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The Mental Blueprint

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Preface

Every book begins with a Preface. At least, that's what I notice when I open a random book. I wouldn't know myself, since I've never written a book. What I have done a lot, is working in mental healthcare. It's hard to believe, but it's been more than thirteen years since I first did an internship at an outpatient practice, after which I started working full-time in this field.

Writing this book has been a huge task. It has given me many sleepless nights because my head kept racing with information that I did not want to forget. When I thought I was finally done, I would come across a detail in practice that I wanted to include in this book. I can still imagine my girlfriend looking angrily in my direction when the phone light kept her awake again.

Furthermore, I will keep it short. That is what I like, short and powerful. Not too much fuss around it. Here I would especially like to thank everyone who has ever given me supervision, work guidance and support in whatever form possible. My lovely colleagues, but also patients from whom I have been able to learn, thank you! All teachers of the many courses and additional training that I have been able to follow, what a knowledge and addition to my work.

More specifically, I would like to thank Jeroen Kok, a now retired clinical psychologist, for his role in my professional development. Hopefully, he has realized what he meant to me. I would also like to sincerely thank my colleague Ido van der Krieke. Although I did not work with him for long, we quickly built a bond. Ido, thank you very much for reading my book and providing feedback and tips! Ultimately, you also contributed to this beautiful endresult.

My own family, girlfriend Paulina and daughter Ona, thank you so much for all your patience. Thank you for putting up with all my sleepless nights and the, in addition to my normal workdays, long days behind my computer typing. Also thank you for the many examples and inspiration for this book. You are everything to me. Lastly Dragon, our dog, thank you for making sure I got out of the house every now and then during the development of this book.

Let me also tell you something about the Dutchies in general. If you've never been to the Netherlands or you've never have heard of us, you must know that this whole country is based on efficacy. Everybody that has been here, know this. Maybe it's because there are so many million people living on such a small piece of land, that we need to find ways to make it work. We like to do stuff as fast and efficient as possible. Some people might also call us rude because of our directness. We're not rude at all, but we just don't like to talk around certain subjects that are obvious.

Let me tell you; the dutch mental health care system is no different. We're completely built on efficacy and speed. Even our health insurances need to see that treatments are being done as fast as

possible, else they don't want to pay anymore. We don't like endless years of psychotherapy talking. No, we want action. There is constantly scientific research about how we can improve our mental health care and interventions are solely built on the best scientific data and results, Most of all; we're built to try to find a way into every seemingly impossible to fix problems.

As a supervisor and accompanist colleague, the only thing I'm missing in the workfield is our so called 'rudeness'. I find most therapist are trying to find safety within the treatments. They have difficulties asking the more painful questions and it takes a whole lot of time to ask them eventually. It needs to feel nice, because that's what makes people feel nice. And in the end, they come with problems, so we want them to feel nice. Makes sense right? Well, not for me. If there's one thing I've learned is that it's not the nice relaxing environment that helps people deal with their mental complaints. Think about your own life. When did you ever felt the unavoidable need and push to really make changes? Is it when you felt so nice and so relaxed? Or is it when you felt the most miserable shit you've felt? For me the answer is clear as day. People change something when they feel stinged by something. It can make them mad, sad, scared, it doesn't matter. But it changes something, or atleast get's the spark going to feel that they want or need to change something. So these days, I rather have patients walking out with such kind of feelings, then that they walk out with a big smile. Maybe the last one feels nice for both of us, but I already know that nothing is really going to happen this week.

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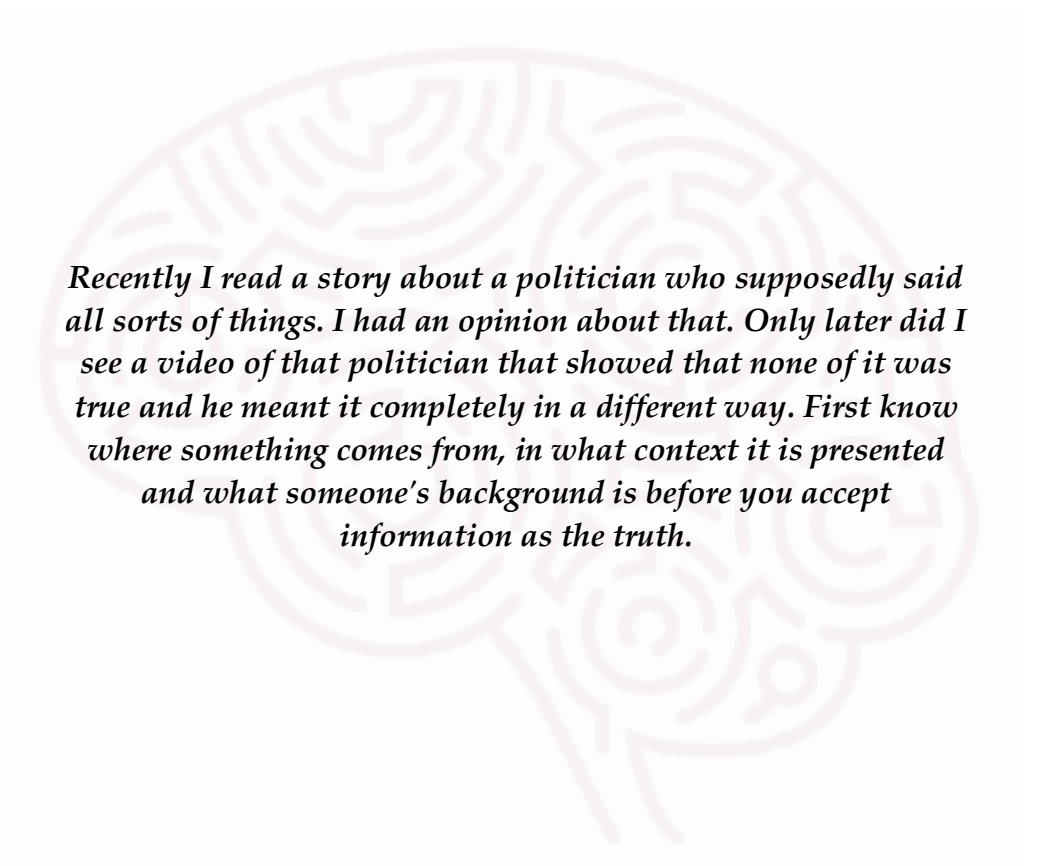
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Recently I read a story about a politician who supposedly said all sorts of things. I had an opinion about that. Only later did I see a video of that politician that showed that none of it was true and he meant it completely in a different way. First know where something comes from, in what context it is presented and what someone's background is before you accept information as the truth.

Introduction

An introduction generally aims to break the ice and get to know each other a little better. During this introduction I will immediately give you openness about who I am and why I decided to write this book. In addition, I will mention a number of important notes you should keep while reading this book.

1.1 This book

Everything you are going to read in this book is based on thousands of contact hours with patients in practice. I have selected the most effective interventions or combinations thereof and prepared them for you. This way you get the best of the best, as far as that is possible via a book. Part of it is written in the form of a game, because I want you to play with your complaints and the assignments. You will receive the rules of the game and a manual later. When you know the rules and understand the origin of your complaints, it is time to play. This book is a guideline for everyone who is searching within mental health care (GGZ) and for everyone who is on waiting lists and is currently at home with mental complaints. You can therefore see this book as a practical manual for almost every conceivable mental complaint. My book simply has only one goal:

To provide you with a clear and effective tool to help you work on your mental well-being.

At the very least, you will understand yourself and your complaints better. You will enter therapy through this book, just as I would do in practice. The advantage of this book is that I do not have to deal with personal therapeutic contact. In daily practice, you are dependent on the person who is going to treat you:

- Do you have a connection with the therapist? Sometimes you don't.
- Can you trust the therapist? Sometimes you can't.
- Does the therapist know how to touch you? Sometimes it doesn't reach you.
- Can the practitioner convey matters well? Sometimes the practitioner lacks a clear way of explaining.
- Is the therapist able to extract exactly what will help you from your story? Some therapists find this difficult
- Is your practitioner continuously trained after his studies? Here too there are huge differences.

Apart from the last two points, the rest is quite personal. It therefore happens regularly that I hear from a patient in practice that previous courses of action during therapy did not go well. That they tried it for a while, but that it did not work in the end. That it did not feel right in one way or another. Or that the patient had the idea that the therapist did not understand it either. That is the great advantage of this book. It does not matter whether I am fat or thin, big or small, ugly or pretty. It does not matter whether I am tired after sleepless nights because of our newborn baby and miss things during a session. You are not dependent on me, but only on yourself. And I believe in

you. There is only one person in the world who knows your life best, and that is you! There is only one person who truly knows your deepest secrets and thoughts, and that is you. That is why I am letting you make all the decisions yourself with the help of this book.

At the end of each chapter you will find an assignment to carry out. I do not believe in endless talking sessions. You will have to get to work yourself. I cannot emphasize this often enough and it will come back every now and then in this book. Perhaps to the point of being annoying. Ultimately, you can read this book as often as you want, flip back and try again as much as you want. You can be in treatment indefinitely if you want. And that without losing money to the health insurance or in any other way and without being on a waiting list for help, how wonderful is that!

For those interested, my colleagues would not describe me as tall. Witness to that are the few gnomes that stand in my treatment room. These are probably known by now to everyone who has ever been in treatment with me. Funny gifts from my dear colleagues.

Now I don't know how you read a book, but in my enthusiasm I often want to know right away what a book has to offer me and I immediately start reading the first chapter. In doing so, I tend to skip introductions. If I'm honest, I sometimes start somewhere in the middle of a book because I think I'll find something interesting there. With this book, it works a little different. The following disclaimers are incredibly important. If you don't follow them, there's really no point in reading the book.

Disclaimer 1: There is no point in skipping chapters in this book unless it is stated that you should. If you do, you will miss important steps and will fall risk to not taking the right steps in your treatment to get rid of

your mental complaints.

Disclaimer 2: Because it is written so effectively, there are sometimes small chunks of text that contain important and unmistakable information. There is no point in skimming through this book and expecting it to get rid of your complaints. Read it calmly, give it time to sink in and then continue. And don't forget, carry out the assignments!

Professionals

This book may be read by other professionals in my field, perhaps within the mental healthcare sector in which I work. Professionals who will have an opinion about it. How can someone reduce work of sometimes hundreds of pages to a few pages, and then also claim that this can help everyone? To prevent misunderstandings, I want to take you on my journey. And that also applies to non-professionals.

"Simple and effective" are terms that suit me well. My colleagues will also confirm this. I don't like to make things too difficult. Ultimately, as a mental health care practitioner, we learn a lot of words and terms from all kinds of different schools of thought. Everything aimed at ultimately helping people with mental health issues. In this book, I try to keep it as simple and effective as possible. Care providers who specialize in a certain area will find some parts to be "too simplistic". However, my goal is not to write a manual for care providers. My goal is to help you, as a reader with mental health issues, as effectively as possible.

In this way I only use what is necessary without all the fuss surrounding it. For everyone who works in mental health care I still strongly advice to read all possible literature and to continue to follow additional courses and supervisions. This is essential to guarantee the quality within our work.

With this book I do not want to replace or question available treatments in any way. Nor do I pretend that this book will make the entire mental health care system redundant. After all, then I would suffer from a misplaced form of megalomania. Moreover, I would no longer have a job.

This book is also not intended as a scientific basis for any form of treatment. It is not my intention to write a scientific article. This book is written purely from my point of view as a GZ psychologist within the mental health care. The book only contains my own ideas and opinions. Sometimes these are ideas that show similarities with common ideas within the mental health care, but sometimes they also deviate from them or ideas are combined. What has become especially clear to me in all the years that I have worked within the mental health care, is that everyone thinks differently about it. As a professional, feel completely free to think and feel what you want about this book, even if you disagree with something.

Reader

Sometimes life stories are too intense, or complaints too persistent and complex. For this complexity, this book will not be sufficient to address the complaints. Sometimes people need support from a therapist and it is simply not possible to do it on own initiative though reading this book

For all cases for which this book in the end is not fully sufficient, I have developed the therapeutic compass. You will find this at the back of the working book and it is intended as a guide within the enormous possibilities of treatments within psychological care. It helps you, but also therapists, to determine what the best treatment method is for your complaint. If this book is not sufficient, you can still search for a suitable form of treatment yourself.

Enough about what this book is not. Everything has been carefully considered and I fully support my method that I have described in this book. I believe in it wholeheartedly.



TIP: Don't forget to watch the accompanying Introduction video via the link sent to you.

1.2 Who am I

Now that we've got the disclaimers out of the way, it's good to know who you're dealing with. After all, you don't just take it from the butcher that the bread at the bakery around the corner is the tastiest.

My journey began with my choice to start studying Psychology at the University of Groningen in 2008. After completing my Bachelor's degree in Psychology and Master's degree in Clinical Psychology, I had my first real patient contact in 2012. At the time of writing this book, it is now 2024 and I have more than 12 years of direct work experience in mental health care. This experience ranges from intensive five-day treatments to treatments within basic mental health care and everything in between. I have now had more than thirteen thousand contact hours with patients with a variety of complaints. During those years, I have also followed numerous additional courses and supervisions within our field. In 2017, I completed the post-master's degree in clinical health care psychology. In short, I have also further specialized in, among other things:

- Cognitive-behavioral therapy
- Solution-focused therapy
- EMDR and (Complex) Trauma Issues
- Schema therapy and personality disorders

The assignments in this book are mainly based on these trends. I do not pretend to have reinvented the wheel, but I do tend to do things in my own way. Everything in this book is based on how it works best in the real practice from my perspective.

In the meantime, I have been providing guidance and supervision to fellow psychologists since my post-masters graduation. In addition, I have been a practical trainer for post-master students in recent years. This means that I ensure a good training climate in the practice and assess and guide psychologists in finding the right skills that are needed to successfully complete the training. I still enjoy going to work and it gives me great satisfaction to ultimately help patients and colleagues move forward.

There are a number of reasons that led me to writing this book. In recent years I have been part of our screening team. In our field, this means that you screen all incoming applications from patients and doctors for suitability for the organization where you work. In this, several things struck me.

The number of applications is increasing every year, which indicates an increase in mental health problems in society. I also notice the increasingly younger ages. Apparently people get stuck earlier in life. This combination of an increasingly younger target group and a significant increase in mental health problems in society hurts me as a care provider. I have the feeling that I am working hard together with my colleagues, week in week out. Apparently that is not enough to bring about a complete change. What makes it even more painful is that I see people's personal stories in the applications. Stories that hurt, complaints that hurt, but that are at the same time very good treatable. Unfortunately, the waiting times are getting longer and waiting more than a year for good specialist help is no longer an exception. I now see this across the field. It hurts me not to be able to help these people immediately,

while there are wonderful and effective treatments. The system is stuck.

For years I had thousands of notes scattered here and there on my phone and computer, with the idea of doing something with them one day. Just writing a book, how on earth does that work. You may well know that I am not a writer at all. In the end my own brother convinced me. My brother Johan himself suffered from various anxiety complaints for years. He followed various therapies at almost all the major institutions in the area. Yet he could not get rid of his complaints. He came up against the points mentioned in the previous chapter. There was no click with the therapist or he had the idea that the psychologist in question did not know exactly what his complaints were and how to treat them effectively. In retrospect, I regretted that he did not tell me about it earlier, after all I had assumed that he was receiving good care.

Eventually he wrote a book called 'SILENCE' about his experiences and how he eventually got rid of his complaints. I knew nothing about that until he asked me to take a look at his book. It's wonderful to see how he managed to reach a wide audience. After I told my girlfriend that my brother had written a book, her reaction was immediately:

"Hey, you always wanted to write a book, didn't you? You've been talking about it for months!"

Through further conversations with my brother about how he finally made it happen, I began to understand better what steps are needed. Seeing how many people he was able to reach made me feel that more can be done about the endless waiting lists in the

increasingly stuck mental health system. If this book can only get 1% off the waiting list, then my mission would be accomplished. Apart from that, I am convinced that you will definitely benefit from this book.

By the way, I don't make that last statement because I think I'm so great. In fact, I often don't really know how to deal with compliments. That reminds me of a colleague who supervised me in my early years and always played with that during three-way conversations with the patient and me together. If the patient was satisfied with the treatment, he often said:

"Erwin did a good job, didn't he, what do you think?"

With a blush on my cheeks I would always sit there and smile sheepishly. No, I don't really need those compliments. Although it is of course nice to hear that someone is satisfied with what I have meant to them, to be honest.

After the conversations with my brother, our mission began. After all, it cannot be the case that so many people have to wait for help. It also cannot be the case that so many people already receive(d) help, but apparently are not helped at all. That is why we are joining forces. He has been a patient for years, I have been a practitioner for years. We are going to look at things from both sides and shed light on them. In this way, we ultimately want to set up a platform for everyone who gets stuck in mental complaints.

For this book it means that he partly functions as a patient and responds to what I propose in this book. That is why you are also getting to know him.

1.3 Patient

My name is Johan, brother of Erwin. You may know me from my website <https://angstisok.nl> or you might have read my bestseller SILENCE. Erwin will share his vision and treat you. Because I myself have been stuck in mental health care for years, I will provide you with an explanation of my experiences for each theme where necessary. I want to let you know that you are not alone.

What happened to me is that I often had to deal with psychologists who were still quite young. They had just finished their training with only a few years of experience. As soon as we didn't get any further after five sessions, we quickly started talking about taking medication. In my opinion, medication is the very last step in treatment. Fortunately, Erwin agrees with that. If someone suggests that to me after a few sessions, it is difficult for me to take the rest seriously.

The last psychologist I spoke to did not agree with my vision. According to him, my complaints were mainly caused by my environment. This came up because my son has a form of ADHD. This is very difficult for us as parents and it causes a lot of unrest at home. Nevertheless, this has nothing to do with my complaints. Before my son was born, I already had these complaints. Even if you were to put me on a desert island, it would not change my complaints. My environment is not the problem. It took me five conversations to make this clear. Then you have already lost me and I think:

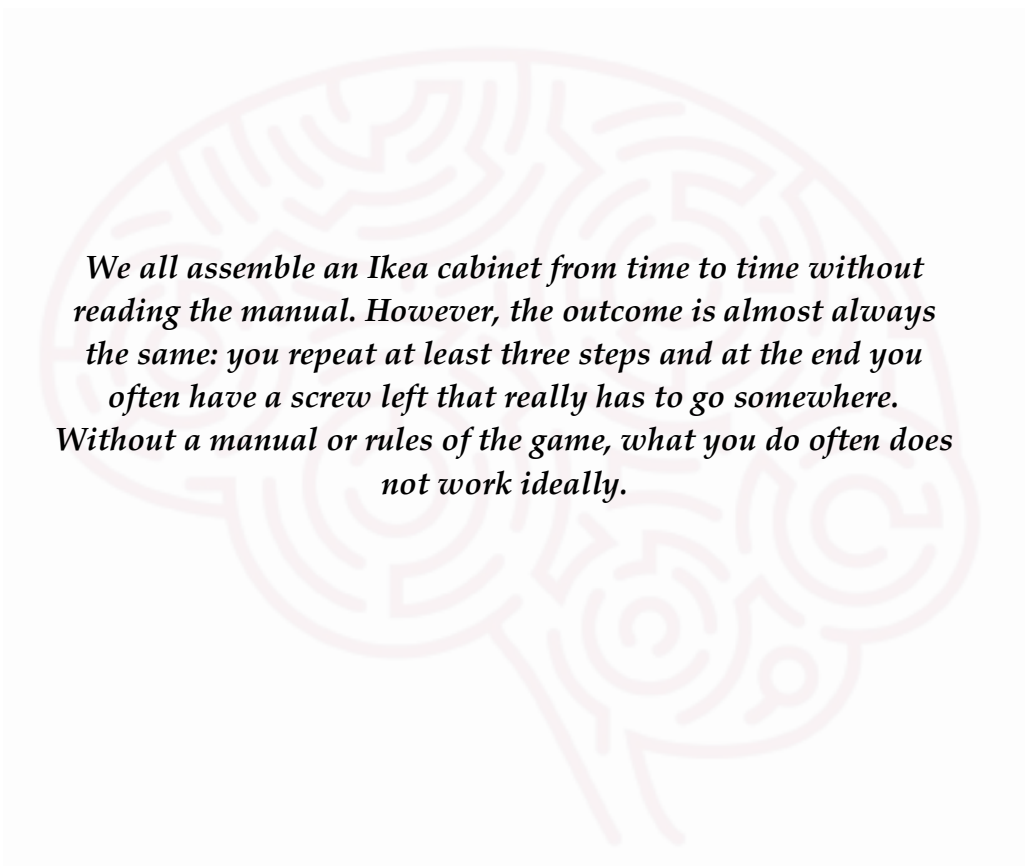
"What am I actually doing here..."

The great thing about this book is that you will find out for yourself where it goes wrong with your mental health, without having to discuss it with your psychologist. I have also read this book and followed all the steps. And guess what: my complaints do not originate from my environment! If only the last psychologist I spoke to had also followed this method, then I would not have had to waste five sessions on this discussion. The approach that Erwin uses in this book, I have not seen in any therapy/psychologist. That is why I am certain that this book will give you new insights.

More than enough about us. Now, over to you! That's why you bought this book. Go for it, we believe in you.



TIP: Don't forget to watch the accompanying Pre-Video video via the link sent to you



We all assemble an Ikea cabinet from time to time without reading the manual. However, the outcome is almost always the same: you repeat at least three steps and at the end you often have a screw left that really has to go somewhere. Without a manual or rules of the game, what you do often does not work ideally.

Rules of the game

In this book you will play a number of "games". In psychology we call these "games" psychological interventions. Playing a game without rules quickly becomes chaos. The interventions in this book also have general rules needed to be effective. I call them game rules, because I want you to play with the assignments later. In the next chapters you will learn which game rules there are. At the end of each chapter you will find an assignment.

Reminder: *do not skip any assignment or chapter. If you do, the game will not work anymore.*

2.1 Honesty

Do you want to move forward with your mental health issues? Then it is important to be honest with yourself. This book will only move you forward if you put everything on the table. And by everything, I really mean everything. You are probably thinking:

"Yes, sure, I can do that."

Eventually you will succeed, but it is still more difficult than many of us think. I will demonstrate this with an example.

Imagine you are sitting in a large room full of people. Let's take a packed movie theater as an example. At the front of the room is a presenter with a microphone who asks the following question:

"Anyone who is afraid to answer a difficult question can raise their hand. Anyone who raises their hand, I will not ask a difficult question."

You may raise your hand within a second. However, that is rare. Most people will first look around to see what the rest of the room is doing. If almost no one raises their hand, you probably won't either.

Then the presenter asks the following question:

"Anyone who has not raised their hand may stand. I will choose someone to ask the question to"

Chances are you have some hesitation about standing up. Again, you will look at what the rest of the people in the room are doing. If that is the case, you were not honest in your answer to the first question. You were probably afraid to answer a question in front of a large group of people.

This example may be a bit lame, because speaking in front of a large group of people at least creates a slight form of tension for most people. Just raising a hand in the audience can also cause some tension. So we prefer not to do that. However, this nicely illustrates that we always think we are very open and honest, but in practice this is disappointing. Let alone when the questions are more difficult and personal in nature. In addition, honesty is very dependent on the environment we find ourselves in. In psychology we call this:

“Context dependency”

This is also my experience in mental healthcare. People come to see me to be helped. They think that they want to put everything on the table, but feel embarrassed to give real honest answers to certain questions. Within conversation techniques there are all kinds of possibilities for me as a therapist to get the answers I am looking for. Because this book does not give me these possibilities, I will have to solve this in a different way. Fortunately, the book gives us both a different context to work in. There is no one present for your answers.

That is exactly what hopefully makes it easier to be honest. However, at some point, questions will be asked that are painful. Questions that you would rather not answer honestly. Questions that may put others in your immediate environment or family in a negative light. Questions that you would rather avoid. However, honesty is necessary to move forward. As long as things remain hidden, you cannot use what you really need.

Rule 1

“Are you willing to answer every question posed in this book honestly, even if the answers are painful and unpleasant, even if it means that you will have to highlight negative aspects of people close to you?”



If the answer is no, stop reading immediately and give yourself time to answer the above question again. Sleep on it for a few nights and ask the question again. Only read on if your answer is “yes”!

2.2 Hostage-taking by society

Somehow there are multiple reasons that prevents us from growing much further mentally. That is weird in my eyes. How can it be that we have developed in every area, but our mental health continues to deteriorate? We can now go to space, but we apparently cannot solve our own mental complaints.

In the society as a whole, we do try to find solutions. Specifically within mental health care, scientific research is constantly being conducted to examine the effectiveness of treatments. New forms of treatments are also being worked on continuously. We continue to look for improvement. That apparently does not solve it.

In a more general sense, we are also trying to do something about this in society. In recent years, the trend has mainly been to discuss problems and emotions more and more openly. In the past, say 40 years ago, feelings were hardly ever discussed with children. We are trying to do this more nowadays. Visiting a psychologist has also become commonplace. Yet, everything has solved very little and the waiting lists are longer than ever. How is this possible?

In my view, this is due to two mechanisms.

The drive for success

The first mechanism is to achieve success in whatever form. Everything must ultimately be good, beautiful, positive and better. In this, the enormous development that we have gone through

technologically, has now also taken on its negative role. After the success achieved, this must be shared with the rest of the world as quickly as possible. I get many examples of this in practice.

"Erwin, why can't I be as successful as so and so..."

"I feel like such a loser compared to many of my peers..."

"When I look around me, I have the idea that everyone has a beautiful life, except myself..."

"Everyone has it much better than me, just look..."

If something ultimately works or is beautiful, it needs be shared immediately:

"Erwin, I would like to show you my photos from the holiday"

"We bought a new house this week as a family, look at it"

"Pinggg... new photo posted on Instagram"

In the latter examples I often see fantastic pictures of happy, loving families. They seem to have had yet another fantastic holiday and are having a great time. However, many people do not realise that they told me the week before how often they argue at home and that they are being mentally or physically abused by their partner. That they have been feeling depressed for months and have lost their zest for life.

You don't get these stories and that context. In other words, you as a fellow human being only see those pretty pictures. The whole social media, if that is YouTube, Instagram, Snapchat or Facebook, almost

never give a complete picture of someone's life. After all, who wants to see crying or depressed people in the posted photos? And then we haven't even talked about the use of Photoshop and other digital techniques that are used nowadays to make pictures look better than they really are. I strongly recommend that you google some celebrities that you look up to with the search term:

“[insert celebrity name] with and without make-up”.

Chances are your eyes will widen in amazement at what the most beautiful people on earth, or at least that was your original idea, normally look like.

When we look at social media, many people know and understand this somewhere. You probably do too. However, in my opinion it is impossible to get rid of automatic ideas that come to mind when watching videos and pictures. I myself also catch myself having certain thoughts when I see new holiday photos of one of my friends. To me too it seems as if everyone does such special things and we are just a “boring couple” at home.

As I wrote before, we have become more open about our negative feelings. However, I think that exactly the same problem is at play here. Everything has to be more beautiful and better. We are not allowed to feel really bad. So the goal of sharing is not that negative feelings are allowed to exist, but that they should be removed as quickly as possible. Telling someone the real truth with possible negative feelings as a result is something we often avoid and generally prefer not to do. Let's face it, to give someone else an unpleasant feeling, we rather avoid.

We often think all sorts of things, but we don't say them to protect the other person from these negative feelings. We are also afraid of the consequences if we would speak out.

Big and invisible problems

The second mechanism is that problems are big and invisible these days. Outside of social media, many people absorb information from general knowledge sources such as television and the news. If people are not watching television, it is discussed at the coffee table at work. The news brings up big themes that involve humanity as a whole. These are often big and intangible problems. Take for example the climate, the coronavirus, Gaza or other different wars that are currently (2023/2024) going on. In addition, there are many more examples. The last time that no problem was discussed on the news, I can't even remember.

Ultimately, these become large, invisible and intangible enemies of our mental well-being. They can slowly fill us with emotions while at the same time we have no direct influence on the outcome. On one hand, we want to do something, on the other hand, we can't do much. In my opinion, we live in a collective delusion where we as humanity think we can solve everything. In doing so, we often forget to look at ourselves and often start way too big.

I too am a victim of this mechanism. For me, the climate can really get on my nerves, to name just one example. Even people who seem to be doing a lot on the outside for the climate, are often hypocritical in my eyes.

Take the people who are responsible for the new climate agreements and dedicate their entire lives to supposedly saving the planet. That often seems great at first and a good example to follow. When I then read that they fly to Dubai with 70,000 people to discuss the climate, you've lost me again. Seventy thousand! So they fly there with hundreds of planes at a time to stay in the most luxurious hotels. I also find it hard to imagine that they all sit in those hotels at a temperature of 40 degrees with carrots and broccoli for dinner. I thought that since corona, contact via digital means as "teams" had become so fancy? If you really believe that you as a human being can change the climate, then these are incomprehensible steps, aren't they? I always have to laugh a bit cynically about it. Ultimately, my conclusion is that I, my partner, my daughter and my entire family have done more for the climate for the rest of our lives than that entire group did on that one (flying) day.

It's all being made so big. We have to save the planet, otherwise we'll perish. Why don't they just make it a bit smaller? Plant a tree, eat less meat, buy a bike, insulate your house, turn down the heating, something small. Don't fly thousands of people to Dubai to sit there for weeks with blowing air conditioners. Give us something we can actually control and implement. This is often where it goes wrong. Some people can barely tidy their room or house or keep some structure in their lives. But they're going to save the entire planet...

As you can read, this affects my mental well-being. A big invisible problem, where I don't understand many steps and choices. At the same time, I can't solve it. That frustrates me.

Hostage taking of society

These two mechanisms together I call the hostage-taking of society. One side you can't solve directly, but it does affect your mental well-being (mechanism 2). The other side you will never reach, because it is unrealistic (mechanism 1). Add to that all other daily activities and you are pretty much a hostage of society.

Evolution of our brain

What also applies to both mechanisms is that we fill our brains with far too much information. Evolutionarily speaking, we are not ready for that at all and developments have gone far too fast. In fact, you could say that our brain is lagging behind compared to the current time.

"But we are the smartest species on earth"

you might think. That's right, but we also have limits.

