the case. For example, instead of saying: "I want a cigarette," an individual learns to say: "My body wants a cigarette." And this very important distinction gives him the opportunity to evaluate whether or not he wishes to indulge the body or to forego its demands in favor of those of another part of the self-system. Furthermore, because the individual can, so to speak, step outside that component of the personality which demands cigarettes, we would expect cigarettes to lose their reinforcing qualities, leading to an overall reduction in smoking rate. Similar analyses are possible which would allow the technique of disidentification to be widely employed in the treatment of other psychopathologies and behavioral disorders as well.

The Technique of Volitional Activation

We have known since Kant that will is not an empirical concept, but the idea of willing, the idea that I can do something simply because I choose to do it, has not disappeared from either our everyday language or our thinking. This is true even though the idea of volition has suffered repeated attack at the hands of both psychoanalysis and behaviorism, psychoanalysis arguing with one class of evi-

dence that all behavior is unconsciously determined, while behaviorism contends with another class of evidence that all behavior is determined by the environment. It is difficult, perhaps impossible, to argue from a strictly scientific standpoint that human beings are free volitional agents. The idea of causal nexus is the linchpin of science and there is no room for any gap in the causal chain. To admit such by admitting a free agent whose actions are unconditioned would break that chain, and irrationality would no longer be held in tow. So science embraces the idea of determinism on principle. And yet a great mass of human experience seems to rise up this oppressive notion to argue with Augustine that <u>hominis sunt voluntae</u> - men are wills. From the standpoint of experience it <u>feels</u> as if we are free, as if our decisions belong to us, and as if they count for something in the world. It feels as if we are capable of willing at least part of our destinies; and this is never more true than in those cases in which we are called upon to exert heroic effort in order to carry through some decision to the end. In those times especially we become convinced of the efficacy and power of our will, without which we could not persist. Thus we are presented with the dilemma that our feelings confirm the very freedom science denies us in principle. The dilemma, of course, is insoluble because we really have no way of knowing whether or not will actually exists as an unconditioned center of volitional potency. It is, however, incumbent

upon us to deal with will as a fact of experience, quite apart from the question of its metaphysical reality. The idea that we can do something because we choose to do so is universal. It is bound to have enormous impact on behavior.

For Assagioli, will is loosely defined as that aspect of personality which is concerned with evaluating, choosing, directing, and persisting (Assagioli, 1973). He argues that it is unnecessary to have an exact conception or theory of the will in order to activate and train it, especially since willing is primarily an experience and only secondarily an idea. Training the will is a practical matter which can begin without theoretical preliminaries. The technique of volitional activation thus divides into four distinct parts.

In the first part of this technique, the patient is asked to relax and to visualize all of the negative consequences that will accrue to him as a result of his inadequate will. He is encouraged to examine these carefully and to make a list of them in writing. He is instructed to allow the feelings which are aroused during the exercise to be experienced fully. This component of volitional activation involves a technique reminiscent of Cautela's (1966) symbolic aversion procedure, covert sensitization. Both techniques appear to pair imaginal rehearsals with aversive symbolic events, a process which should, in simple behavioral terms, decrease the frequency of problem

behaviors. A major difference between these two techniques, however, is that Assagioli's instructions for visualization are considerably more general than Cautela's, leaving the patient free to visualize those symbolic events which are meaningful for him rather than those which carry meaning for the therapist; but, in principle, it can be argued that both strategies rely upon similar kinds of covert conditioning for their effectiveness.

The second portion of volitional activation is characterized by instructions for the patient to relax and to visualize all of the positive consequences which will accrue to him as a result of strengthening his will. These instructions result in the pairing of an imaginal rehearsal (e.g., smoking) with imaginal positive reinforcer (e.g., being able to breathe). This situation defines the treatment paradigm for covert reinforcement (Cautela, 1970).

In the third component of volitional activation the patient is instructed to visualize himself possessing a strong, but flexible, will; to picture himself walking with a firm and decided step; acting with focused intention, concentration, and persistance; successfully attaining desired ends. In this part of the technique particular stress is given to visualizing those situations in which the patient has previously failed to succeed. He is instructed to see himself overcoming his difficulties and finally attaining his goal. The underlying rationale

for this procedure is the familiar - but here internalized - maxim that practice makes perfect.

The fourth part of volitional activation involves having the patient perform some action on a regular basis that has no utility whatsoever in itself, an action performed for the sole purpose of training the will. This exercise can take any number of forms as long as the patient is required to exert his will against some sort of resistance so that he can learn to overcome adversity. Physical exercises are recommended, but such things as deliberately standing in a corner for a specified length of time or counting to a prearranged number of fairly large magnitude can also be employed. This idea does not originate with Assagioli, but with American psychologist William James, who first enunciated it in his famous Talks To Teachers:

> Keep the faculty of effort alive in you by a little gratuitous exercise every day. That is, be systematically heroic in little unnecessary points; do every day or two something for no other reason than its difficulty, so that, when the hour of dire need draws nigh, it may find you not unnerved and untrained to stand the test. Asceticism of this sort is like the insurance which a man pays on his house and goods. The tax does him no good at the time, and possibly may never bring him a return. But, if fire does come, his having paid it, it will be his salvation from ruin. So with the man who has daily inured himself to habits of concentrated attention, energetic volition, and self-denial in unnecessary things. He will stand like a tower when everything rocks around him, and his softer fellow-mortals are winnowed like chaff in the blast. (James, 1912, pp. 75-76)

From a theoretical perspective we can attempt to jus-

tify James' exhortations by recognizing that the situation he describes is very nearly the reverse of the expected outcome in a learned helplessness paradigm, where an individual is thought to learn the generalized expectancy that whatever he does has no effect on the outcome of things (e.g., Seligman, 1975). By way of contrast, the individual "who is systematically heroic" in little things on a regular basis can be expected to develop the generalized expectancy that he indeed can control the outcome of things, as experience has repeatedly shown him. "Useless" exercises should thus be considered a kind of innoculation against the insidious effects of learned helplessness, which rob a man of his sense of will, his sense of efficacy as a human being.

