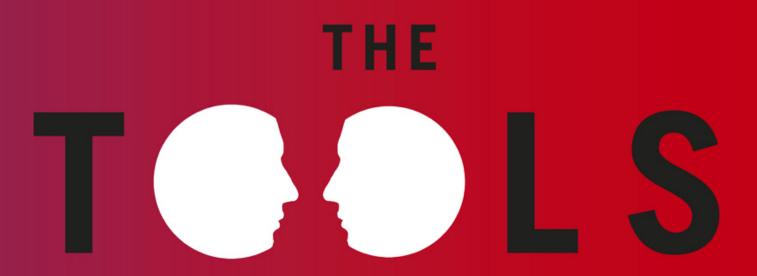
## PHIL STUTZ & BARRY MICHELS



5 LIFE-CHANGING TECHNIQUES TO UNLOCK YOUR POTENTIAL

'Hollywood's open secret' THE NEW YORKER

FIND COURAGE, INSPIRATION, SUCCESS AND HAPPINESS

#### **CONTENTS**

Cover About the Book About the Authors Title Page Dedication Epigraph

**CHAPTER 1:** Revelation of a New Way

**CHAPTER 2:** Turn Pain into Possibilities *The Tool: The Reversal of Desire* 

**CHAPTER 3:** Move from Resentment to Love *The Tool: Active Love* 

**CHAPTER 4:** Find Confidence and Inner Authority *The Tool: Inner Authority* 

**CHAPTER 5:** Create Peace of Mind *The Tool: The Grateful Flow* 

**CHAPTER 6:** Build Unstoppable Willpower *The Tool: Jeopardy* 

**CHAPTER 7:** Faith in Higher Forces

**CHAPTER 8:** The Fruits of a New Vision

Further Information Acknowledgments Copyright

#### About the Book

*The Tools* is a set of five dynamic and effective psychological techniques you can use anytime or anywhere. Together they will propel you forward through whatever troubles or negativity are holding you back to find happiness, achieve your ambitions and fulfil your true potential.

Phil Stutz and Barry Michels are Hollywood's most acclaimed psychotherapists with over 60 years of experience between them.

Solve your problems and become the master of your life.

#### About the Authors

PHIL STUTZ graduated from City College in New York and received his MD from New York University. He worked as a prison psychiatrist on Rikers Island and then in private practice in New York before moving his practice to Los Angeles in 1982.

BARRY MICHELS has a BA from Harvard, a law degree from University of California, Berkeley, and an MSW from the University of Southern California. He has been in private practice as a psychotherapist since 1986. PHIL STUTZ & BARRY MICHELS

# TOOLS

5 LIFE-CHANGING TECHNIQUES TO UNLOCK YOUR POTENTIAL

FIND COURAGE, INSPIRATION, SUCCESS AND HAPPINESS



To Lucy Quvus, who never let me give up.

—PHIL STUTZ

To my sister Debra, a spiritual warrior of the highest order, who taught me to live with grace, courage, and love.

—BARRY MICHELS

Sweet are the uses of adversity, Which like the toad, ugly and venomous, Wears yet a precious jewel in his head.

> —WILLIAM SHAKESPEARE, AS YOU LIKE IT

The things which hurt, instruct.

—BENJAMIN FRANKLIN

#### **CHAPTER 1**

### **Revelation of a New Way**

ROBERTA WAS A new psychotherapy patient who made me feel completely ineffective within fifteen minutes of meeting her. She had come to me with a very specific goal: she wanted to stop obsessing about the idea that her boyfriend was cheating on her. "I go through his messages, grill him with questions; sometimes I even drive by his place to spy on him. I never find anything but I can't stop myself." I thought her problem was easily explained by the fact that her father had abruptly deserted the family when she was a child. Even now, in her mid-twenties, she was still terrified of abandonment. But before we could delve into that issue more deeply, she looked me in the eye and demanded, "Tell me how I can stop obsessing. Don't waste my time and money on *why* I'm insecure—I already know."

If Roberta came to see me today, I'd be thrilled that she knew exactly what she wanted, and I'd know exactly how to help her. But my meeting with her took place twenty-five years ago when I was a new psychotherapist. I felt the directness of her request shoot through me like an arrow. I had no response.