If we look back to prehistoric times and the beginning of humanity, we had to take very few factors into account. The men had to provide for the food and hunted for food for days and nights. Our innate fear system is a great tool for this, more about that in chapter 3. The women made sure that the food was prepared and that the children were raised. This may be a bit simplistic, but it is an appropriate summary. In some countries you see forms of this traditional division of labor still

exist. Here in the West, the tasks are generally divided between men and women. This shift therefore already demands more from the male brain and the female brain than we were originally built for. Fortunately, we can now deal with this reasonably well.

What is added here, however, is the aforementioned news (mechanism 2) and social media (mechanism 1). Now it is possible for you to:

- Sitting in the war in Ukraine in the morning
- A minute later you'll be standing on a beach in Spain
- In the meantime, take a trip to the football field
- To end up in a hospital full of corona patients.

Of course not literally, but in your head. It doesn't make much difference to your brain. Our brain is so effective at imagining situations that it makes little difference to our brain whether a situation has actually been experienced or whether it is only imagined. We will use this later in this book during the exercises.

In short, not only have our tasks changed, we are also being given too much information to process. Let alone that you are still busy with your own life in which you:

- Should work
- Relationships must be maintained
- Must pay attention to finances
- And possibly also have to care for one or more children.

Our brain has to switch every second, day in, day out, and is actually overloaded before noon. Perhaps you now understand better why more and more people can no longer cope with life and why people are even talking about a “burn-out” at a younger age. Bizarre of course, how can you be done in your mid-twenties? Then your adult life has only just begun.

Why is this important?

That is of course a good question. I think that the hostage-taking is increasing. And this is important because it costs time for you and for your brain. Time that we need to be able to work on your mental complaints. Because you are held hostage, you often no longer know what to do for yourself or where to start. Even people who come to my practice for help often have not spent enough time on the assignments given. They are held hostage. They are too busy thinking about large and invisible themes, wanting to achieve the unattainable, or with other practical matters in life. Sometimes even quite simple fill-in assignments, which do not have to take more than 15 minutes a day, do not work. In this way we are apparently taken up by other matters from society. Held hostage. So busy that there is no time left to work on the mental problems that they have. Mental problems do not simply disappear with this book either. I need your time.

How is this with you?

You can decide for yourself to what extent the above applies to your life. You may have already taken steps in this regard. What has helped me is to occasionally look in the settings of my phone. There is an option there to find out how much screen time you use per day.

People are usually shocked by this. I was. You could also spend all these hours on something else. My advice regarding social media is simple:

If you find yourself sensitive to its influences, you have two options:

You train yourself to keep repeating the aforementioned facts so that you learn that it is not a realistic picture

Or

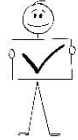
You simply stop using social media.

I think that training is an impossible task; so I chose the second option. It is not that I do not use it at all. As soon as I notice that I am feeling less well or am no longer satisfied, I force myself to stop looking at anything in that area. I do not know how old you are, but it helps me to think back to my youth. Back then we did not have smartphones or internet and I really did not miss anything in my life. From my own experience I can reveal that this is still true today if you decide to stop. I also skip the general news if I notice that I am bothered by subjects that are outside my direct sphere of influence.

On average, I see people in practice for treatment for an hour a week. Outside of that hour, they still have to do all kinds of assignments and some are even busy with them every day. Actually, an hour a week for this book is too little. It depends on how quickly you want to get rid of your complaints. The more time you spend on working on yourself, the faster and further you will get to the life without mental complaints.

Rule 2

“Are you willing to spend at least one hour per week on this book or on carrying out the interventions in this book, and preferably more than one hour?”



If the answer is no, stop reading immediately and give yourself time to answer the above question again. Sleep on it for a few nights and ask the question again. Only continue reading if your answer is “yes.”

2.3 Blank start

The starting point of my method is that you are not born with anything in principle. At least not in terms of mental complaints. I am aware that this statement is a bit too black and white, but I will explain why I am so firm about it.

It is true that one child gets angry a little faster than another. Or that one girl cries a little longer and faster than another. Then we are born with “complaints”, right? No. You can ask yourself whether the child itself is actually bothered by it at that moment. I don’t think so. It is often the parents or society as a whole who are bothered by it and then react to it in a certain way. The small child itself seems to find everything fine, I will come back to this later.

How it is responded to, of course, has an effect on the small child. The child can possibly develop complaints from that later in life. The principle that you are not born with anything, therefore, relates to those mental complaints later.

Your head is probably already spinning in a search for possible reasons for your complaints. Great! Hold on to that thought until at least chapter 5, in which I will help you with that search. Incidentally, it does not always mean that we have to do something with the cause of your complaints to help you further. I will also help you through that step by step later. However, even in those cases it is always good to understand why you have developed a problem.

Ona

The best proof for me that you are not born with mental problems is my 1-year-old daughter Ona. For all readers with children, the rest of this chapter will probably be recognizable. Readers without children can probably imagine it. Hopefully it will put a smile on your face while reading. It does that to me almost every day.

Ona is an inquisitive girl and already quite active. She crawls all over the house and loves to climb the stairs, despite the fact that she has no idea how to get down again. That is something I notice more often:

She starts doing something she feels like doing at that moment, without thinking about the consequences.

She regularly starts a crawl at full speed, where she eventually comes to a standstill and has no idea why she ended up there. She then looks around somewhat surprised, tries to grab something that is nearby, and continues her journey. While eating, she sometimes deliberately drops food or yoghurt from her mouth, it seems. She also regularly waves her hands through her food, causing everything to fly through the house. Our little dog Dragon is always eagerly waiting to eat everything. Ona also seems to be fine with it all.

Recently she discovered that after drinking water she can also let everything fall straight from her mouth over her chin and clothes. She loves that. She can make a mess, our little Ona. She recently managed to open a door in the kitchen and found an already open packet of flour. She managed, without me realizing it, to get the full packet of flour out of the closet.

In the middle of the completely flour-covered floor she sat there, hitting the package. With her hands she grabbed the flower and dropped it again.

She farts regularly, even while eating. Sometimes she even seems to do her best to fart. She poops everywhere, even while eating and does so without embarrassment. If the diaper is not on properly, the feces run down her legs. Or up her back. I can still remember one time. I was a bit panicked because literally everything was covered in poop and I didn't know what to do. Finally I decided to fill a bath. I put the shower head in the bath and turned on the tap. Ona was safely in the corner on the floor on a changing mat and I had to go to the toilet so badly that I thought I could quickly run back and forth. When I came back, Ona was no longer on the changing mat. I found her in the bathroom. The shower hose had apparently not stayed in the bath, but sprayed over the edge of the bath into the bathroom. The entire floor was under water. There she was, our Ona. She splashed in the water with her hands. The water had turned brown from all the poop... And Ona herself was covered in it by now. She was having the greatest fun and was laughing loudly when I came in. It didn't seem to bother her at all.

After reading this story, ask yourself the following:

Would Ona:

- Suffer from constant fear of doing something?
- Suffer from a lack of self-confidence?
- Suffer from constant, gloomy feelings when faced with setbacks?

- Not be feeling good enough?
- Have any other negative ideas about herself?
- Be feeling less than others?
- Enter any negative thought about yourself here and ask yourself if Ona would be bothered by it.

If any of the above is the case, she certainly does a great job of hiding it. It certainly doesn't seem to affect her behavior or her overall well-being.

After answering all these questions, and if necessary, you can make up a few more yourself, consider that you were once such a little one. No one is exactly the same, but I dare say that many of the behaviours described above are almost identical to what you were like as a baby. Everyone I speak to in my environment who currently has small children recognizes the situations almost one-on-one. If the bond with your parents allows it, it is fun to discuss this at home. Not only does this often improve the bond because you go through the early years together, the hilarious conversations and examples you hear about yourself are much more fun. With a bit of luck, there is even some visual material.

My point is: we are not born with mental complaints or negative ideas about anything, about any subject or feeling. Neither are you. They are created during our lives. In theory, we can just as well unlearn this. That way, we will at least partly get that little boy or girl back.

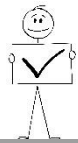
Of course, everyone is entitled to their own opinion about this. However, if you do think that you were born with your current mental complaints, then further reading in this book is pointless. With talk

therapy or a book we will not change biology/DNA. The starting point of the entire method of this book remains:

No one is born with mental health issues, not even you!

Rule 3

“Are you prepared to adopt the above position and assume that the mental complaints you suffer from are not innate?”



If the answer is no, stop reading immediately and give yourself time to answer the above question again. If necessary, read the chapter again. Sleep on it for a few nights and ask the question again. Only continue reading if your answer is “yes”!



TIP: Don't forget to watch the accompanying Rules video via the link sent to you

2.4 Summary theme 2

In order to eventually be able to play with your mental complaints, it is important to respect certain rules of the game. Without these rules, playing becomes chaos. In this book we call these 'games': psychological interventions. For all these interventions, three rules of the game are important:

- Many people ultimately find it difficult to be completely honest. We often think we are honest, but in reality, we are not. For this method, you will have to be prepared to give a completely honest answer to every question asked
- We are occupied by many things during our lives. We suffer from a drive for success and want to achieve the unattainable. In addition, we are bothered by large and invisible problems that we cannot solve immediately. These two together I call "The hostage-taking of society". This takes an awful lot of time. For this method you will have to be prepared to spend at least an hour a week on the assignments, preferably even more.
- As a small child we do not suffer from mental complaints. For this method it is important that you assume that your mental complaints are not innate!

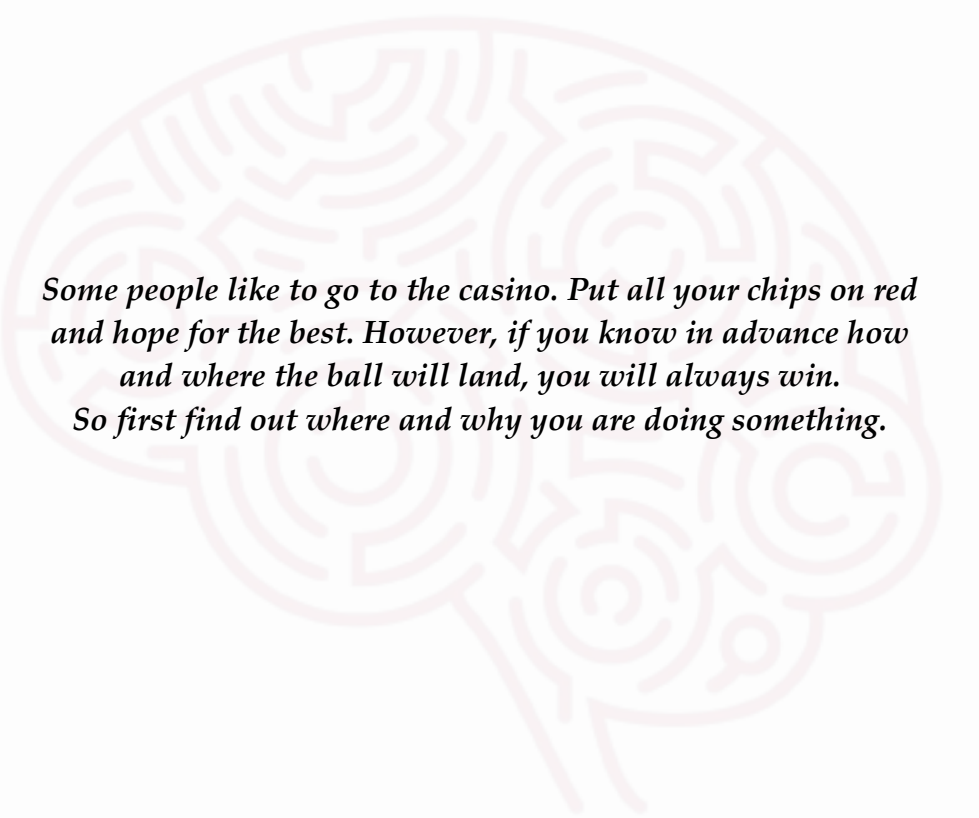
2.5 Patient

When I was still suffering from my fears, I often ended up on social media and the internet. Facebook in particular is full of "fear groups". These are groups (public or private) where you can register and discuss your mental problems. I soon noticed that this was a bottomless pit, without solutions. Before you know it, you are reading all those terrible stories from other people. There is no end to it. It can even make you extra anxious "I'm going to get this too!". Eventually you decide to tell your own story. With the hope in the back of your mind that someone will give you the magical solution or tip. Then you wait in suspense for the first reactions.

The magic solution will not come. That is not so strange, because these groups are not full of psychologists and professionals who try to help you. No, these groups are full of people who all have mental problems that have not yet been resolved. Suppose you no longer had mental problems, would you still stay in these fear groups? I certainly wouldn't. That is probably not where you will find the solution. Yet it is a kind of outlet and you hang around there for months or even years and you become a member of multiple groups. Not realizing that this is a big part of what maintains your mental problems. This was my hostage situation, among other things.

Unfortunately, there are also many scammers on the internet. They all promise miracle cures or solutions. Often it comes down to you having to pay a lot of money and being left without a solution.

In that respect, I too have fallen into those pitfalls. Sometimes I was completely stuck. In the meantime, I did not realize that I was passively dealing with my complaints. I thought I was doing a lot about it, but actually that was not the case at all. By reading the rules in this theme, I realize that I should have spent much more time carrying out assignments. That is also my advice: leave any fear group (or other group for mental complaints) if it has not helped you any further. Stop looking for a new, magical solution. Spend the time you save with this on the assignments in this book. Also realize that your mental complaints do not have to be completely resolved before you can do something you like. There is also life outside of your mental complaints, do not forget that.



Some people like to go to the casino. Put all your chips on red and hope for the best. However, if you know in advance how and where the ball will land, you will always win. So first find out where and why you are doing something.

Your Manual Part I

Now that we have determined the general rules of the game, we will really get to work. We will create a customized manual for you to carry out your interventions. From now on, we will call this personal manual your blueprint.

This blueprint is a reflection of how your complaints are structured and how you can understand them well. In this first part we will find that out together. In addition, you will meet Richard and Emma, who serve as examples for filling in all upcoming worksheets. For privacy reasons, we have chosen not to let my brother Johan share his blueprint.

Each chapter has an assignment. Don't read too fast and do everything step by step. The results of your assignments will ultimately determine your blueprint.

3.1 Your Blueprint: Complaints

In the Complaints section, we will first investigate what you are suffering from. In mental healthcare we investigate this in a first and sometimes second intake interview. Most people like that they can finally tell their story. For me as a therapist, it is impossible to help

someone if I do not know what the complaints are. However, this conversation is not only useful for me as a practitioner. I see time and time again in practice that people think they know exactly what the complaints are, but need relatively much time to think about many specific questions. And that is strange for someone who knows it all so well.

It is essential to know what the complaints are. Not only because you can then better determine what you want to work on, but also to determine where you want to end up. What should the goal ultimately be in your eyes and how realistic is that?

An initial intake usually takes 60 minutes in my practice. This includes a brief introduction, explanation of the organization, working method and a closing. On average, 40 minutes remain for asking about all complaints and life circumstances. That is quite long. However, in my experience, this is the minimum that is needed to properly map out complaints. In practice, a second appointment is often needed to look at people's life history. Because we only focus on your complaints in this chapter, one appointment should be sufficient. Keep that time to complete this chapter. So about forty minutes.

I will help you by listing a number of important questions schematically. When filling them in, try to be as honest as possible and give as precise a description as possible of what you are up against. Do not feel limited by the questions I have listed; if you miss something, please add it! On the following pages you will meet Richard and Emma, who serve as examples for filling in the worksheets.

Assignment 3.1

Complete worksheet 1 of the workbook and follow the steps therein in full.



TIP: Don't forget to watch the accompanying video Complaints via your sent link. In it, we will investigate together with Johan how things are going with him.

Emma's Blueprint Complaints

Emma is 28 years old and has been struggling with the same complaints for years. She has had treatment a few times. This helped temporarily, but after a while the complaints returned. She feels insecure and anxious. As a result, she does not perform well in social contacts. She finds it difficult to give her opinion and keeps to herself. She does not dare to take on new tasks or take initiative at work. In fact, she functions below her ability, but she does not dare to apply for something else either. She is afraid of being judged by others. In general, she thinks very negatively about herself. She thinks she is ugly and not good enough. In fact, it is never good enough for Emma, no matter what she does.

Selection 1 from Emma's worksheet

Insecure & anxious

Negative self-image

Not daring to take initiative

Fear of being judged

Not feeling good enough

Richard's Blueprint Complaints

Richard is now 35 years old and from the outside it seems as if he has everything in order. He has a good job, a relationship and a 3-year-old daughter. Yet he is gloomy and can't seem to find his way in life. He has difficulty enjoying and having fun in life, despite the fact that he actually has everything he could want. Life has become a drag and he feels down. He worries about that, because what else should he do to feel good? Because of this he has also developed sleeping problems. He worries about the future. Sometimes he thinks that life doesn't have to go on like this. No one else knows this about him. As a tough guy, he feels that he can't just bring this up for discussion. He mainly wants to be there for his family.

Selection 1 from Richard's worksheet

Depressed mood

Lacking ability to
have fun

Sleeping problems

Worrying

3.2 Your Blueprint: Past

The little ones

You have agreed to rule three: a blank start. The next question is, then where do the complaints originally come from? We will go into that in more detail in this chapter. To do this, we first have to go all the way back from your birth to about five years old. For people with a baby, it is easy to imagine what children are like at that age. For people without children, it helps to use examples from your immediate environment, street, or from TV.

In a baby, we often see a limited number of emotions. In practice, emotions can be described in many subcategories and words. In my opinion, that is not necessary in this case. I will stick to the large, overarching terms in how we universally describe emotions. Before you read on, I challenge you to think about that yourself first. Which large emotions do we see in small children between the ages of 0 and 5? In total, there are four large basic emotions that we can distinguish in small children.

- Scared
- Angry
- Happy
- Sad



If you dive into literature or the internet, you will find Shameful there aswell and sometimes disgust. Six emotions. I have deliberately not added the last two here because I do not want to make it unnecessarily complicated and I think that these four are enough to make the explanation clear. I also see little shame and disgust in my daughter,

maybe you remember the water poop story. I don't know about your children, but I find our daughter quite shameless. Throwing food around the restaurant, no matter how many people there are, is no problem for her.

When we look at young children of this age, are their emotions very small or very big, do you think? For example, are they a little bit sad or do they burst into tears? Exactly, in general these emotions are very big. When I look at my daughter, sometimes the whole world literally ends in her eyes. At least, that's how it seems. A typical example in our home is closing doors. She now really likes to crawl to a door if a door is not completely closed. She then tries to get her little fingers between the door so that she can open it with pride. Sometimes that doesn't work out, for example when I'm cooking and she tries to go to the utility room. If that threatens to happen, I close the door just before she gets her little fingers between it. And then it happens: screaming! The whole world ends, because of a door!

Another typical example is children playing in the playground. If a child falls there and has blood on the knee, for example, the whole world seems to end. Then there is screaming and panic.

What does a child like to do most at those moments? Think about this for a moment. What does a child look at first when these kinds of intense emotions are playing? What does the child immediately look for as a kind of second nature?

Right, the parents. Usually the mother, because she somehow seems to be seen as the main caregiver. It may have to do with pregnancy and the evolutionary innate division of roles. Yet we see today that the more men fulfill parenthood, the more fathers are also taking into account by

the little ones at those moments. Especially when mother is not available, dad is clearly number one. They will search for their parents.

Why do you think a little one does that? Your answer is probably something like:

"That is safe and familiar for the baby."

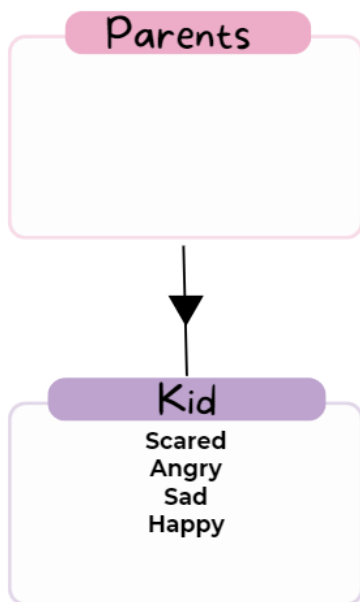
Hopefully that is indeed the case, but that is not the main reason; why would a little one do that?

Because the little one can't solve it himself. A small child has no idea what's happening. Tears on the cheeks, a strange feeling in the body, misery that the little one literally can't do anything with. Emergency! Help! So he needs someone to guide him through this and become calm again.

What is often typical is that the emotion, after help from the parents, often disappears just as quickly as it came. When I have comforted my daughter or offered her something else to play with after her door debacle, she already has a smile on her face a second later. When a parent gives a kiss on the bloody knee of the fallen child and tells her that everything will be fine, before you know it the child is hanging in the same climbing frame from which it just fell.

Emotions are not only very big, but also very black and white, at the start of our lives. They can arise very quickly and disappear just as quickly, at least: if the right support and conditions are offered. This generally applies to a greater or lesser extent to every child, in every part of the world, for every gender and for every origin.

Schematically, we have the following model so far:

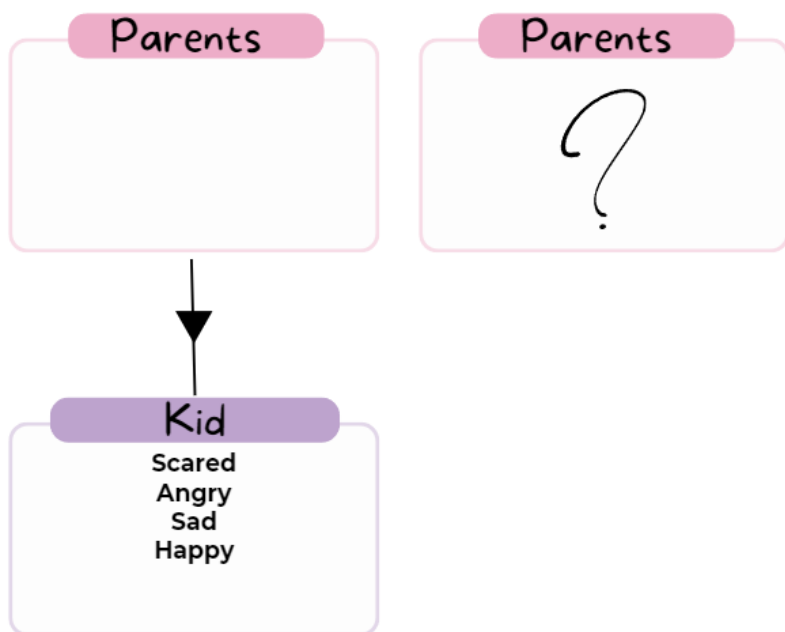


Small children suffer from big, black and white emotions such as Fear, Angry and Sad. The child needs help with these emotions and looks to the king and queen of the world, the parents. The parents try to respond to this.

So the parents play an incredibly important role. You may have a feeling where we are going with the next step: your parents! Now we are on slightly more slippery ice than in the previous chapters. There will be a number of difficult questions. Universally, this remains a difficult subject for many people. Also for you, even with your promise from chapter 1 to answer the questions honestly. This is also my experience in practice. We all have a conflict of loyalty with regard to our parents. No matter how bad or good your upbringing has been, they remain our only king and queen of the world. They remain our parents and we do not reject them.

We also prefer not to criticize ourselves. After all, we have followed our parents for years. If we say something negative about them now, we are actually saying something negative about ourselves, because why else would we have followed them? We prefer not to say something negative about ourselves. This makes it difficult for many to be truly honest about their parents.

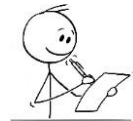
On the other hand, you yourself did not choose to be born. By choosing your birth, your parents also chose the duty to take care of you. You also did not choose which parents you would be born to. As far as I am concerned, we do not have to feel burdened in any way to honestly look at what your parents are actually like. You will fill this in later in the schematic model:



On the following pages you will find out again how Emma and Richard did this for their parents.

Assignment 3.2

Fill in worksheet 2 of the workbook and follow the steps mentioned there completely. Fill in your answers in the right box 'Parents' in model 1 of the workbook. I have one clear message; do not avoid the painful answers!



TIP: At the end of this theme you can find out what people usually encounter when filling out these types of questionnaires. You can take a look there if you get stuck.

Emma's Blueprint Past

Emma says that she grew up with her sister at her parents' house. She describes her mother as a strict and perfectionistic woman. It was not good enough for her mother. Emma was told this regularly.

Mother worked at a law firm and had everything in order down to the last detail. She was busy with that, which meant that there was not always enough time left for Emma and her sister. Father was also a hard worker, he worked as a financial advisor. He was also regularly called by clients after work for further advice. Father sometimes got over his head. He could suddenly get angry out of nowhere and then start shouting, also towards the children. This happened especially when things did not go the way he wanted. That was frightening for Emma and her sister. Their parents did not talk about it any further, they were mainly busy with their work.

Selection 2 from Emma's worksheet

Perfectionistic

Constant criticism

Hard working

Closed emotional

Unpredictable/Unstable (angry)

Richard's Blueprint Past

Richard's parents are two lovely people. They took good care of Richard and his two brothers. Father worked in the catering industry and had his own business. He was busy with that. His father always worked hard and enjoyed it. He was the "don't whine, just clean" type and always made sure that all his customers were satisfied. Richard's mother was sweet and always made sure that everything was practically in order for the children and for her husband. Emotionally, both parents did not know what to do with it. Therefore, emotions were hardly spoken about or shown by either parent.

Selection 2 from Richard's worksheet

Closed about emotions

Self-sacrificing

Hard worker

3.3 Your Blueprint: Personality

In this book, personality is seen as the whole of someone's personality traits. This therefore concerns the general beliefs and views of the person in question. This differs significantly from the complaints previously mapped out. In contrast to personality, complaints are generally not present every second. Complaints can often differ in different situations or can change considerably over time. An overall personality does not do that. Take a typical example such as the changing of season, where significantly fewer people experience gloom in the summer comparing to the winter. Feeling gloom is therefore a complaint and not part of the personality. It is a complaint that can change depending on the period. Someone who can generally be considered an extrovert (outspoken) person will still be just as extroverted in the winter as in the summer. Being extroverted therefore falls under personality. Of course, there are different variations in this and they can influence each other. The easiest way to keep them apart is the question of duration. Has something generally been present for more than five years? Then that falls under personality rather than complaint.

It may be that someone's personality more easily causes certain complaints. So personality has a considerable influence on complaints. The other way around is often not the case, at least not as strongly. Someone who has been careful all his life will not suddenly become careless because of an anxiety complaint.

In this chapter we will look at what the characteristics of your parents can mean for the way you look at yourself, the world and others. So we will look at how your personality is formed.

Not only do we need our parents to process our emotions, we are also exposed to our parents' beliefs, views and emotions. This exposure can happen in two ways.

1. Direct way: expressing opinions and emotions directly to the child. For example, telling the child that she did something wrong (or did it right). Telling the child that it is better not to trust people in general (or that you should trust). Exposing the child to their own emotions (or keeping emotions away from their children).
2. Indirect way: children pick up a lot in an indirect way. This can happen, for example, through observation. If the child sees that parents are incredibly strict with themselves every day, the child learns something from that. If the child sees that parents are very suspicious of others, the child learns something from that. If the child sees that the parents argue and how they do that, the child learns something from that. A child does not learn this directly through messages from the parents, but more indirectly through observation.

In principle, all parental views can be passed on in an indirect and direct way. The reason that they differ from category is sometimes small or overlapping.

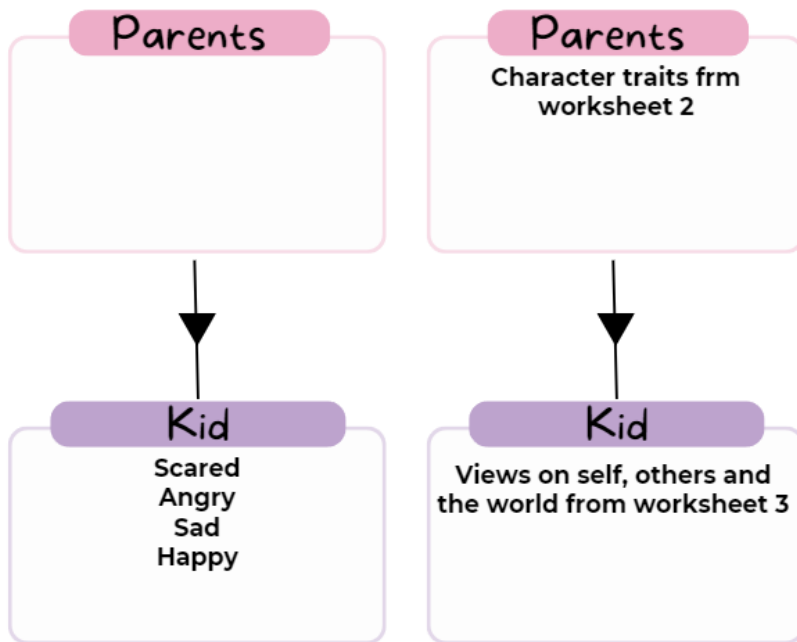
Example 1; direct manner; hard work

Some parents work very hard, day in day out. They also pass this message on to their children because they think that hard work gives the best results. They will tell the children that they have to do their best, keep working hard, and only then will they be successful. Also, the children will only receive compliments if they have worked hard enough according to their parents. This is important for the parents and is therefore conveyed directly to the children.

Example 2; indirect way; hard work

Parents can work hard and in that respect they are no different from example 1. However, they prefer not to pass this on to their children and do not give the direct messages. They do not want their children to learn that only hard work will bring success and find it important that their children have fun. Despite the fact that the child does not receive these messages, the child sees the parents working hard day in day out. It only hears the parents talking about work together during dinner. It notices that parents do not feel good about themselves if they have not worked hard or have not been successful that day. Parents also find it difficult to sit still at home and are always busy.

