

The Three Keys to Change

In this excerpt from the introduction to his new book, *Change or Die: The Three Keys to Change at Work and in Life*, Alan Deutschman discusses the framework to successfully change yourself.

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Change or die

What if you were given that choice? *For real.* What if it weren't just the hyperbolic rhetoric that conflates corporate performance with life or death? Not the overblown exhortations of a rabid boss, or a maniacal coach, or a slick motivational speaker, or a self-dramatizing chief executive officer or political leader. We're talking actual life and death now. Your own life and death. What if a well-informed, trusted authority figure said you had to make difficult and enduring changes in the way you think, feel, and act? If you didn't, your time would end soon--a lot sooner than it had to. Could you change when change really mattered? When it mattered most?

Yes, you say?

Try again.

Yes?

You're probably deluding yourself.

That's what the experts say.

They say that you wouldn't change.

Don't believe it? You want odds? Here are the odds that the experts are laying down, their scientifically studied odds: nine to one. That's nine to one against you. How do you like those odds?

This revelation unnerved me when I heard it in November 2004 at a private conference at Rockefeller University, an elite medical research center in New York City. The event was hosted by the top executives at IBM, who invited the most brilliant thinkers they knew from around the world to come together for a day and propose solutions to some of the world's biggest problems. Their first topic was the crisis in health care, an industry that consumes an astonishing \$2.1 trillion a year in the United States alone--more than one seventh of the entire economy. Despite all that spending, we're not feeling healthier, and we aren't making enough progress toward preventing the illnesses that kill us, such as heart disease, stroke, and cancer.

A dream team of experts took the stage, and you might have expected them to proclaim that breathtaking advances in science and technology--mapping the human genome and all that--held the long-awaited answers.

That's not what they said.

Speaking to the small group of insiders, they were unsparingly candid. They said that the cause of the health care crisis hadn't changed for decades, and the medical establishment still couldn't figure out what to do about it.

Dr. Raphael "Ray" Levey, founder of the Global Medical Forum, an annual summit meeting of leaders from every part of the health care system, told the audience: "A relatively small percentage of the population consumes the vast majority of the health care budget for diseases that are very well known and by and large behavioral." That is, they're sick because of how they choose to lead their lives, not because of factors beyond their control, such as the genes they were born with. Levey continued: "Even as far back as when I was in medical school"—he enrolled at Harvard in 1955—"many articles demonstrated that eighty percent of the health care budget was consumed by five behavioral issues." He didn't bother to name them, but you don't need an MD to guess what he was talking about: Too much smoking, drinking, and eating. Too much stress. Not enough exercise.

Then the really shocking news was presented by Dr. Edward Miller, dean of the medical school and chief executive officer of the hospital at Johns Hopkins University. He talked about patients whose arteries are so clogged that any kind of exertion is terribly painful for them. It hurts too much to take a long walk. It hurts too much to make love. So surgeons have to implant pieces of plastic to prop open their arteries, or remove veins

from their legs to stitch near the heart so the blood can bypass the blocked passages. The procedures are traumatic and expensive--they can cost more than \$100,000. More than one and a half million people every year in the United States undergo coronary bypass graft or angioplasty surgery at a total price of around \$60 billion.

Although these surgeries are astonishing feats, they are no more than temporary fixes. The operations relieve the patients' pain, at least for a while, but only rarely--fewer than 3 percent of the cases--prevent the heart attacks they're heading toward or prolong their lives. The bypass grafts often clog up within a few years; the angioplasties, in only a few months.

Knowing these grim statistics, doctors tell their patients: If you want to keep the pain from coming back, and if you don't want to have to repeat the surgery, and if you want to stop the course of your heart disease before it kills you, then you have to switch to a healthier lifestyle. You have to stop smoking, stop drinking, stop overeating, start exercising, and relieve your stress.

But very few do.

"If you look at people after coronary-artery bypass grafting two years later, ninety percent of them have not changed their lifestyle," Miller said. "And that's been studied over and over and over again. And so we're missing some link in there. Even though they know they have a very bad disease and they know they should change their lifestyle, for whatever reason, they can't."