I didn't blame myself. I had just spent two years devouring every current theory of psychotherapeutic practice. But the more information I digested, the more unsatisfied I became. The theories felt removed from the actual experience someone would have when he or she was in trouble and needed help. I felt in my gut that I hadn't been taught a way to respond directly to what a patient like Roberta was asking for.

I wondered, maybe I can't pick up this ability from a book; maybe it can be learned only in face-to-face consultation with someone who'd been in the trenches. I had developed close ties to two of my supervisors—not only did they know me well, but they had many decades of clinical experience. Surely, they must have developed some way to meet these requests.

I described Roberta's demand to them. Their response confirmed my worst fears. They had no solution. Worse, what seemed to me like a reasonable request, they saw as part of her problem. They used a lot of clinical terms: Roberta was "impulsive," "resistant," and "craved immediate gratification." If I tried to meet her immediate needs, they warned me, she would actually become more demanding.

Unanimously, they advised me to guide her back to her childhood—there we would find what caused the obsession in the first place. I told them she already knew why she was obsessed. Their answer was that her father's abandonment couldn't be the *real* reason. "You have to go even *deeper* into her childhood." I was fed up with this runaround: I'd heard it before—every time a patient made a direct request, the therapist would turn it back on the patient and tell him or her to "go deeper." It was a shell game they used to hide the truth: when it came to immediate help, these therapists had very little to give to their patients. Not only was I disappointed, I had the sinking feeling that my supervisors were speaking for the entire psychotherapeutic profession—certainly I'd never heard anyone say anything else. I didn't know where to turn.

Then I got lucky. A friend told me he'd met a psychiatrist who didn't accept the system any more than I did. "This guy actually answers your questions—and I guarantee you've never heard these answers before." He was giving a series of seminars, and I decided to go to the next one. That was where I met Dr. Phil Stutz, the coauthor of this book.

That seminar changed my practice—and my life.

Everything about the way Phil thought seemed completely new. More important, in my gut it felt like the truth. He was the first psychotherapist I'd met whose focus was on the solution, not the problem. He was absolutely confident that human beings possessed untapped forces that allowed them to solve their own problems. In fact, his view of problems was the opposite of what I'd been taught. He didn't see them as handicapping the patient; he saw them as opportunities to enter this world of untapped potential.

I was skeptical at first. I'd heard about turning problems into opportunities before, but no one had ever explained exactly how to do this. Phil made it clear and concrete. You had to tap into hidden resources by means of certain powerful but simple techniques that anyone could use.

He called these techniques "tools."

I walked out of that seminar so excited, I felt like I could fly. It wasn't just that there were actual tools that could help people; it was something about Phil's attitude. He was laying himself, his theories, and his tools out in the open. He didn't demand that we accept what he was telling us; the only thing he insisted on was that we actually use his tools and come to our own conclusions about what they could do. He almost dared us to prove him wrong. He struck me as very brave or mad—possibly both. But in any case, the effect on me was catalyzing, like bursting out into the fresh air after the suffocating dogma of my more traditional colleagues. I saw even more clearly how much they hid behind an impenetrable wall of convoluted ideas, none of which they felt the need to test or experience for themselves.

I had learned only one tool at the seminar, but as soon as I left, I practiced it religiously. I couldn't wait to give it to Roberta. I was sure it would help her more than delving deeper into her past. In our next session, I said, "Here's something you can do the moment you start to obsess," and I gave her the tool (I'll present it later). To my amazement, she seized on it and started using it immediately. More amazingly, it helped. My colleagues had been wrong. Giving Roberta something that provided immediate help didn't make her more demanding and immature; it inspired her to become an active, enthusiastic participant in her own therapy.

I'd gone from feeling useless to having a very positive impact on someone in a very short time. I found myself hungering for more—more information, more tools; a deeper understanding of how they worked. Was this just a grab bag of different techniques, or was it what I suspected —a whole new way of looking at human beings?