In summarizing, we might consider that the technique of volitional activation as a whole can be expected to enhance a person's effectiveness in most anything he attempts to do. It allows for covert rehearsal of desired behaviors, provides a means of reinforcing those behaviors, and encourages the abandonment of behavior which is maladaptive or no longer desired. Finally, and perhaps most importantly, it is designed to engender a sense of personal efficaciousness, a sense that one's actions count for something in the world. The technique seems eminently suited for trial in the setting of helping people stop smoking.

Smoking Reduction Studies

Cigarette smoking, as anyone who has ever smoked can

probably testify, is an enormously gratifying behavior. Naturally, this makes it a behavior that is very dear and hard to part with. But cigarette smoking is also dangerous, and implicated as a major contributor to heart disease, lung cancer, and emphysema. And its danger is compounded by the fact that cigarette smoking is a behavior remarkably refractory to treatment. Psychologists have therefore been very interested in finding new treatment approaches; but their efforts in that direction have yielded few rewards.

A wide variety of behavioral strategies have been employed in smoking cessation studies over the past ten years, but few have been successful beyond reducing smoking levels to 30% or 40% of baseline, with a return to about 75% of baseline commonly observed at four to six month follow-up (McFall and Hammen, 1971). Typically, as a more recent review points out (Hunt and Bespalec, 1974), initial decreases in smoking frequency dissipate rapidly around six weeks and return to about 60% of baseline smoking rates. Numerous other studies report high relapse rates comparable to these figures. High relapse rates have been observed for such varied behavioral procedures as aversive conditioning (Berecz, 1972; Franks, Fried, and Ashem, 1966; Whitman, 1972; Wilde, 1964), systematic desensitization (Pyke, Agnew, and Kipperud, 1966), covert sensitization (Sachs, Bean, and Morrow, 1970; Wagner and Bragg, 1970), stimulus control (Bernard and Effran, 1972; Levinsons,

Shapiro, and Schwartz, 1971), contingency management (Lawson and May, 1970; O'Brien and Dickinson, 1977), and behavioral rehearsal (Steffy, Meichenbaum, and Best, 1970). Overall, the conclusion seems warranted that current treatment techniques have been found wanting; high relapse rates are the rule, not the exception.

As a consequence, researchers have continued to look for new techniques which might be more successful in helping people stop smoking (Lando, 1977). Rapid smoking techniques have been hailed as the most promising of the new approaches developed thus far (Lichtenstein and Danaher, 1976). In this procedure subjects smoke their usual brand of cigarettes in a rapid and continuous manner, inhaling cigarette smoke every six seconds until no further smoking can be tolerated. Unfortunately, however, outcome studies of rapid smoking have been inconsistent, with some researchers reporting high smoking reduction rates (Lichtenstein and Danaher, 1976) and other researchers reporting minimal smoking reduction rates (Curtis, Simpson, and Cole, 1976; Lando, 1975, 1976; Levenberg and Wagner, 1976; Lichtenstein, Harris, Birchler, Wahl, and Schmanl, 1973; Schmahl, Lichtenstein, and Harris, 1972; Sutherland, Amit, Golden, and Rosenberger, 1975). Even more significantly, rapid smoking techniques have engendered growing concern about the effects of the technique on the cardiopulmonary system. Hanser (1974) cautions that increased amounts of nicotine can induce cardiac arrhythmias;

and Horan, Linberg, and Hackett (1977) report the finding that rapid smoking not only increases heart rate, blood pressure, and carboxyhemoglobin levels but also electrocardiogram abnormalities. Still another investigation by Horan, Hackett, Nicholas, Linberg, Stone and Lukasi (1977) warns psychologists that rapid smoking can produce moderate to acute nicotine poisoning in at least some subjects. These authors note that a 60 mg. dose of nicotine is fatal to most adults, adding that as little as 4 mg. is enough to produce nicotine poisoning symptoms. These levels can be obtained in rapid smoking sessions, making the technique potentially dangerous.

Because of the controversy surrounding rapid smoking techniques, attention now appears to be shifting to approaches which are safer and less likely to create iatrogenic medical complications. Broad-based multi-component treatment packages are being introduced as investigators recognize the multi-determined nature of maladaptive behaviors that support such habits as cigarette smoking (Elliott & Denney, 1978; Lichtenstein & Danaher, 1976). There has also been a call for complex treatment programs because single treatment procedures have achieved such consistently poor results in terms of reducing smoking levels and increasing abstinent rates (Elliott & Denney, 1978). From a strategic point of view, it has been argued that it seems desirable to devise complex treatment programs that achieve positive outcomes, and to subsequently perform

analytical studies to determine and isolate the components which contribute to positive outcome.

The present study is designed to evaluate the effectiveness of disidentification and volitional activation treatment procedures. Both of these techniques are adopted from psychosynthesis (Assagioli, 1965). It is hypothesized that they will prove effective in the treatment of cigarette smoking. If they are shown to be effective, further research will be necessary to specify the mechanisms underlying their effectiveness. The primary purpose of this study is to test these techniques in order to provide empirical support for Assagioli's psychosynthesis, but it is also hoped that a new avenue of approach to the treatment of cigarette smoking will be established.

In order to incorporate several recent methodological refinements, this study includes a non-specific treatment placebo which uses relaxation in addition to the usual non-specific factors accompanying treatment. The study also includes a means to increase subject motivation for accurate reporting of cigarette consumption by asking subjects to nominate a "fair-witness" who can be contacted to confirm subject smoking reports.

The design of the present study allows for comparison of disidentification and volitional activation procedures alone and in combination, against the effectiveness of an active placebo group. It is hypothesized that the disidentification and volitional activation procedures will be

superior to the active placebo control. If this hypothesis proves correct, the empirical validity of several new treatment strategies will have been established. Positive outcome will also provide the first empirical support for psychosynthesis of which I am aware.