That's been studied *over and over and over again*. The dean of the nation's most famous medical school said so with confidence. But following the conference, when I searched through the archives of the leading scientific journals, I came across something strange. Something that just didn't fit. In 1993, Dr. Dean Ornish, a professor of medicine at the University of California at San Francisco, convinced the Mutual of Omaha insurance company to pay for an unusual experiment. The researchers recruited 194 patients who suffered from severely clogged arteries and could have bypass grafts or angioplasties covered by their insurance plans. Instead they signed up for a trial. The staffers helped them quit smoking and switch to an extreme vegetarian diet that derived fewer than 10 percent of its calories from fat. In places like Omaha, they shifted from steaks and fries to brown rice and greens. The patients got together for group conversations twice a week, and they also took classes in meditation, relaxation, yoga, and aerobic exercise, which became parts of their daily routines.

The program lasted for only a year. After that, they were on their own. But three years from the start, the study found, 77 percent of the patients had stuck with these lifestyle changes--and safely avoided the need for heart surgery. They had halted--or, in many cases, reversed--the progress of their disease.

If the medical establishment was resigned to the supposed fact that only one out of every ten people can change, even in a crisis, then how did Dr. Ornish's team inspire and motivate nearly eight out of ten of its heart patients to accomplish and sustain such dramatic transformations?

In 2002 the Justice Department published a study that tracked 272,111 inmates after they were released from state prisons in fifteen states. This was the largest study of criminal recidivism ever conducted in the United States. The results were alarming: 30 percent of former inmates were rearrested within six months, and 67.5 percent of them were rearrested within three years. Most of the repeat offenders were felons.

Psychologists and criminologists have come to share the belief that most criminals can't change their lives. Although a movement to "rehabilitate" offenders gained momentum in the sixties and seventies, the idea has since largely been abandoned. Now the experts believe that many criminals can't change because they're "psychopaths"--they're unlike the rest of humanity because they aren't burdened by conscience. They don't have any empathy for others. They're concerned only for themselves. In a word, they're *ruthless*.

Psychopaths make up about 1 percent of the overall population, but they're thought to be the norm in prisons. A large number of convicts have been put through "The Hare," the standard test for psychopathy, created by Dr. Robert Hare, a professor at the University of British Columbia, who has been an influential adviser to the Federal Bureau of Investigation. The average score for male inmates in North America is "moderately psychopathic." The experts admit that they really don't know what causes psychopathy. They assume that some people are simply born that way. They also believe that psychopaths can't change to be like the rest of us. This conclusion is powerful and convincing, but if you've lived for a while in San Francisco, you've probably come across a strange exception.

On the waterfront, taking up an entire city block in an enviable location between the Bay Bridge and the Giants' baseball stadium, there's what looks like a luxury condominium complex. The Delancey Street Foundation is actually a residence where criminals live and work together. Most of them have been labeled as "psychopaths." They typically move to Delancey after committing felonies and having serious problems with addiction--to heroin or alcohol, most commonly. Judges send them to Delancey from the state prisons, where they belonged to gangs and perpetrated violence. They're usually the third generation of their families who

have known only poverty, crime, and drug addiction. They've never led lawful lives or even understood the values and ideals of lawful society.

They live at Delancey, five hundred of them, blacks and Latinos together with self-proclaimed neo-Nazis, along with only one professional staffer, Dr. Mimi Silbert, who earned PhDs in psychology and criminology before cofounding the program thirty-five years ago. Aside from Silbert, who's sixty-three and stands four feet, eleven and weighs about ninety-five pounds, the felons run the place themselves, without guards or supervisors of any kind.