In an effort to get answers, I began to corner Phil at the end of each seminar and squeeze as much information as I could out of him. He was always cooperative—he seemed to like answering questions—but each answer led to another question. I felt I'd hit the mother lode of information, and I wanted to take home as much of it as possible. I was insatiable.

Which brought up another issue. What I was learning from Phil was so powerful that I wanted it to be the core of my work with patients. But there was no training program to apply to, no academic hurdles to jump over. That was stuff I was good at, but he seemed to have no interest in it, which made me feel insecure. How could I qualify to be trained? Would he even think of me as a candidate? Was I turning him off with my questions?

Not too long after I began giving the seminars, this intense young guy named Barry Michels began to show up. With some hesitation, he identified himself as a therapist, although, given the detailed way he questioned me, he sounded more like a lawyer. Whatever he was, he was really smart.

But that's not why I answered his questions. I've never been impressed by intellect or credentials. What caught my attention was how enthusiastic he was; how he'd go home and use the tools himself. I didn't know if I was imagining it, but I felt as though he'd been looking for something for a long time and had finally found it.

Then he asked me a question I'd never been asked before.

"I was wondering ... Who taught you this stuff ... the tools and everything? My training program didn't touch on anything remotely like it."

"No one taught me."

"You mean you came up with this yourself?"

I hesitated. "Yeah ... well, not exactly."

I didn't know if I should tell him how I really got the information. But he seemed open-minded, so I decided to give it a try. It was a somewhat unusual story, that began with the very first patients I treated, and one in particular.

Tony was a young surgical resident at the hospital where I was a resident in psychiatry. Unlike a lot of the other surgeons, he wasn't arrogant, in fact when I first saw him, cowering near the door of my office, he looked like a trapped rat. When I asked him what was wrong, he answered, "I'm afraid of a test I have to take." He was shaking like the test was in ten minutes; but it wasn't scheduled for another six months. All tests scared him—and this one was a big one. It was his board-certification exam in surgery.

I interpreted his history the way I'd been trained to. His father had made a fortune in dry cleaning but was a college dropout with deep feelings of inferiority. On the surface, he wanted his son to become a famous surgeon to gain a vicarious sense of success. But underneath, he was so insecure that he was threatened by the idea of his son surpassing him. Tony was unconsciously terrified to succeed for this reason: his father would see him as a rival and retaliate. Failing his exams was his way of keeping himself safe. At least that was what I'd been trained to believe.

When I gave this interpretation to Tony, he was skeptical. "That sounds like something out of a textbook. My father has never pushed me to do anything for his sake. I can't blame my problem on him." Still, it seemed to help at first; he looked and felt better. But as the day of the test drew closer, his anxiety returned. He wanted to postpone the exam. I assured him this was just his unconscious fear of his father. All he had to do was keep talking about it, and it would go away again. This was the traditional, timetested approach to his problem. I was so confident that I guaranteed he'd pass his test.

I was wrong. He failed miserably.

We had one last session after that. He still looked like a trapped rat, but this time an angry trapped rat. His words echoed in my ears. "You didn't give me a real way to conquer fear. Talking about my father every time was like fighting a gorilla with a water pistol. You failed me."

My experience with Tony opened my eyes. I realized how helpless patients could feel facing a problem by themselves. What they needed were solutions that would give them the power to fight back. Theories and explanations couldn't give that kind of power; they needed *forces* they could feel.

I had a series of other, less spectacular failures. In each case, a patient was in some state of suffering: depression, panic, obsessional rage, etc. They pleaded with me for a way to make their pain go away. I had no idea how to help them.

I was experienced at dealing with failure. I was addicted to basketball growing up and played with kids bigger and better than I was. (Actually, almost everybody was bigger than I was.) If I performed badly at basketball, I just practiced more. This was different. Once I lost faith in the way I'd been taught to do therapy, there was nothing to practice. It was as though someone took the ball away.

My supervisors were sincere and dedicated, but they attributed my doubts to inexperience. They told me most young therapists doubt themselves, but as time passes, they learn that therapy can only do so much. By accepting its limitations, they don't feel as bad about themselves.

But those limitations were unacceptable to me.