METHOD

Subjects

Announcements and newspaper advertisements were used to solicit subjects from the Tidewater area of eastern Virginia. Selection criteria for participating in the study included smoking at least 15 cigarettes per day, having a smoking history of at least six months, giving informed consent, and leaving a $20.00 post-dated deposit check with the experimenter. Subjects were told that all checks would be returned uncashed following a 6-week followup regardless of success in the program, as long as he or she participated in all of the treatment sessions and provided periodically requested records of his or her smoking. In actuality, all checks were returned after the last followup. Asking for a deposit from subjects is a commonly employed technique used to minimize attrition in smoking cessation studies (McFall, 1978).

Forty smokers, 15 men and 25 women, comprised the final sample. As a group they had the following characteristics: average age = 36.5, average number of years smoked = 17.8, average estimated daily smoking rate = 29.1, and average self-monitored daily smoking rate = 28.5.

Procedure

During a pretreatment orientation meeting each subject was required to complete a questionnaire in order to provide pertinent demographic data and a profile of their smoking history (see Appendix A). Originally, it had been planned to assign subjects to one of four groups balanced with regard to sex, baseline smoking rates, and length of time smoked. Subjects would then have been randomly assigned to treatment groups in order to insure balance with regard to these variables. The limited availability of subjects, however, precluded this initial pooling of subjects. This resulted in men and women being assigned separately under random conditions to one of four experimental treatments without regard for their smoking history. The four treatment conditions consisted of a disidentification group, a volitional activation group, a combined treatment group receiving both disidentification and volitional activation procedures, and a nonspecific relaxation placebo control group. Ten subjects were assigned to each treatment condition.

Subjects in all treatment conditions kept a continuous record of their actual daily smoking during a 72-hour pretreatment baseline period. Subjects were provided with pocket size booklets to facilitate this record keeping. In addition, all subjects recorded their smoking continuously for 72-hours five days following the last treatment session. They were contacted again in the sixth week fol-

lowing the end of treatment in order to ask them to keep records for another 72-hour period. A six week follow-up is the minimum effective period for assessing outcome in smoking cessation studies (Hunt and Bespalec, 1974).

The importance of honest and accurate self-reporting was emphasized throughout the study. In order to boost the accuracy of self-reports, however, each subject was asked to nominate a witness who could be contacted in order to verify subject smoking reports. The purpose for this provision of the study was to enhance subject motivation for accurate reporting. In actuality, no witnesses were contacted.

All subjects attended five treatment sessions over a one-week period. Treatment was conducted in small groups ranging from four to six members, with sessions lasting thirty minutes. Each treatment group was conducted by a male graduate student with three years of experience as a group and individual psychotherapist.

The experimental design of this study included four treatment conditions arranged in a 4 X 3 (Treatment X Time) repeated measures factorial design. Number of cigarettes smoked per day served as the dependent measure. Measures were collected during a pretreatment baseline and outcome was assessed at one week and again at six weeks. At the time of the first outcome assessment subjects mailed a count of their self-monitored smoking rates back to the experimenter in envelopes distributed on the last day of

treatment. If subjects failed to respond promptly they were contacted by telephone to facilitate responsiveness. Information on smoking rates at six weeks followup was obtained by two telephone calls. The first call was to instruct subjects to self-monitor their smoking behavior, as previously, and a second call was made 72 hours later to obtain the actual number of cigarettes each subject smoked over that time period. A description of each treatment condition follows.

Placebo control group. Subjects in this group condition (n = 10) received training in progressive relaxation. As an accompanying rationale they were told that there is a positive relationship between a person's tension level and his or her desire to smoke. This procedure was chosen because different placebo strategies have been shown to elicit varying degrees of confidence in terms of positive treatment expectancies. Relaxation techniques enjoy generally high credibility among subjects in smoking cessation experiments, and have been found to generate positive outcome expectancies (Hynd, Stratton, and Severson, 1978).

Subjects included in the placebo control group meet McFall and Hammen's (1971) criteria for a maximally effective stop-smoking placebo. These authors argue that most of the outcome variance in smoking studies can be attributed to three nonspecific or placebo treatment factors which are present in nearly all smoking research designs. First, they point out that subjects who volunteer to participate

in smoking studies are already motivated to stop smoking. Second, they note that stop-smoking programs invariably provide a structured setting in which the smoker builds an expectation that he or she should stop smoking. And, third, they observe that the self-monitoring of smoking behavior which is required of subjects in smoking studies regularly results in a reactive modification of smoking itself. According to McFall and Hammen, people in smoking cessation studies stop or reduce their smoking because of these three variables. Moreover, they argue that new stop-smoking techniques can only be evaluated effectively by comparing them directly to these nonspecific factors, which constitute a kind of maximally effective placebo. The placebo control group of this study meets this criterion. Subjects were motivated volunteers learning to relax within a structured setting designed to maximize expectations of success; and, like each of the other treatment groups, subjects in the control condition self-monitored their smoking. Thus, this group provides a valuable comparison for results obtained in each of the other treatment conditions. If any treatment exceeds the effectiveness of the placebo control it will also exceed the effectiveness of most treatment techniques currently employed (McFall and Hammen, 1971).

Disidentification group. Subjects in this condition (n = 10) underwent a series of exercises designed by Assagioli (1965) to enhance behavioral control through a

process of disidentification. The exercises were based on Assagioli's observation that individuals are dominated by everything with which they are identified, and that they can dominate and control everything from which they disidentify.

The first treatment session began with a 15 minute experiential introduction to the concepts of self-identification and disidentification. Pencils and paper were distributed and subjects were asked to silently contemplate the question: Who am I? Their recorded answers provided the basis for subsequent group discussion in which the idea that people have many different identities was introduced. Subjects were encouraged to explore personal self-identifications and to share their insights with other participants. It was pointed out that it is possible to disidentify from habitual self-identifications and to assume different roles and different behaviors. The experimenter then introduced the following procedures, which were repeated daily throughout all remaining treatment sessions. First, subjects were given relaxation exercises which consisted of merely tightening and relaxing several major muscle groupings, along with several short stretching exercises. Second, subjects were asked to sit comfortably with eyes closed while the experimenter presented an affirmation similar to one regularly employed in psychosynthesis. The affirmation was modified slightly to make it more applicable to a smoking reduction group (see appen-

dices). Subjects were instructed to experience the affirmation fully and meaningfully, to make it part of themselves.