Delancey Street would sound crazy if it hadn't worked so brilliantly for so long. Silbert entrusts the residents--remember, many of these people have been diagnosed as *psychopaths*--to care for and take responsibility for one another. They kick out anyone who uses drugs, drinks alcohol, or resorts to threats or violence. Although most of them are illiterate when they first arrive, the ex-cons help one another earn their high school equivalency degrees, and they all learn at least three marketable skills. Together they run the top-rated moving company in the Bay Area, a thriving upscale restaurant, a bookstore-café, and a print shop. In the winter they set up sites around the city where they sell Christmas trees. Whenever I'm a customer of a Delancey business, I marvel at the honesty, reliability, and politeness of the workers and wish other companies were like theirs. While taxpayers spend \$40,000 a year to support a single prison inmate, Delancey supports itself with profits from its businesses. It never takes money from the government.

After staying at Delancey for four years, most of the residents "graduate" and go out on their own into the greater society. Nearly 60 percent of the people who enter the program make it through and sustain productive lives on the outside.

While the criminal justice system watches more than six out of ten convicts return to crime, Delancey turns nearly as many into lawful citizens. How, exactly? What's the psychology behind transforming the most hopeless 1 percent of society, the ones who experts believe are incapable of change?

In the early 1980s the managers at General Motors and the workers on its assembly lines viewed one another with hostility and fear. The situation was especially troubled at the factory in Fremont, California. You could tell this right away by the number of beer bottles littering the parking lot. On any given day, more than a thousand of the five thousand workers wouldn't bother showing up for work. The ones who did show up were distrustful and embittered. They rebelled when their bosses forced them to speed up the production line. They thought GM was trying to eliminate jobs by making the work go faster and by replacing them with robots. They were right: GM's top executives in Detroit blamed the company's problems on its unruly employees, and they were investing a staggering amount of money on automation--\$45 billion--so they could cut back on human labor.

Tension pervaded the Fremont plant. Workers and managers battled incessantly. The workers fought with one another so fiercely that the national headquarters of the United Auto Workers had to seize control of the local branch. GM's vice president for labor relations called the plant's workforce "unmanageable." A large percentage of the workers had been there for twenty to twenty-five years, and they were considered impossibly "resistant" to change. Maryann Keller, who was Wall Street's most respected analyst of the auto industry, wrote that Fremont was "notorious" even among GM plants. Considering the situation hopeless, GM closed down the factory and laid off five thousand workers.

Then something really strange happened. Toyota offered to revive the plant and produce a GM car there—a Chevrolet. The two companies created a partnership named New United Motor Manufacturing Inc.--"Nummi," which sounded like "new me." Toyota wanted to recruit fresh new hands rather than rehire the plant's laid-off workers. But the UAW insisted otherwise, and Toyota reluctantly took back the ornery old hands.

The workers returned with just as much distrust for their new bosses as they had had for the previous ones. The union leaders believed that the rise of the Japanese car companies had come on the backs of the Japanese workers, whom they thought of as "coolie labor": underpaid and overworked. The workers' fears seemed vindicated when Toyota said it would need only half as many workers as GM to build the same number of cars.

When the Toyota people talked about creating a new sense of mutual trust and respect in Fremont, one union leader called it "a load of bullshit." But that's exactly what happened. Three months after the assembly line started up again, Nummi was rolling out cars with hardly any defects, which was an incredible feat. During this time many GM factories struggled to keep their average down to forty defects a car, and plants would celebrate when they had "only" twenty-five defects a car. A *Wall Street Journal* correspondent wrote that Nummi was producing "some of the best cars that GM had ever sold." And Nummi did it with half as many workers. The cost of making the cars fell dramatically.

Absenteeism at the Fremont factory went from more than 20 percent down to 2 percent, even though Toyota banned practices that once made the shifts seem tolerable, such as smoking and listening to the radio.