The two examples above (direct and indirect) can theoretically have almost the same effect: the child learns in some way that working hard is apparently important. If this is passed on strongly enough, the child can learn that he isn't good enough if he doesn't work hard enough. And there you have a general view of life that he was not born with. "I am not good enough (unless I work very hard)"

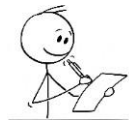


A year has approximately 8766 hours. Let's roughly subtract half of that for sleeping or other activities without the parents. That leaves you with 4383 hours in a year that you spend with your parents. Let's subtract another half for childcare, that leaves approximately 2180 hours per year. Certainly for the first five years of life, that is not a crazy estimate. I honestly think that the estimate is a bit too cautious. In the first five years of life, you are exposed to the beliefs, views and emotions of your parents for an average of almost 11,000 hours (5×2180). Exposed? No, perhaps surrendered is a better word. After all, you have no choice in the matter at that age. Surrendered to the beliefs of your parents. Either directly, indirectly or a subtle combination of the two.

Eleven thousand hours! Have you ever spent that much time doing something you love? Imagine how good you would be at it!

Assignment 3.3

Complete worksheet 3 of the workbook and follow the steps listed therein completely. Fill in the answers under “Little Child” in model 1. I have one clear message: do not avoid the painful answers!



TIP: If you have difficulty determining what the young child is learning, you will find Table 1 at the back of the workbook with the most common combinations. Take a look at that.



TIP: Don't forget to watch the accompanying video Personality via your sent link. In this video we will explore together with Johan how he looks towards his parents.

Selection 3 from Emma's worksheet

Hard work is important

I'm not good enough

I don't matter

Others are unpredictable

Selection 3 from Richard's worksheet

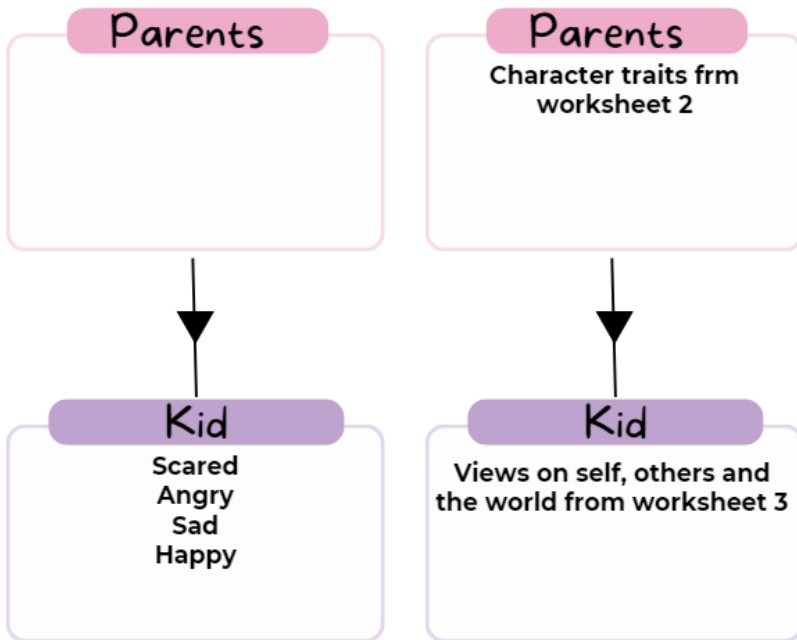
Hard work is important

Emotions don't matter

My emotions are not important

3.4 Your Blueprint: Breathing Space

Hopefully, you should now have created a mini blueprint showing the parents and the child.



Realizing that this may be a painful picture to look at, I have decided to dedicate an entire chapter to important remarks that need to be made about this model. Let's take a breather.

Guilt vs. Responsibility

What I always find most painful is that many people immediately see two “guilty parties” in this picture. The parents. And that is not entirely fair. The question of guilt is also not that important. The whole model is not intended for that. We are not looking with an accusing finger to point out who did all this to us. As far as I am concerned, you can forget the word “guilt”. An accusation would not be fair either. There are countless factors that parents could not have done otherwise.

Take for example a single mother who has to work hard to put bread on the table. She is probably often absent in order to earn money. She has no choice. No one would necessarily describe her as a bad parent. Yet her child has most likely learned something from this: he has to work hard (probably through indirect messages). Or take the busy family with three children, where one has it harder than the other two. Where the parents are ultimately unable to give the other two children the same amount of attention. Are these parents guilty? No, not necessarily. But most likely they have taught the other two children something by doing this.

In addition to numerous factors that a parent cannot do much about, every parent naturally also has their own blueprint. When you have completed your blueprint as a whole, it is good to return to this chapter and then consider that your parents have a similar blueprint. Because of this, it is possible that they too are stuck in certain beliefs and views that are not really theirs. They were also raised in a certain way by their parents. So they also followed that blueprint unconsciously and invisibly in the upbringing of you as a child.

No matter how your parents raised you, we're not looking for an accusation. Let's say it's mostly about understanding yourself better. But it is true that your parents were responsible for you as a small child and they had a lot of influence on you. But please. do not let this blueprint influence your current relationship/bond with your parents, because that is the last thing you should do. Hopefully it will mainly provide some more understanding for yourself, but also perhaps for your parents.

The foundation of everyone

In addition, I sincerely believe that everyone has a good foundation. Of course, we have filled in this mini-blueprint somewhat in black and white because we have only looked at the negative characteristics of your parents. By all means, you want to know where your current mental complaints come from and how they may have been formed. We will leave the positive effects of your parents and upbringing for what they are. But ofcourse they also do exist. Everyone has a good foundation somewhere and you are going to demonstrate this to me yourself by answering the following questions.



Imagine that you are taking a walk in the woods. On a deserted forest path you come across this girl. She feels incredibly lonely and scared. She has lost her parents and does not know what to do. First look carefully into her eyes, at her mouth and body language. Look for half a minute. What would you do?

You probably didn't have to think about this for long. You probably want to comfort the girl in some way. You probably stand close to her, on your knees, put a hand on her shoulder or put an arm around her. You want to give her words of encouragement and comfort, that everything will be okay and that you will make sure she finds her parents again. Then you would do your best to help her further. Something like that? I thought so.

I assume it didn't occur to you to tell the girl that:

- She is incredibly stupid that she lost her parents.
- She will now be alone for the rest of her life.
- She should figure it out for herself.
- She shouldn't be such a whiner and be a big girl
- You're out (and just start walking away from her)



Another one. This little boy has been playing with you all day. He has been away for a while and at one point he walks into the room full of pride and joy. With enthusiasm he wants to show you that he has attached his car to a string and that he can now move it by holding the string. Look into his eyes again and at his mouth for half a minute. Look at the whole picture and the car on the string. He is asking you for a reaction. What would you do?

Again, you probably didn't have to think about this for very long. You'll probably say something like you're proud of him, that he did a good job or that it's incredibly clever. You admire him. You ask him to show you how it is. You might even give him a hug or a high-five to emphasize this.

I assume it didn't occur to you to tell the little boy that:

- What he has done is nothing.
- There shouldn't be any string attached to the car at all.
- It's stupid that he spent so long on this.
- Everyone could do this.
- You ignore him and tell him that you are not interested in what he wants to show you.

I have written what is written above so firmly because I am convinced that every person and every parent, with the exception of extremely rare cases, basically wants the best for his or her children. I think also for every small child in general. That is the basis of everyone. I firmly believe that there is not a single parent in the world who wakes up one morning and thinks

"Gosh, you know what I'm going to do today? I'm going to make my kid feel bad today."

That is not how it works in practice. That is also how it did not happen with your parents, if something negative had come out of your mini-blueprint. And these examples above illustrate that quite clearly. Everyone would answer the questions asked in a similar way. Your parents too. However, this does not automatically mean that your parents have conveyed this well. Unconscious and invisible patterns

are namely difficult to break through and are passed on before you know it. Your parents also have a blueprint. So it's not necessarily always their fault, but we do not have to ignore them too easily either. They do have a responsibility with regard to you as a small child. You as a small child is the one who is completely 100% innocent. After all, we cannot blame a little girl or boy of four years old for basically anything. Your parents could also have chosen to do things differently. To work on the unconscious and invisible patterns because they know that it was not nice for them as a child either. Some things are simply not good for a child and we are allowed be honest about that!

Healthy basic responses to a child's emotions and needs are incredibly important. A child has a number of basic needs that need to be met. Basic needs such as safety, the expression of emotions, space for autonomy and healthy boundaries. If the basic needs are met, a child can attach to its parents in a healthy way and develop itself in a healthy way. If that does not happen, you get a skewed growth in this development. What that means, we will discuss later in the book in theme 5.

Don't worry

For the current and future parents among us, don't worry. In general, a different reaction to your child every now and then, which may not be the best, is not so harmful at all. I would also be lying if I said that I always pay attention to my daughter when she asks for it. Or that I never have an argument with my wife when my daughter happens to be there. Or that I sometimes react somewhat disapprovingly, purely because I didn't sleep well and not because my daughter does something wrong.

In my eyes, that is not at all bad. There is no 100% right way of parenting, thank god it doesn't. The key word is often "balance" in these kinds of cases. If negative situations are recurring and frequent, it will have its influence. When it comes to temporary and passing situations, fortunately it is not that bad.

My general belief about children is that all children are inherently good enough, no matter what they do, what they can do, and what mistakes they make. That all children have the right to feel what they feel and that someone will be there for them if they can't figure it out themselves. That all babies have the right for care, because they can't take care of themselves yet. And I believe that you feel the same way. In fact, I believe that deep down, everyone feels this way somewhere.

Invisible

It is good to realize that the underlying beliefs about yourself, others and the world are often unconscious and invisible. They are not always active thoughts that are easy to trace. For example, someone who does not feel good enough when he does not work hard enough is not necessarily concerned with the feeling of not being good enough in daily life. He is probably just working hard and has no idea why. It is like an invisible pair of glasses through which he, the people and/or the world are viewed. He only sees these glasses when he realizes it. These glasses are often easier to see when something goes wrong for him at work, or when a mistake is being made. Only then does he feel the underlying beliefs emerge: he has failed, he does not feel good enough, he begins to doubt himself, and so on. That also explains why inherent good parents sometimes still don't meet the needs for the small child at all. It's an automatic invisible pattern, quite stubborn to breakthrough.

Our own views, right?

Fortunately, later in life we are allowed to decide for ourselves what our beliefs of ourselves, others and the world are. Right? Does it still even have anything to do with my parents? In theory that is of course correct. As an adult you are allowed to decide for yourself what views you have. The problem, however, is that many of us have never again questioned what we learned from our youth. As I explained earlier, there are many thresholds. Not only to look back on it and be honest, but also to have an opinion about it. So we simply continue to live as we always have. They are also often unconscious and invisible ideas that we do not dwell on. Often we do not even know how we really look at certain things deep down. Sometimes we are even ashamed of it.

In that respect, we are actually just like robots. We just continue. That has to do with our brain, which automates many processes. Think of driving a car. I don't know how your first driving lessons went, but mine were not great. I kept changing gear incorrectly, skipping a gear. The instructor had to correct the steering every now and then because I was no longer driving straight and I often drove much too slowly because I was so busy with other things. However, now that I have spent thousands of hours in a car, I get in and drive away. I can't do that because my brain no longer "thinks" and no longer knows the steps, but because it is all automated and I no longer consciously think about it for a single second.

As a small child, you couldn't ride a bike. The first few times you practiced, you were busy with all sorts of things. How to move the pedals, how to hold the handlebars, what to do with that bell, how to steer straight, what to pay attention to in traffic... That never happens to anyone completely automatic as a child; often resulting in a lot of

(small) accidents. Now that you are an adult, I assume that you just take your bike and cycle away, without having to think for a second about how that works. It is automated. And that is a good thing. That saves us a lot of energy and brainwork and makes life a lot easier. Imagine that we still have to think about what to do with a chair (a small child does not know that it is used to sit on it) and that we cannot sit down immediately? Life would become almost impossible.

So big advantages. The disadvantage is that this can also happen with negative views or beliefs. So we some things in a certain way, believe in something, without being aware of it. They happen automatically, somewhere on an unconscious level, without us noticing it. In this way you can suffer from something without knowing exactly why that is.

Directly

In addition, our parents are generally right. At least, from our perspective. After all, they are our only real role models at a young age. We have contact with them in abundance. They are our king and queen. At a certain point, we simply assume that what they say or do is correct and as a child we adapt. At a young age, you have no choice. If a family works hard and you decide to do less of that, you will probably encounter comments. That is not nice for you as a small child, so you will also try harder. You actually have no choice. If no emotions are shown at home and you do as a small child, you will probably be looked at strangely. This is terrible for you as a small child. So what do you do? You stop showing your emotions.

And these “rules” still apply, even when we are adults. Take tennis lessons, learn a certain stroke from a teacher for ten thousand hours, then you assume that it is correct. After so many hours, it is also almost impossible to change and you probably will not wonder whether you are doing it right. This just becomes normal. This is how it should be. And it will remain that way, unless you decide to spend an awful lot of time learning a different stroke.

That our parents are generally right and their ideas are correct is nevertheless a common misconception. In some ways I even call that completely bizarre. Just think about how many people there are on the planet. 1 billion has 9 zeros. That is 1,000,000,000. At the time of writing there are more than 7 billion people on earth. Let's assume that half are children and the other half are parents. All these 3,500,000,000 parents all have their own ideas, views and opinions about the world, life and themselves. They also all have their own emotions and the way they (can) deal with them. When written out, those numbers look impressive. Let them sink in for a moment. It is of course impossible for everyone to be right at the same time, while the ideas of all those people are really not exactly the same. This also makes it impossible for every parent of every child to be right. In my opinion, with these kinds of numbers it is even impossible for anyone to be right about everything. In other words, everyone is wrong. There is no right. They are just that; beliefs, views and emotions of two random people on this planet. Nothing more, nothing less. If you had been born into one of the other billions of families, you might have different beliefs and ideas about life than you do now. You might have learned different things about emotions than you have now.

Is there nothing else important for learning beliefs?

The above vision, namely that parents are largely responsible for our views, produces quite a few nice debates. There are a number of other factors that could certainly play a role in this, but which in my opinion are less important. Below you can read the most frequently asked questions from patients in practice.

What if children go to daycare every day?

This is often one of the first questions I get after discussing the mini blueprint. It is true that some children go to daycare a lot and that this can certainly be a factor, but I still believe in the king and queen of the world. The importance of these two people weighs so much more heavily than a supervisor in daycare. Often the child also gets different supervisors in daycare with different messages. I believe that these do drown out the messages of the parents. No matter how nice the supervisors are, the parents always come first.

In addition, we as humans can internalize. Can? Actually, it just happens. If you spend so many hours with someone, certainly as important as the parents, you internalize these people in your head. In short, that means that this person is still with you, even if in practice they are not. You still hear the voice of your mother/father, even when you are at the daycare. So they are still there and in some way they are still the boss. Not necessarily out loud, but unconsciously somewhere invisible in your head.

Ultimately, the parents are an unbeatable team. If one of our kings or queens doesn't think we're good enough, a daycare provider can never fix that. If we line up the providers with the mother, and ask the sad child who they would most like to be comforted by, who will they choose you think?

What about school and bullying, for example?

Also in the case of bullying at school, I think that the previously learned beliefs continue to be leading. This is partly because children only start school at the age of 4. In some countries, even at the age of 6. If it has been learned at home in the first four years that someone is completely good enough as they are, but that person is later bullied and receives a different message, different things happen. Often the previously learned belief, with more than ten thousand hours of practice, is quite stubborn and children will be quite resistant to a different message. What has been learned is quite strong. You don't just unlearn that. Just think how many ten thousand hours of bullying is! That is years. Add to that the fact that the child with such an upbringing is probably also well cared for at home if it were to be bullied. As a result, the message of the bullies is again refuted. In most cases, this will provide sufficient counterweight. The previously mentioned internalization can also play a role in resisting other messages.

What about genetics then?

The question about genes is often the last question I get. Yes, it is true, we are born with a certain set of genes that somehow determine who we are. The question is, however, how decisive are they for the

shapes our beliefs. Think back to our daughter. It doesn't matter to her whether she cries longer or less when she's not allowed to open our door. It doesn't matter to her whether she throws food more or less. It wouldn't necessarily matter if she were afraid of everything either. What does matter is how we as parents would react to that. That's much more important in shaping our beliefs. If we were to continually reject her when she cries for too long, she would eventually learn that it's better not to show her emotions. If we were to continually ignore her completely when she's afraid, she would start to think that her fear is apparently justified and she would continue to be afraid for the rest of her life. These are just two random examples of possible outcomes. If you think about it a bit more deeply, we could build a very special society. If all parents taught their children that throwing food is perfectly okay, that would eventually become the belief of all those children. Then at some point we would have a world full of adults who throw food!

In addition, you also lock yourself in if you focus too much on your genes. If you say that you were born with something, you seem to want to say in some way that you can't do anything about it. I don't believe that. Yes, you have some personal traits that are innate. And no, they don't necessarily cause you to have mental complaints.

It is true that there are specific complaints where it is assumed that these seem to be partly genetically determined. The most obvious are perhaps ADD, ADHD and a disorder in the autism spectrum, the so-called "developmental disorders". However, even about these disorders there are more and more interesting debates about the question of whether this assumption is correct and to what extent other factors

play a role in this. There are even movements that no longer believe in this at all. Also, all people with a developmental disorder still do not have innate beliefs.

In the literature you can also find genetic evidence for anxiety disorders, depressive and psychotic disorders to a greater or lesser extent. So you can be more sensitive to them than others from a young age. And that is exactly what it is, you are more sensitive to them than others. In such cases too, it is the case that the reactions from the environment, especially the upbringing, are decisive in the eventual development of a disorder. It does require more sensitivity and attunement from the parents if the child is born with a vulnerable predisposition.

In addition, there are a number of exceptions with which we are born evolutionarily. With good reasons, by the way. Take for example the fear of heights. Everyone has that to a certain extent. With good reasons, because our fear system mainly functions to warn us of real dangers, of which height is one. So we do not call that a mental complaint.

There are important exceptions!

There are a number of exceptions to consider in which the above situations do indeed become important in the shaping of our views. This mainly concerns specific combinations of the above that I will briefly discuss with you below.

For example, it is different if a baby is handed over to others immediately after birth. In some cases this happens. For example, children are raised by grandparents or other family members. In that case, the biological parents are indeed much

less important, but the same laws still apply. The only thing that changes is the meaning of the word “parent”. After all, it doesn’t matter whether your caregiver is biologically your parent or not. It mainly concerns who you grow up with and where you spend most of your time in your first years of life. Sometimes there are also combinations of people who take on the upbringing. Then there are several kings or queens at the same time. That often has even more complicated consequences. That is chaos for a small child and very confusing. Ultimately, we often see somewhat more chaotic blueprints as a result, with complaints such as mood swings and instability.

In addition, the biggest exception that throws the entire model into disarray is “trauma”. If very drastic events occur within or outside the parents, they have a huge impact on your blueprint and the laws described above no longer apply. This can ultimately also happen in childcare or at school. In that case, you should think of sexual abuse or other serious forms of abuse, both physical and mental. It can also be that unpleasant situations outside the parents are repeated often enough that the influence of parents can no longer provide sufficient counterbalance. For example, if you are indeed bullied for years, in every class again. Or if the entire class turns against you day in, day out. Trauma will eventually get a separate heading in your blueprint and will be discussed with you in the next chapter.

Finally, you can think of a complex combination of the above situations. If someone has not received a good foundation at home, is genetically vulnerable and then also has to deal with bullying... then you can imagine that it all adds up and ultimately exerts its influence.

Apart from all these kinds of exceptional cases, and even in the case where the above applies somewhere, the reactions of the parents are still by far the most decisive, with trauma as the major exception.

3.5 Your Blueprint; Trauma

Trauma can throw your entire blueprint into disarray. Trauma is therefore subject to different laws and regulations. Because trauma can be so incredibly important and decisive in your complaints, I have decided to give trauma a separate place in your blueprint. I make distinctions between two categories of trauma, which I will explain below.

Category 1 Trauma

This category includes the more severe traumas. This involves sexual abuse and serious forms of physical and/or mental abuse. This can involve people in a war zone or experiencing a severe (fatal) car accident. Being beaten up while you were powerless. Bad sexual experiences against your will. Apart from the fact that you can experience this yourself, witnessing such situations can often be enough to suffer from category I trauma. In general, it often involves situations in which something extremely severe happens, without you being able to do anything about it. You could do nothing but watch helplessly. These are the traumas that directly cause complaints such as flashbacks (involuntarily seeing images of the event again) and/or nightmares. In practice, we then speak of post-traumatic stress disorder.

Category 2 Trauma

This category includes the slightly less severe traumas. That does not mean that they have no influence. Also not that we should speak lightly about this. By less severe I mean that they cause complaints in a more

indirect way in which the influence beliefs about yourself, the world or others. This concerns situations that are harmful, but not so extreme as in category 1 trauma. An example of this could be bullying, which is not always so severe that it falls into category 1 trauma. However, if you are excluded from school every day, that can be enough to believe that you are apparently not good enough. Do not make the mistake of assuming that category 1 trauma is always more serious than category 2 trauma. It is therefore not about seriousness, but mainly about the way in which the experienced event causes complaints. With category 2 trauma this happens in a more indirect way via general beliefs that have been influenced.

It is possible that a trauma falls into both category 1 and 2 at the same time, so take this into account.

Assignment 3.5

Complete worksheet 4 of the workbook and follow the steps therein in full.



Selection 4 from Emma's worksheet

Emma has not experienced category 1 trauma

Selection 5 from Emma's worksheet

Bullied for years in primary school (belittled), which falls under category 2 trauma.

Selection 4 & 5 from Richard's worksheet

Richard has not experienced any category 1 or 2 trauma

3.6 Your Blueprint: Circumstances

I have thought long and hard about whether I should add this chapter. Actually, my idea of a blueprint was ready after the previous steps. However, when I was looking at this model, I realized that I am doing some people an injustice. No, actually, I am doing circumstances an injustice. Sometimes people are in such difficult circumstances that they can have a direct influence on complaints. Maybe that applies to you too. If you are in serious or difficult circumstances, this can have a major and/or temporary influence on the complaints you experience.

The reason I did not want to add this chapter at first, however, has a specific reason. I am convinced that if the rest of the model is reasonably healthy, most difficult circumstances can be overcome. This is also where the large, individual differences come from. Sometimes different people are in the same difficult circumstances, but one can deal with them well while they cause complaints in the other. If the latter is the case, in the end it is often not the circumstances that cause the complaints but rather the facilitator for the complaints. This means that the rest already forms a vulnerable whole in their blueprint, but did not manifest itself until the person in question was confronted with difficult circumstances.

The solution is therefore not in solving the circumstances. I often dare to write on a memo that if we solve the circumstances, the person will encounter different complaints within a year. The circumstance will automatically be replaced by a new one, which will expose the underlying vulnerabilities again.

The complaints will then return, possibly in a different form.

Another consideration has been that there can of course be countless circumstances for which I cannot possibly think of a specific treatment. These are personal situations for which I cannot achieve much with a book.

Despite all this, I have decided to include the circumstances in the blueprint model so as not to do your situation an injustice. Sometimes it is indeed the case that serious circumstances have a direct influence on your complaints. If you ultimately think that this is the biggest problem for you, this will become visible in your blueprint. Examples of this are losing a loved one (not traumatic, then he will appear in a different place in your blueprint), working in a terrible workplace, being stuck in an unhealthy relationship or still being stuck with parents who are not good for you.

Assignment 3.6

Complete worksheet 5 at the back of the workbook and follow the steps listed there completely.



TIP: Remember again that in this case we are talking about circumstances that directly cause complaints. Only fill in something here if you think that this circumstance is the cause of your mental complaints and not a consequence of them. If things are not going well at work because you are so depressed, that does not count! If you have become depressed purely because of your work, it does.

Selection 7 from Emma's worksheet

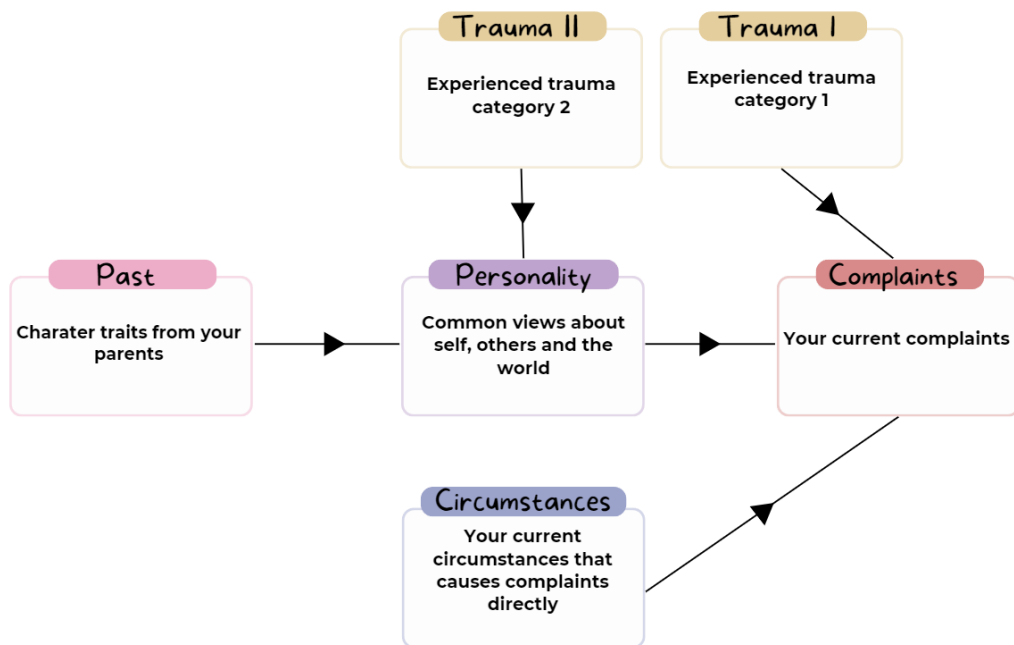
Emma has decided to leave this selection empty. Despite being single, feeling lonely and not having enough social contacts in her opinion, Emma does not feel that this directly causes her complaints. Rather, she feels that she is so alone because of the way she is put together and that this is a consequence of, rather than a cause.

Selection 7 from Richard's worksheet

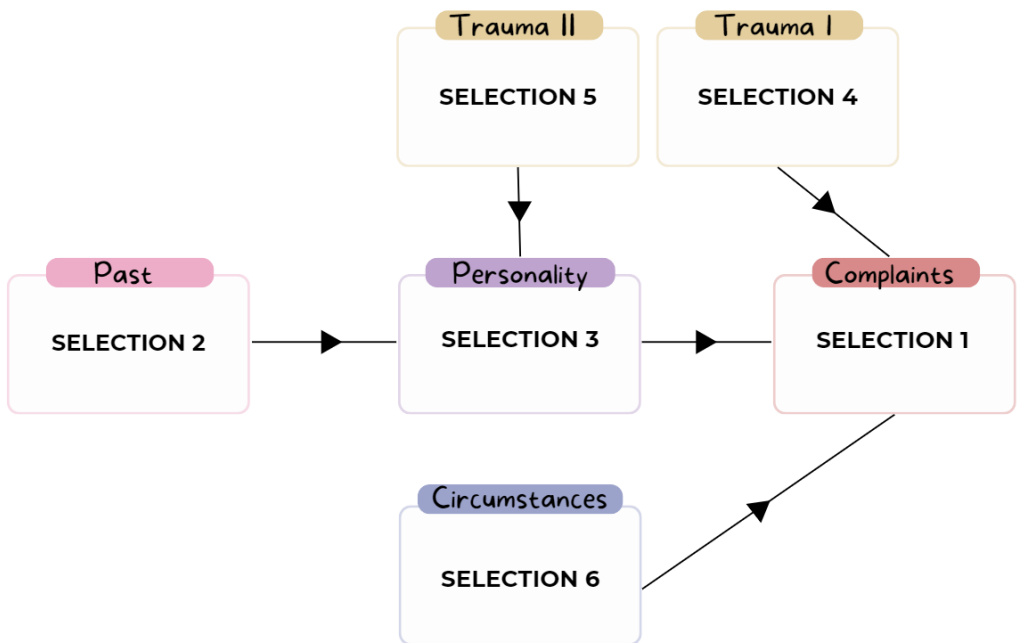
Richard has his life in good order. He has a wife, kids, a house and a good job. Still he noticed that his relationship isn't going good. His wife constantly criticises him. He doesn't feel loved. Because he thinks that this situation causes his down mood in a direct way, he decided to take his relationship into account in his blueprint.

3.7 Your Blueprint: Complete

Finally, we are here. With all the previous chapters combined, we can now create your full blueprint, which we will use for the rest of the book. In this chapter, I will put everything together and walk you through the common problems when creating this blueprint. Below, the blueprint is first shown schematically.



In principle, the following steps logically follow on from all the work you have done before. In the previous worksheets you have filled in, you saw “selection” in the bottom block with a number next to it. All you have to do now is copy these selections. Copy selection 1 and paste it at number 1 in the blueprint. Copy selection 2 and paste it at number 2 in the blueprint. And so on. See below for the numbers.



Assignment 3.7

Complete your blueprint at the back of the workbook in Model 1

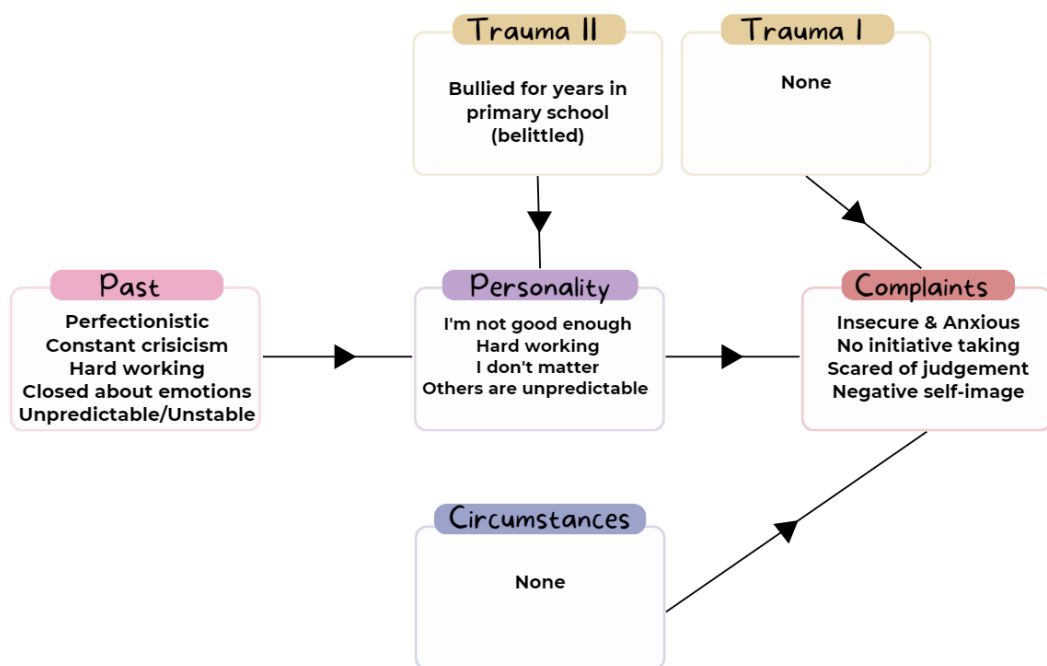




TIP: You can also use the colours. The colours in the empty blocks of the blueprint and the selection blocks of the worksheets are exactly the same.