Volitional Activation group. This group was comprised of ten subjects. The first treatment session began with a brief introduction to Assagioli's concept of the will. Subjects were instructed in jargon-free language that the will is simply that part of the personality which is involved in evaluating, choosing, directing, and persisting. Further, subjects were told that will must be exerted in order for behavior to change. The idea that behavior change requires considerable effort was stressed throughout. Subjects were also told that the exercises they were to perform were designed to strengthen their power of will.

Paper and pencils were distributed and subjects were asked to put themselves in a comfortable position, with muscles relaxed. They were given the following instructions. "Picture to yourself as vividly as possible all the unfortunate consequences to yourself and to others which have actually occurred - and those which might occur in the future - as a result of your inability to stop smoking. Examine them carefully one by one, formulating them clearly; then make a list of them in writing. Allow the feelings which these recollections and forecasts arouse in you to affect you intensely: shame, dissatisfaction with yourself, fear, guilt, and the urgent desire to change this state of affairs."

After completion of this exercise, subjects were led in a second exercise designed to help them visualize the positive consequences that would accrue from relinquishing cigarettes. While relaxed, they were given the following instructions. "Picture to yourself as vividly as possible all the advantages which giving up cigarettes can bring to you, all the benefits and satisfactions which will come from it to yourself and to others. Examine them carefully, one by one; formulate these ideas with clarity, and write them down. Allow the feelings aroused by these thoughts to have full sway: the joy of the possibilities that open up before you, the intense desire to realize them, and the strong impulse to begin at once."

A third exercise asked subjects to visualize themselves as possessing a strong, persistent will. "Picture yourself as vividly as possible as being possessed of a strong persistent will; see yourself walking with a firm and decided step, acting in various situations with decision, focused intention, concentration of effort, persistence and self-control; resisting any urge to smoke. See yourself successfully attaining the desired ends. In particular, select situations in which you have failed to overcome your smoking habit, and then see yourself succeeding in acting decisively to stop smoking. See yourself in control, actively choosing, and then persisting in the direction you have chosen."

Subjects in this group were also asked to perform an

intrinsically useless and mildly aversive activity on each day of treatment in order to give them experience in controlling aversive events. According to Assagioli (1965), the technique of performing actions which have no utility whatever in themselves is performed for the sole purpose of 'training the will.' He compares such exercises to muscular exercises "which have no economic or other utility except the developing of the muscles and the enhancing of neuromuscular coordination and physical well-being in general." In keeping with Assagioli's guidelines, subjects were required to write every digit between zero and 600 on each day of treatment. Subjects were also instructed not to discuss their work in the group as this is said to disperse and nullify its effectiveness (Assagioli, 1965).

Combined treatment group. Subjects in this condition received both disidentification and volitional activation treatment procedures.

RESULTS

Design

This study entailed a 4 X 3 (Treatment X Time) factorial design with repeated measures. The results were analyzed by an analysis of variance computed on the four treatment conditions and on baseline, one-week, and six-week follow-up smoking rates. Newman-Keuls comparisons were employed to determine all pairwise differences between treatment groups across followup periods. All comparisons were at the .05 level of significance. In addition, smoking reduc-

tion percentages from baseline were computed at one-week and six-week followup. A 4 X 2 repeated measures analysis of variance was used to analyze this data and Newman-Keuls comparisons were again employed to determine pairwise differences between treatment groups across assessment times.

During the course of the study, two subjects dropped out of treatment. Neither subject was a member of the control group. Follow-up data was obtained for each subject, however, and is included in the data analysis below.

Pre-treatment Variables

An analysis of pre-treatment smoking variables reveals no significant intergroup differences at the start of the study. Table 1 summarizes a one-way analysis of variance performed on baseline smoking rates. There are no significant differences between treatment groups with regard to initial smoking rates, F (3, 36) = .96, $p > .05$. Similarly, a one-way analysis of variance conducted across treatment groups for length of time smoked reveals that groups do not differ from each other on this critical variable, F (3, 36) = .83, $p > .05$. These data are summarized in Table 2. In addition, treatment group ratings of questionnaire items were statistically equivalent and did not differ significantly, with no exceptions, throughout the study.

Treatment Results

The outcome focus in this study was on differences

TABLE 1

ANALYSIS OF VARIANCE OF BASELINE SMOKING RATES

Source	df	SS	MS	F
Treatment	3	292.47	97.4	.422*
Error	36	3656.50	101.5	

* $p > .05$; n.s.

TABLE 2

ANALYSIS OF VARIANCE ACROSS TREATMENT GROUPS OF NUMBER OF YEARS SMOKED

Source	df	SS	MS	F
Treatment	3	349.03	116.34	.834*
Error	36	5022.85	139.52	

*$p > .05$; n.s.

across treatment conditions at 1-week and 6-week follow-ups. The mean smoking rates for all treatment conditions at baseline, 1-week, and 6-week follow-ups are presented in Table 3. A 4 X 3 (Treatment X Time) analysis of this data is summarized in Table 4.

The main effect for time was significant, F (2, 72)= 75.62, $p < .05$; but, as can be seen from Table 4, there were no main effects for treatment, F (3, 36) = .53, $p > .05$. A significant interaction of treatment and time, however, did emerge from the data, F (6, 72) = 2.73 $p <$ .05, indicating that treatment effectiveness varied differentially across time. This treatment X time differential was assessed using Newman-Keuls comparisons at a .05 level of significance.