Back at GM's headquarters in Detroit, top executives assumed that Toyota achieved its spectacular results through cutting-edge technology. Detroit sent envoys to Fremont to see what was happening. It turned out that snooping on Japanese technology had been GM's real motive behind making the deal with Toyota in the first place. But there was no gee-whiz gadgetry to see. Nummi's machinery was three decades out of date: It was 1950s technology! The shocking improvements had happened there because the unionized American workers constantly came up with ideas for improving quality and cutting costs. These were the very same workers who had been so hostile and embittered. Now they talked unabashedly about the sense of "family" they felt at the Nummi factory. Toyota's secret wasn't the technology it applied; it was the *psychology*. What did Toyota's executives know that enabled them to win over thousands of workers who had been considered "unmanageable"?

The Ornish heart patients, Delancey ex-convicts, and Nummi autoworkers are classic examples of the psychology of change. They may seem like very different situations, but they all show what's gone wrong with our common beliefs on this issue. We like to think that the facts can convince people to change. We like to think that people are essentially "rational"--that is, they'll act in their self-interest if they have accurate information. We believe that "knowledge is power" and that "the truth will set you free." But nine out of ten heart patients didn't change even when their doctors informed them about what they had to do to prolong their lives. Exconvicts knew how hard their time could be if they were arrested again, but it didn't make a difference.

After we try "rationally" informing and educating people, we resort to scare tactics. We like to think that change is motivated by fear and that the strongest force for change is crisis, which creates the greatest fear. There are few crises as threatening as heart disease, and no fear as intense as the fear of death, but even those don't motivate heart patients to change.

The fear of losing their jobs didn't compel the Fremont workers to change. The fear of a long prison sentence didn't intimidate most criminals to "go straight." Even after they were incarcerated for years under awful conditions, they still weren't deterred. What if the laws demanded even harsher punishments? That only made the problem worse, actually. In the decade leading up to the 2002 Justice Department study, the states built more prisons and judges imposed longer sentences. The result? The rearrest rate actually went up by five percentage points, from 62.5 percent to 67.5 percent.

Finally, we often believe that people can't change or that they "resist" change. We think that this is simply human nature. Our most distinguished experts--the MDs and PhDs and MBAs who run the health care and criminal justice systems and the largest manufacturing corporations--think that it's naive and hopeless to expect the vast majority of people to change. They know that patients don't listen to their doctors. In fact, even when patients with severe heart disease are prescribed "statin" drugs, which dramatically lower cholesterol counts and reduce the risk of cardiac arrest, they typically stop following their doctors' orders and give up taking the medication within a year--and all that's involved is popping a little pill once or twice a day.

The people who run things know that ex-cons rebel against the authority of their parole officers. They know that assembly workers struggle against the power of their bosses. So the experts, disgruntled with the ignorance and incorrigibility of the masses, take on the heroic role of saving us from ourselves and from one another. They come up with coronary bypass surgery as a quick fix, or they argue for building more prisons and requiring longer sentences or simply locking up criminals for life, or they try to "automate around the assholes," as one GM executive crudely described the company's grand strategy in the years when it closed down the Fremont plant. They remake their fields around their belief in the impossibility of change. The Ornish and Delancey and Nummi cases are shocking because they prove that dramatic change is possible even in the situations that seem the most hopeless.

Change or Die is a short book about a simple idea. Whether it's the average guy who has struggled with a stressful life for so many decades that he has become seriously ill, or the heroin addict who commits felony after felony, or the managers, salespeople, and laborers who try to make it through unnerving shifts in their business, or virtually anyone who comes up against unexpected challenges and opportunities, people can change the deeprooted patterns of how they think, feel, and act.

I wrote this book because I believe passionately in this idea. My mission is to replace those three misconceptions about change - our trust in facts, fear, and force (the three Fs)--with what I call "the three keys to change." In the pages that follow I'll introduce you to Mimi Silbert, Dean Ornish, and many others who have come upon the "missing links" of changing behavior. To make sense of these astonishing examples, I'll draw on ideas that have emerged from psychology, cognitive science, linguistics, and neuroscience. I'll show the paradoxical ways in which profound change happens and how we can deliberately influence and inspire

change in our own lives, the lives of the people around us, and the lives of our organizations. I'll argue that change can occur with surprising speed and that change can endure.

