

# The Experience of the “Urge”

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At the end of my last article, I promised to give examples of what others had reported as their experience of “Urge”. Before doing that, let’s take a moment to review, so that we don’t get lost in the examples and lose track of what this is about.

The point here is to increase the quantity and quality of patient adherence. There are tons of reasons to focus on this, which are often expressed in statistical terms. Elevated blood sugar damages many areas of the body 10-15 years before the onset of symptoms. For every 5-8 pounds of extra weight there is a 6% increased chance of developing diabetes. Moderate changes in diet and exercise lowers the chance of developing diabetes by 58% if you are pre-diabetic. Etc. etc., etc. Then there are the reasons expressed in human terms - the struggles of the people that come into your offices, the impact of their disability or death on their family and friends and the loss of quality of life.

My last article described some reasons for examining your own “Urges” as a means to facilitate patient compliance. This examination could lead to better communication based on increased respect, empathy and caring. It could illuminate your own personal experience, which could then be shared with your patients. It could show you how the investigation of the “Urge” experience could, of itself, begin to combat habitual but destructive life style choices. The more you have attempted to examine *your* “Urge”, the more meaningful the material below is likely to be. Those of you who haven’t read the first two articles of this series might find it useful to do so before continuing here.

■ [The Mind and Diabetes: Their Many Connections](#)

■ [Why Examine Your Urge?](#)

The experience of the “Urge” has three phases we will focus upon in this article:

- 1) Emergence – the coming to consciousness of that which drives you towards a particular behavior.
- 2) Resistance – Responses that work against acting on the particular behavior.
- 3) Resolution – what you actually do in regard to the particular behavior.

Having “Urges” is normal behavior and one that adds quality to life. What is done with them and how often, is what sometimes causes difficulty. I have wandered into the convention of referring to the “Urge.” Others might prefer “Yearning”, “Craving”, “Longing”, “Need”, “Want”, “Drawn to”, “Compelled towards”, “Impulse”, “Desire”,

“Temptation”, “Lured”, the ever-popular “It called my name” or other similar verbs. Sometimes the “Urge” experience has the true obsessive-compulsive quality of being driven to act, though you know that the behavior is excessive or unreasonable. The degree of anxiety, sometimes franticness, which accompanies the “Urge”, varies from person to person. One purpose of the detailed responses provided below is to help you recognize the “Urge” experience that occurs in your patients with blazing speed. Once you’ve slowed down the experience sufficiently, you can help your patients investigate the aspects that are obstructing their desire for health.

“Experience”, at least as I am using the term here, is divided into three dimensions:

- 1) Thought – the cognitive, intellectual, idea/concept/judgement dimension.
- 2) Feeling – the affective, sensation, often non-verbal, inner dimension.
- 3) Action – That which can be seen or measured. This includes bodily changes, such as blood pressure.

We’re going to use these dimensions of experience to examine three Phases of the “Urge.” To begin, we’ll look at examples of what is sometimes thought, felt and done during the first Phase of the “Urge”, Emergence.

### **Emergence – Thoughts**

“I have an urge for....”,	“I wish I didn’t have the urge.”
“Am I hungry?”	“I must be hungry.”
“Here comes trouble.”	“How can I do this without being seen?”
“How soon can I get X?”	“Where can I get X?”

A shift in thinking wherein the Urge diminishes attention to other objectives.

### **Emergence – Feelings**

Pull to get/do the object of the Urge	Surprise/startled
Memory/anticipation of pleasure	A momentary numbing of awareness
Helplessness	Hopelessness
The strength of the Urge	Taken over by aliens
Fear loss of control	Ashamed
Worry about diabetes	Resigned

### **Emergence – Action**

Lesser functioning at present task	Agitation
Lesser connection to others	Becoming quieter

Can you recognize yourself? Your experience of Emergence may be different. The above are only examples. The next Phase of the “Urge” experience is Resistance. Once you recognize that the emerging impulse may have aspects that aren’t good for you, what do you think, feel or do to fight it?

### **Resistance – Thoughts**

“It’s bad for me.”	“I’ll have to monitor/adjust blood sugar.”
“I have to fight this.”	“I don’t need this.”
“I’ll hate myself tomorrow.”	“This is off my diet.”
“I’m diabetic. I can’t have that.”	“I want to be strong.”
“I’m going to ignore it.”	“Maybe it will go away.”

### **Resistance – Feelings**

Feel the self-loathing of the next morning	Images of incapacity
A stiffening	Determination
Fear of loss of control	Pride
Avoiding failure	The desire to be attractive
Fear of displeasing others	Fear of losing others
An unacceptable body image	Being one down to a rival

### **Resistance – Action**

Increased stress level/blood pressure	Attempts at distraction
Moving away from the gratifying object/situation	
Talking/writing to oneself	Agitation

The third Phase of the “Urge”, Resolution, will have to be left for the next article. There are already too many items-on-a-list. They generally have a numbing effect, which is being studied for use as an anaesthetic. Hopefully, you’re still with me.

Resolution contains two parts. One resolution occurs when you successfully resist the emerging Urge and the other resolution occurs when the Urge controls what you do. Listen to your patients using the framework above. Listen to yourself. See if you can identify the thoughts, the feelings and the behaviors that emerge as you resolve the struggle between the Urge and the resistance to it. Familiarity facilitates control.