Interaction effects are illustrated in Figure 1. Newman-Keuls comparisons revealed several patterns in the data. First, all treatment groups experienced a significant reduction below baseline smoking rates at both 1-week and 6-week follow-ups ($p < .05$). In addition, the volitional activation group, the combined treatment group, and the control group did not show significant dissipation of treatment effects between follow-up at 1-week and follow-up at 6-weeks. The disidentification group, however, experienced a statistically significant change between 1-week and 6-week follow-ups ($p < .05$), indicating a much steeper dissipation gradient for this treatment procedure than for the others. Interestingly, the disi-

TABLE 3

MEAN SMOKING RATES FOR ALL TREATMENT GROUPS AT BASELINE, 1-WEEK, AND 6-WEEK FOLLOW-UPS

	Time		
Treatment	Baseline	1-Week	6-Weeks
Disidentification	32.4	5.0	23.2
Volitional Activation	24.8	7.0	15.3
Combined Procedures	28.6	12.0	15.7
Placebo Control	29.3	14.1	17.7

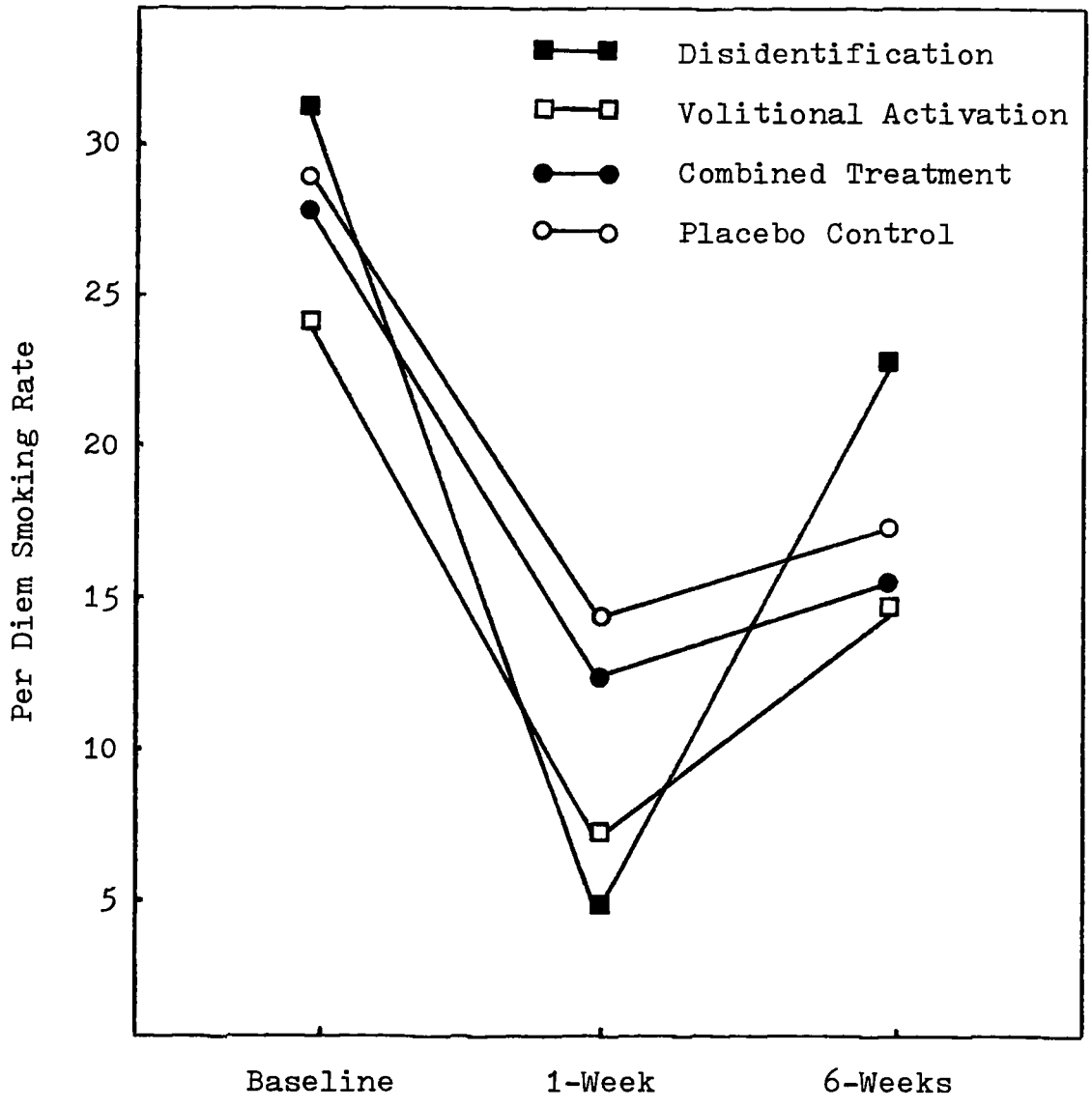
TABLE 4

REPEATED MEASURES
ANALYSIS OF VARIANCE OF TREATMENT GROUPS AT
BASELINE, 1-WEEK, AND 6-WEEK FOLLOW-UPS

Source	df	SS	MS	F
Treatment	3	420.56	140.19	.53
Error	36	9471.43	263.09	
Time	2	7448.07	3724.03	75.61*
Treatment X Time	6	808.07	134.67	2.73*
Error	72	3545.87	49.25	

*$p < .05$

FIGURE 1. Reductions in cigarette smoking achieved by different treatment groups across time.



dentification procedure also resulted in a much steeper gradient of smoking reduction between baseline measures and 1-week follow-up. The disidentification group was the only treatment group to do significantly better than the control group at first follow-up ($p < .05$).

Percentages of Baseline Smoking Rates

In order to focus more specifically on outcome at 1-week and 6-weeks, the data reported above were transformed into percentages of baseline smoking rates. These data are presented in Figure 2. As illustrated, initial rates of smoking reduction for the four treatment groups ranged between approximately 16 and 44 percent of baseline; at 6-week follow-up smoking reduction ranged between 53 and 69 percent of baseline.

A 4 X 2 (Treatment X Time) analysis of variance of the percent baseline data was conducted and is summarized in Table 5. The main effect for time was significant, $F(1, 36) = 39.15$, $p < .05$; but there were no main effects for condition, $F(3, 36) = .19$, $p > .05$. A significant Treatment X Time interaction, however, was evidenced by the data, $F(3, 36) = 4.73$, $p < .05$.