From the start I want to make it clear that I'm not focusing on how people change on their own. Much of the time, change comes naturally to us. We experiment. We get excited by new ideas and new directions. We learn from experience. We grow and mature. We respond to the new demands of each new stage of our lives, such as college, career, marriage, and parenthood. When we're troubled or distressed and find that our usual solutions aren't working any longer, no matter how hard we try, we seek out new approaches until something works. In *Heartbreak Ridge* Clint Eastwood plays a Marine sergeant who tells his platoon that their motto must be to "adapt, improvise, and overcome," and that's what the rest of us do in real life too. Granted, some people are more adept than others--more resilient, tenacious, or creative--but basically we're all this way. Change often seems to become harder as we get older, but neuroscientists say that there are certain things we can do to sharpen our skillfulness at change as life progresses, and that's what I'll look at later on.

But my main topic is how to change when change *isn't* coming naturally: when the difficulties stubbornly *persist*. When you're *stuck*. When you've tried again and again to overcome problems and all your efforts have failed and the situation appears hopeless or you seem to be powerless. When any reasonable person would think it's an impossible fix. That's what this book is about. I'm going to start by looking in-depth at the three "impossible" cases I've brought up so far--heart patients, drug-addicted criminals, and rebellious autoworkers. As I explain these cases I'll introduce a number of psychological concepts and put more flesh on the bones of a master theory of change. First, though, you need to know the bare bones. This is just a first pass, and these ideas shouldn't make much sense yet. They will become much clearer once we go through the real-world examples. But here, for starters, are the three keys to change, which I call the three Rs: relate, repeat, and reframe.

THE FIRST KEY TO CHANGE

Relate

You form a new, emotional relationship with a person or community that inspires and sustains hope. If you face a situation that a reasonable person would consider "hopeless," you need the influence of seemingly "unreasonable" people to restore your *hope*--to make you *believe* that you can change and *expect* that you will change. This is an act of persuasion--really, it's "selling." The leader or community has to sell you on yourself and make you believe you have the ability to change. They have to sell you on themselves as your partners, mentors, role models, or sources of new knowledge. And they have to sell you on the specific methods or strategies that they employ.

THE SECOND KEY TO CHANGE

Repeat

The new relationship helps you learn, practice, and master the new habits and skills that you'll need. It takes a lot of repetition over time before new patterns of behavior become automatic and seem natural--until you act the new way without even thinking about it. It helps tremendously to have a good teacher, coach, or mentor to give you guidance, encouragement, and direction along the way. Change doesn't involve just "selling"; it requires "training."

THE THIRD KEY TO CHANGE

Reframe

The new relationship helps you learn new ways of thinking about your situation and your life. Ultimately, you look at the world in a way that would have been so foreign to you that it wouldn't have made any sense before you changed.

These are the three keys to change: relate, repeat, and reframe. New hope, new skills, and new thinking.

This may sound simple at first, but let me assure you that it's not. Just look at the three examples I've brought up so far: The people who run the health care establishment still don't understand these concepts. Nor do the people who run the criminal justice system. Nor do most of the people who run America's major corporations.

That's all the "theory" you need to get started. Part One, or "Change 101," will look further at our three cases and build up the theory of change, showing that profound change can happen even in the most difficult situations. Part Two, or "Change 102," will look at how you can change your own life, and how, picking up on recent research in neuroscience, you can improve your knack for change and turn it into an ongoing skill and

practice. Then I'll apply the three keys to change to a number of seemingly daunting situations: changing a loved one, changing a company or an organization or a societal institution, and changing an industry or profession. These true stories will take us from the executive offices of companies such as IBM, Yahoo, Amazon.com, and Microsoft to the hallways of charter schools in inner-city neighborhoods and to the desk of a parole officer in Dubuque, Iowa. Through it all we'll see again and again that the same underlying principles of psychology can unlock profound change--and these insights can be grasped easily by anyone.