First, let's take a look at what exactly Emma and Richard came up with.

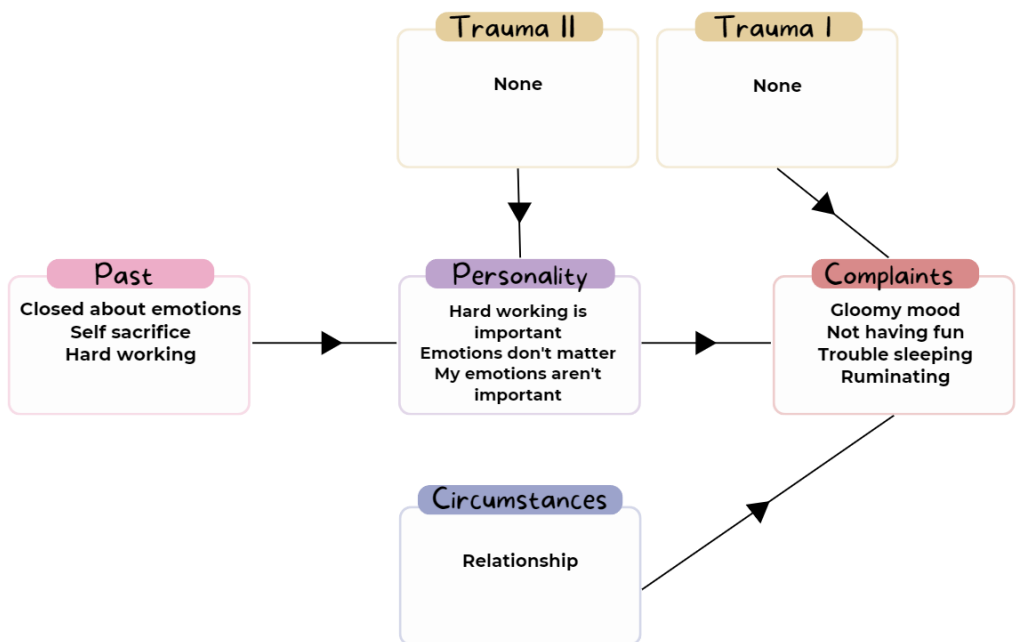
Emma



Emma's mother was a perfectionist and constantly criticized Emma. Both parents were hard workers and closed about emotions. Her father was unpredictable and unstable. She filled this in under the Past block. This has made Emma believe that she is not good enough, that she does not matter and that others are unpredictable. In addition, she thinks that hard work is normal. She filled this in under the Personality heading. Emma didn't experienced category I Trauma. So she left that

blank. She was bullied for years at primary school, which contributed to her belief that she was not good enough. She filled this in under trauma category II. She has no circumstances that directly cause complaints. So she left this blank. Under complaints, she filled in her current complaints. In summary, she copied everything she had filled in on the previous worksheets.

Richard



Richard's father was a hard worker. His mother sacrificed herself for others and completely erased herself. Both parents were closed about emotions. Richard has put this under the heading Past. That has made Richard learn that hard work is important, that emotions do not matter and that his emotions are not important. He could possibly make out of this that others are more important (through indirect learning), since

Both mother and father tend to forget themselves. He has not experienced any traumas, not in category I and not in category II. However, he currently has circumstances that play a role in his complaints, namely his current relationship. He has filled in his current complaints in the complaints. In summary, he has copied everything he had filled in in the previous worksheets.

Besides Emma and Richard, everyone has a blueprint. Me too. By completing this in its entirety, you can better understand your complaints. For example, Emma now understands better where her negative self-image comes from and why she is so afraid of making mistakes. She also now understands why her previous treatments only worked temporarily. These mainly focused on her complaints, for example through self-image training, but not on the underlying reasons where her self-image actually comes from. Richard also now understands why he always keeps his problems to himself and focuses mainly on his work and responsibility.

While writing this book I realized why I can always get so incredibly irritated when my wife doesn't tidy up her things. I couldn't understand why she can always walk past them so easily. Until I realized that my blueprint is probably different! My past includes a mother who was very tidy and perhaps too structured. That's where the conviction arose within my personality that tidy living is necessary, that otherwise things might go wrong. Ultimately, that's why I can't stand it being messy, my head loses the overview. Past, personality, complaints. Now I can imagine that this might not sound like a big complaint to you,

my girlfriend will think differently about this if we argue again about this topic. I also find it quite annoying that I can't be a bit easier in this. Sometimes I just keep on tidying up and forget myself.

Perhaps you now finally understand why circumstances can be experienced so differently by different people. Why your friends can deal with situations much more easily, while they hardly differ from yours. For example, one person can get stuck in an elevator once and get back in the next day without any trouble. Another person suffers from this for months and never gets back in an elevator. They differ in blueprint! So that does not mean at all that one person is 'stronger' than the other. Nor does it mean that you are 'weaker' than the other because you have complaints. You are just unlucky with your blueprint and there is nothing you could do about it. Or they are lucky with their blueprint, it just depends on how you look at it. In that respect, you could say that the more blank the person is in terms of forming negative beliefs, the more resistant this person is to eventually develop complaints from circumstances. These are all the people of whom you think: "How can it all be so easy?"

Brothers and sisters

I often get questions about what happens with brothers or sisters. After all, they had the same upbringing, right? Your brothers and sisters also have a blueprint. It is often interesting to look at them together. I am convinced that they often correspond. After all, it does not matter which child is born to your specific parents, they will all come out more or less the same. Remember: the child has 0% guilt. It may be that, despite the fact that people generally do not change that quickly,

parents do learn something from raising children. For example, it can happen that the second child is raised very differently than the first child. A typical example is that parents do this with more trust and less fear, which means that the child learns different things. Of course, the second child also has a brother or sister who can also be of help when it has to deal with difficult emotions or circumstances. These are quite a few variables that have an influence. Yet, you often see the same underlying patterns in brothers and sisters and ultimately also similar complaints. These complaints can manifest themselves very differently in your brother or sister. Just take a look at your blueprints together. You will probably find the same underlying structures.

Problems Creating Your Own Blueprint

It is possible that you are not completely successful in getting your blueprint complete, or maybe you are still in doubt about something. Below you can find the most common questions and problems I encounter in practice.

I don't really know how to describe my parents, or I feel like I'm not being completely honest. What should I do?

This is a common problem and remains difficult. It is good to critically review the questions about your parents again. It can help to reread the previous chapters, to give yourself space to be completely honest. In addition, it can help to ask for help from your environment. The best and most obvious will be a family member. Talk to your brother or sister, or ask an uncle or aunt what they think about it. If they are not available, you can ask friends or old friends. They are less emotionally involved and will be more likely to provide you with honest objective answers.

In addition, I generally assume that people do not change that quickly. So you can also look at your parents now; how would you describe them now? What exactly do you notice now that you are a bit older when you are with your parents? Visit your parents after reading the questionnaire and try to estimate that. If the relationship with your parents is good enough, you could even choose to talk to your parents about this and fill in the questionnaire together.

How do I determine if my blueprint is correct?

Your complaints should follow logically from your blueprint. If this is not the case, something is wrong. To check this, if you are unable to do so yourself, you can present this again to those around you and ask whether they understand it completely. Even someone you do not know should be able to understand why you have developed these complaints. If this is too personal, you can of course do this completely anonymously first. After all, you do not have to say that the model is about you. Also, do not forget to look at the combination table at the back of the workbook. The most common combinations of upbringing, personality and complaints are already described there.

I want to work without a blueprint because I have doubts, is this allowed?

Of course, you are free to use this book completely as you wish, I cannot stop you. However, this is strongly discouraged. Determining your treatment plan and the right interventions really depend on your blueprint. Without a blueprint, you are basically just doing whatever. You are then working on the complaints too quickly without properly

understanding why you have the complaints in the first place. With a bit of luck, you will treat the right spot in your blueprint. If not, you will get symptom relief. The treatment seems to work for a while, but a year later you will be faced with the same or other complaints again. And I see that happen regularly in practice; a lot of patients are already on a waiting list while they have already been treated before. If you have not completed your blueprint, it is advisable to start again at theme 3 and follow all the steps again.

3.8 Patient

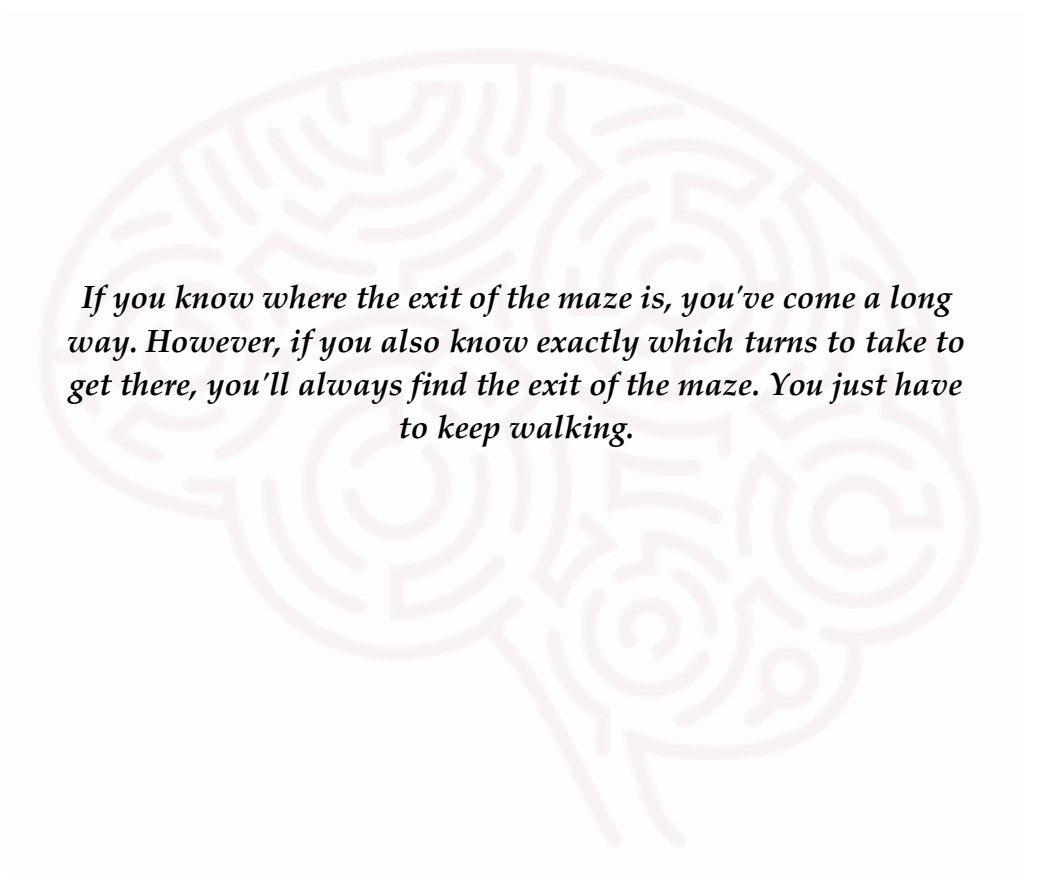
Phew, this was quite a struggle for me. Creating a complete mental blueprint of myself was not only confronting, but also hard work and a lot of thinking. Ultimately, this theme was a real eye-opener for me. What struck me most while reading my personal blueprint is that other psychologists/therapists never looked at it. In any case, it was never discussed or gone through with me. In my opinion, no link was made with my past. Because this was not discussed with me, my complaints were always treated in a superficial way. I felt like I never got through it because the underlying basis remained the same. I never got out of this struggle.

I myself always had the idea that my complaints somehow have something to do with my past. Then especially on a genetic level. Not only in appearance but also in behavior I look a lot like my father. While Erwin looks a lot more like his mother. However, now that I have made my complete blueprint, I see that my upbringing appears to play a major role in my complaints. Only now do I see that I have difficulty with certain things because of how I grew up. I was never able to learn certain skills well and certain beliefs are stuck because of what I saw and heard in my youth.

All in all, this feels more like a relief to me than something I blame my parents for. It also gives me inspiration for raising my own children. I am certainly not the perfect parent, but I do want to prevent my children from having problems later on. Eversince I bombard my

children more often with compliments and “I love you”.

Your personal blueprint can give you more insight into your current complaints and where they come from. So really take the time for this. Although I found it difficult, it is a matter of following the instructions exactly and answering the questions asked. Do not give up when it gets difficult. The good news is, beliefs that have been learned can also be unlearned! And since I saw my own mental blueprint, I have more confidence in that now than ever.



If you know where the exit of the maze is, you've come a long way. However, if you also know exactly which turns to take to get there, you'll always find the exit of the maze. You just have to keep walking.

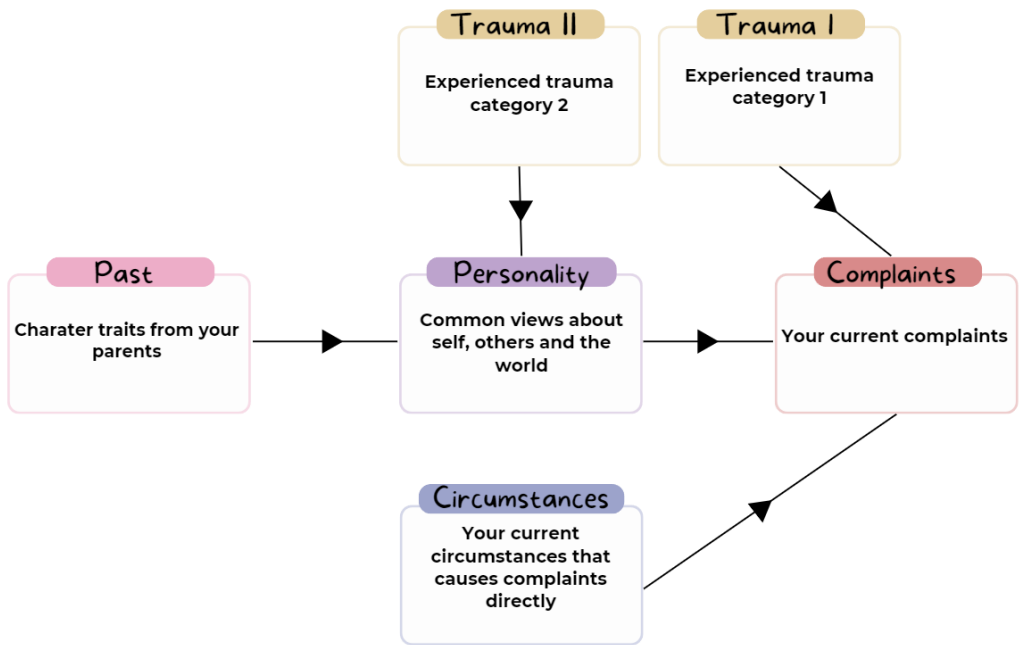
Your Manual Part II

In the second part of your manual, you will continue to work from your blueprint to create a personal treatment plan. We will work on this step by step in the following chapters.

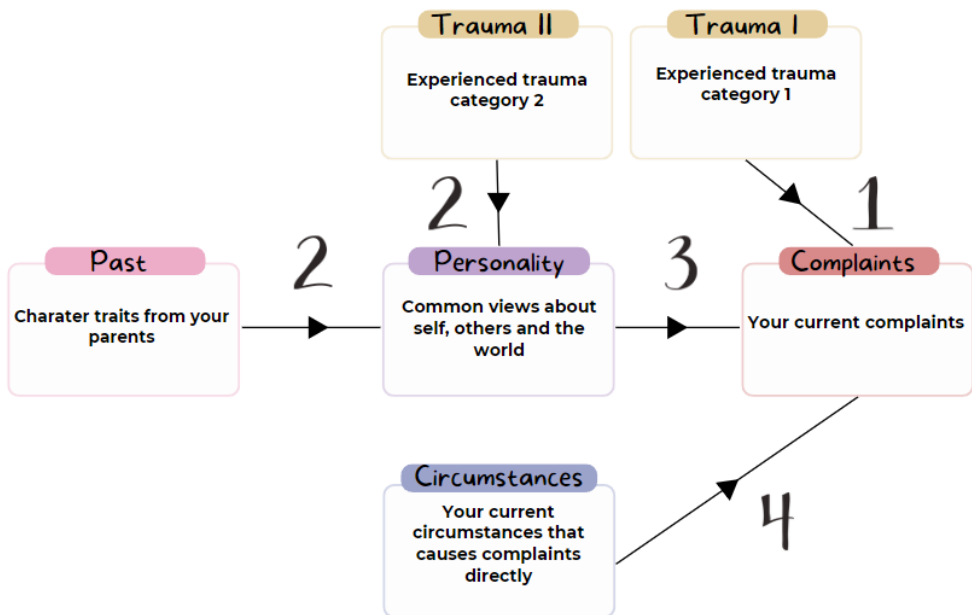
4.1 Treatment plan

Your treatment plan will automatically follow from your blueprint, although you are free to make choices in this. This chapter will help you make these choices. Ultimately, the psychological interventions that you will perform will follow from these choices. Making these choices can be quite overwhelming and complicated. Fortunately, this model in combination with this book is extremely forgiving. This way, you can always go back to the drawing board with new discoveries to further supplement your blueprint and change your treatment plan. Of course, you can also always decide to switch in your previously made choices. At the end of this theme, I will give numerous examples that can help you make these decisions. You will also find a section with frequently asked questions and possible problems.

As mentioned, the treatment plan follows from your blueprint. So let's first go back to the model.



In this model you see five arrows. These are the arrows on which we can intervene; let's call them leverage points. You may have noticed that there are two arrows leading to personality, one from 'past' (upbringing) and one from trauma II. These two ultimately require the same interventions to reduce their influence. In this book, those two are considered one leverage point. This leaves us with four leverage points to choose from.

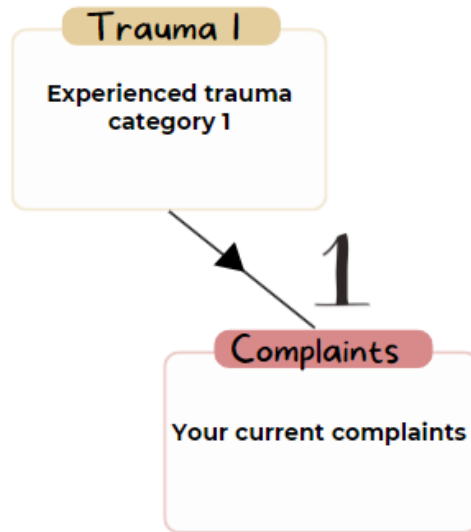


The main question for determining your treatment plan is which of these four leverage points you want to intervene on and why there. These are quite difficult questions, about which fortunately general rules can be drawn up. However, determining this remains a somewhat arbitrary decision. In practice, I can use my experience and intuition to ultimately make a choice together with the patient. Unfortunately, I cannot do that via this book. The best I can do then is to give a number of general rules that you can follow. We will therefore devote a separate chapter to each leverage point. And don't forget, at the end of this theme there will be many examples with the best possible choices to make.

4.2 General interventions

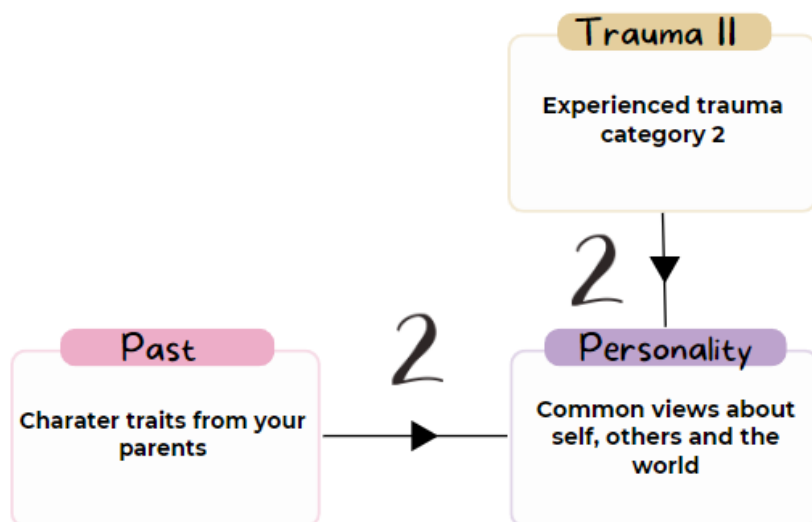
The following chapters will explain to you per leverage point when and why you should start there. Before we go through all four points, I would like to briefly discuss the general interventions in this book. In the examples later in this theme, at some point I talk about “general interventions”. Without prior explanation, these may come completely out of the blue. The general interventions apply to everyone. They are therefore completely separate from your complaints and also from the leverage point that is most important to you. You can see these assignments as basic assignments that improve the chance of successful therapy for everyone. For some, even these basic assignments are enough to be able to lead a good life again. Although they are not specifically aimed at your situation, you can get very specific results and tips from them that only apply to you. So certainly do not take the assignments for granted.

4.3 Leverage point 1



Whatever else comes out of your model, if you suffer from category 1 trauma, this will always be the starting point for your treatment. If all goes well, you have determined with the accompanying worksheet whether this is the case for you. These complaints are generally severe and can hardly or not at all be stopped without treating them properly. By this I mean that if you decide to start somewhere else, the complaints of category 1 trauma will continue to play a role and make it difficult for you to move on. Complaints such as flashbacks and nightmares generally do not just go away. These will therefore have to be addressed.

4.4 Leverage point 2



You bought this book to get rid of your complaints and the temptation is great for most people to want to work on these complaints right away. In general, you can assume that intervening on your complaints, in the model leverage point 3, only works in the long term if leverage point 2 has almost no influence in your blueprint. This applies to almost every complaint, even if leverage point 2 does not seem to have a direct influence on the complaint. And pay attention, leverage point 2 has an influence on your personality from both upbringing and category 2 trauma.

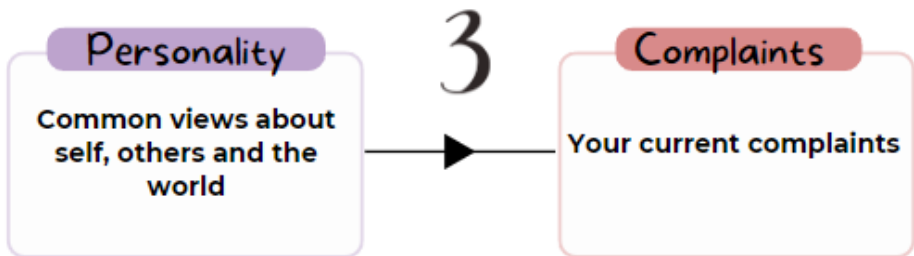
In other words, if you think that point 2 makes it difficult or impossible to structurally change something on point 3, I will always recommend starting with leverage point 2. Certainly if you have already followed a complaint-oriented treatment before and it did not yield sufficient results, there is a good chance that point 2 has been overlooked. You often see that treatments "worked quite a bit" and you 'have been

complaints for a while'. This also often explains the difference between people who experience exactly the same thing in life, while one person suffers from complaints, and the other does not. Complaints are very often not only complaints, but also symptoms of point 2. They are manifestations of point 2. In some cases, beliefs and views that are formed from point 2 are simultaneously addressed when you receive complaint-oriented treatment. Unfortunately, that is more the exception than the rule and a bit of luck. I also see this happening all the time in practice: people who have been treated well in a complaint-oriented way, but are back on the waiting list a year later because they have become stuck again. They have all been treated on the wrong leverage point in their model (if they even made a model in the first place).

For the most sustainable result, I would therefore recommend always treating point 2. In practice, this is not always feasible for me. This often has to do with lack of space or requirements from health insurers, who want to see results quickly. The type of organization where you are being treated can also determine whether they can offer this or not. For example, there are organizations that offer a maximum of 5 or 10 sessions, or do not have a in-house specialty focused on point 2. In that case, it is simply not feasible to treat both arrows properly. In that respect, you have a huge advantage with this book. You can offer yourself sessions as often and for as long as you want, which means you can tackle everything you want. So don't miss this opportunity, I would say.

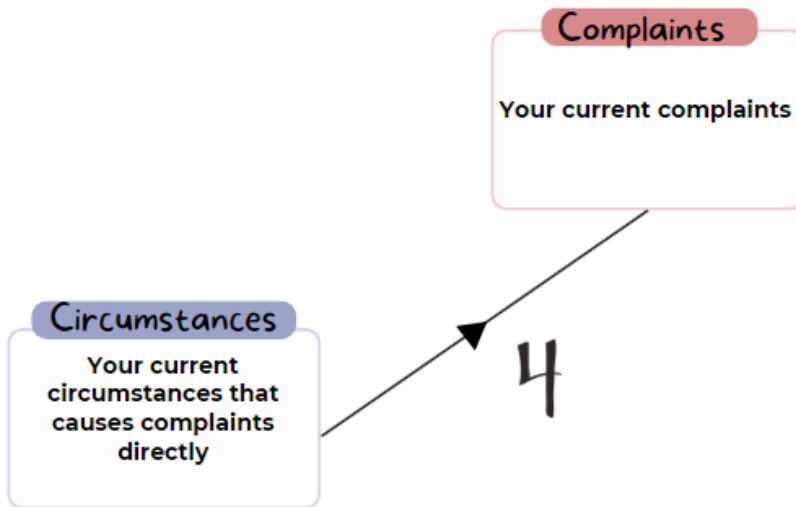
The general advice is therefore to always treat point 2, unless it is almost empty in your blueprint or you are certain that it has nothing to do with your current complaints.

4.5 Leverage point 3



Intervening on point 3 means carrying out pure complaint-oriented interventions. In that respect, the arrow may look a bit strange when you look at its position. Just to make it clear, when intervening on point 2, we no longer look at how your personality is formed but take this as a given. These interventions are effective in reducing the complaints. Any underlying patterns that may indirectly cause complaints remain the same. Therefore, only make the decision to start with point 3 if you are certain that point 2 has no influence on your complaints. Either directly or indirectly. Of course, if you have treated point 2 well, you mostly still have to work on point 3 to tackle your specific complaints.

4.6 Leverage point 4



Intervening on arrow 4 means that you think that your current circumstances are causing your complaints. You do not necessarily need a person-oriented or complaint-oriented treatment, but you will have to get to work to change your circumstances. Of course, it may be that your personality (point 2) makes it difficult or even impossible to implement changes and make choices in your circumstances. If that is the case, I advise you to first work on point 2, and then finally start working on point 4.

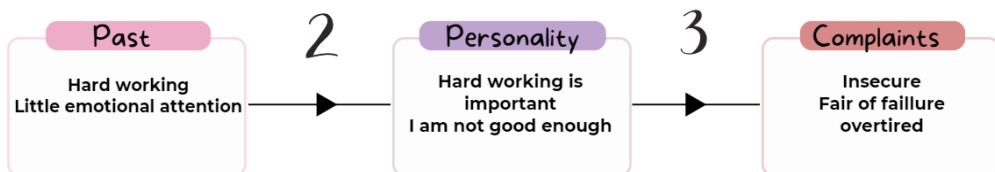
4.7 Examples

Below are various and common examples of blueprints with the corresponding treatment plan according to the method of this book. It is important to realize that I have mainly made short stories and made concise blueprints to keep it as simple as possible. Everything that is not applicable, I have therefore left out of the pictures. The examples are divided into different types of complaints.

General complaints

Person X

Person X has low self-confidence and works hard in the hope that he will feel better about himself. He tries to take on all kinds of tasks at work, but does not feel any different. He suffers from fear of failure, is overtired and has the feeling that he can no longer keep up his work in this way. Furthermore, he had a reasonably good childhood. His parents were constantly working hard and therefore paid little attention to X. He also received few compliments, unless he delivered an extremely good performance. He has not experienced any traumas and does not have the idea that his complaints are caused by circumstances in his current life.

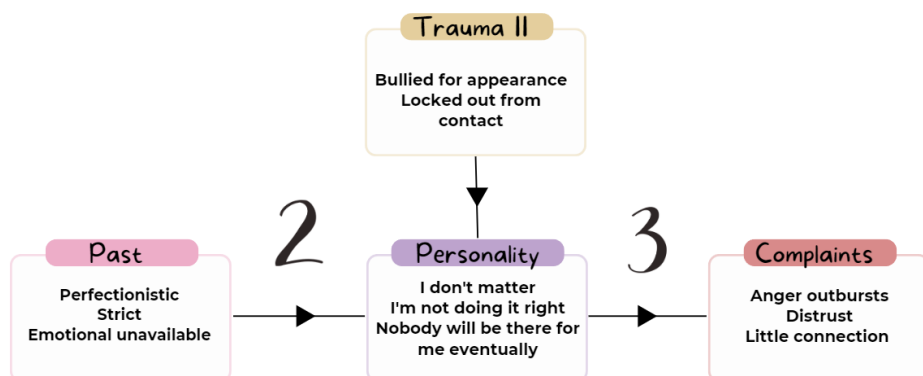


Plan person X

X's complaints clearly stem from general ideas that arose from his upbringing. The underlying idea of not being good enough plays a role, because as a little boy he always saw his parents working. They did not see him, except when he performed extremely well. This underlying feeling about himself will never change, no matter how hard he works or how much he achieves in the here and now. The problem lies in the past, not in the present. Focusing only on point 3 can certainly reduce complaints, but he will probably then sooner or later fall into the same patterns and develop a similar pattern of complaints again. In addition, it is probably difficult for X to change anything at the complaint level. If he stops working hard, he will become less tired, but at the same time he will not feel good enough. This may cause even more complaints and probably a great urge to work harder again. That is almost impossible to stop. A better treatment plan is to start with point 2, then possibly also with point 3 if that is still necessary.

