



THE “URGE”: A REAL PERSONS’ EXPERIENCE

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Over the past four articles, I’ve described the three primary stages of the “Urge”:
1) The experience of it (the thoughts, feelings and behavioral changes) as the desire emerges, which is followed by 2) our experience of reacting against the desire, of trying to maintain control and finally 3) our experience accompanying resolution, whether that resolution is control or loss of control. This description involved a lot of words for something that commonly occurs in seconds. Perhaps an example from real life will give you a better feel for how you can use these words and theory to help your patients.

I think a quick caveat is necessary. As noted in my last article, “The Urge” is one of 14 Pieces that make up MAT (Medical Adherence Training). If it could do the job by itself, I wouldn’t have bothered to create the other 13. I would have spent the time on the golf course, indulging my favorite addiction. Becoming skillful at recognizing your experience (and your patients in recognizing theirs) during the three phases of the Urge we’ve discussed, is a great step in the right direction that may produce moments of greater control, all by itself. Alone however, it will not produce long term, consistent control. It can connect with other Pieces and if enough of these are combined, you have the foundation for meaningful change. Working with the experience of the “Urge” is a great thing to do but it is not a panacea.

Jane was a mid-thirties, single, professional woman, who lived alone. She was highly intelligent, could be intensely focussed but sometimes did not sustain her efforts enough to reach her full potential. She had been struggling with her weight for virtually all of her life. She knew it both contributed to and was a result of, low self-esteem. Over time she had acquired considerable knowledge about dieting but her knowledge, insight and determination weren’t enough to create control. As is so common, the depth of her hopelessness in regard to controlling her weight was profound.

EMERGENCE – Breakfast was her time of greatest danger. She knew she had to eat to avoid sharp changes in blood sugar and to avoid uncontrollable cravings later in the day. The night before, she’d warn herself that she should eat sensibly in the morning but these warnings were rarely heeded. The morning would come and she would begin to feel directionless and a little detached, a sense of moving along by habit, propelled by the demands of her schedule. Whatever food caught her eye seemed magnetic. Rolls and bagels were on every street corner. Her qualities of focus and determination were applied *towards* gratifying the Urge and she was propelled towards the food with increasing strength the more she thought about it. The Urge didn’t have a clear physical location in her body. It was a more global, diffuse pull.

RESISTANCE – Her struggle could be intense. She described an incident wherein she took crackers out of the cupboard, put them on the counter and then walked away. She returned and put them back in the cupboard. Then she came back again, took them out, ate a few and put them back. Then she did it again.

The most outstanding feature of her Resistance failing to protect her was detachment, the emotional distance between what touched her inside / personally and the thoughts, feelings and behaviors of her Resistance that seemed to happen away from her, as though she was observing someone else. She would recite to herself the consequences of eating poorly that meant something to her: “I’ll hate myself tomorrow”, “I won’t lose weight this way”, “I’m ruining my body”.

RESOLUTION: No one succeeds or fails at maintaining control *every* time. Even those in the population whose weight is ideal, have moments in which the “Urge” dominates. How often and how badly is what makes the difference. Jane did not give in to every “Urge” she experienced nor, obviously, did she create perfect control.

What is particularly fascinating about Resolution: OUT OF CONTROL is that whatever you say, do or feel that overcomes your Resistance (effort to fight the Urge) and results in poor eating, tends to be consistent. People rarely have completely different thoughts, feelings or behaviors (the three aspects of experience) each time they have an “Urge.” There are usually no more than three thoughts, feelings or behaviors that occur within each individual. They repeat these same thoughts or feelings or behaviors each time they have an Urge and can’t stop themselves from gratifying it. Let’s look at Jane’s.

OUT OF CONTROL: She’d tell herself that: 1) if she didn’t have the roll or the potatoes that came with the eggs, she’d be hungry later on, 2) despite her considerable knowledge about dieting, (indeed perhaps because of the depth of the conflicting information she possessed), it wasn’t clear what was right for her, so control couldn’t begin until she decided how to do it and 3) “I don’t care if it’s bad for me. I want it.”

She’d feel rebellious, stubborn and hopeless. She’d often hide her eating or explain to others why she was eating as she was and that it was really an exception to how she wanted to eat but today’s circumstances mandated today’s poor eating.

IN CONTROL: Thoughts - 1) “Being in control increases my self respect”. 2) “I’ll regret this tomorrow.” 3) “Life will go on tomorrow, even if I don’t have what I want right now.”

Note that the Thoughts that worked for her addressed **her** issues. #1 dealt with her diminished self-esteem. #2 used her intelligence / foresight to advantage, as well as lightly touching on her need to connect behavior in the present with future consequences so as to motivate herself to create long term, positive results. #3 addressed the rebellious, stubborn, child-like demand for immediate gratification.

Feelings that worked for her included being sick of fighting the battle with weight and losing, feeling in control and, particularly, staying alert and aware in the moment.

Action involved keeping a journal of her eating, something I'm not a big fan of ordinarily but I recognize that it does help some and I never discourage those who wish to do so. This is a useful tool with those for whom detachment is a prevalent feature during Resistance. Writing an eating plan a day or sometimes two days in advance was also helpful for her in cutting down the number of "Urges" she experienced and in dealing with them when they came.

If you have questions about anything from these five articles, I'd like to see them. I'd be glad to clarify or expand as needed. The next article will offer some suggestions and guidelines for working with the "Urge," so that even without the other 13 Pieces of MAT, you can do something specific to help your patients.