



# THE “URGE”: WHEN YOU CONTROL IT OR IT CONTROLS YOU

Leonard Lipson, M.A., Psychology

During the preceding articles of this series, we’ve approached the problem of increasing the diabetic’s adherence to a proper diet and lifestyle by examining the moment of the “Urge”, the point at which the individual feels driven to eat food that is unhealthy for them. The idea is to examine the phases that make up the moment, to slow down what is often a very quick experience, so that the pieces are easier to recognize. As awareness of each phases increases, the opportunity for intervention and control increases. What may seem to be a simple experience – “I get an Urge and then I either follow it or I don’t” – turns out to be a complex experience that varies considerably from person to person. Though there are additional phases composing the “Urge” experience, we have concentrated on the three that are primary: 1) Emergence, 2) Resistance and the subject of this article, 3) Resolution.

*Emergence* refers to the coming into consciousness of that which drives you towards a particular behavior. For us, this may be a desire to eat poorly, to skip exercise, to skip monitoring blood sugar level or to react with an inappropriately high stress response. *Resistance* refers to your responses that work against acting out the behavior that is the objective of the emerging drive, i.e. the part of you that wants you to do the healthy thing / not do the unhealthy thing. However subtle at times, *Resistance* is always present when an “Urge” emerges. Sometimes the battle between the “Urge” and the *Resistance* is so “loud” within a patient that they can barely think of anything else and functioning is effected. At other times the *Resistance* is so quiet that the patient will initially swear they had no resistive experience at all. They simply had an “Urge” and found themselves gratifying it. As they learn to listen more skillfully however, they become able to identify even the quiet form *Resistance* takes in them. Examples of *Emergence* and *Resistance* experience were detailed in my last article.

The *Resolution* phase has two primary outcomes: You either act on the “Urge”, = **Out of Control** or you don’t = **In Control**. Compromise (eating less of what you shouldn’t) belongs in the **In Control** category because eating less introduces an element of control, albeit to a degree that is not optimal. As we did with *Emergence* and *Resistance*, let’s examine both outcomes of *Resolution* by looking at the three dimensions of experience: thought, feeling and action.

## Resolution – Out of Control – THOUGHTS

|                             |  |
|-----------------------------|--|
| “Just this once.”           | “I’ll just adjust my medication.”      |
| “I can’t stop myself.”      | No thoughts – focussing on doing       |
| “I’m weak.”                 | “I’ll go back on tomorrow.”            |
| “I just want to be normal.” | “I’m under stress- I deserve/need it.” |
| “It’s too hard.”            | “It’s a special occasion.”             |
| “I don’t care. I want it.”  | “I’ve been doing well lately.”         |

## Resolution – Out of Control – FEELING

|               |                        |
|---------------|------------------------|
| Hopeless      | Self-hatred/disrespect |
| Rebellious    | Compelled              |
| Abnormal      | Defiant                |
| Defensive     | Guilty                 |
| Numb/detached | Helpless               |
| Ashamed       | Frightened             |
| Disappointed  | Depressed              |

### **Resolution – Out of Control – ACTION**

|                                  |                                       |
|----------------------------------|---------------------------------------|
| Eating unhealthy food            | Hiding while eating                   |
| Eating even more unhealthy food  | Giving up trying to establish control |
| Acting disconnected/not focussed | Elevated blood sugar level            |

### **Resolution – In Control – THOUGHTS**

|  |  |
|--|--|
| “I refuse to lose control.”            | “Being in control earns my self-respect.”          |
| “This is <u>not</u> hunger.”           | “This is beyond the limits I set for myself.”      |
| “I won’t eat X now, so I get Y later.” | “X will be proud of me for saying NO!”             |
| “Eating this will make me ugly.”       | “Being out of control diminishes my self-respect.” |
| “Eating this will make me sick.”       | “Life will go on after I don’t gratify the Urge.”  |
| “I’m diabetic. I’m allergic to this.”  | “I don’t want to have to adjust my medication.”    |
| “I’ll regret it tomorrow.”             | “I don’t want to deal with disapproval from X.”    |

### **Resolution – In Control – FEELING**

|                        |                         |
|------------------------|-------------------------|
| Pride/good about self  | Dodged a bullet         |
| Relief                 | Surprised               |
| A little disappointed  | A little dissatisfied   |
| A little healthier     | More in control         |
| Sick of losing control | Worried about next time |

### **Resolution – In Control – ACTION**

|                             |  |
|-----------------------------|--|
| Avoid destructive food      | Eat a minimal amount of destructive food |
| Speak of your success       | Eat substitute, healthier foods          |
| Indulge in other gratifiers | Look/move away from destructive food     |
| Increase activity           | Sleep                                    |
| Drink water                 | Adjust blood sugar level                 |

The point of examining the “Urge” in the detail presented over these four articles is to build familiarity, which in turn builds control. The thoughts, feelings and actions offered are examples. Your own experience or that of your patients may well include experiences that are different from these examples. The examples may help you recognize and isolate parts of your experience or those of your patients. Once you have a better handle on the experience of the “Urge”, you can begin to recognize an “Urge” as it emerges. You can strengthen or change your *Resistance* to make it more

effective. You can hold the experience you have when you give in to the “Urge”, at arms length and examine its validity, perhaps challenge its premise. You can strengthen what you do and learn from the times you successfully defeat the “Urge.” If you’d like, you can go “deeper” and ask why you have the particular responses you do? What needs do they serve? How can these needs be met without abusing food?

In my next article, I’ll bring you the experience of some patients as they worked with their “Urge.” This should help to make this somewhat theoretical material into something you can easily do with your patients. If space permits, I’ll also introduce you to a companion Piece (there are 14 Pieces that make up the Medical Adherence Training (MAT) program) to the “Urge”, that I call “Decision and Determination.” “Decision” involves coming to a clear choice and “Determination” is the amount of force used to enact the “Decision.” “Decision” without “Determination” is ineffective and vice versa. While examination of the “Urge” has value in itself, when paired with an examination of “Decision and Determination”, you have two Pieces of a solid foundation for creating increased patient adherence. Have I aroused your interest?

Leonard Lipson, M.A. received his Bachelors degree in Psychology from Adelphi University and his Masters in Psychology from the New School for Social Research. He received four years of post-graduate education from The American Institute for Psychotherapy and Psychoanalysis. He has been in the private practice of psychotherapy for the past 29 years, with offices in Manhattan and Suffern, NY. Mr. Lipson created the Medical Adherence Training program in 1995. The program helps people adhere to what is medically recommended. The program now serves patients throughout the U.S. and is in the process of being put into book form.

Mr. Lipson is a member of the Rockland County Psychological Society, The Society for Behavioral Medicine and The NYS Mental Health Counselors Association.