Person Y

Person Y suffers from angry outbursts in her relationship. She often feels unheard and then becomes angry and sad. She also finds it difficult to make real connections with people. She does not trust others quickly. She grew up with strict parents, who constantly commented on Y. In addition, emotions were never discussed and the house rule was "don't whine, just keep going". At school, person Y was an outsider and she was bullied for a number of years at primary school. She was called names because of her appearance and was excluded.



Plan person Y

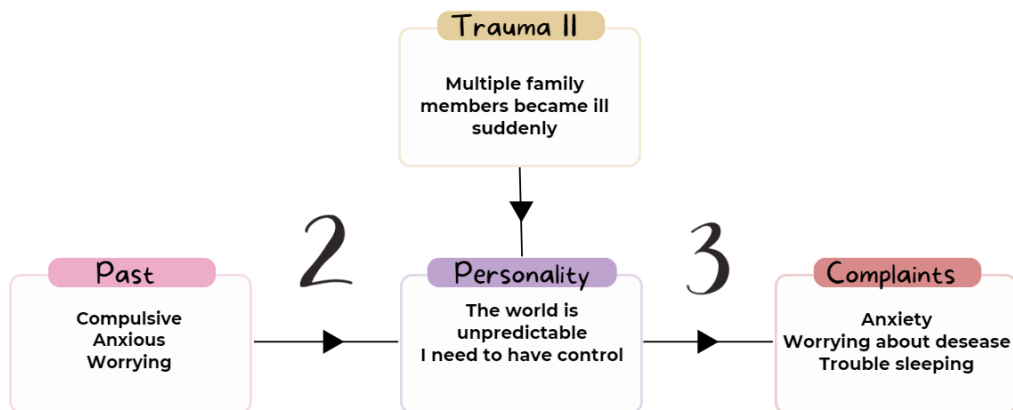
The tendency is great to want to work on her angry outbursts in her relationship right away. Her angry outbursts are most likely a result of an underlying feelings of not mattering. She feels this when her boyfriend does not fully hear or see her, while he actually finds her very important. This can happen, for example, when her boyfriend does not respond immediately to her text message or phone call. Small signals can trigger the feeling of not being seen in Y, because this is her stable underlying basis. This feeling is therefore magnified on this basis and cannot be corrected by her boyfriend, no matter how hard he tries. Her distrust also comes from her emotionally unavailable parents. As a result, she has learned that she will eventually be on her own and everybody will leave her. She may also be afraid of this in her relationship and that is the reason that she becomes angry from a kind of panic. Because of this, she no longer really shows herself to friends and she is closed. As a result, she feels little connection. In reality, her friends do want to be there for her. Because of Y's closedness, they no longer get that chance.

Starting a complaint-oriented treatment right away, which helps her to deal with her angry outbursts, will probably bring some peace to the relationship. In the long term, the question is how long this will last. It is much better to start treatment at point 2. This does not immediately ensure that there are no more angry outbursts, so that must be explained well. When the underlying basis has been resolved and Y can really feel that she matters too, the angry outbursts will probably be largely resolved. Not only for now, but also in the long term, possibly in other relationships. She may then also dare to be more open to her environment and she can make a real connection. If that is not enough, she can always get started with specific interventions focused on point 3.

Anxiety complaints

Person Z

Person Z suffers from general anxiety complaints. He is afraid that he has a serious illness when he feels physical symptoms. As a result, he checks his body, looks up information on the internet and worries a lot about it. In addition, he tries to keep his life under control by compulsively focusing on something. He then has difficulty letting go of the subject. In the meantime, he has sleeping problems because he cannot relax. Z grew up in a loving family, in which there was a lot of attention for each other. His mother was anxious and was compulsive. Everything in the housekeeping was checked several times. She was afraid of getting sick. Several family members suddenly became seriously ill during Z's youth.

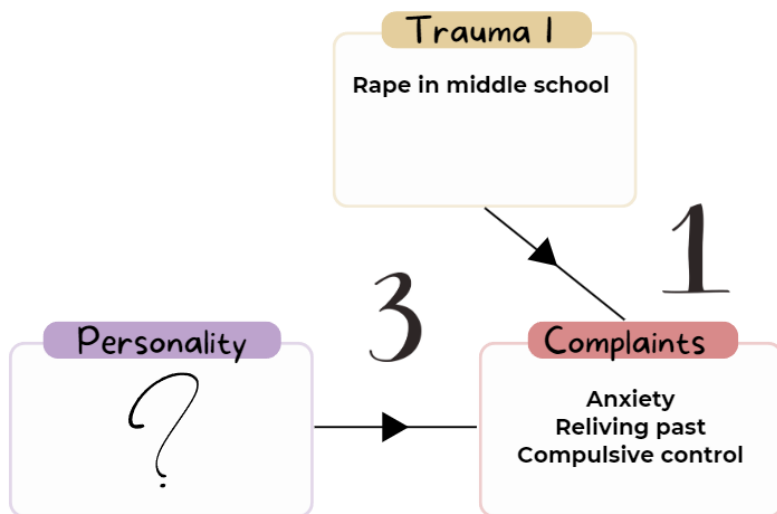


Plan person Z

Z now understands better why he is so afraid in life. He learned that as a little boy. Due to an overly controlling and structured mother, he got the feeling that the world is dangerous if you let go of control. In addition, several family members suddenly became seriously ill, which reinforced this belief. My plan would be to start briefly with point 2 to make the influences from the past less strong. I expect briefly because for the general part his youth was loving, that's a protecting factor to consider. Then continue with point 3 thoroughly and apply complaint-oriented interventions. My advice is to first go through the general interventions.

Person A

Person A suffers from general anxiety complaints. She is afraid that something will happen to her and therefore tries to keep everything under control. For example, she regularly checks windows and doors to prevent burglaries in her house. In the evening she actually does not dare to go out on the street anymore. When she leaves her house, she always makes sure that she has friends with her and she regularly looks back to check that she is not being followed. She occasionally has involuntary images of an event in the past that comes back. She becomes extremely anxious about it. She avoids everything that has to do with the subject. Person A grew up in a loving family, where there was a lot of attention for each other. In her high school years she had to deal with a violent, nasty, sexual experience. A fellow student has raped her.



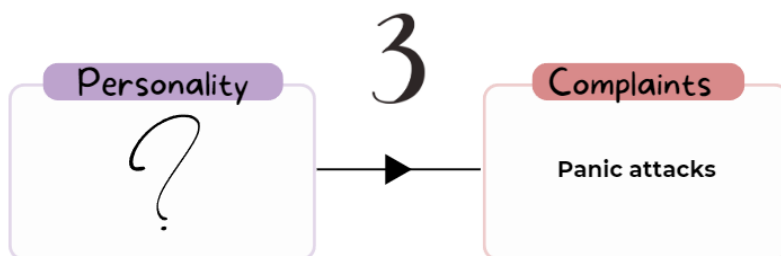
Plan person A

A has tried to fill in her blueprint as much as possible. In it we see in particular that she is traumatized within category I. As you have learned, this always takes precedence. Person A will have to start treating point 1 in the model to get rid of the trauma she endured.

Because she has started living in a certain way in the years after the trauma, there is a good chance that there is also category II trauma. She did not fill this in, but may have overlooked it. Trauma treatment will help her get rid of her flashbacks and possibly reduce her other anxiety complaints. It is expected that she has also been shaped in a certain way in her personality. That would be point 2. Because she has had a stable home base, I would recommend working with complaint-oriented interventions for her remaining anxiety complaints. Point 3, that is. If point 2 is only shaped by one specific event, it is probably not necessary to focus on it in its entirety. She can also decide to get started with point 3 right away, if she is not ready to take on the trauma immediately. This won't fix her complaints entirely though.

Person B

Person B suffers from panic attacks. He feels short of breath in certain situations, gets palpitations, dizziness and thinks he will not survive. This mainly occurs in situations where there are many people. The complaints started when he was sitting in the middle of a warm, busy lecture hall. He could not get away, got short of breath and started to panic. He grew up in a loving family without many special circumstances, in which emotions were discussed a lot.

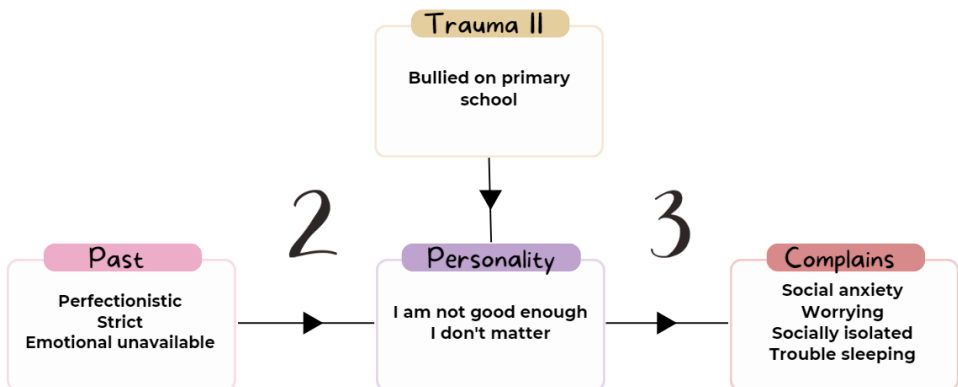


Plan person B

There are no clear indications from the past in which he has acquired general and negative beliefs or views. He did experience a nasty panic attack once. Not enough for category I or II trauma. Panic attacks seem to be complaints in themselves for B. This allows him to immediately start with a complaint-oriented treatment on point 3. If that turns out not to be sufficient, B can still look more critically at his blueprint. His parents may have been too sweet and caring and have adopted a lot from B. Maybe he has the conviction somewhere that he cannot (handle) it himself and is weak. But this is all speculation. Point 3 is the advice! It is wise to first carry out the general interventions.

Person C

Person C suffers from social anxiety and brooding. She feels like everyone is constantly watching her and will think she is stupid/crazy. As a result, she prefers to avoid contact and often keeps quiet and in the background. She worries a lot about whether she did it right after having a chat with someone. She also has difficulty falling asleep because she worries about whether the next day will go well. She grew up with perfectionist parents, who criticized C a lot when she did something wrong. Little was said about emotions. C was mainly told not to whine so much. She was also bullied a lot by her classmates at primary school, which further reinforced her feeling of not being good enough. She has now had treatment for her anxiety twice, which has helped temporarily.

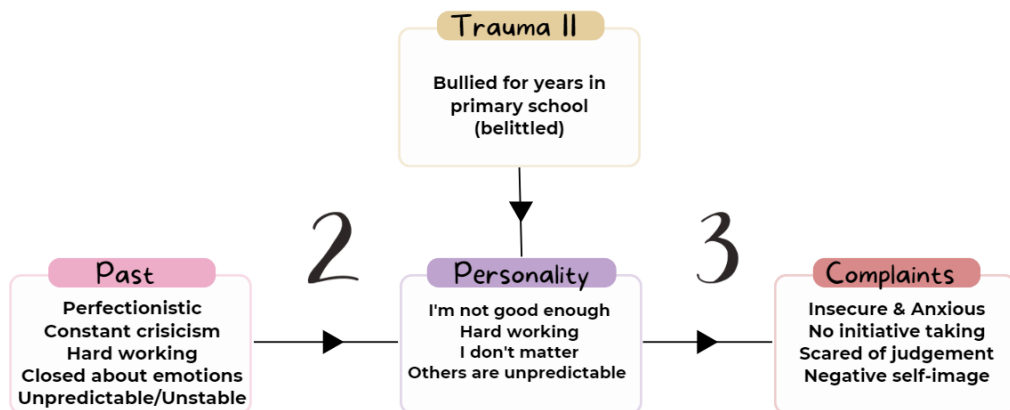


Plan person C

By making her blueprint, she now understands why the previous, complaint-oriented treatments did not work. Underlyingly, she still had the feeling of not being good enough and not important enough. This makes her always feel so bad in social situations; she is less than the other in her eyes. Because of this, she was quickly satisfied with a minimal treatment result. Her therapist also got the feeling through her presentation that it was going well and that she was satisfied. In the meantime, she practiced with social situations, but she continued to feel underlyingly not good enough. She started with the wrong leverage point. She will first have to pay a lot of attention to point 2, and then practice again via point 3. First of all, it is good to start with the general interventions.

Emma

Do you remember Emma who we followed in this book? She made the following blueprint



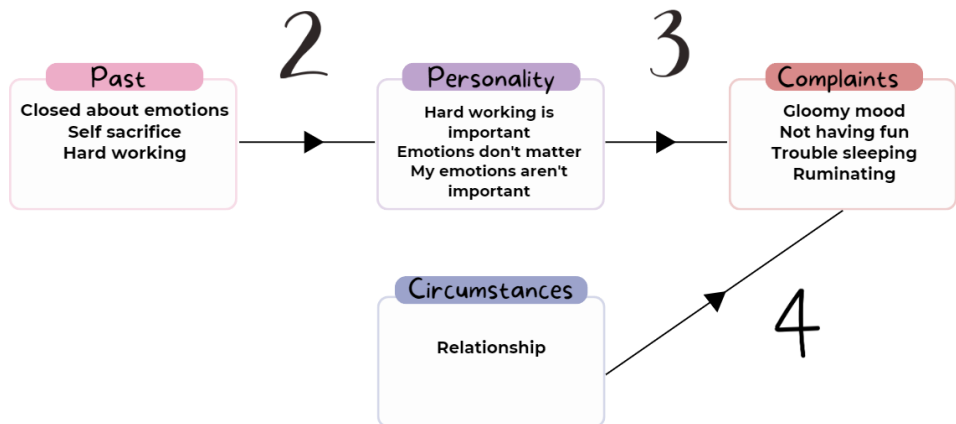
Plan Emma

By making her blueprint, she now understands why the previous, complaint-oriented treatments did not work. Underlyingly, she still had the feeling of not being good enough and not important enough. In addition, she became afraid of others because of her father's behaviour. Her panic reactions and fear of being judged probably come because her mind believes that the other person will become just as angry as her father. The reactions she feels in this regard are the reactions of little Emma and not so much of adult Emma. It is clear that Emma must take plenty of time to treat point 2 as much as possible. After that, she will probably have to gain new experiences and get started with point 3. It is advisable to start with the general interventions.

Mood complaints (gloom)

Richard

Remember Richard? Below you can see his blueprint.

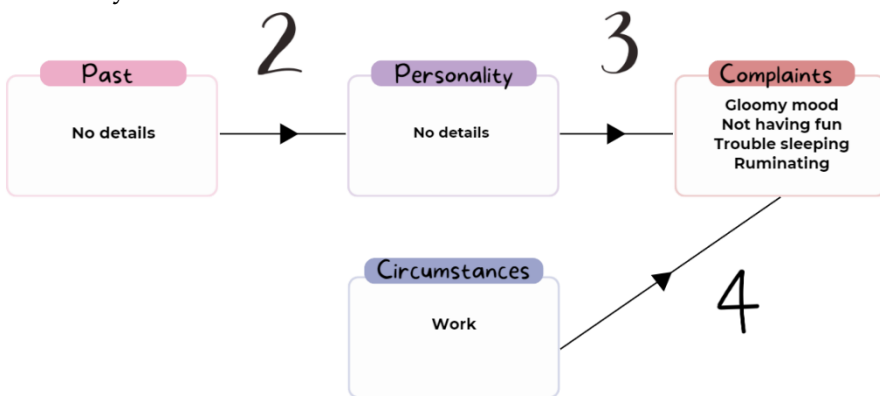


Plan Richard

By creating his blueprint, he finally understands why he is so closed about emotions. He can tackle this in different ways. In the case of depressive symptoms, it is standard advice to first carry out the general interventions. Then he can choose to work on point 3 in a complaint-oriented way, or to first minimize the influences from his upbringing by tackling point 2. This is ultimately up to Richard himself and it mainly depends on how strongly he thinks point 2 influences him. Because his parents were otherwise loving and he has his life in order, my tendency is to start with point 3 and practice new behavior. It is also important that he starts working on point 4, his relationship. Perhaps his current situation also prevents him from being open about his emotions. First of all, the advice is to start with the general interventions.

Circumstances

Person D suffers from gloom and brooding. In recent months, she has not felt much enthusiasm for the day and has difficulty falling asleep because of all the thinking. She notices that her social contacts have become somewhat less important, while she used to meet up with people a lot. She grew up in an average family without many difficulties. She has experienced sufficient love and has also successfully completed all her education. She has been in a working environment for three years, which has not been going well. There are constant arguments from her boss towards her and she feels zero support. She has not received treatment before because it was not necessary.



Plan person D

There are no clear indications from the past in which she has acquired general and negative beliefs or views. There are also no traumas. In the blueprint of person D it is clear that mainly the current circumstances are causing the complaints. The relationship is not going well and apparently D is bothered by it so much that it is starting to affect her life. It is advisable to work on this relationship and change something in it.

4.8 Your own treatment plan

Now it is time to create your own personal treatment plan. Hopefully, the above information in this theme has given you everything you need to create a treatment plan. In the next theme, you will find all the matching assignments. Before you continue, I would like to help you on your way with a few final general tips.

Whatever you want to treat, regardless of your complaints, it is always good to start with the general interventions from the following theme.

If you also suffer from category I trauma, it is wise to focus on that in terms of treatment. That is because these types of traumas almost always give uncontrolled complaints. You can talk about that all you want, but that will not change much.

Then it is important to look at your current circumstances. When the circumstances cause complaints in a direct way, you can spend a lot of time on the rest, but logically not much will change. Sometimes you have known this for a long time, but it is difficult to change anything because of how the rest of your blueprint is put together.

As a follow-up, you can say in general terms that if you think that point 2 plays an underlying role in your complaints, it is best to

treatment can begin there. To then conclude with treatment on point 3 and the relevant complaint that you are still experiencing.

Assignment 4.8

Now create your own treatment plan. You can use model 3 at the back of the workbook. Determine, after looking at the general interventions, on which leverage point you should start your treatment. After completing your plan, look up the corresponding chapter in theme 5. For each intervention that you have performed, you enter in model 3 whether you have mastered it and whether it has been successful. This way you can later find out what was successful and why or not.



TIP: Don't forget to watch the accompanying Treatment Plan video via the link sent to you

4.9 Questions and possible problems

I don't understand my complaints, but I still want to start with interventions. Is that possible?

You are certainly not alone in this. You want to start because you want to get rid of your complaints as soon as possible. Because you do not fully understand it yet, there are some risks involved doing this. As is hopefully clear by now, it can make quite a difference which point of leverage you choose for your treatment and why. It is therefore really important to understand your complaints well. Go through the table with common combinations again and try to understand your blueprint and therefore complaints well before you choose to intervene. Otherwise there is a chance that you choose working on the wrong leverage point. In the end, that is not a big disaster either. It only costs you more time and work than is ultimately necessary.

Using the wrong interventions

In this book I have tried to give you as many examples as possible. I could think of a thousand more, but that would defeat its purpose. Ultimately, I have distinguished as much as possible between interventions that intervene on point 2 and interventions that intervene on point 3. So don't make the mistake of using the wrong interventions with the aim of changing the other point of leverage. That simply won't work.

Sometimes it is arbitrary where to start. Take Richard for example. Despite a clear point 2, I still advise him to start with point 3. In general, you can say that it is mainly the strength of point 2 that determines whether you should tackle it first or not. Often it is

also about balance in early childhood. Richard had a lot of love and support, with stable parents. Especially father worked hard and mother also tried to give love. Only this love was mainly passed on in a practical way. Because Richard has his life in order, he can choose to start with point 3. This is difficult to explain completely via a book and it is often a combination of circumstances and assessments that you make.

If treatments do not produce good results, why is this?

It is possible that all the information has not been collected well enough, which means that your blueprint is not complete enough. If you work with a blueprint that is not correct, there is a chance that you will use the wrong interventions with the wrong expectations. If you have doubts about your blueprint, always go back to all the steps before continuing.

I also often notice that people expect results too quickly, especially when working on leverage point 2. Read the chapter on the history of personality and you will see that thousands of hours are involved in forming your views. Do not expect to notice a very clear difference in three months. This requires some perseverance, but is ultimately more than worth it.

General interventions are skipped

This is really the most common mistake. In general, you see in almost every example that you have to start with the general interventions. People often think that they are already doing this well. Often these also seem to be quite simple assignments that everyone thinks they know.

That doesn't make them any less important. Just follow the steps and you'll get where you want to go. The general interventions are certainly important. In general, you can say that they are more important for mood disorders than for anxiety disorders.

Circumstances

In some cases, circumstances are so severe that they cause mental complaints. There are imaginable circumstances that are almost non-effective by treatment. For example, the death of a loved one, the recent end of a long-term relationship, a child being seriously ill, having to stop something important in your life... There are even more circumstances that can be imagined that do cause complaints, but that cannot be directly influenced. This means that the complaints you experience are "just" part of life and in that sense are not psychological complaints. So you will have to accept this. If this takes (much) longer than necessary or you feel stuck in it, it is of course advisable to do something about it. This has mostly to do with emotional processing of the situation. You can use assignment 5.10 for this.

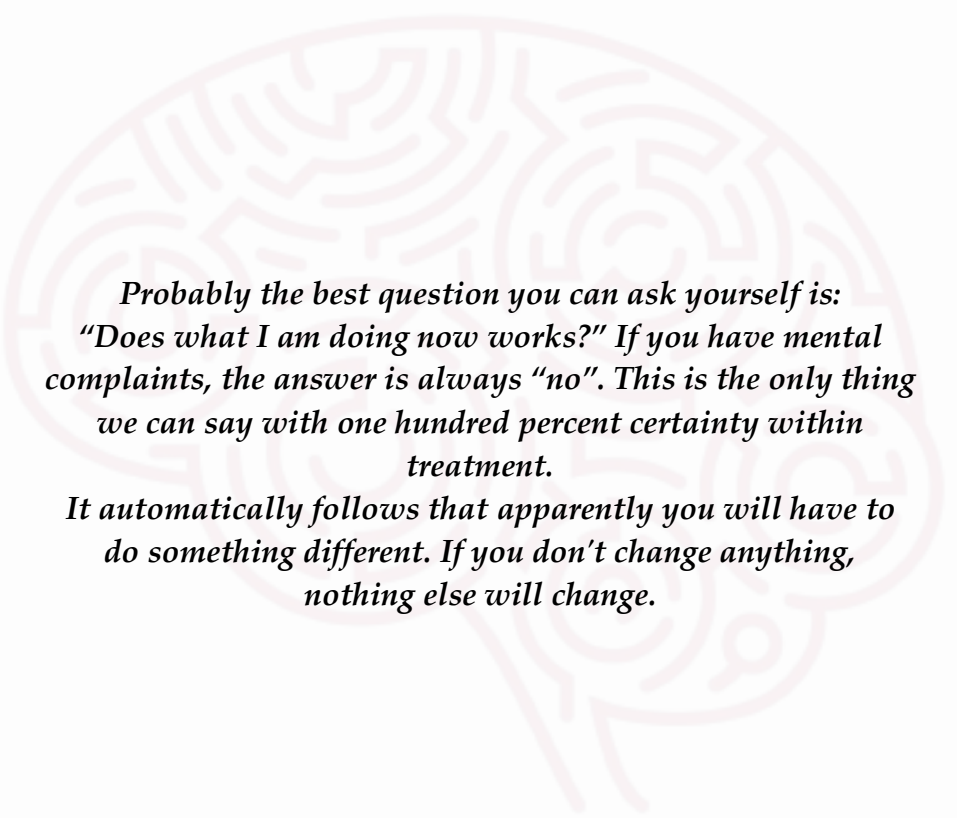
4.10 Patient

Finally! I have a treatment plan that I not only support, but also fully understand. I also missed that regularly in practice. Something was suggested, which in itself was explained logically, but I never felt like I really understood why we made certain choices.

In order to make these choices for myself, I looked closely at all the examples. I saw a number of recognizable complaints in them and I included them in my own considerations. This resulted in a plan that made sense to me. The last chapter also helped me, explaining that I can always go back to my blueprint to make different choices. So it is not the case that if you do this “wrong”, it has major consequences. At most, you lose some time and energy. In practice, during therapy, I found this more annoying. When something did not work, I often lost confidence in the therapist in question. Switching to someone else then took a long time and I also found it difficult. Sometimes this happened at the end of the year and I immediately lost my own risk through my health insurance because it starts again from scratch the following year. So I’ve been losing hundreds and hundreds of euro’s. No, this is much more pleasant. If it does not work, I simply turn back and start again.

Erwin writes above in the chapter circumstances that you “will have to accept this in some cases”. I also notice that this is a part of my personal blueprint. But how exactly do you do that? Many people think that accepting is a mental act. That you have to do “something”. But accepting is not a mental act. Accepting mostly means not doing “something” anymore. As soon as you accept something 100% you don’t think about it. Then it is as it is.

In the meantime, I have had the luxury of being able to personally consult with my brother. I have also put this question to him. According to Erwin, you can certainly do something to speed up the process of acceptance. This often lies in the processing of emotions. When certain emotions about a situation have been processed, you often see that peace and acceptance arise. In the upcoming theme, you will not find any specific assignments aimed at "acceptance", but there are a number of assignments that can help with processing. That basically almost means the same, as I've learned so far.



*Probably the best question you can ask yourself is:
“Does what I am doing now works?” If you have mental
complaints, the answer is always “no”. This is the only thing
we can say with one hundred percent certainty within
treatment.*

*It automatically follows that apparently you will have to
do something different. If you don't change anything,
nothing else will change.*

Let the games begin!

Time to play. And we only play to win. The games I have selected are called interventions in mental healthcare. In this I am looking for the boundaries of what I think is possible to do at home, without professional help. The interventions are divided into different categories. We will start with general interventions and then interventions aimed at different leverage points in your blueprint.

Good luck! And above all, have fun playing!

General interventions

The general interventions apply to everyone and can be seen as basic skills or tips that significantly increase the chance of success for the other interventions in the rest of the book. If you want to make a distinction, they are generally more important for mood complaints than for anxiety complaints. Nevertheless, it is advisable to go through them anyway, it will not be the first time that the general interventions are not in order and that you start the rest too soon. So definitely do not skip these and make sure you have this in order!

5.1 Buddy

What I write in this book comes from experience and thousands of contact hours that I have had with patients. What amazes me every time is how little people in the environment know about the complaints of the patient sitting in front of me. It is remarkable that this is shared with a complete stranger (me in this case), but that the personal environment does not know everything. Often nothing at all. As if everything is reserved to discuss it with 'the psychologist'. As if they are waiting in a kind of standstill until it is their turn with the psychologist.

Social support is incredibly important. This is true in times when things are going well, but certainly also in times when things are not going so well. Someone around you who is outside the situation can help you to give a more objective view of your problems and thus steer you in a different direction. You get a different perspective. This has already been mentioned as a tip for filling in certain parts of your blueprint. This tip certainly also applies when carrying out the interventions.

Assignment 5.1

Find a buddy! Find someone around you with whom you can discuss your problems and the process of getting out of them.

If necessary, go through the steps in this book together. You don't discuss everything if you don't want to, but it's incredibly important to have someone who can help you get back on track when things get tough.



5.2 Structure

Every parent knows how important it is to maintain a fixed structure. For the non-parents, you can think back to the chapters in which I used our daughter as an example. Structure is incredibly important for a person. This is especially noticeable in the very youngest among us. A small deviation in structure often means a major shift in all kinds of areas. Take sleep, for example. Our daughter has a fixed sleep pattern with certain naps during the day and fixed times at night. If we deviate from this, for example because we have to go somewhere at her nap time and we let her sleep later, we can prepare ourselves for a tough day. For our daughter, this often means that she keeps us awake that next night because she does not sleep well. The fact that this is so clearly noticeable in the very youngest does not mean that it is no longer important for us as adults. Our internal, biological clock also works best with structure. Deviating from this means having to get used to it all over again. Lost energy, especially if you are already suffering from your mental well-being.

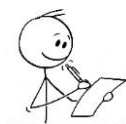
This process works both ways. Many people get mental problems when they lose their structures. Many people also lose the structures when they have mental problems.



This makes it important to get back as many lost structures as possible. We do this using a weekly schedule. In practice, many people find this somewhat childish or unnecessary. However, I never experience that we cannot get something useful out of it when we take a look at it after filling in.

Assignment 5.2

The weekly schedule can be found in your workbook on worksheet 6. Fill this in and keep doing this for at least two weeks. After you have kept this schedule, come back here for the next steps.



TIP: For sleep, you fill this in afterwards. So you don't put your weekly schedule on your bedside table and don't look at your clock to see when exactly you're awake. You fill it in the next day according to estimate.



TIP: In any case, fill in when/what you ate and drank. Also pay attention to substance use such as alcohol/drugs! Fill in your daily activities. Fill in all your appointments, what you do in the household, sport, etcetera. If you want to, you can give your mood at the end of the day a ranking number.

Don't read 'assignment 5.2 continued' until you've finished 5.2 above. No, seriously, do you want it to work or not? Don't read on until you've finished assignment 5.2!

Assignment 5.2 continued

Don't read this until you've finished assignment 5.2. Then grab your weekly schedules and take an honest look at it. Do this with your buddy if necessary.

Is your sleep pattern good? Are you too busy? Do you do too much or too little? Do you have too many "musts" and too few "mays"? Do you move enough? Which days had your best grades and which your worst? Can you explain that? Think of your ideal weekly schedule. What would you change? Ask your buddy what he thinks of your schedule. Make your ideal schedule and start executing it.



5.3 Balance

Another way to look at a general structure is to determine your personal balance. I once picked up this diagram in passing, but it turns out to be very valuable in practice, although I have never come across it again in any of the books I've read. It boils down to the fact that activities consist of physical and cognitive elements. Cognition is another word for thought. By combining these, you get a diagram with four possibilities.