Newman-Keuls comparisons conducted at the .05 level of significance revealed that the disidentification treatment procedure was significantly more effective at 1-week follow-up than either combined treatment or active placebo procedures. The disidentification group, however, did not differ significantly from the volitional activation

FIGURE 2. Percent reduction from baseline smoking rates across time.

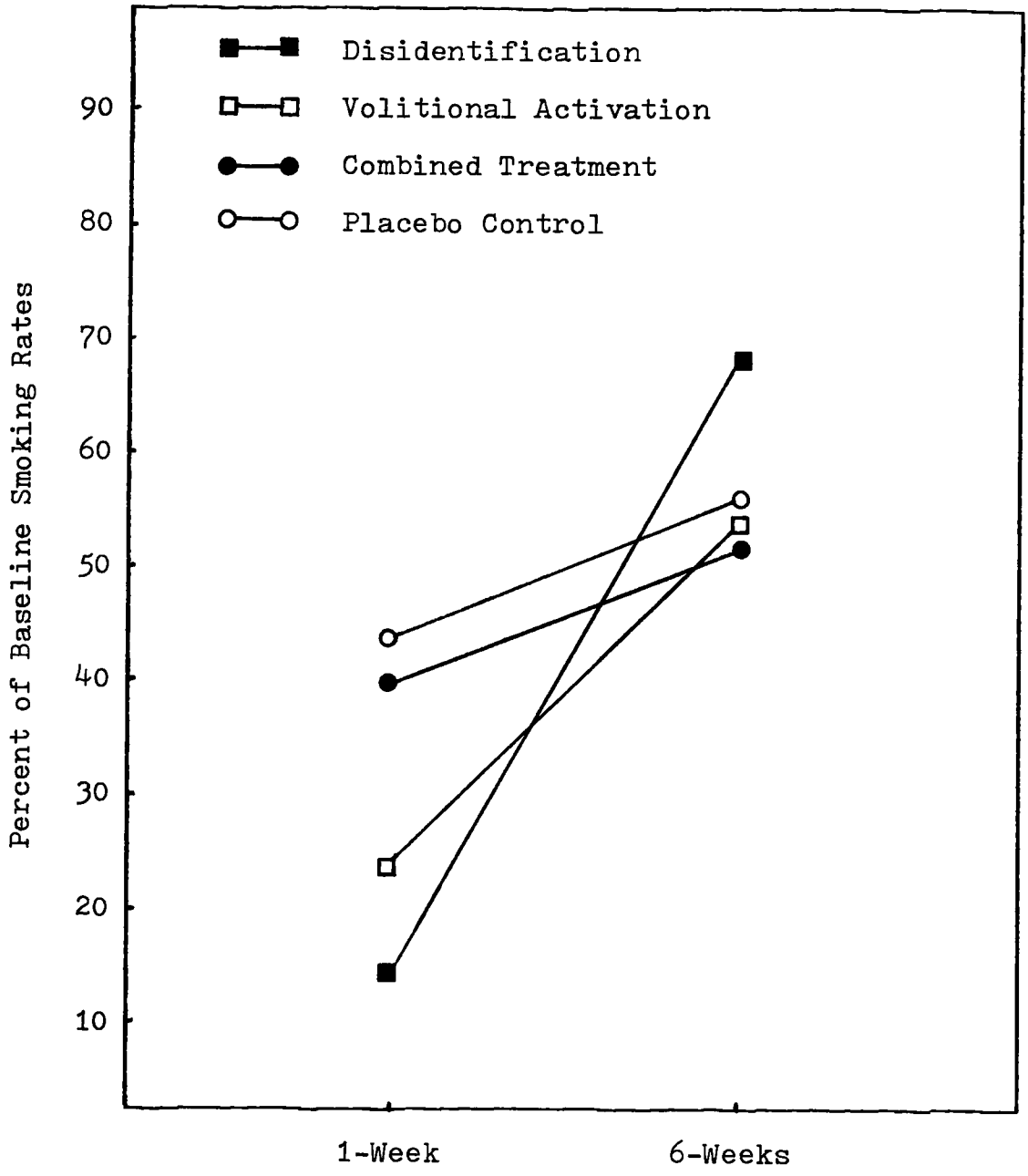


TABLE 5

ANALYSIS OF VARIANCE ON PERCENTAGE OF BASE RATE SMOKING FOR TREATMENT GROUPS AT 1-WEEK AND 6-WEEKS

Source	df	SS	MS	F
Treatment	3	.111	.037	.19
Error	36	6.723	.187	
Time	1	1.500	1.500	39.14*
Treatment X Time	3	.544	.181	4.73*
Error	36	1.379	.038	

*$p < .05$

group at 1-week. This pattern of results suggests that the effectiveness of the volitional activation procedure approached a level of significant difference from control and combined treatment conditions, even though significance was not actually achieved. Newman-Keuls comparisons also revealed that the significant Treatment X Time interaction resulted in large part from the steep relapse gradients evident among subjects in disidentification and volitional activation groups (see Figure 2). Smoking rates for both disidentification and volitional activation groups were significantly elevated at 6-week follow-up ($p < .05$), demonstrating a greater dissipation of treatment effects for these groups than for either the combined treatment or control procedures. Smoking rates were also elevated at 6-weeks for the combined treatment and control groups, but not significantly.

DISCUSSION

In terms of clinical impact, the results obtained in this study are largely compatible with those reported throughout the literature. At 1-week follow-up all treatment conditions had resulted in significant reductions of cigarette smoking, and at 6-weeks follow-up all treatment groups were still smoking significantly less than baseline rates. Levels of smoking reduction ranged between 16 and 44 percent of baseline at one week, and between 52 and 69 percent of baseline at six weeks. These figures are remarkably similar to those reported by McFall and Hammen

(1971), who demonstrated that most treatment effects in smoking-reduction studies are attributable to nonspecific placebo factors which are activated in nearly all treatment procedures. Thus, it seems warranted to conclude that a considerable portion of the treatment effects obtained in this study are due to such nonspecific factors as motivated volunteering, relaxation, structure, self-monitoring, information, and general encouragement.