Unfortunately, no one has been teaching us what we really need to know. People spend billions of dollars every year buying self-help and motivational tapes, videos, and books (such as this one), joining health clubs and diet programs, seeing doctors and therapists, and hiring life coaches and business consultants--and yet so often they fail to realize their goals. The reason isn't that they don't want to change or can't change but rather they don't understand change or have the right tools to effect it.

I was one of those people who repeatedly struggled and failed to change my personal life for many years—even though in my professional life I was expected to know a lot about the subject. When I attended that IBM conference and heard the renowned dean say that very few people can change, it made me wonder for a while about the validity of what I did for a living: I was a staff writer at the monthly business magazine *Fast Company*, which focused on topics of change and innovation. Every month I would write about yet another person who had managed to create profound change within a company or particular business. The stories were supposed to be sources of practical ideas and inspiration for the magazine's hundreds of thousands of subscribers. I would interview iconoclastic entrepreneurs such as Jeff Bezos, the founder of Amazon.com; Richard Branson, the founder of Virgin Atlantic Airways and the Virgin Megastore chain; and Sergey Brin, the cofounder of Google. The reason I had gone to the IBM conference in the first place was that I was in the middle of researching an article about the efforts of IBM's leaders to change the entrenched corporate culture of their 330,000 person organization.

When I heard the experts claim that nine out of ten people can't change, it made me wonder: Can that really be true? If so, the whole point of my work was basically futile. Was I writing every month about people who belonged to that one out of ten for readers who would probably be stuck for the rest of their lives among the other nine out of ten? Were people like Bezos, Branson, and Brin born with some special talent for change that others couldn't emulate no matter what they tried or how hard?

After a few troubled days, it occurred to me that I belonged to that one out of ten. Actually, I have earned a place in an even more selective cohort: I am part of the 3 percent of Americans who have lost weight (in my case, forty pounds) and kept it off for at least five years (the figures come from the National Institutes for Health). Three percent calculates to roughly one out of thirty-three. Although I don't really believe in astrology, I was the classic Taurus--exceptionally stubborn and gluttonous--and I thought: If I can change, then surely anyone can change. Maybe they just needed the inspiration of a terrific teacher and role model like the personal trainer I finally hired after a decade of failed struggles against obesity.

Then I tried to think of case studies that contradicted what the Johns Hopkins dean was saying. I was familiar with Dean Ornish's ideas because I lived just down the street from the University of California at San Francisco's medical school, and a number of my friends were doctors or students there. I also knew about Delancey Street because I had hired its ex-convicts as movers and had eaten at their restaurant and bought several Christmas trees from them. When I researched the figures about the success rates of those two programs, the odds for change totally flipped--assuming you knew what Dean Ornish and Mimi Silbert knew. The great need for spreading that knowledge much more widely through the populace inspired the research for this book. *Change or Die* began as a cover story for *Fast Company* debunking what I called our most common "myths" about how to motivate change, especially our reliance on facts and fear. I had strong notions about what failed to promote profound change, but I still needed a guide to what really worked and why. Ultimately, the best one I found was a book, first published in 1961, called *Persuasion & Healing* by Jerome D. Frank, MD, who had been a professor of psychiatry at Johns Hopkins University.

That's right: Hopkins. It's sadly ironic that I could attend a prestigious conference in 2004 and hear the dean of the medical school and chief of the hospital at Hopkins bemoan that we still don't understand how to inspire people to change. The truth is that psychologists know *exactly* how to do it, and they've known how for a long time. The breakthrough insights sprang from research conducted half a century ago by Dr. Frank at that very institution. Frank was still alive and in his nineties when the new dean publicly revealed an ignorance of his brilliant work.

Jerome Frank ran the psychiatric outpatient clinic at the university's hospital in the 1950s. His fascinating research began with a fairly simple, small study. His team wanted to learn what really worked in psychological therapy (which literally means "mindchanging" and is better known simply as "psychotherapy"). So they decided to compare "three forms of therapy as different as we could make them," he wrote. The first method was the classic approach, made famous by Sigmund Freud himself, where the patient meets with the therapist

in intensive private sessions. The second method was group therapy, a newer strategy that was just starting to attract interest at the time. It gathered a bunch of patients together for long conversations moderated by a professional. The third method was an even more experimental idea of "minimal" therapy with the patient meeting with a doctor for sessions that were unusually short (only half an hour) and infrequent (once every two weeks).