I wouldn't be satisfied until I could offer patients what they asked for: a way to help themselves now. I decided I would find a way to do this no matter where it took me. Looking back, I realize that this was the next step on a path that had started when I was a child.

When I was nine, my three-year-old brother died of a rare cancer. My parents, who had limited emotional resources, never recovered. A cloud of doom hung over them. This tragedy changed my role in the family. Their hope for the future became focused on me—as if I had a special power to make the doom go away. Each evening my father would come home from work, sit in his rocking chair, and worry.

He didn't do it quietly.

I'd sit on the floor next to his chair, and he'd warn me that his business might go bankrupt any day (he called it "going busted"). He'd ask me stuff like "Could you make do with only one pair of pants?" Or "What if we all had to live in one room?" None of his fears were realistic; they were as close as he could come to admitting his terror that death would visit us again. Over the next few years, I realized my job was to reassure him. In effect, I became my father's shrink.

I was twelve years old.

Not that I thought about it that way. I didn't think at all. I was moved by an instinctive fear that if I didn't accept this role, doom would overwhelm us. As unrealistic as that fear was, it felt absolutely real at the time. Being under that kind of pressure as a kid gave me strength when I grew up and got real patients. Unlike many of my peers, I wasn't intimidated by their demands. I'd been in that role for almost twenty years.

But just because I was willing to address my patients' pain didn't mean I knew how. One thing I was sure of: I was on my own. There were no books I could read, no experts I could correspond with, no training programs I could apply to. All I had to go on was my instincts. I didn't know it yet, but they were about to lead me to a whole new source of information.

My instincts led me into the present. That's where my patients' suffering was. Taking them back to their past was just a distraction; I didn't want any more Tonys. The past has memories, emotions, and insights, all of which have value. But I was looking for something powerful enough to bring relief right now. To find it, I had to stay in the present.

I had only one rule: every time a patient asked for relief —from hurt feelings, self-consciousness, demoralization, or anything else—I had to address it then and there. I had to come up with something on the spot. Working without a net, I got in the habit of saying out loud whatever occurred to me that might help the patient. It was kind of like Freud's free association in reverse—done by the doctor instead of the patient. I'm not sure he would have approved.

I got to the point where I could talk without knowing what I was going to say next. It began to feel as though some other force was speaking through me. Little by little, the tools in this book (and the philosophy behind them) made themselves known. The only standard they had to meet was that they worked.

Since I never considered my search complete until I had a specific tool to offer a patient, it's crucial to understand exactly what I mean when I use the term *tool*. A tool is much more than an "attitude adjustment." If changing your life were only a matter of adjusting your attitude, you wouldn't need this book. Real change requires you to change your behavior—not just your attitude.

Let's say you scream when you get frustrated—you let loose on your spouse, your kids, your employees. Someone helps you realize how unseemly this is, how it's damaging your relationships. You now have a new attitude about screaming. You may feel enlightened and better about yourself ... until an employee makes a costly mistake. At which point you start screaming without even thinking.

A change in attitude won't stop you from screaming because attitudes can't control behavior; they're not strong enough. To control behavior you need a specific procedure to use at a specific time to combat a specific problem. That's what a tool is.

You'll have to wait (without screaming if you can) until <u>Chapter 3</u> to learn the tool that applies here. The point is that a tool—unlike an attitude adjustment—requires you to do something. Not only does it take work, it's work you have to do over and over again—every time you get frustrated. A new attitude means nothing unless followed by a change in behavior. The surest way to change behavior is with a tool.

Beyond what I've said so far, there's a more crucial difference between a tool and an attitude. An attitude consists of thoughts happening inside your head—even if you change it, you're working within the limitations you already have. The most profound value of a tool is that it takes you beyond what happens inside your head. It connects you to a world infinitely bigger than you are, a world of limitless forces. It doesn't matter whether you call this the collective unconscious or the spiritual world. I found it simplest to call it the "higher world," and the forces it contains I call "higher forces."

Because I needed the tools to have such power, it took a great deal of effort to develop them. The information would emerge in a crude, unfinished form at first. I'd have to rework a tool hundreds of times. My patients never complained; in fact, they liked being part of creating something. They were always willing to test-drive a new version of a tool and come back and tell me what had worked and what hadn't. All they asked is that the tool help them.