Results with regard to the effectiveness of treatment methods adopted from psychosynthesis are encouraging. Disidentification procedures showed a convincing superiority over the active placebo control at 1-week follow-up, with smoking rates reduced to 15.9 percent of baseline, as shown in Table 6. This figure is substantially better than most end-treatment results reported in the literature for behavioral interventions other than rapid-smoking techniques (Bernstein, 1969; McFall and Hammen, 1971). Rapid-smoking has been shown to have treatment effects comparable to those reported here for the disidentification group (Conway, 1977), and even better (Lando, 1977); but these techniques suffer from the serious limitation that they can induce potentially dangerous iatrogenic complications (Horan, Linberg, and Hackett, 1977). Disidentification techniques show promise as a safe and effective alternative to these and other treatment strategies currently employed to reduce cigarette smoking.

The importance of this finding is qualified by the

TABLE 6

GROUP MEANS OF PERCENT BASELINE SMOKING RATES AT 1-WEEK AND 6-WEEKS FOLLOW-UP

	Time	
Treatment	1-Week	6-Weeks
Disidentification	15.9	69.1
Volitional Activation	24.9	55.5
Combined Treatment	39.7	52.9
Placebo Control	43.6	56.3

fact that treatment effects for the disidentification group dissipated rapidly, until at 6-weeks follow-up smoking reduction levels were on par with those in the placebo control group. Nonetheless, positive findings with regard to disidentification at one week provide the first empirical support for psychosynthesis yet available in the literature. This result opens the door to considerable future research with regard to Assagioli's theoretical model and therapeutic techniques. The validation of this specifically humanistic treatment also opens a new door on the whole problem of how to treat addictive disorders, of which smoking is but one example.

The volitional activation procedures were not as successful as expected. They were effective in significantly reducing smoking levels below baseline rates at both 1-week and 6-week follow-ups, but they did not result in smoking rates significantly below those obtained under control conditions. The fact that this group did not differ significantly from the disidentification group at 1-week follow-up, however, suggests that its effectiveness approached significance at that time. At 1-week follow-up, subjects in the volitional activation group were smoking at levels of 24.9 percent of baseline, as can be seen in Table 6. This figure did not achieve significance when compared to the control group, whose smoking levels were reduced to 43.6 percent of baseline. The only conclusion that seems warranted on the basis of these results is that volitional

activation failed to reduce smoking levels below those achieved by an active placebo. This result is consistent with the findings of numerous other studies which also show that most treatment methods are no more effective than placebo treatments (McFall & Hammen, 1971).

The rapid dissipation of treatment effects experienced by subjects in both disidentification and volitional activation groups was not anticipated. In fact, it is difficult to account for in light of the apparently durable smoking reductions made by subjects in the combined treatment and control groups. On the basis of nonspecific factors alone it would be predicted that treatment effects would dissipate at nearly equal rates across all treatment conditions. This did not occur, suggesting that there were treatment factors active in both disidentification and volitional activation procedures which did not extend to either of the other groups.

It is especially puzzling that subjects in the combined treatment group would seem to have responded to different treatment factors than subjects in either the disidentification or volitional activation groups, but several observations made on the combined treatment group may help to dispell this puzzlement.

At the outset of this study, an effort was made to control for amount of therapist contact. To this end, all treatment sessions were limited to 30 minutes, which proved comfortable and adequate for most purposes. Unfortunately,

setting a time limit of 30 minutes on treatment sessions placed rather severe demands on subjects in the combined treatment group, who had to process twice as much information as subjects in the other groups. The pace of this group was consequently rushed, and the atmosphere strained. Subjects did not seem to "connect" with the material as well as subjects did in other groups. Nor did they seem to understand the rationale underlying their treatment as well as subjects did in other groups.

On the basis of these observations it may be possible to explain why the results obtained for the combined treatment group are so at variance with those obtained for the disidentification and volitional activation groups. Subjects in the combined treatment group simply could not process all of the information impinging upon them. Therefore, instead of responding to the specific treatment effects of the disidentification and volitional activation procedures, they responded to the more generalized demands of the treatment setting and to other nonspecific placebo factors.

This explanation would account for the similarities seen in the data between the subjects in the combined treatment condition and subjects in the control condition. These groups showed parallel results throughout the study, never differing significantly from each other in terms of the number of cigarettes smoked or in terms of percent baseline data. It thus appears that the smoking reduction

in the combined treatment and control conditions occurred as a result of placebo factors, whereas the smoking reduction in the disidentification and volitional activation groups occurred as a result of the specific treatment effects inherent in disidentification and volitional activation procedures.

The results obtained in this study indicate that while both disidentification and volitional activation procedures appear effective in reducing cigarette smoking, neither technique led to lasting disidentifications or to a strengthening of the will, as psychosynthesis would predict. Presumably, had these occurred, smoking rates would not have increased so rapidly at the end of treatment. The apparent effectiveness of these techniques may thus be due to altogether different mechanisms than those postulated by Assagioli. Perhaps it is the increased structure experienced by subjects in the disidentification and volitional activation groups that led to the observed pattern of results, terminating in high relapse rates when structure was removed at the end of treatment. Alternatively, it can be argued that disidentification and volitional activation exercises must be practiced for longer than one week before they are lastingly effective. The latter suggestion seems reasonable since we would expect some sort of learning curve to underly the process of adopting new identities and the development of more effective responses in the face of adversity, both of which are

predicted to accompany the practice of disidentification and volitional activation exercises. Further research is needed to decide the issue.

The results of this study support the hypothesis that the techniques of psychosynthesis have empirical validity; but the level of positive outcome achieved is not dramatic. Considerable research is needed to flesh out the bare-boned picture of psychosynthesis obtained in this brief look at several of its techniques. It goes without saying that the present findings need replication and extension before they can be viewed as anywhere near final.

The present study suffered from several methodological flaws which need attention before replication. First of all, the study was conducted by an experimenter who was familiar with the expected outcome. This opens the way to criticism on the basis of experimenter bias. All efforts were made to equalize experimenter demands across treatment conditions, but the criticism still stands. Future efforts might attempt videotaping the instructions to subjects in order to minimize experimenter bias; but, at the same time, such efforts would detract substantially from the humanistic thrust psychosynthesis brings to these techniques.