	Cognitive active	Cognitive passive
Physical active	1	2
Physical passive	3	4

- 1 Physically active and cognitively active
- 2 Physically active and cognitively passive
- 3 Physically passive and cognitively active
- 4 Physically passive and cognitively passive

For 1, you are active both physically and mentally. Examples of this are complicated sports or work that is mentally demanding where you are also physically active.

Number 2 contains activities that you don't have to think about much, but are physically active. Think of walking, cycling or a sport that you have been doing for years.

For 3, you don't do much physically, but you do think a lot. Think of complicated office jobs, brooding on the couch, having complicated conversations.

At 4 you are both physically and cognitively inactive. Think of watching an easy to follow movie, sleeping or playing a simple game.

Above are some random examples. In principle, you can divide everything you do in life into these four categories. The idea is to balance your activities as best you can. That does not necessarily mean that your life is perfectly divided between these four possibilities. It mainly means that if one element in this scheme has the upper hand in your life, you need to do a little more in the block opposite to get the balance back. Below you see a personal example of mine.

My work as a psychologist falls into the Physically passive and Cognitively active box, number 3. After all, I sit on a chair (and therefore do not do much physically), but have to think a lot about processes, analyze and think about what I give back (and therefore do a lot cognitively). I do that 8 hours a day.

	Cognitive active	Cognitive passive
Physical active		?
Physical passive	Psychologist	

The exact opposite of this box falls under Physically active and Cognitively passive, the question mark in the picture. So it is important for me to do activities in that box to find my balance again. Especially because the other box is already filled for 8 hours a day! Maybe that is why I am a fanatic cyclist and I feel so good about it. That falls exactly in that box. You are moving (physically active), but you do not have to think much (anyone can cycle). Balance!

Assignment 5.3

Fill in your balance sheet on worksheet 7 of your workbook. Fill in as many activities as possible that you do daily and especially the ones that you spend the most time on. Are you still in balance? If not, make sure you have more activities in the exact opposite box.



5.4 Treatment focus

In this last general intervention we are going to look at your treatment focus. The most important thing about your focus is that you learn to focus on what you can influence and not on the things you have little control over. This sounds perfectly logical, but you will be surprised how much time people waste on something that cannot be changed at all.

We are going to make two lists. One list of things you have control over. One list of things you don't have control over. The list you have control over is actually not a list at all. You only have control over one thing in life and that is your own behaviour! The list of uncontrollable things is much longer. Think for example of your work, your children, your health, but possibly also general problems in the world. These are the more visible things. Many people are also concerned with invisible things such as the opinions of others or other people's feelings. Think back of the 'Hostage-taking of society'. You are busy with all kinds of things, but you forget the only thing you really have control over. Your mental health suffers because of this!

The goal of determining your treatment focus is that you will teach yourself to always be concerned with the only thing you can directly influence: your own behaviour. To do this, you need to accept somewhere that the list of uncontrollable things can't

be changed immediately, no matter how much you might want to. The idea is that in difficult situations you will also look for possibilities within your own behaviour, instead of outside.

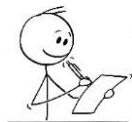
An example that plays a role in many people is worrying about the opinions or feelings of others. As a result, people no longer express themselves fully, they keep things back or adjust their own behaviour. They are no longer themselves, which sooner or later will lead to internal tensions, eventually possibly to mental complaints. You are too busy with something from your list of uncontrollable matters.

If you focus more on your own behaviour and especially look at what you actually want, you can change something about that right away. The same goes for the receiving parties. They too cannot change how you behave or what you do or say. So don't worry about the opinions of others. If they disagree with something, it is up to them to do something about it, not you.

During the rest of the book it is very important that you keep this focus in mind. You can think of all sorts of things, but in the end you will have to get started with the assignments. That is the only thing you can do! By doing the following assignment you will at least have insight into where a lot of your time goes. That makes you aware and can hopefully help you to focus on the right thing again!

Assignment 5.4

Assignment: Fill in your treatment focus on worksheet 8 of the workbook. Try to do this as completely as possible and try to put everything you are worried about in the list.



Then decide for yourself what you could and/or would like to do differently do in the situations where you are mainly concerned with the uncontrollable list.



TIP: It is often difficult to change behaviour immediately. If that is the case for you, use your blueprint and the corresponding interventions to create more space for that.



TIP: For the rest of this book, I want you to focus solely on your own behaviour. You can talk or think about something for ages. It is better to do the assignments in the book and actually change something in what you do.

Interventions leverage point 1

Welcome to the interventions on leverage point 1. If all goes well, your blueprint has led you directly here. After all, it is a rule of thumb that if point 1 is in play, you always start with that regardless of the rest of your blueprint.

A clear story. At the same time, this is by far the most painful chapter for me to write for you. This also makes it the only chapter that gave me a bad feeling. If you suffer from category 1 trauma, it is in my opinion irresponsible to solve this through a book. The assignments to treat such traumas cannot be properly carried out without professional guidance.

To treat trauma well, there are two scientifically proven most effective methods. These are imaginary exposure (IE) and Eye movement desensitization and reprocessing (EMDR). It goes a bit too far to explain both in detail in this book. Moreover, there are numerous videos and websites online about these treatments. What you will not necessarily find there are the pros and cons of someone who has worked with them in practice. In my opinion, both treatments have their pros and cons.

EMDR

Advantages

works very quickly;
no homework;
relatively non-taxing;

Disadvantages

Therapist must know good
what he is doing

Method must be explained well,
otherwise it quickly becomes
abracadabra for patients

Little room to really talk about
your story

Imaginary Exposure

Advantages

Plenty of time and space to tell
your story and make room for
yourself

Ultimately just as effective as
EMDR

Disadvantages

Long time before you see effect

Relatively taxing for the patient

You must practice daily

If you have category 1 trauma, I advise you to browse through to the therapeutic compass at the back of the workbook and seek professional help as soon as possible. Decide for yourself which method you would prefer. Always look for practitioners who have experience with this

methods and additional courses. A simple afternoon course, which is also offered these days, is not enough! Incidentally, this does not mean that you cannot continue to work on yourself via this book in the meantime, if there is more going on than just trauma through point 1. After all, you will still be on the waiting list for months before it is your turn to start your professional treatment. If you decide to continue, this will of course involve a different leverage point.

Interventions leverage point 2

Welcome to the interventions for leverage point 2. Chances are that your blueprint led you directly to these interventions. It is also possible that you have adjusted your treatment plan afterwards and still think that you have to do something about point 2. In any case, get ready for some tough work.

Now there are people who often say “accept who you are”. Some treatments also go more in the direction of acceptance. People often think that you cannot fundamentally change the way you look at things. Despite the fact that there is a small kernel of truth in this, I do not understand why you should accept negative beliefs or views about something in any way. You have learned from the previous chapters that these are not necessarily your own. These kinds of acceptance statements always make me combative. Working on this always reminds me of the game Goose Board. For those who do not know that game, Goose Board is a board game. You each have your own pawn and throw a dice to overcome obstacles and reach the finish line first. At the end there is a kind of loop in the game, where there is a box between the finish line and your pawn that makes you take a number of steps back. Somewhere behind that is a box that makes you start all over again. If you throw too many eyes before the finish line, your pawn goes backwards. For example, if you need 2 eyes, but throw 6, you will go back 4. In the end every time you think you are going to win, sooner or later you will often end up on the square to start all over again. Dead annoying. I am competitive, so I will always try again and never throw

my pawn completely off the board. See these interventions like this, we are not going to lose and we will continue until the end. Keep throwing! Keep playing!

The best thing would be if we had a time travel machine. Then we would go back to the past together and make sure that things go differently than they did now. If we have corrected that, you will learn other beliefs and have different views. Unfortunately, we do not have this machine and we will have to come up with other ways. We will have to come up with something that you can do in the here and now, while at the same time reducing the influence of your past. Fortunately, there are various effective interventions for this. Some of these techniques are based entirely or partly on imagination. The reason that this works so well is because our brain does not really distinguish between fiction and reality. So it does not matter much to our brain whether something really happened, or whether it is made up or imagined. There are also countless daily examples of this. After all, many of our fears are also fictional and have never happened or are very exaggerated. We are afraid of crashing in a plane, we are afraid of things going wrong at the dentist, afraid of being bitten by dogs, afraid of the opinions of others... Often these fears have never actually come true and are therefore purely based on an imagination of our brain. And these imaginations can be incredibly frightening. I would even go so far as to say that the majority of our memories are at least partly fictional and thus imaginative as well; they are coloured by our brain. The further ago something happened, the more fictional it becomes in our memory. If you live with negative beliefs about yourself, situations are stored more negatively than they actually were. Whether it is real or not, does not make much difference for your complaints. We will have

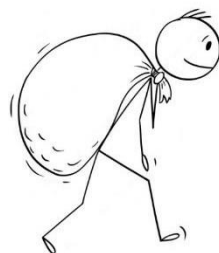
to reverse these negative effects and erase as much as possible.

As you have learned in the previous chapters, as a small child you have been lacking something when leverage point 2 takes a big role in your mental complaints. This concerns basic needs that we all need, such as safety, connectedness, spontaneity, realistic boundaries and independence. A child up to the age of 6, when most of it has already been formed, does not have many words available to describe all situations and emotions. In fact, most adults even find that difficult. The repair of these types of complaints lies mainly in the past. We will therefore have to focus mainly on emotions and experiences and not so much on words and thoughts in order to be able to work on these complaints.

Emotions

I don't know if your best friend happens to be athletic, but then you just pretend. My best friend is called Mathijs. He happens to be athletic, although he might not agree with that and think he should do more. In this example I'll use Mathijs, but you can fill in the name of your own best friend.

Suppose Mathijs decides to go hiking in the high mountains. Because it is a long trip, he takes a considerable backpack full of stuff with him.



He is about halfway up the mountain he wants to climb, but he can't go any further. He discovers that his bag is too full of stuff and way too heavy. If Mathijs will keep on going,

what do you think he will suffer from? Besides physical complaints, what else will he suffer from? Will he still think positively? Will he still have courage? What would his mood be like, would he worry, would he still be cheerful? Would he still be enthusiastic?

You will probably find that he is getting a lot of physical complaints, pain in his knees, his legs, his back, his shoulders. In addition, he will not think so positively anymore and his mood will be depressed or gloomy. Maybe he worries whether he will make it and he starts brooding. He feels tired. In short, not a pleasant feeling. Maybe you recognize something of these feelings in your own life. Now the question is, what options does Mathijs have now? Don't think yet about what the options mean or if they're dumb or not. Just consider every option in your head, try to brainstorm before you read further.

I think he has the following options:

- 1 Throw off the backpack and continue without backpack
- 2 Just keep walking with the backpack
- 3 Asking others for help
- 4 Go back down
- 5 Take a break, stay seated and then continue
- 6 Take something out of the backpack and then continue

There are several options available to get a good outcome:

- 1 He didn't take the backpack for nothing and will therefore miss essential items later on his journey. This is not a good idea.
- 2 Continuing to walk with the backpack will make his symptoms worse and nothing will improve. This is not a good idea.

- 3 Asking for help is always a good option. The disadvantage of it is that you are dependent on the other person to solve the problem.
your problem. If the other person has good skills to help Mathijs further, this could be a good option.
- 4 Going back down could also work. The question is what this will do to Mathijs. Knowing him, it would feel like he has failed. He will not be satisfied with his journey. And he will still have to walk back with that heavy backpack.
- 5 Taking a break might help temporarily, but sooner or later he'll run into the same thing. He's halfway there, that's still way too far. This is not a good idea.
- 6 See which things Mathijs really thinks he needs, leave the rest behind and continue without a backpack that is too heavy. In my eyes this is the most ideal option. He will make it this way to the top anyway and he doesn't have to wait until he meets someone else on the mountain.

Hopefully we can agree on this.

Now you are not hiking, because you are reading this book. You are also not wearing a backpack. At least, not a visible backpack. I do think that you are wearing an invisible backpack. A backpack with emotions and experiences that still guide your views and beliefs. A backpack with emotions about everything that happened in the past, from which your beliefs arose. A backpack that slows you down in life. We will have to empty that backpack to some extent, you will have to process unprocessed emotions in order to create space for new beliefs about yourself, life or others. The most important thing is that we will have to

get to those emotions somewhere in order to really change your deeper beliefs. Endless talking sessions will not help here.

You will soon start with the intervention “Observe”. For some, this is enough to reduce the influence of leverage point 2 to such an extent that you can continue to the interventions on point 3 if you feel that is necessary. If you decide to continue, interventions 5.5 to 5.9 are consecutive. This means that I strongly advise you to follow the numbers and only continue once you have mastered the previous part. If you do not, not only will it not work, but you also run the risk of locking yourself in even further. 5.10 and 5.11 are completely separate from the rest and you can in principle perform them whenever you wish. So you do not have to do them in a specific order. In fact, you can even start with them if you think they suit you better. In short, you can find out what suits you best and works best for you. In my experience, the more of these interventions you do, the more powerful the changes will be. I would definitely recommend doing at least 5.5 to 5.8, but don't limit yourself to just that! Remember again that your beliefs are backed by thousands of hours of evidence. Breaking that down takes a lot of strength and time

5.5 Observe

In practice, beliefs and views (from now on I will only mention 'beliefs' but it is meant as both) are piled up in our heads and form one big whole as ourselves. It seems as if these beliefs are our own. For example, it may seem that you do not think you are good enough. In reality, that is not the case; that is learned by the environment and therefore by something or someone else. You have been treated and/or spoken to in a certain way, which made you believe that, but this is not an absolute truth. As you have read before, no one is born that way.

Because these beliefs are formed from a young age, it is difficult to register them consciously. Often they are unconscious beliefs that you accept as a given. You no longer think about them. If your opinion is that you are not good enough, it is not the case that you constantly think: I am not good enough. You often do not hear this underlying belief out loud in your head. It is, as it were, an invisible pair of glasses that you wear through which you perceive situations and events in a certain way. In addition, this belief influences your behaviour. For example, somebody that believes he isn't good enough, will probably be working really hard every day to mask this feeling. People are often surprised by the results of their personal blueprint and begin to understand for the first time what lies behind their behaviour. Perhaps that is the case with you too.

The very first step is to observe. Observe to find out what you are actually saying to yourself. We do this by registering and observing. In your blueprint you discovered all your invisible pair of glasses. So these

are known. What we want to observe are the messages that you hear when the glasses are put on, as it were. This does not always happen. Take someone with the glasses “I can't do it alone”. This person will not look through these glasses all day from morning to night. When she has to do something new, there is a big chance that she will start to doubt and then have all kinds of messages for herself, because the glasses are put on. At those moments, the intention is to observe these underlying messages.

The important thing is not to rush and demand immediate change. Just observe it first and record your findings.

Below is an extended example.

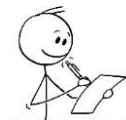
Suppose someone generally does not feel good enough. That is her invisible pair of glasses. Then there is a big chance that these glasses will cause a dissatisfied feeling in certain situations. A standard situation is a situation at work in which she makes a mistake, in which performance has to be achieved or someone asks her a question. She often experiences a feeling of inability, discomfort and is not satisfied with herself. She will then use this feeling as a guideline when filling in the worksheet that belongs to this chapter. She keeps an eye on when she recognizes this feeling and then considers what she says to herself at those moments. Someone who does not feel good enough can, for example, have messages such as: ‘you see, you can't do this either. You have to look for another job. You will never amount to anything. You don't get it. You are stupid. You are ugly. You are retarded...’

Assignment 5.5

Fill in worksheet 9 in your workbook with your glasses and beliefs.

What glasses do you wear when you are having a hard time?

What exactly do you hear in your head at those difficult moments? Do this for at least one week, preferably a few weeks.



It should become natural that you start noticing that you say certain things to yourself. In fact, until you can predict in advance: "Ah, just wait, this is such a situation. I bet these and these thought will occur to me". "Yes, listen! There it is again". Only then proceed to the next step.



TIP: Use your gut feeling as a guideline for completing the worksheet. Any time you feel unwell, you can

Take a worksheet and check whether this is caused by one of your glasses.



TIP: Use Table 2 in the workbook for common combinations of glasses and associated messages.



TIP: In your personal blueprint, you already discovered some of your glasses under 'personality'. You can fill those in immediately and start collecting the hidden messages behind them.

5.6 Objectify

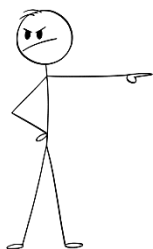
Hopefully, you have now been able to discover what you hear in your head when your negative glasses are put on. You have probably assumed that these are your own messages up until now. They are not your messages, but they still feel that way. Now it is time to distance yourself from them.

The first step is to cluster the messages. In general, we recognize three different clusters of messages with each associated emotions and behaviour. In schema therapy, we call these responses to the messages modes. For example, we have parent modes, coping modes and child modes. In this book, we use Bosses, Protectors and the Little Child. You can see these modes as different sides, so to speak. If the person who does not feel good enough at work makes a mistake, there is a side that shouts that she is worthless. There is also a side that knows somewhere that this is not entirely true. These different sides conflict with each other. In someone with a conviction that they are not good enough, the negative side will win. We are going to discover these different sides, with which we objectify your messages. In other words, we place your messages under a side so that they become more tangible. First, I will explain the different sides.

The Bosses consist of



The Punisher. This punishing side finishes you off when something goes wrong. He says you are stupid, you can't do anything, you are worthless...



The Demander. This demanding side expects more from you. He wants you to try harder, sets the bar way too high and pushes you to reach it. He is never satisfied.

In practice, one of the two, or both, are often the boss of you. These two sides often go together and react to each other. If you do not reach the bar of The Demander, The Punisher will destroy you. These sides can mainly be distinguished from each other by the feeling they give you. The punishing side often scolds you and does not give you any space to do anything. An example of a punishing message is: "You can't do anything". This message immediately puts you completely stuck. A demanding side often has messages that makes you want to get moving. An example of a demanding message is: "You have to do more". This makes you inclined to do something and work harder. The Bosses were formed in your early childhood because, for example, you received a lot of criticism, or your basic needs were not met in some other way.

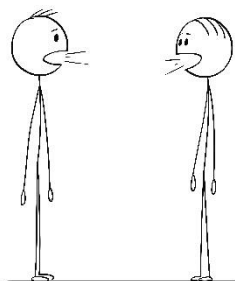
The Protectors mostly consist of



The Hard Worker. This side makes you work hard, you get no rest and have to keep going to achieve what is asked. This side does not pay attention to your limits. It often makes you overtired.



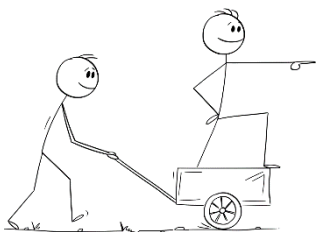
The Avoider. This side avoids negative feelings, difficult situations and confrontations. If something gets too close, it makes sure that it gets distance again. This side also doesn't let you talk about your difficult emotions.



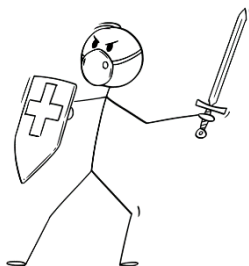
The Talker. This side keeps talking all the time. It never lets you get into the silence to actually feel what you feel. It stays on a rational level all the time. In practice this can mean that you literally talk a lot, but it can also just happen in your head all the time.



The Distractor. This side makes sure in all sorts of ways that you don't have to get to your feelings. For example, it makes you drink, gamble, smoke, use drugs, have sex, play games and everything else you can think of.



The Pleaser. This side is only concerned with others. The focus is on pleasing others. He focuses mainly on the feelings of others.



The Stinger. This side reacts hostile and defensive when something gets too close. He can do this by making nasty remarks when something gets too close. The focus is on keeping people at a distance.

You may have noticed that protectors make sure that you no longer experience negative emotions in different ways. These protectors are often a reaction to the Bosses. The Bosses have very bad messages and in order to feel as little as possible, the protectors take action.

These protectors were very useful in your survival earlier in life, when you were lacking something as a child. For example, if there was no one there for you, or you got comments when you showed emotions, it was better to keep the emotions hidden. Crying with someone who then curses at you is more stressful for a child than just suppressing the emotions. For this reason, an Avoider may have been formed. If one of your parents always felt bad and preferred to be the center of attention, it was better to focus on that parent. Demanding the attention of someone who feels bad or prefers it to be about them only creates tension. For this reason, a Pleaser may have been formed. The protectors were formed to get the best possible way of life for you as a child. They were also useful then, as you can read above, but in your adult life now they cause problems. For example, if the Punisher shouts: "You are worthless" and the Hard Worker responds by trying very hard, you will eventually become exhausted and not think enough about yourself. This can lead to all kinds of mental complaints. The general rule is that no protector is good for you, even if they have been good in the past.

The little child consists of



The Vulnerable Child. This side often feels very sad, alone, scared, powerless and/or discouraged. It is flooded with emotions.



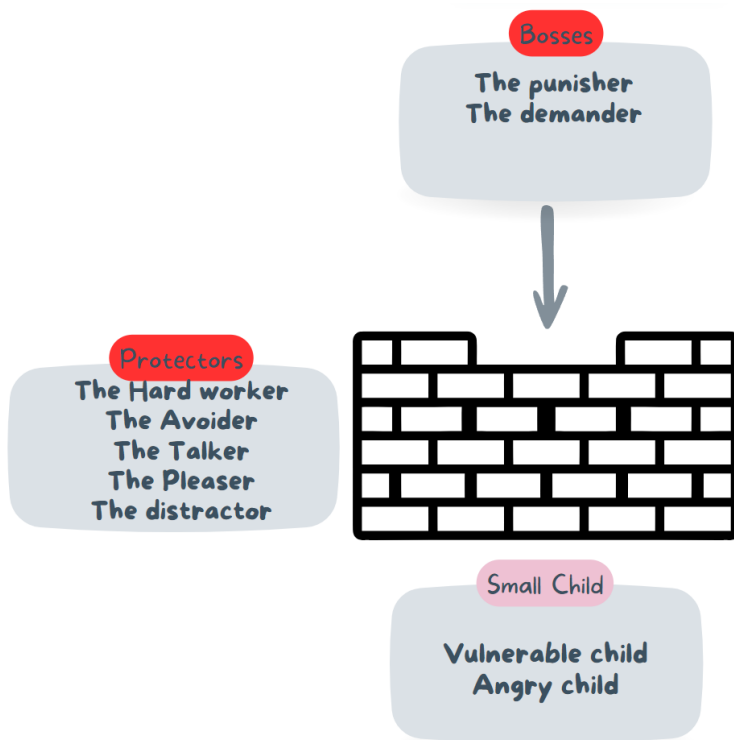
The Angry Child. This side feels angry. It feels that its boundaries are being crossed and it will not tolerate this any longer.

The emotions of the small child have always been there, we are born with them. Every small child feels sad, alone, scared or powerless sometimes. Even anger is something that every child feels naturally. The best example of this always happens at home during dinner. When our daughter is hungry, waiting in her little dining chair and it takes to long before she get's anything, she starts throwing things or screaming. Very healthy, indicating boundaries. It could be that now as an adult you no longer recognize or feel this angry side at all. That is not because you do not have it in you. Mostly it is because you weren't provided in

one of more of your basic needs, so these feelings are being suppressed. However, these feeling are completely healthy. It actually indicates where our boundaries are and wants to stand up for you in an emotional way.

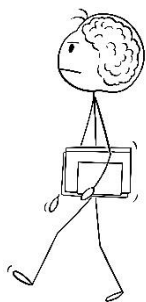
Ultimately, the Bosses and the Protectors are often so busy with each other that you no longer reach the Little Child. Not even the vulnerable child. That is where the emotions are. In fact, the same thing happens as in the past: the little child is being wronged or forgotten. It is no longer listened to and there is too little attention for it. The emotions are not felt and therefore not seen.

Schematically this looks like this:



Realize that this does not only apply to you, but that in principle everyone has these sides to a greater or lesser extent. All these sides in you are still in one pile in your head. It seems as if all messages come from yourself. That is not the case. It is “The Punisher” who says that you are worthless. It is “The Hard Worker” who says and thinks that you should get to work hard. From now on, the intention is to get to know these sides and learn to recognize them. We want to create distance between you and these sides. Instead of you saying: “How stupid I am”, you learn to say: “The Punisher thinks I am stupid.”

The side that will learn to know and recognize these sides is what we call your Healthy Adult.



The Healthy Adult This side ensures that you continue to reflect on situations, that you try to see all sides, continue to take good care of yourself, make sensible decisions, and ensure that your emotions are seen, heard and made important.

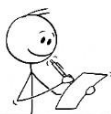
The Healthy Adult is often also the side that knows deep down that what the Bosses say is not entirely true. He often tries to fight the bosses or the protectors, but loses. The Punisher, for example, is still too strong.

Finally, we have the side we call the Happy Child.



The happy child This side feels free, content, safe, appreciated and loved. In this side you can enjoy the most stupid things, you can be spontaneous and completely yourself. You feel like a happy little child.

Assignment 5.6



Take a separate A4 sheet of paper for each side you recognize. Write on the front which side it is. Write on the back the corresponding specific messages that you discovered in "Observe". Make drawings of the sides. For example, a strict figure with pointing fingers for The Demander. An angry figure for The Punisher. Whatever you find appropriate. Purchase objects that represent the Bosses. For example, you can buy a very ugly cuddly toy in the store that is supposed to represent your "Punisher" or "Demander". You can also use photos of people who represent them. The possibilities are endless, as long as the object corresponds to the side that you want to objectify. The best thing is if the object can withstand a knock. You only have to buy objects for the Bosses and not for the other sides



TIP: Don't forget to watch the accompanying video Clustering & Patterns via your sent link. Also don't forget the tips on the upcoming pages.



TIP: The reason that there are no worksheets for this in the workbook is that you will have to use the loose A4 sheets in a specific way in the following assignments. In order not to tear your workbook, you will have to provide loose A4 papers yourself.



TIP: Don't forget to write your healthy adult side on a piece of A4 paper. Everyone has that too, including you. If it's hard is to write down messages that your healthy adult would say to you, it helps to imagine that you are talking to your best friend. Imagine that your best friend is sitting in front of you, crying, and having a hard time. She feels worthless. What would you say to her? What would your healthy, adult side have in terms of real messages for her? Write these on the back of the healthy adult sheet.



TIP: Use Table 3 from the workbook for common messages from all sides, including examples from the healthy adult.



TIP: In practice I notice that some people find it a strange idea to work with these sides. Then I often get too hear: "I don't have any different personalities or anything?" No, you don't. All sides are in you as one person, so you don't have to see it that way. We only use these sides as a working model to make it easier for you to get rid of the complaints later. I know for sure that if you had a day where you felt completely worthless, as if you couldn't do anything right, you would find it all a bit exaggerated a day or a few days later. On that one day the Punisher was the most active, on the other day the Healthy Adult. See?



TIP: You can make it even more personal by creating your own names for the different sides. The most personal is to find out who shaped the side in question the most. Who made sure that you got such a punishing side in you? Who made sure that you started looking at yourself, the world or others in this way? Then use that name for this side. So for example if your dad Pete was always the angry one bashing you down, you can use 'Pete' instead of 'The Punisher'.



TIP: Don't be limited by the examples of protectors in this . The other clusters (Boss, Little Child and Healthy Sides) are fixed, but there are endless protectors. Think of a chameleon, a scarecrow, an attacker, a fear monger, etc. You can make up any name yourself that you think fits your protector.

5.7 Distance yourself

Hopefully, you have discovered and written down all your different sides and the messages that go with them. If not, finish them first. Then it is time to create even more distance between you and the sides. Not only when you are working on the assignments, but especially at the moments when certain sides take over from your Healthy Adult side.

Assignment 5.7



Every time you notice a Boss or Protector taking over, you lay out the created cards (and objects) from 'objectify' in front of you. By doing this you automatically create distance between the different sides in yourself. Determine which side is present at that moment. What exactly is he saying to you? Look at it from a distance and experience what this does to you. Do this for at least a week, preferably a few weeks.



TIP: Don't forget to watch the accompanying video Lace Cards via the link sent to you



TIP: Sometimes it's hard to use your unconscious sides as a starting point for this assignment. If that's the case for you, it helps to use your feelings as a guideline. Often when a Boss side is active, you feel bad/gloomy/rotten/sad. That can be a reason to carry out the assignment from 5.7 "Distancing". So basically every time you feel bad in a certain way, you can do this assignment. Sometimes you

also feel absolutely nothing, because your protective side has already taken over. Then it can help to use your most common Protective side as a guideline. For example, if you have discovered that your Hard Worker quickly takes over, then use the moment that you have the tendency to work very hard as a guideline to carry out the assignment.



TIP: If the above still proves difficult, you can also just set an alarm three times a day. Once in the morning, afternoon and evening. When the alarm goes off, you play your cards ahead of you and determine which side is present.

5.8 Mobilize

Hopefully, the different sides are no longer in a big pile in your head. You have been able to distance yourself somewhat from your different sides. If you have not yet succeeded, it is wise to practice with this for a while before you continue.

Now it is time to mobilize the different sides. That is, we are going to do something with it. It is important that this not only becomes a rational process, but that you also experience what this does to you. We first consider what the ultimate intention is and then look at different ways to achieve that.

The ultimate goal is to make your Healthy Adult side stronger. So strong, that he no longer loses to the Bosses. So strong that he can negotiate with the protectors to act differently. So strong that he is able to care for your Little Child side and give it what it has lacked before and still does. In addition, this way there is more room left for your Happy Child side.