The process made me vulnerable to them. I couldn't hold myself at a distance like an all-knowing authority figure handing down information from on high. This work was more of a joint effort—which was actually a relief. I was never comfortable with the traditional therapy model where the patient was "ill" and the therapist, holding him at arm's length like a dead fish, would "cure" him. This always offended me—I didn't feel I was any better than my patients.

What I enjoyed as a therapist wasn't holding the patient at a distance; it was putting power into my patients' hands. Teaching them the tools was my way of giving them the ultimate gift—the ability to change their lives. That made it tremendously satisfying each time a tool was fully developed.

In the process of developing the tools, it would be surprisingly clear when a tool was fully formed. It never felt like I made it up out of thin air; I had the distinct impression that I was uncovering something that already existed. What I did bring to the table was faith that, for each problem I could identify, there was a tool to be discovered that would bring relief. I was like a dog with a bone until the tool appeared. That faith was about to be rewarded in a way I never could have imagined.

As time went by, I observed what happened to patients who used the tools regularly. As I'd hoped, they were now able to control their symptoms: panic, negativity, avoidance, etc. But something else—something unexpected —was happening. They began to develop new abilities. They were able to express themselves more confidently; they experienced a level of creativity they'd never felt before; they found themselves emerging as leaders. They were having an impact on the world around them—often for the first time in their lives.

I'd never set out to do this. I had defined my job as returning the patient to "normal." But these patients were going far beyond normal—developing potential they didn't even know they had. The same tools that relieved pain in the present, when used over time, were affecting every part of their lives. The tools were turning out to be even more powerful than I'd hoped.

To make sense out of this, I had to expand my focus beyond the tools themselves and take a closer look at the higher forces they were releasing. I'd seen these forces at work before. So have you—every human being has experienced them. They have a hidden, unexpected power that lets us do things we usually think of as impossible. But, for most people, the only time we have access to them is in an emergency. Then, we can act with heightened courage and resourcefulness—but as soon as the emergency is over, the powers go away; we forget we even have them.

My patients' experiences opened my eyes to a completely new vision of human potential. My patients were functioning as if they had access to these forces every day. Using the tools, the forces could be generated at will. This discovery revolutionized my view of how psychotherapy should work. Instead of seeing problems as an expression of a "condition" whose cause was in the past, we needed to see them as catalysts for developing forces that were already present, lying dormant inside us.

But the therapist had to do more than just see the problems as catalysts. His job was to give the patient concrete access to the forces that were needed to solve the problems. These forces had to be *felt*, not just talked about. That required something therapy had never provided: a set of tools.

I had just spent an hour pouring out a tremendous amount of information. Barry had taken it all in stride, nodding vigorously at points. There was only one fly in the ointment. I noticed that every time I mentioned "forces" he looked doubtful. I knew he wasn't good at hiding what he was thinking—I got ready for the inevitable interrogation.

Most of what Phil had said was revelatory. I absorbed it like a sponge and was ready to use it on my patients. But there was one point I couldn't swallow: it was the part about these higher forces he kept referring to. He was asking me to believe in something that couldn't be measured or even seen. I was pretty sure I'd hidden these doubts from him. Then he interrupted my thoughts.

"Something's bothering you."

"No, nothing ... that was amazing."

He just stared at me. The last time I felt like this was when I got caught putting sugar on my cereal as a kid. "All right. Just one little thing ... okay, it isn't so little. Are you absolutely sure about these higher forces?"

He certainly looked sure. Then, he asked me, "Did you ever make a big change in your life—like a quantum leap where you went way past what you thought you could do?"

As a matter of fact, I had. Although I had tried hard to forget it, I'd started my professional life as a lawyer. By age twenty-two, I had gained admission to one of the best law schools in the country. By age twenty-five, I had graduated near the top of my class and was hired immediately by a prestigious law firm. Having conquered the system, I stood at the top of the mountain—and I hated it right away. It was stuffy, conservative, and boring. I constantly fought the urge to quit. But I'd pushed myself really hard all my life; quitting wasn't in my repertoire. How would I explain quitting a powerful, well-compensated profession especially to my parents, who'd encouraged me to be an attorney my whole life?