The researchers asked the patients to fill out ratings about how much the therapy had helped them overcome their symptoms, such as anxiety and distress. The therapists scored their patients' progress as well, as did independent third-party experts (social workers, who also interviewed the patients). When the numbers were added up, Frank and his Hopkins colleagues felt "astonishment and chagrin," he recalled, because the results weren't anything like what they had expected to find. It turned out that all three kinds of therapy worked just as well even though they were so different from one another. The researchers had been looking for a clear winner, but all three had won.

Frank's initial study was small and relatively crude. But in the following decades the psychology profession put an impressive amount of energy, money, time, and brainpower into studying the effectiveness of the more than four hundred different schools of psychotherapy, and the results were still the same: Every kind of psychotherapy was helpful to patients, but no particular kind was significantly more helpful than others. By the 1970s psychologists had begun calling this finding the "Do-Do Verdict," after the scene in *Alice's Adventures in Wonderland* where the Do-Do bird declares, "Everybody has won and all must have prizes."

But Jerome Frank had already correctly guessed this finding soon after his own initial study way back in the 1950s. Frank had the notion that the whole point of his study was wrong: What if various kinds of therapy worked because of what they had in common with one another, not what made them different? What if it was deceptive that they looked so different because they actually shared the same "active ingredients" that made them effective? If so, then what was the secret sauce in these different recipes?

The common denominator, it turned out, was that going to therapy inspired a new sense of hope for the patients- the belief and expectation that they would overcome their troubles. The key factor was the chemistry of the emotionally charged relationship formed by the patient and the therapist or the group, not the specific theories or techniques that differentiated the particular school of therapy.

Frank was interested in anthropology, and he applied these ideas not only to Western medicine and psychiatry but also to religious and shamanic healing, which he identified as psychotherapies from different cultures. The same principles also applied brilliantly in those traditions. A preacher and a congregation, a shaman and the assembled tribesmen of an Amazon village, or a therapist and a group therapy meeting could equally inspire a distressed person.

Frank's breakthrough ideas have spawned a prodigious amount of fascinating scientific research about the importance of inspiring hope and belief, the "common factors," and the therapeutic relationship. Some of this work was collected in the thick 1999 anthology *The Heart & Soul of Change: What Works in Therapy*, published by the American Psychological Association.

So we know what works in therapy. I wanted to look further and also see what works outside of therapy. Couldn't a troubled person be inspired to change by having a positive relationship with someone other than a psychologist? Having spent nearly two decades as a journalist covering the business world, I wanted to see whether, and how, these ideas could apply to bringing about change in companies and organizations. The best research on this topic had been led by John Kotter, a professor at Harvard Business School, who concluded that changing organizations depends overwhelmingly on changing the emotions of their individual members. This alerted me to the plausibility of a unified theory of how both individuals and groups of people can change, something that the Harvard cognitive scientist Howard Gardner had already worked toward in his research.

In coming up with the "three keys to change," I began with Frank's principles of effective psychotherapy and stripped away the elements that apply only to more formal kinds of therapy, such as the usefulness of "a healing setting"--a special place where the patient feels safe and protected (such as a doctor's office). Then I tried to reduce the essentials of his theory into a more streamlined formulation, and I tested it out against the wide range of real-world case studies I've researched for this book. When I interviewed people like Ornish and Silbert, their explanations fit the theory well. Within this framework I've also tried to incorporate important ideas from the fields of cognitive science, neuroscience, and linguistics, which have emerged in the time since Frank's initial study and are providing new and extremely useful tools in psychology.

The result, I hope, is a master theory of change that readers can easily understand and apply in their own lives.

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