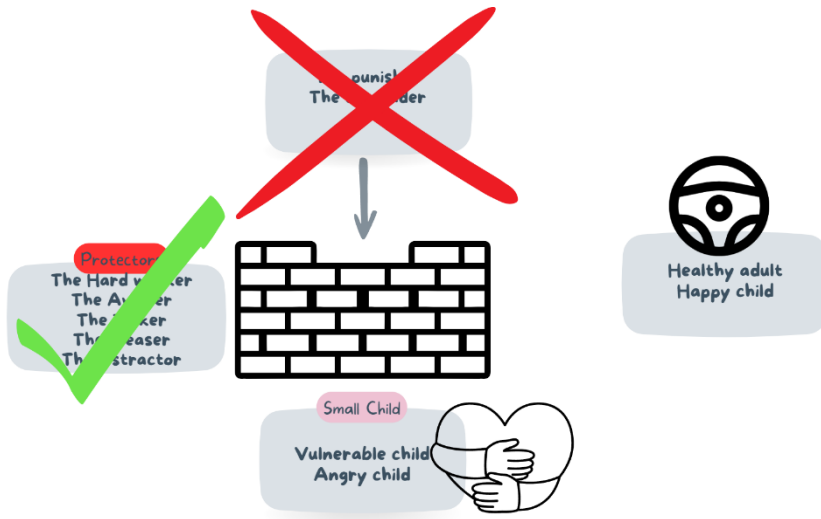
What I often see in practice is that patients or therapists start to want to stop using the protectors. For example, patients try to work less hard because they are tired and they don't want to work that hard anymore. Therapists give them assignments for this. In practice, this often doesn't work. That's because the Bosses then come face to face with the Little Child. Just look back at the picture in chapter 5.6! If we were to remove the protectors, the wall between the bosses and the little child is gone. You have to imagine an adult person, for example, standing in front of

a crying child screaming that he is stupid. That is much too confronting and painful, which is why the protectors quickly want to get in between. The protector in this particular case is the 'Hard Worker', so there you go, working hard again.

Don't get me wrong, eventually we have to get rid of the protectors, but that only works in the right order. We will first have to take out the Bosses, so that we can then negotiate with the protectors. I deliberately use milder words for the latter, negotiate instead of take out. I do that because you learned earlier that the protectors were very useful to you at a younger age. They helped you and are there for a reason. So they are our friends in a way, but also our enemies. We have to deal with them carefully.

Then we will also have to make your Healthy Adult side strong enough to be able to take care of your Little Child side. We will also have to pay attention to that. When the bosses are out, there has been sufficient negotiation with the protectors and the Little Child has been taken care of, the Healthy Adult can take the wheel again. In doing so, we can fill the empty space left by the bosses and protectors with the Happy Child. The Happy Child loves spontaneity, craziness and cheerful and impulsive emotions and actions.

Below you will find a schematic representation of what the ultimate intention is and what has been described above.



In short again; We need to take out the bosses, negotiate with the protectors so they agree to take a step back, give the little child some love!

Disclaimer: Despite the fact that this has been mentioned several times in the book, it is extremely important in this assignment not to skip or rush any steps. You can imagine that if you want to go too fast in this, the feelings of the little child will again not be heard and this will once again be a confirmation to continue with the protectors.

Mobilizing goes a step further than objectifying. The goal, again, is ultimately to destroy both the punishing and the demanding side. They should no longer take up space in your life. They are good for nothing and do you harm. They are also completely wrong. The starting point is therefore to always win from the bosses during the assignments. We do not close any assignment if we have not yet won.

In order to win, we need quite a bit of strength. Strength that is definitely already in you. Strength of a healthy adult with balanced messages. You too have a healthy adult side. A side that makes sure you get dressed when you go outside. That makes sure you eat. That makes sure you pay your bills. That makes sure you maintain relationships. That makes sure you take care of yourself... We have to make this side even stronger. So strong, that it will win against the Punisher and the Demander. To do this, it is first important to give the healthy adult enough ammunition to take up the fight. Because you do not win this fight just like that.



TIP: If you haven't written down enough messages for your healthy adult side, you need to practice that first. You'll need enough ammunition for this assignment. You can use the tables at the back of the workbook for some examples.

Assignment 5.8



In the workbook you will find three different ways to mobilize. See worksheets 10 to 15 for these. Ultimately, the goal for each method is exactly the same; kill off the Bosses and possibly negotiate with the Protectors, in order to eventually be able to take care of the emotions of the Child Sides. You can try out all of the methods to see which one works best for you. Do not do this assignment too often in a row. They are emotionally intense. If not, you can throw more power into it! Start with once or twice a week to see how you react to it. After that, you can do it more often if necessary. Start by defeating your bosses.



TIP: It is highly recommended to watch the accompanying videos in your sent link first. Start with the video Introduction to Mobilization for a more detailed explanation.



Then you can view Mobilization Chairs and Mobilization Papers. Just watch them first and then choose a way that appeals most to practice yourself.



If your healthy adult is not yet strong enough, you can use the Summon Healthy Adult video.



Once you have practiced for a while and notice that it works, you can watch the Bonus Assignment video to see how you can use this in everyday life.



TIP: Generally, the Protectors are only willing to stop/reduce their power once the Bosses are defeated. Otherwise

the Little Child comes face to face with the Bosses again. If that happens, the Protectors will jump in front of it before you know it. It is therefore advisable to start by defeating the Bosses. For most people, this is enough and the behaviour of the Protectors will change automatically. After defeating the Bosses, you can also use the behavioural experiments later in this theme to try out different behaviour. You will see that this will be a lot easier.



TIP: Worksheet 15 does it all in one. In it, you will defeat your Bosses and negotiate with your Protectors in one exercise.

Only do this when you have mastered the other versions and know exactly what is expected.



TIP: This takes practice. Don't expect your boss to disappear completely after doing this exercise. He has been there for years. You can be happy if he is quiet for a minute at first. After that he will probably take over again. Do this exercise not once, but if necessary a hundred times. Until you notice that the Bosses and Protectors no longer control your life.



TIP: If you have succeeded during these exercises, you can also do a small exercise in your daily life every now and then. Before you are going somewhere where you expect your boss to act up in that situation: talk to him beforehand and tear up the paper/do something with the object, etc.



TIP: The more often you do the exercise and get your bosses to be quiet, the more you will notice that he is not always present in your daily life either anymore. At some point you, instead of your boss, will be the boss of your life again.

5.9 Imagine

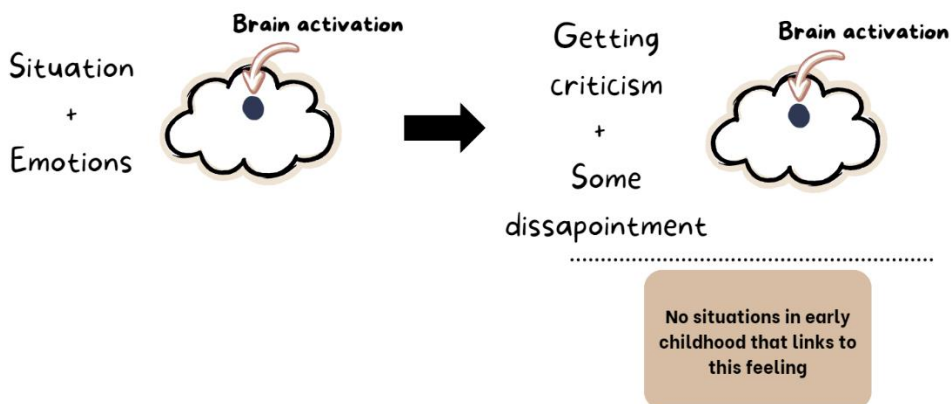
This is the most advanced technique in this theme of the book. The last step of the successive, previous steps. This step is not for everyone to do at home. In practice, I often see that this step causes intense emotional reactions. This reaction is sometimes so strong that it upsets people and they need me as their therapist to be able to go through this technique. Because I cannot do that for you, it is entirely up to you to be able to follow the steps. If you have not yet mastered assignment 5.8, I advise you not to start with this step.

With imagination you go back to an emotionally charged moment from your past. Not really, because that is not possible, but in your mind. You have learned before that this is almost as powerful as experiencing something in your actual life. We are going to use that.

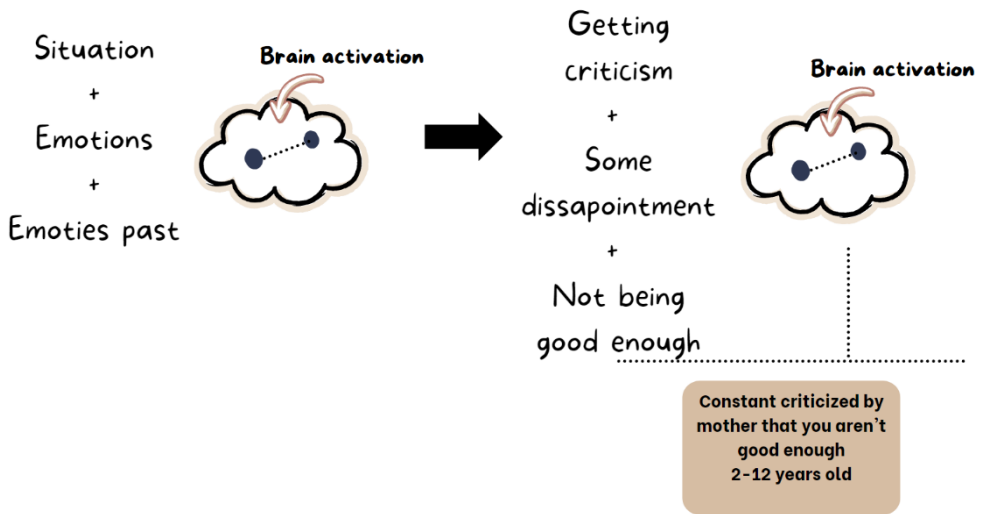
The reason we want to do this is because we assume that your current emotional reactions are driven by events experienced in the past. In the past, your needs were not met and this has resulted in unprocessed emotions. In your current life, you therefore react more intensely to situations than is appropriate for most people. You often realize this yourself and notice that your emotional reactions are (too) exaggerated, but you do not really understand why. You do not want this to happen either, but somehow it still happens. An example could be that your partner does not immediately respond to your phone call, which makes you feel very let down. You feel resigned. You become extremely sad

and perhaps even angry with your partner, resulting in an argument. Another example is that you receive criticism from a colleague and it feels like you can no longer do anything right and your whole world collapses. You feel sad, brood for days and doubt whether you are still suitable for the position. Intellectually, you know somewhere that your reactions are not correct. You know that your partner is probably too busy and will not abandon you at all. You know that receiving criticism about your work once is not bad at all and says nothing about you as an employee. Rationally, you understand that, but somehow it feels different. These emotions take over. On the one hand, they are driven by your different sides, which you have been working on a lot in the previous chapters. On the other hand, they are driven by events from the past. The emotions that you felt in the past, as it were, come back to the here and now. They have nothing to do with the current situation. It's always complicated to explain this completely in text alone, so I'm going to help you with an illustration and an example.

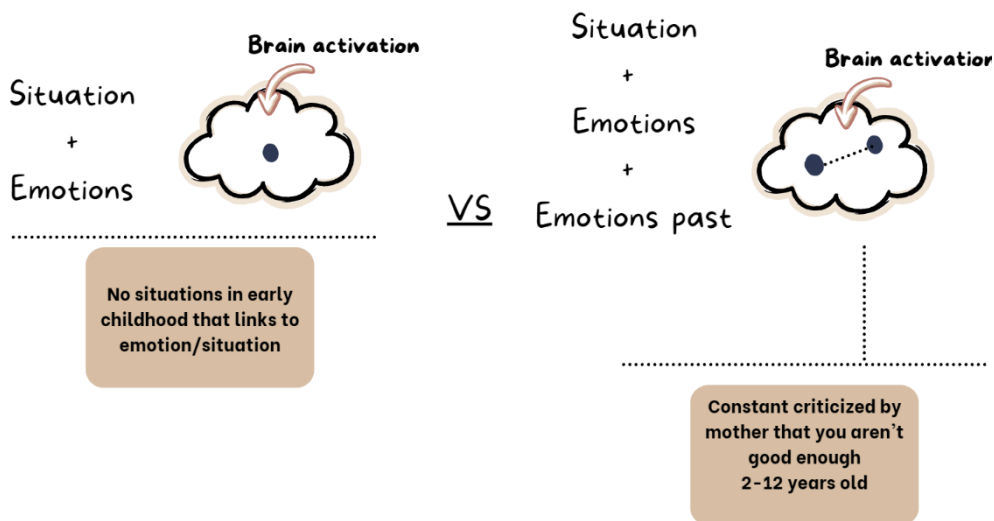
Let's take the situation in which someone is criticized as an example. For most people, being criticized is not pleasant and will trigger a certain emotion: let's say some form of disappointment. If someone has not experienced something (repeatedly) in their early childhood that has had a negative impact on their self-image, then it will remain with that emotional reaction only. In this case, the brain only activates the feeling of some disappointment. See also the illustration below.



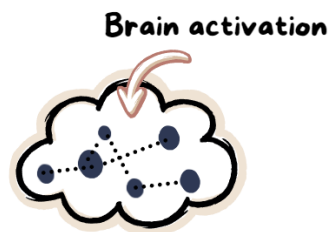
However, when someone in their past in their early childhood has had to deal with (repeated) emotional deficiencies that are linked to self-image, the emotional reaction becomes more intense. Despite the fact that the situation is the same, namely receiving criticism, the emotional reaction is different. What then happens in the brain is that not only the emotions that are appropriate to the current situation are activated (feeling some form of disappointment when receiving criticism), but the emotions from the past are, as it were, also activated. Imagine you grew up with a mother who constantly criticized you. A mother who constantly gave you the message that you were not good enough. Your brain will link the current situation in which you receive criticism to the situation in your past that your mother did not think you were good enough. In that case, you not only feel the emotions that are appropriate to the situation (some form of disappointment when receiving criticism) but also the emotion from the past (not feeling good enough because of your mother). See also the illustration below.



In practice, this means two completely different emotional reactions to exactly the same situation. Person A who receives criticism without damage in the past, only feels the disappointment and loses it an hour later. Person B who receives exactly the same criticism and has been damaged in the past, does not feel good enough and is still occupied with it for days and is emotionally disorganized. This feeling of not being good enough has nothing to do with receiving criticism in the here and now. It also has nothing to do with person B himself. It has to do with experiencing an emotionally damaging situation from the past, usually in early childhood. See again the difference between an appropriate emotional reaction (left) and a more intense emotional reaction (right).



Now in this picture you see one activation in the brain of a situation from the past. When someone has experienced several emotionally damaging situations, this activation becomes even stronger. In this way, entire networks of memories (and the emotions) are activated. You can imagine that the more damaged someone is, the more intense the emotional reactions in the here and now are.

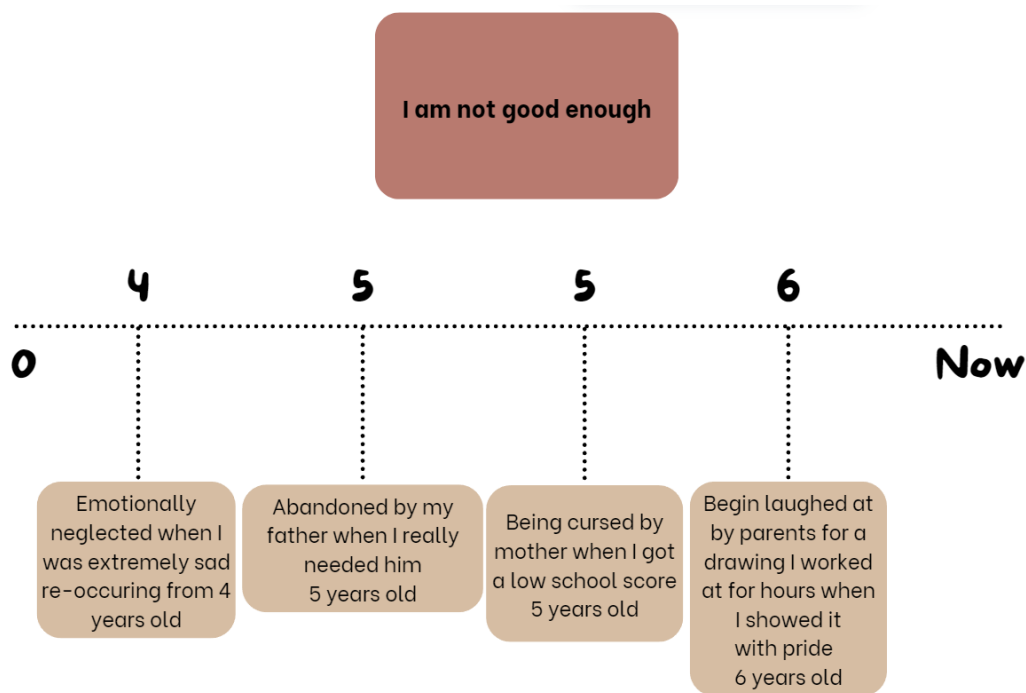


In order to repair these intense emotional reactions, we will have to somehow repair the damage in early childhood. And that is exactly where imagination comes in.

In order to apply this technique properly, we need situations from the past. These can be retrieved in two ways.

Method 1: making a timeline or other model of your life with all the damaging situations you have experienced. From that you then choose one for the exercise.

For method 1, it is first useful to determine which theme exactly you want to work on. If all goes well, you will already have insight into this by now because you have gone through the other chapters. In this example, we will look again at the person who is bothered by receiving criticism. He feels that he is not good enough somewhere. The theme is therefore 'Not being good enough'. In other words, this person has the underlying (invisible) belief "I am not good enough". And yes, it remains annoying, but here we go again: you are not born with that. Neither is he. Apparently, he has experienced situations in the past that made him believe that he is not good enough. You make a timeline of those situations. You literally draw a line from left to right. On the left you start at '0', your birth. On the right you write 'Now', the here and now. On that line he puts all the events that he thinks are related to the feeling 'I am not good enough'. Even better: he puts all the events that he thinks have caused the belief 'I am not good enough' on that line. It is important to go back as far as possible in his life. If he was dumped by his girlfriend at 16 and did not feel good enough for a long time, that is probably an activation in the brain as described above. The dumping by his girlfriend is probably not the main cause of this feeling, but more of a trigger. He probably already did not feel good enough and this was activated when his girlfriend dumped him. Beliefs about ourselves, the world and others are already in our brain at a relatively young age. So look carefully before your, let's say, twelfth year of life. He eventually made the picture below.



Sometimes that line is quite easy to make and you immediately have specific situations that you know play a role. It becomes more difficult when situations have occurred repeatedly for years. Of course, you are not going to put hundreds of situations on that timeline, then you will still be busy next year. You will then have to make a selection. I will help you with that.

Your memory works like a filing cabinet. If you don't know what that is, imagine a chest of drawers with several maps.



You have such a cabinet for each specific subject. Maybe you have not heard from your mother once that you did something wrong, but a thousand times. So you have a cabinet with the subject “mother who comments” with a thousand maps in it containing a specific situation in which that happened. The idea is that you choose

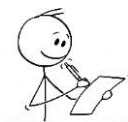
those drawers and maps that you feel have had the most influence on the belief you want to work on. You choose that specific map (situation) to write on your timeline.

It is important to realize that we do not mean that the rest of the maps (situations) are not important or harmful. But we have to make a choice. That choice is always there. If I have a hundred car accidents, they are all bad. However, if you ask me which ones I remember, a few will probably stand out. One time with those bleeding children in the backseat. That other time when I was stuck and couldn't get out of the car. You write those down, the rest you leave as they are.

Method 2: using the experience of a situation in the here and now that triggers an intense emotional reaction to let your brain search for a situation that is linked to it.

Method 2 is a little less intensive to perform in that respect. You can simply wait until you end up in a situation in the here and now that provokes an emotional reaction that is (too) intense for you. In the exercise that you will receive later (see end of chapter), you first go back to this situation in your mind. You will then experience the same emotions again. While you feel these emotions, we let your brain search for situations in the past in which you felt something similar. This all sounds complicated, but don't worry. The assignments in this book in combination with the videos will guide you completely through all the steps.

Assignment 5.9



Optional (but highly recommended): start by creating your extended timeline with situations linked to the underlying belief you want to work on. How to do so is described above.

After this, you will find the further steps used in this technique on worksheets 16 and 17 in the workbook. If you want to work with your timeline (method 1), use worksheet 16. If you want to work from your emotions (method 2), use worksheet 17. You perform the actual technique with your eyes closed, so you can no longer read. The worksheets are only made to show you the necessary steps to take. You have to use the videos mentioned below for the actual exercise. The same rule applies here as the previous assignment: do not do this too often in a row. Once a week is most of the times too much, once every two weeks is recommended. But you're free to choose after you know how it's going. Schedule this assignment because of possible, intense emotions. It is nice to have no more obligations afterwards.



TIP: Because this exercise works best with your eyes closed, you won't be able to read exactly what you're supposed to do later. Therefore, first watch the accompanying video Introduction to Imagination so that you understand exactly what the intention is.



You can then see how this works in practice via the video Imagination Practice Patient.



Finally, choose the method that appeals to you most and use your Imagination Way 1 or Imagination Way 2 to perform the exercise. You can also alternate between the ways.

5.10 Writing assignment

One other way to process unresolved emotions that have led to your beliefs is the writing assignment. With a writing assignment, many people make the mistake of just writing. It then becomes a kind of diary idea in which you write something about your feelings every day. In my opinion, this is an endless process and you can continue to do it until you die, because you always experience something in your life. No, we are not going to do that.

In this writing assignment, the intention is for you to say goodbye to something that has been, to something that has affected you. Something that still hinders you in your current life. Something that unconsciously continues to feed your negative beliefs. So it is mainly about situations that have shaped your beliefs. Situations far in your past. In order to be able to say goodbye to that, the writing assignment has certain rules that are important.

Assignment 5.10



Follow the steps described in worksheet 18. In practice I have seen people sometimes writing for up to three months. It is finished when you have sat down about four times and literally nothing has come to mind and you also feel nothing at all. Only then you can change the goal of your writing. Before that, the goal always remains the same during the time period.

5.11 Behavioral experiments

By now you might have already carried out a lot of interventions on leverage point 2. This means that your underlying beliefs are at least faltering. This alone is often not enough. The next step is to start perpetuating new beliefs in practice. This means that once you no longer fully believe in the previously learned beliefs (and you also start to really feel that), it is important to also display the associated behaviour. Take, for example, the general belief: "I have to work hard, otherwise I am worthless." You may feel through the interventions that this belief is no longer true for you. If you then continue to work very hard at work, a new belief will never be able to be formed. It is therefore important to adapt your actual behaviour to your new belief.

We will do this using behavioural experiments. Think of chemistry lessons in high school. You start with a hypothesis and test whether it is correct.

Assignment 5.11



In the workbook you will find worksheet 19 for setting up your behavioural experiment. Fill in this worksheet and perform the experiment. Here too, performing an experiment once is not enough. You will have to do this more often. Until you have formed beliefs that you, as a healthy adult, fully support. On worksheet 19b you will find a detailed example of a behavioural experiment.



TIP: You can also find a completed behavioural experiment as an example in the workbook. See the second page of the worksheet 19



TIP: It may not always feel good to show different behaviour (yet). Then remember that this too takes time.



TIP: Consider that other behaviour can also have possible consequences that you do not always want in advance. Someone who completely effaces herself for others with the conviction "I am not important" has possibly learned through all the exercises that she is also important. This can mean that she will practice other behaviour with a behavioural experiment, for example making more choices for herself. The environment has known this person for years as someone who does everything for them. The friendships are also based on this. It could therefore be that long-standing friendships end because the environment does not accept that this person chooses more for himself.



TIP: Also remember that an experiment can sometimes fail. I once set something on fire during chemistry that actually was not the intention. However, that does not immediately mean that hypothesis 1 is true. You will have to test this more often.



TIP: Be careful! Your feeling is not always the best advisor for determining the result. Sometimes new behaviour can feel quite strange/bad. That does not mean that this is not necessarily better for you, or that your new, healthy beliefs are not true. A bad feeling certainly does not mean that the experiment has failed.

Interventions Leverage Point 3

Welcome to the interventions on leverage point 3. It could be that your blueprint has led you directly to these interventions. It could also be that you have already completed a whole trajectory on point 2. In any case, here you will find the interventions that directly intervene in the complaints that you have. These interventions are divided into two main categories

Fear & Sadness

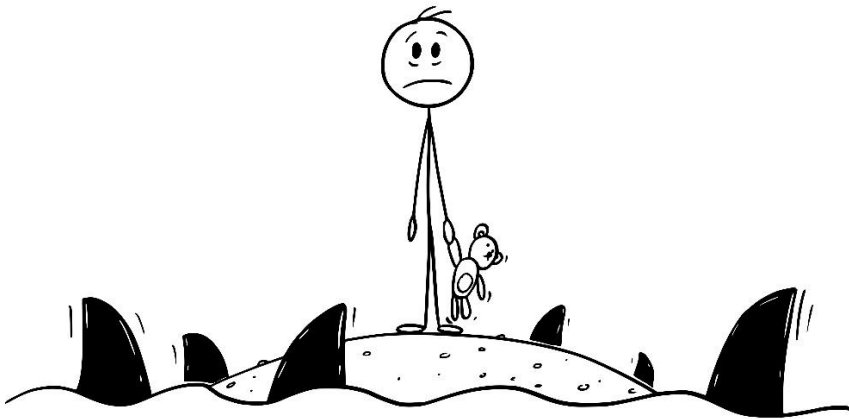
This was chosen because most complaints fall into these categories. It is impossible for me to treat every individual complaint in a book, so I have chosen to focus on these two main categories. It is also true that most other complaints are most likely related to point 2 and require a different method of treatment. Anxiety and depression are generally persistent complaints. That is why you may be shocked by the number of pages for these difficult complaints. And I mean this in a pleasant sense, because there are not that many. However, I am convinced that nothing more is needed than what you are about to read. And no, it is certainly not easy to get rid of these types of complaints, although it mainly requires perseverance if you know exactly what to do. And you will know that after reading this chapter.

And yes, you can get rid of your complaints. We don't do any nonsense about accepting. There are now a lot of bullshit stories, techniques and therapies going around, especially about anxiety complaints. Many techniques ensure that you don't get rid of your complaints at all, but are keeping you working really hard for the rest of your life. That

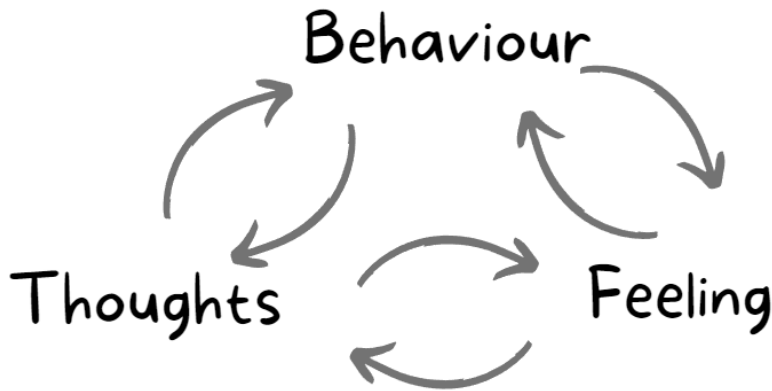
makes me grumpy. This always reminds me of Ludo. You probably know that game. In that game you each have four pawns and you can play it with a maximum of four players. The idea is to get all four of your pawns around the entire board and safely put them in their cage. You only have one die and have to throw a 6 to even get a pawn on the board. At some point the entire board is often full of pawns from everyone. Sooner or later one of your pawns will be thrown off. This often happens when you are almost at your cage. Very frustrating. You have to start over so often that you start to get annoyed. That is probably also where the name of the game comes from. However, I have never thrown my pawns off the board or stopped throwing the die. We are not going to do that in these interventions either. Just keep throwing. Keep going. Eventually you will win. I am convinced of that.

5.12 Fear

Fear, we all feel it from time to time. We all have a so-called innate fear system. Imagine you are on holiday in Austria. You are taking a beautiful mountain walk and decide to walk to the edge at the top of the mountain for that beautiful view. When you stand at the edge and look down, you will experience certain sensations. For most people, this means that they get a little warm, possibly start to shake a little and often people get a little dizzy or dizzy in the head. Our innate fear system is activated. Fortunately, because otherwise we would undoubtedly walk down a mountain and fall into the abyss. This fear system helps us to protect ourselves from certain dangers. If this system becomes unbalanced, we speak of an anxiety disorder and it is no longer helpful. The system no longer protects you from real dangers, but the fears are no longer realistic and affect your daily life.



In regular mental health care, cognitive behavioural therapy, abbreviated CBT, is often used for these complaints. This therapy is based on the influence of thoughts, behaviour and feelings on each other.



The idea is that these three all influence each other back and forth.

- If you think “this is going wrong” (thoughts), you will be less likely to take action (behaviour) and you will not feel good about yourself and stay anxious (feeling).
- If you feel anxious (feelings), you will be less likely to take action (behaviour) and you will think “this will go wrong if I do something” (thoughts).
- If you sit scared in a corner and do nothing (behaviour), you will feel anxious (feeling) and you will think “I better stay sitting here else something terrible will happen” (thoughts).

You see that in theory each of the three can start a certain influence, with the total end result having about the same outcome. People come to therapy to get rid of certain feelings, in this case fear. You want to get rid of your fear. Unfortunately, this cannot be done directly.

If I give you the assignment: “just don’t feel anxious today”, then of course that won’t work. We can only change this feeling indirectly. Because your thoughts and behaviour also influence your feeling, as we learned in the model above, we make use of that. In CBT we assume that we have to change your thoughts and behaviour in order to influence your feeling of anxiety.

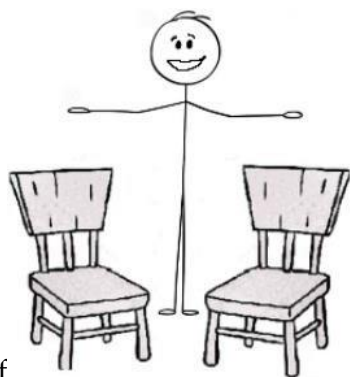
Within CBT, thought patterns, also called G-patterns, are usually started. The idea is that you investigate which anxious thoughts you have about the subject you are afraid of. Ultimately, we will then look for evidence for and against these thoughts together in order to assess whether they are actually correct. I often find this to be a long process, in which the results are disappointing. Somewhere I think this is because deep down you have known for a long time that something in your anxious thoughts is not right. Someone with a fear of elevators knows deep down that not every elevator will crash when they are in it. Someone with a fear of dogs knows somewhere that not every dog on the street would bite them. The problem is: it does feel that way! And when it does not feel that way at difficult moments, we no longer think clearly and we no longer believe our rational thoughts.

