



Principles of Psychological Well-being

Symptoms of Psychological Distress.

People generally do not seek psychotherapy because they aspire to personal growth, relationship enrichment or personality change. They seek help in order to get over their distress and stress-related symptoms.

People who maintain a reasonable degree of insight into their emotional experiences generally recognize psychological distress as a combination of one or more of three "*bad moods*." People who maintain less attention to their feelings are apt to experience any of a number of behavioral problems such as addiction. The primary "*bad moods*" are:

- 1) **Depression** (from transient disappointment to chronic loneliness or acute grief);
- 2) **Anxiety** (e.g., worry, tension, agitation, phobias or even acute anxiety attacks); and
- 3) **Anger** (e.g., resentment, bitterness, disdain, contempt or rage).

The Utility of Unhappiness. Unhappiness serves much the same purpose as physical pain:

- 1) It draws attention to the fact that a problem has developed,
- 2) it gives us clues as to the nature of the underlying problem, and
- 3) it provides motivation for correcting the problem once that has been identified.

The Fundamental Emotional Needs: The Prerequisites for Health and Happiness.

Historically a great deal of psychotherapy has focussed on unresolved emotional conflicts or dysfunctional thought patterns which are seen as giving rise to any of the hundreds of highly specific diagnosable psychiatric conditions. The practice of beginning treatment by making a specific diagnosis was borrowed from the medical model where it has been enormously useful. For other than a number of relatively rare major mental disorders (e.g., schizophrenia or attention-deficit disorder) I believe that the preoccupation with diagnosing specific disorders has been very misleading. Instead, I think that for a wide variety of presenting problems and for the majority of persons presenting for outpatient counseling, treatment can be more direct and effective by focusing on *what it takes to be happy*.

In this model the emphasis in the assessment process is on determining what emotional needs are persistently unfulfilled in the patient's life. Specifically, I think in terms of three basic emotional needs as the prerequisites for psychological well-being. In my experience one or more of these needs is seriously lacking in almost everyone who presents for treatment. It is often the case that when patients can be guided and encouraged to develop alternative patterns of living that better meet these needs, their symptoms simply go away and no symptom-focused interventions are ever necessary. Occasionally some residual symptoms do continue after the emotional needs have been adequately provided for. In these cases once effective plans for fulfilling the deficient emotional needs have been implemented, moving on to symptom-reduction interventions represents a simple *mop-up operation*. Without the primary work of assessing the emotional needs and implementing beneficial life-style changes symptom-focused interventions are often experienced as brute force frustrating exercises in attempting to hold back the tides of chronic unhappiness.

Need # 1: To Feel Loved and Cared About.

For most people, their relationship with their "significant other" is the primary source of feeling loved. This need is far too large and important, however, to be left to rest on any single relationship. This need is best met through a network of numerous friends, family members and acquaintances in addition to a secure romantic relationship.

Within the sphere of a significant romantic relationship "being loved" is often not the problem. Most of the marriage counseling I do involves two people who undoubtedly love each other because they are deeply disturbed by the crises or growing rifts which have developed between them. More often than not the apparent problems in the marriage are preceded by having drifted into patterns of neglecting to express their affection in ways that effectively make their spouse *feel loved*. In happy marriages there are usually well developed routines by which each person conveys his or her love to the other that maintain the spouse's daily experience of feeling loved. Sometimes marital counseling must ultimately work towards resolving longstanding conflicts in a problem-solving approach. But unless effective ways of showing affection and enjoying closeness between each other are firmly established, the resolution of conflicts does not in itself reestablish lost love. When effective means of routinely *feeling close* are reestablished conflicts which seemed insurmountable can often be resolved with ease or sometimes tolerated with genuine contentment.

Complications which are common among persons whose lives do not reliably provide the feeling of *being loved* include jealousy, loneliness, spouse abuse, and a pattern of difficulties commonly referred to as "co-dependency."

Need # 2: To Feel Constructively Engaged in Meaningful Work.

Feelings of accomplishment or the intrinsic gratification of doing good work serves as the primary basis for *self-respect*. For many these feelings are primarily afforded by the job we do for our livelihood. However, one need not be employed in the sense of earning a paycheck to feel gratified by work. The work of being a full-time parent or of pursuing an avocation through the community service, church involvement or even home improvement projects can, in principle, be very rewarding. In any event, as with the case of the need to feel loved the need for meaningful work is most reliably satisfied if there are multiple outlets for work-related involvements. This provides a broader basis for the self-respect and a greater range of self-confidence.

Problems associated with a deficit of meaningful work include depression, feelings of insecurity, poor morale, unnecessary conflicts with co-workers, drug or alcohol abuse and poor self-esteem.

Need # 3: To Experience Pleasure (Be playful - Have Fun).

This is the most frequently overlooked emotional need but it appears to be central to a wide range of psychological problems. *Pleasure-seeking gone haywire* can be viewed as contributing to such compulsive problems as alcoholism, drug abuse, obesity, sexual promiscuity, pathological gambling, obsessive television watching and kleptomania. In turn, most of these problems can have devastating repercussions for marriages, family life and careers.