A second shortcoming of this study involved its reliance upon self-report data. This is a chronic problem in smoking reduction studies, and one which has no easy solution. It seems generally dealt with by assuming that tendencies toward misrepresenting self-reports are evenly

distributed across treatment conditions. The present study attempted to bolster the accuracy of subject self-reports by enhancing subject motivation for accurate reporting. Subjects were asked to nominate someone close to them who would be in a position to verify changes in subject smoking rates. In actuality, however, no witnesses were contacted during the course of the study, for the simple reason that independent observations would be nearly as suspect as those offered by the smokers themselves. The only way to get an accurate report from an independent observor would be to have that observor monitor the subject continuously, 24 hours per day, throughout the three day assessment period. The unfeasability of relying upon independent observors was brought home forcibly when two subjects described in detail how they had managed to elude the watchful eye of their spouses in the past. Both subjects took pleasure in recounting how they had continued their smoking habits surreptitiously, while hidden away in their attics.

In summarizing the results of this study, it should be kept in mind that the efforts represented here are explorative. They are an attempt to open new territory, to expand existing horizons. In this respect, present efforts have been successful. These results confirm, for the first time, that psychosynthesis has empirical validity. The positive findings of this study suggest that psychosynthesis deserves a place among the more traditional psychotherapies. Disidentification and volitional activation

show promise as effective new treatment strategies.

In terms of cigarette smoking reductions, the present study is similar to most reported in the literature. Reductions in cigarette smoking were significant for all treatment conditions at both 1- and 6-week follow-ups. This pattern of results is common and usually interpreted as a result of nonspecific placebo effects. But in this study the disidentification and volitional activation treatments differed significantly from controls across time, suggesting that more than placebo effects were responsible for change in these groups.

Overall, the present study derives its greatest significance from the fact that it justifies further research in a long neglected area. If humanistic techniques are ever to enter mainstream, academic psychology, it would appear that rapprochement must first occur on the ground of science. This study offers empirical data to assist in that meeting.

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APPENDIX A

Pre-experimental Questionnaire

SMOKING-REDUCTION QUESTIONNAIRE

NAME:_____ AGE:_____ SEX:_____

MARITAL STATUS:_____

STUDENT ADDRESS:_____ PHONE:_____

_____

_____

PERMANENT ADDRESS:_____ PHONE:_____

_____

_____

1. How long have you been smoking? _____
2. How many cigarettes do you smoke each day? _____
3. What brand of cigarettes do you prefer? _____
4. Have you ever stopped smoking before? If so, for how long? _____
5. Have you stopped more than once? ____ How many times? _____
6. Does your spouse/significant other smoke? _____
7. Do your parents smoke? ____ Mother? ____ Father? ____
8. What is your level of education? _____
9. Why did you volunteer to participate in this study? Rank those reasons which apply.

   _____ Health concerns

   _____ To obtain academic credit

   _____ Wish to stop smoking

   _____ Wish to reduce smoking

   _____ Other _____

NAME _____

PLEASE CIRCLE ONE NUMBER FOR EACH OF THE FOLLOWING QUESTIONS.

1. On a scale of 1 - 7, how confident are you that you can stop smoking?

1 2 3 4 5 6 7

Not confident at all Extremely confident

2. How strongly do you wish to stop smoking?

1 2 3 4 5 6 7

Hardly at all Very strongly

3. How intense is your craving for cigarettes during a nicotine fit?

1 2 3 4 5 6 7

Mild Very intense

4. How often do you consider that cigarette smoking may lead to cancer or contribute to heart disease?

1 2 3 4 5 6 7

Seldom Very often

5. How vividly are you able to imagine yourself as a non-smoker?

1 2 3 4 5 6 7

Not vividly at all Very vividly

APPENDIX B

The Disidentification Affirmation

Affirmation employed in disidentification exercise.

The following affirmation was adapted from Assagioli (1965). It is modified somewhat from Assagioli's wording in order to make it more applicable for use in a smoking reduction setting.

"I have a body but I am not my body. My body may find itself in different conditions of health or sickness; it may be rested or tired, but that has nothing to do with my self, my real 'I'. My body is my precious instrument of experience and of action in the outer world, but it is only an instrument. I treat it well; I seek to keep it in good health, but it is not myself. I have a body, but I am not my body.

"My body may desire cigarettes; but I am not my body. I do not crave cigarettes. It is my body that craves cigarettes. I can watch my body craving cigarettes, and in that watching I know that it is not I who crave cigarettes, for it is my body that wants cigarettes. I have a body but I am not my body. I can control my body.

"I have desires, but I am not my desires, physical or emotional, aroused from within or without. Desires come and go. They are fleeting. Desires change, with alternations of attraction and repulsion. I have desires but they are not myself.

"I have emotions, but I am not my emotions. These emotions are countless, contradictory, changing, and yet I know that I always remain I, myself, in times of hope

or despair, in joy or in pain, in a state of irritation or of calm. Since I can observe, understand and judge my emotions, and increasingly dominate, direct and utilize them, it is evident that they are not myself, but something apart. I have emotions, but I am not my emotions.

"I have an intellect, but I am not my intellect. It is more or less developed and active; it is undisciplined but teachable; it is an organ of knowledge in regard to the outer world as well as the inner; but it is not myself. I have an intellect, but I am not my intellect.

"What am I then? What remains after discarding from my self-identity the physical, emotional and mental contents of my personality? What remains is the essence of myself - a center of pure self-consciousness and self-realization. It is the permanent factor in the ever changing flow of my personal life. It is the observer. It is that part of me that watches the body and its desires. It is that part of me that watches the body crave for cigarettes. I am a center of pure consciousness. I recognize and affirm that I am a center of awareness and power, a center of will, capable of mustering, directing, and using all my psychological processes and my physical body. I can choose to do what I want, as opposed to what my body or my desires want. I can choose to stop smoking."