But somehow I did guit. I remembered the day very well. I was twenty-eight years old, standing in the lobby of the office building where I worked, staring into the silent, glazed-over faces passing by on the sidewalk outside. For a moment, to my horror, I saw my own face in the reflection of the window. My eyes looked dead. Suddenly I felt I was in jeopardy of losing everything and becoming one of those arav-suited zombies. Then, just as suddenly. I felt something I'd never felt before: a force of absolute conviction, absolute confidence. Without any effort on my part, I felt it carry me right into my boss's office. I guit on the spot. When I looked back on what happened with Phil's question in mind, I realized I had been propelled by a force that came from someplace else.

As I described this to Phil, he got excited. He pointed at me and said, "*That's* what I'm talking about. You felt a higher force in action. People have these experiences all the time, but they don't understand what they're feeling." He paused and asked, "You didn't plan for that to happen, right?"

I shook my head.

"Can you imagine what your life would be like if you could tap into that force at will? That's what the tools give you."

I still couldn't fully accept the idea of higher forces, but it didn't matter. Whatever you called the force that allowed me to change my life—I knew it was real. I had felt it. If the tools gave me access to it every day, I didn't care what you called it. And when I introduced the tools to my patients, they didn't care either. Thrilled with the possibility that I could truly help change their lives, I was radiating an enthusiasm you can't fake. That got their attention in a way nothing else ever had.

The feedback was uniformly positive. Many commented on how much more productive the sessions seemed. "Normally, I'd leave here in a fog, not sure I'd gotten anything out of the session. Now, I leave here feeling like there's something I can do—*something practical that will help me.*" For the first time in my short career, I felt able to instill hope in my patients. It changed everything. I began to hear a familiar refrain—"You've given me more in one session than I've gotten in years of therapy." My practice quickly grew. I was feeling more fulfilled than ever before. And sure enough, I noticed the same changes in my patients that Phil saw when he was discovering the tools. Their lives were expanding in unexpected ways. They were becoming better leaders, better parents; they were bolder in every area of their lives.

Twenty-five years have passed since Phil and I met. The tools delivered exactly what he said they would: a daily connection to life-changing higher forces. The more I used the tools, the more clearly I felt that these forces came *through me*, not *from me*—they were a gift from somewhere else. They carried an extraordinary power that made it possible to do things I'd never done before. Over time, I was able to accept that these new powers were given to me by higher forces. Not only have I experienced these forces for two and a half decades, I've had the privilege of training patients to access them just as consistently.

The purpose of this book is to give you the same access. These forces will revolutionize the way you look at your life and your problems. The problems won't scare or overwhelm you anymore. Instead of asking, "Is there anything I can do about that problem?" you'll learn to ask a very different question: "Which tool allows me to solve it?"

Between the two of us, Phil and I have sixty years of psychotherapy experience. Based on this experience, we've identified four fundamental problems that keep people from living the lives they want to live. How much happiness and satisfaction you get out of life will depend on how well you can free yourself from those problems. Each of the next four chapters addresses one of these. Each chapter also provides you with the tool that works most effectively on that problem. We'll explain how the tool connects you to a higher force—and we'll explain how that force solves your problem.

You may not see your problems exactly reflected in the struggles of the patients we discuss. Fortunately, that doesn't mean you can't take advantage of the tools. You'll find that they'll help you in a variety of situations. To make that perfectly clear, at the end of each chapter we'll describe what we call "Other Uses" for each tool. You'll probably find at least one of these that applies to your life. What we've found is that the four higher forces the tools evoke are basic necessities for a fulfilling life. It matters less what form your problem takes than that you use the tools.

We're confident about everything in this book because it's been developed and tested through real experience. But don't take our word for it; read it skeptically. As you do, you might find yourself questioning some of the ideas. We've heard most of these questions before, and toward the end of each chapter we'll answer the most common ones. But the real answers are in the tools; using them will allow you to experience the effect of higher forces. We've found that once people have experienced this repeatedly, their objections disappear.