In my opinion, you get much stronger changes by actually experiencing differently. Experiencing in the form of engaging with feelings. Thoughts are certainly still used during the interventions in this chapter, but mostly to expose processes and patterns. The real change lies much more in experiencing.

As I type this, I feel a big smile on my face. Not because these complaints are so nice to have, on the contrary. The complaints are

often nasty, persistent and have a big impact on people's lives. I smile, because this is perhaps one of my most favourite complaints to treat. And I get so excited about it, because the underlying system is quite simple to understand. This also makes the complaints incredibly easy to treat. In fact, I am convinced that it is so simple that you already understand the system. You only need the right questions to fully expose it for yourself. That is why I will start the chapter with a lot of questions, in which you will explain to me how it works. In this I want to challenge you to come up with the answer for yourself after a question has been asked, and only then continue reading. In doing so, I take the risk that I may be completely wrong with the answers I give myself, but I am prepared to take that risk. Once you understand the system, you will know exactly what to do to get rid of your anxiety complaints. This system applies to literally every anxiety complaint.

Imagine two empty chairs. I, as your therapist, stand behind them. You can first think of any fear that I suffer from. It doesn't matter what it is. For the example, a practical and visible fear works easiest, but for the model it doesn't matter.



Did you find something? Good. Now of course I don't know what, but for convenience I'll take fear of dogs. In the case of fear of dogs, we are not born with it. And yes, I keep repeating myself, indeed we are not born with it.

In this exercise, let's pretend that I am afraid of dogs. It is easy to imagine that I have had a bad experience with dogs at some point in my life. It is also possible that I have read scary stories about dogs or seen something scary about dogs on television. In any case, my idea is that dogs are apparently scary. What do you think my biggest fear would be if I met a dog? Make that answer worse, what would my MOST biggest fear be if I met a dog?

Your answer is probably something along the lines of "being bitten" or "being killed by the dog". This is what we call the so-called If...Then..... rule. In my case, it is probably somewhere in my head: IF I encounter a dog, THEN I will be bitten to death. Every anxiety complaint has this if...then... rule. But be careful, this does not necessarily have to be consciously in your thoughts. Sometimes this rule is somewhere unconsciously, without you often thinking about it. Often the anxiety dominates so much that you are no longer aware of this rule. But there is always an underlying disaster scenario with an anxiety disorder. That is of course logical, because why else would you be so terribly afraid?

Suppose you invite me for a cup of coffee and you let me choose between two rooms. Chair 1, the left chair, is in a room where there is a dog. Chair 2, the right chair, is in a room where there is no dog.

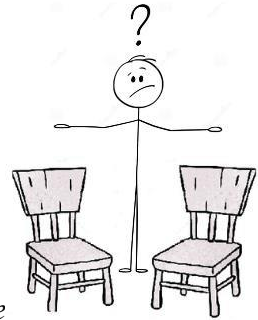
Where do you think I should sit? Seat 1 or seat 2?

Easy question I think, seat 2 of course.

The question is: why? Why don't I sit in chair 1?

Because you don't want to be confronted with the dog.

Yeah, okay, but why don't I want that? What's behind the confrontation with the dog for me?



You think you're going to die because of that dog, that's why you don't want to. Exactly! I don't want to die at all. In my head I'm going to die on chair 1, just think about my underlying If.. Then.. rule.

How do you think I would feel in chair 2? Would I be very anxious there?

No, not really, because there is no dog there. That's right, I feel quite relaxed there. After sitting on chair 2 for a while and having coffee with you, I go home again. The next day I come to you again and you present me with the same choice again.

Where do I sit again, seat 1 or seat 2?

Easy, chair 2 again of course! Because you still don't want to die.

See, I told you, you would know the mechanism! The above illustration is called avoidance and is also fear mechanism 1.

- **Fear mechanism 1:** Avoidance. Avoidance is the easiest for fear. This mechanism works quite simply. Get out of the

away what you are afraid of and keep avoiding it. It makes sense that we do this, who wants to die? Or who on this planet would consciously seek out something extremely nasty?

Back to the chairs.

If I stay in chair 2 for the rest of my life and continue to avoid, will I ever get rid of my fear?

No, probably not.

But why not? Why can't I get rid of my fear that way?

Because you avoid confrontation.

Yeah, okay, but why do I need that confrontation then?

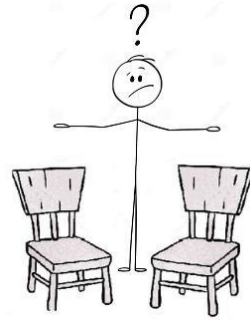
Because this way you will never find out whether or not you will die in chair 1. In other words, you will never find out whether a dog means your death.

And as long as I keep doubting this, will I always remain afraid?

Yes, that's right.

Okay, so you're basically saying that I need to sit in chair 1 at least once to get rid of my fear?

Yes, that's right.

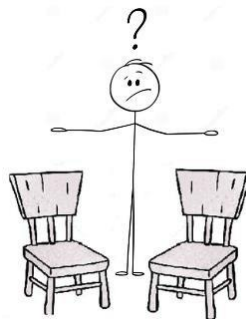


Back to the chairs.

Suppose I come to you again the next day and I think about what you told me. I desperately want to get rid of my fear, so I sit in chair 1.

How do you think I would feel there?

Yes, very scary!



Well, very scary, you could even say horrible! This is the most horrible thing you can do to me. In my head it means that I am going to die now. You probably know that I am not going to die just like that, so you leave me. But for me, it literally feels like dying. In the end I will come home alive, because as you know dogs don't magically kill everyone.

Will this help me get rid of my fear?

No, once is far too little. You need to practice more often.

Okay, so if I do this a hundred thousand times, will I get rid of my fear?

Yes, I think so.

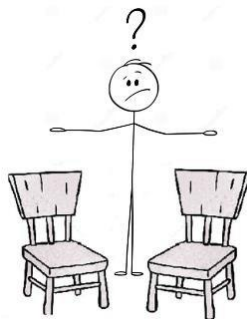
No, wrong! And this is the biggest mistake that most people with an anxiety disorder make. When they finally manage to practice and break through the avoidance despite the terrible feelings, they still can't get rid of the fear. So they don't avoid anymore, but it still doesn't work. And that's because of something.

Back to the chairs.

Suppose I am sitting in seat 1, the seat with a dog in the room, where I think I will die.

Would I sit there and relax, do you think? What exactly would I do?

No, you're not sitting there relaxed. You're probably keeping a close eye on the dog.



And that's right. I'll probably keep my eyes on the dog the whole time and watch everything he does in minute detail. And that's what we call safety behaviour and at the same time it's fear mechanism 2.

- **Fear mechanism 2:** Safety behavior. If you no longer avoid a situation, your fear ensures that you apply safety behavior. These are all the possible tricks that you do to prevent your disaster scenario from happening. And beware, this can also happen unconsciously without you realizing it. This is also not just about visible actions: it can also be about thoughts in your head.

In the above example, my safety behaviour is to constantly look at the dog. If I ultimately survive, you would expect the dog to be a little less dangerous in my head. Nothing could be further from the truth. Because I have constantly looked, I have survived in my head BECAUSE I have constantly looked. And not because the dog is no longer dangerous. In other words, my head says somewhere:

"It's a good thing you looked, Erwin, otherwise you would have been 100% dead."

And in this way I still doubt whether a dog means my death and I will always be afraid. My IF..THEN.. rule is not disproved.

So remember that safety behaviour provides your brain with additional evidence that something is dangerous. And this can happen in dozens of ways.

- “It's a good thing I had a bottle of water with me...”
- “It's a good thing I held on to the railing...”
- “It's a good thing my best friend came along...”

And perhaps the worst of all

- “It's a good thing I started breathing calmly.....”

What happens in your brain is that your brain gets one long list of evidence that there is indeed danger. Your brain believes that these actions prevented your disaster from happening. So the disaster still exists, it just didn't happen.

In practice, it means that you have to stop avoiding AND stop safety behaviour to get rid of your fears. The idea is that you have to learn that the disaster will not happen at all. So it is not just random practice, but the idea is that you are going to disprove your If.. Then.. rule. If you do that, you basically only have to answer three questions to completely get rid of your fear.

In my case I sat on chair 1 but kept looking at the dog. Then my three questions are:

1. Ask if the If..Then.. has come true. In this case: Am I still alive?
(And yes, I am, thankfully)
2. How come? (Because I looked at the dog)
3. How do you find out if that is indeed the reason? (By not looking at the dog anymore)

Okay, do the exercise again without looking and see if you survive again

Repeat, repeat, repeat. Until you can't think of any other answer to question two than that the disaster simply won't happen. By that time, your fear will have virtually disappeared and it's probably only important to practice in different contexts. Fears are quite context-dependent. This means that practicing in one environment will not reduce fear in another environment. If the dog is safe in the room with the chair in front of me, he probably isn't outside. You can also consider that there are hundreds of different types of dogs and I'll have to do all sorts of exercises to get rid of it completely.

It always helps me to compare the treatment of anxiety to a box of weeds. For those who have a garden, this is easy to imagine. If you have a large flower box in the garden and you want to remove weeds, there are two things that are extremely important:

- All the weeds must be removed.
- The roots must be pulled along.

If you don't do either of these, your weeds will grow back in your box in no time. It's the same with fear. Practice as much as possible in

different contexts (different types of weeds) and use as little safety behaviour as possible (roots).

And that's it. Is it really that simple? Yes, it is and it really is that simple. At least, relatively speaking. The person with the anxiety disorder still takes the fictitious risk of dying, for example. To then manage to start practicing is quite a job. However, if you succeed, it always works and for every anxiety.

Let's briefly summarize the most important mechanisms and terms. We are dealing with:

- IF....THEN rules (sub)consciously in the head with different underlying disaster scenarios are always at the base of any severe anxiety.
- Avoidance; fear mechanism 1; avoiding situations that are extremely anxious.
- Safety behaviour; fear mechanism 2; using tricks and behaviour to try to give yourself a fictional safe feeling.
- Context; differences in environment.



TIP: The most powerful way to get rid of a fear is super-exposure. That means not only confronting the fear without safety behaviour, but making the fear even stronger by doing the opposite of your safety behaviour. So for example, getting into an elevator, jumping to the bottom and shouting out loud that the elevator should crash right now!



TIP: Don't forget to watch the accompanying video Fear via the link you received, in which we will explore together with Johan how this works.

Assignment 5.12

In the workbook, you will find in table 5 a list of common anxiety complaints, the associated avoidance, common safety behaviours and an example of an action plan with ideas for super-exposure. Find your fear and execute the associated action plan.



TIP: If your fear is not listed, you will probably have enough inspiration with all the information to know exactly what you must do. Then make your own table for your specific fear.



TIP: Remember that the exercise will not help you completely get rid of your fear after just one time. Do the exercise(s) more often and work your way up to super-exposure. Generally speaking, if people can do super-exposure three times correctly, they are generally pretty much fear-free.



TIP: If it still doesn't work, keep asking yourself the following questions:

1. Did your IF..THEN.. come true?
2. Why didn't this happen? (determining safety behavior).
3. How do you find out if that is indeed the reason?

Okay, do the exercise again without the safety behavior.

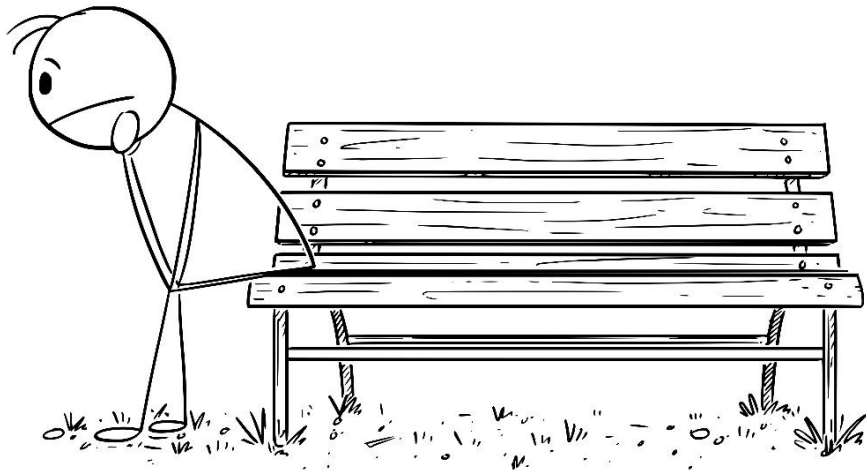


TIP: This last tip regarding anxiety complaints may be deliberately separate on a new page. This one is a bit tricky.

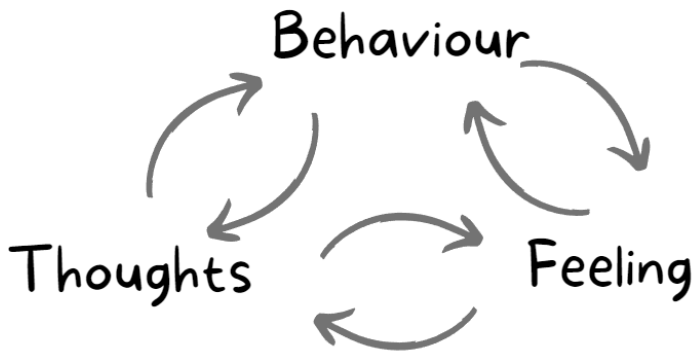
Ultimately, it is quite okay to have forms of safety behaviour in your life. Most people secretly do have them. However, only do this if your IF..THEN.. rule has already been broken. This is extremely important, because otherwise your fears will continue to exist. If you really no longer believe in your disaster scenario and you are really no longer afraid, doing a relaxation exercise with calm breathing during stressful moments is quite okay. However, the people who recommend this at the start of treating anxiety complaints completely don't understand the underlying mechanisms. Basically they're teaching you ordinary safety behaviour and as you have learned by now, that will actually perpetuate your fear instead of healing it. What happens is that you get into your head: "It's a good thing I took a deep breath, because otherwise I would have *fainted*". No, that's the worst thing you can do if you want to get rid of your fears.

5.13 Sadness

Sad, we all feel sad sometimes. If this lasts for a longer period of time and the sad feeling is more present than absent, we speak of a depressive disorder at a certain point. Unfortunately, this occurs in more and more people these days.



In regular mental health care, cognitive behavioural therapy, abbreviated as CBT, is often used. This therapy is based on the influence of thoughts, behaviour and feelings on each other.



The idea is that these three all influence each other back and forth.

- If you think “life is no fun” (thoughts), you will be less likely to take action (behaviour) and you will not feel good (feeling).
- If you feel depressed (feelings), you will be less likely to take action (behaviour) and you will think: “it’s not fun at all” (thoughts).
- If you sit on the couch all day and do nothing (behaviour), you will feel tired and demotivated (feeling) and you will think “life sucks” (thoughts).

You see that in theory each of the three can start a certain influence with almost the same effects. People come to therapy to get rid of certain feelings, in this case depression. You want to get rid of your gloomy feelings. Unfortunately, that is not possible directly. The assignment “Don’t feel gloomy today” does not work. In CBT we assume that we will have to achieve this in an indirect way. The goal is to change your thoughts and behaviour in order to influence your feeling of gloom.

Within CBT, thought patterns, also called G-patterns, are usually the place to start. The idea is that you investigate which thoughts exactly make you so depressed. Ultimately, we will then look for evidence for and against these thoughts together in order to assess whether they are actually correct. The difficult thing about depressive thoughts is that they often concern all-encompassing subjects such as “Life is pointless”, “Life is not fun” or “I might as well not be here anymore.” This is often accompanied by a completely inactive life. Good luck try to convince someone in that state of other thoughts than stated above. The problem is that this is actually how it feels for the depressive person. If you recognize this, it is advisable to first take a good look at the interventions on leverage point 2 in this book. Once you have completed these in full, you will return to this chapter. Here we will mainly focus on action!

Action! Yes, you read that right. We will have to get you moving, not in your head, but with your body. I often compare this to the game Ludo. For those who are not familiar with this game, Ludo is a game in which you have four pawns with their own colour per person. I am often the colour yellow. The idea is that you throw a dice and first have to get pawns on the board. You do this by throwing a “6”. Ultimately, you have to get all four of your pawns in a street near the finish. You can play this game with a maximum of four people, which means that there are 16 pawns available. When someone else’s pawn is in front of you and you throw exactly the number of pips, you can throw it off the board. This means that everyone is constantly thrown off. In practice, you have often won 100 times in your head, but you are constantly thrown off by someone just before the finish. At some point, I myself get really irritated. That’s how it will be for you too, while taking action.

You will feel like you have to start all over again all the time. But we have to be combative. I have never given up on Ludo and I will keep throwing until I win! And if not, I will play again, in the end you always win! Come on!

The real change is in the action, the behaviour in the CGT model. Ask yourself the following questions:

- Do you know someone in your environment who does a lot of things and feels very depressed?

Probably not. If you do, there could be two reasons.

1. There is another influence from leverage point 2 and this is not treated well. For example, someone does a lot from the feeling of not being good enough.
2. The person in question is not doing the right things.

If 1 is the case with you, you now know exactly what you can do to work on it. So scroll back a bit in this book. If 2 is playing with you, it is important to make a distinction between "musts" and "mays". The "musts" are things that have to be done in life, but do not necessarily give you a lot of pleasure. These are tasks such as doing the laundry, changing the bed, packing and unpacking the dishwasher, getting up in the morning, etc. The "mays" are the activities that you personally enjoy. Think of Netflix, doing hobbies, sports, whatever it is. And yes, even if you are depressed, you still enjoy them. If leverage point 2 is still playing a role, many tasks that are naturally "mays" also become "musts". Pay close attention to that.

You can also ask the question differently; the result will be the same.

- Do you know someone in your environment who no longer does anything and is incredibly happy with themselves and life?

Probably not.

So the problem is in the behaviour. You will explain that to me again by answering the following questions:

When someone is very depressed, does that person do more or less things in life?

Sadness



Behaviour

I guess you said 'less' right? Okay.

Sadness



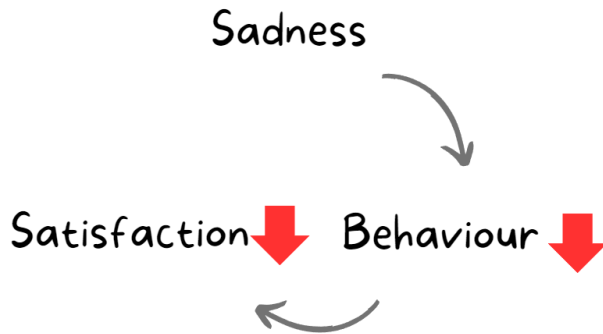
Behaviour



And someone who does less in life, what does that person miss?

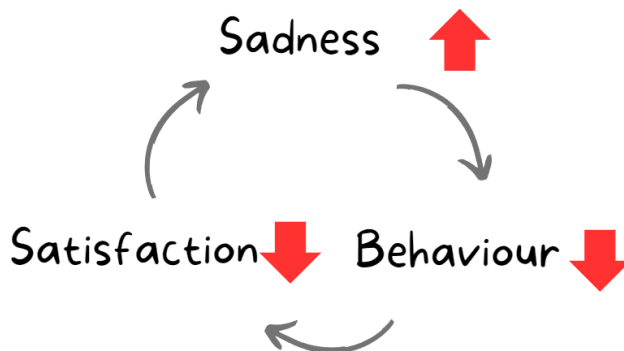
Maybe you have all sorts of different answers: social contacts, energy, fun activities, results for something, pride, etc. Try to find a word that summarizes it. Would that person still have a lot of satisfaction?

You probably said no, right? Okay.



And if someone no longer experiences satisfaction, what happens to the sadness?

Exactly, it's getting bigger.



And there you have it: you are stuck in this circle. Because you feel even more depressed, you do even less, you have even less satisfaction and you feel even more depressed. Repeat. Thanks for this explanation.

Here too, there is only one way out. I cannot give you the assignment to feel a little more satisfaction out of nowhere. Nor can I give you the assignment to just stop feeling gloomy. So we will have to take action! You are no longer taking enough action or are no longer taking action in the right way. In addition to the above circle, another mechanism often plays a role in gloomy feelings. That is, action and satisfaction normally occur in a standard order.

Someone feels like doing something (has motivation), does something and gets pleasure or satisfaction from it.



But what do you miss when you are depressed? Exactly, you don't feel like doing anything. As a result, you don't do anything anymore and you don't experience the associated pleasure either no more. And because of that you end up with even less desire. Your desire will not come back in any case.



The link between behaviour and pleasure does still exist, however small it may be during a depression. We will have to use that to eventually increase the desire again.



If the idea isn't clear by now, I don't know what is. You'll have to take action. As often, as long, until your desire returns and your enjoyment grows ever greater. That means reluctantly doing something. And no, that doesn't mean that if you do something fun this afternoon, you'll suddenly be rid of your complete gloom. It's often the case that it's quite difficult to feel pleasure again. This is a plan that takes months, not hours.

Assignment 5.13



Use table 6 at the back of the book to select activities that you think are fun. You can also search the internet for inspiration. You can also just try something new and see what you think of it. Choose at least 2 things that you will do every day from now on. As a guideline, you should spend at least an hour a day on something that you really like. (And if you hear a “but” in your head now, I tell it to shut up, you are just going to do it!)



TIP: If it's hard to figure out what exactly you like, you can also think about what you actually liked or found interesting as a child. Try some of that if you like.



TIP: Research shows that being active can really reduce your depression. I have also experienced in practice that purely and alone joining a running group has almost solved depressive symptoms. Take advantage of that (And no, no ‘but’, just do it!).



TIP: People usually make the mistake that fun things have to be really big right away, like a vacation for example. But who on this planet does weekly vacations? I certainly do not. Even small things can help a lot. So don't forget to include these from the list.

Interventions leverage point 4

5.14 Circumstances

Welcome to the interventions on point 4. If your blueprint has led you here, it means that you are convinced that your current circumstances are directly at the root cause of your complaints. As I wrote before, I cannot possibly come up with a solution for countless circumstances that you may be in. However, by making your blueprint, you have now discovered that something will have to change in your circumstances. I assume that you yourself now know what that should be.

You may be able to change your circumstances immediately after realizing the above. If not, there is a good chance that this is due to point 2. You can then use the interventions in that chapter to create more space to ultimately make different decisions. You may also be able to use the behavioural experiments in that same chapter to try or force something in your circumstances. Otherwise, use the general interventions for more balance and that may already bring relief.

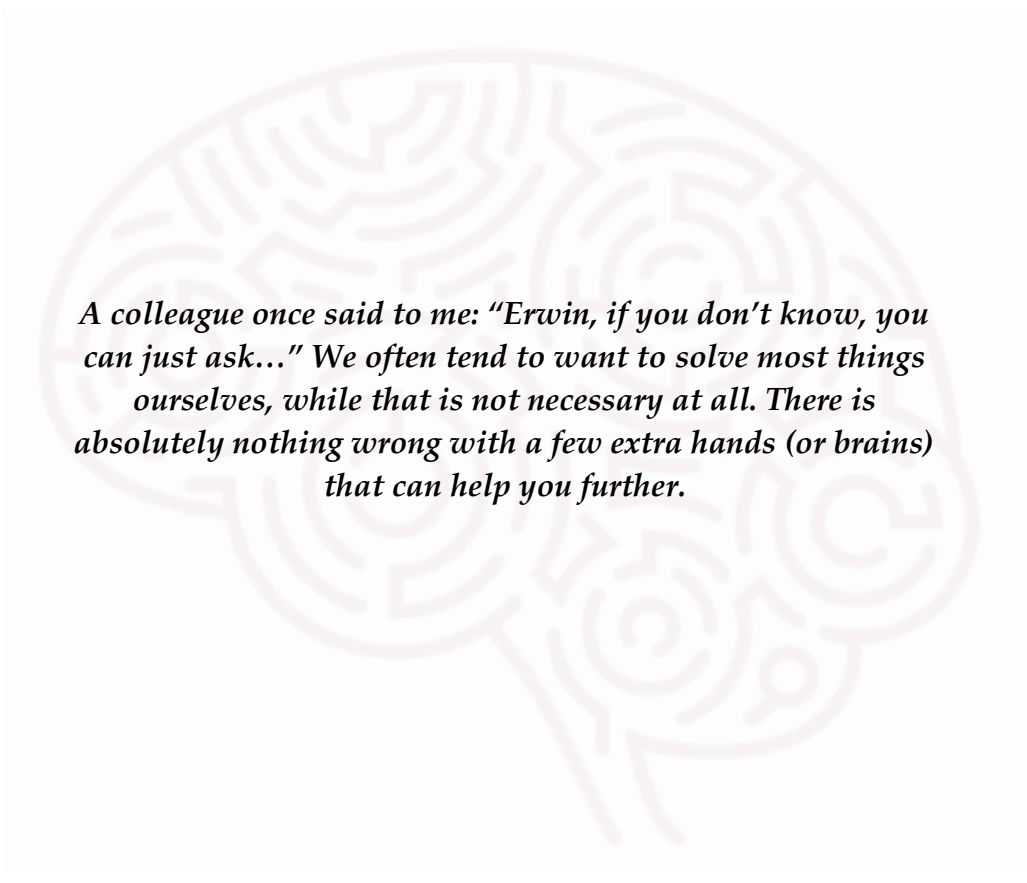
It feels a bit lame to end this theme with the following words, but that doesn't make them any less true for me. If your circumstances directly cause complaints, you will either have to accept your complaints or do something about these circumstances. If there is nothing you can do about them, you will have to accept your complaints and feelings. Sometimes in life you experience things that are simply not nice. They cannot always be made to disappear. Hopefully you now know

where the pain points in your blueprint lie when your response to circumstances takes longer than necessary.

5.15 Patient

Well, that was really hard work. I have to admit that when writing this chapter, I am far from finished with all my assignments that fit my treatment plan. The best tip I can give as a patient is: take your time! I was often busy with exercises, but it was always rushed or I didn't feel like it. Sometimes I skipped weeks and had "better" things to do. One thing I can assure you is that you are not going to solve mental complaints by thinking about them. All those talk sessions with psychologists and therapies will not get you anywhere. The theory is nice, but you will see the real change by taking action. If that talking does not lead to a change in what you do or in getting to start carrying out assignments, it is of little use.

In the meantime, I notice that the assignments are starting to work in reducing my mental complaints. The more uncomfortable I sometimes found the assignments, especially the assignments that fit leverage point 2, the more I understand that I will have to change something here. The power of this method is therefore not so much in the text, but in carrying out the interventions that are described. Of course, it helps enormously in the motivation when you actually understand why you should carry them out. As often as possible. The more often you carry them out, the more you will recognize. And the more you recognize, the sooner and faster you can intervene. And if it doesn't work immediately, don't dive into the internet. You won't find the information in this book anywhere else. The only person who can make your blueprint is yourself. In any case, I have decided that I will continue working. Now it's your turn! Just give it a try and carry out assignments, I know for sure that it will help you.



A colleague once said to me: “Erwin, if you don’t know, you can just ask...” We often tend to want to solve most things ourselves, while that is not necessary at all. There is absolutely nothing wrong with a few extra hands (or brains) that can help you further.

Professional guidance

Have you gone through all the steps and performed all the assignments correctly? Then it is time to look back. If it was not sufficient, you can find below what the best next steps are.

6.1 Therapeutic compass

Mental health care is now incredibly chaotic with regard to the supply of help. This is especially true when you also include disciplines that do not directly fall under mental health care, such as coaches, life coaches, 'therapists' at home, etc. People are now falling over each other to 'give' themselves a title and unfortunately that is often the case. For example, 'psychologist' is not a protected title and everyone can put a sign in the garden tomorrow with 'psychologist'. At least in our country (Netherlands). The same applies to many other disciplines. In addition, within those disciplines, literally everything is offered. From 'improve your life' to 'get rid of your complaints within a week'. Especially online, all kinds of things are promised and you read special 'specializations' on every website. That makes it difficult to choose as a patient.

Hopefully, you have figured out how you are put together by now. You have also practiced a lot with the assignments when you really decided to follow the method. Before you decide and think you need extra help, I would like to emphasize to you again that actually solving mental complaints mainly takes a lot of time and effort. In principle, everything you need is in this method. It is therefore always advisable to read everything again, to perform the assignments again or more often, to see if it is not sufficient for you after all.

If you still can't figure it out, it is advisable to find a good therapist. It is important that treatments have been researched and proven to be effective, and that they are performed by a well-trained professional. So pay close attention to whether someone has followed training, additional courses, supervision and guidance. To help you on your way, I have developed the therapeutic compass. It is actually a choice guide. You can find it at the end of your workbook.

If you decide to seek professional help, I wish you the best of luck

Afterword

How incredibly proud I am of you! Proud that you have decided to work on your mental complaints. I am also proud that you have worked through this entire book and have hopefully been working hard.

In this book, together with the accompanying workbook, I have tried to give as many examples as possible from daily practice. I have also given all possible tips and assignments that I have noticed worked during my days in the practice. Although there are a lot of them, it may well be that your personal situation is slightly different. Hopefully you have been able to get enough inspiration from all the examples to at least shape your own mental blueprint. After all, everyone has a mental blueprint, including you.

If this method has not helped yet, I want to continue to emphasize that you need to take action. As you have read before, I have been a mental health care provider for many years now. In doing so, I often encounter the same recurring patterns when a treatment does not work well. Often this is due to two factors. The first is that people do not understand why they have mental problems. The second is that not enough time is spent on carrying out the assignments and that people want to go too fast. Often these two go hand in

hand. Because you do not understand why you are stuck, you do not understand the use of assignments and you are not motivated enough to carry them out.

The advice is to understand yourself well, make your mental blueprint. Then take action with the right assignments! Do not do them once, but if necessary a hundred times. In the end it always works. Make a clear plan and intention for yourself. How often do you want to practice, on which days, at what time, etc. See it as training for a marathon. Running 5 km once is not enough. Start with 1 km, slowly expand that to 5 km. Run this 5 km several times and then slowly expand again. Eventually you will complete that marathon, but with a clear and balanced plan.

You can help me, but especially the people at home, by leaving a review and sharing your experience:

<https://www.dementaleblauwdruk.nl/reviews/>

Good luck!

Erwin v/d Deen