

## How to Come Out of Your Comfort Zone

Dr Windy Dryden was born in London in 1950. He has worked in psychotherapy and counselling for over 35 years, and is the author or editor of more than 195 books, including *How to Accept Yourself* (1999), *Coping with Life's Challenges: Moving on from Adversity* (2010), *Coping with Envy* (2010), *How to Develop Inner Strength* (2011), *Coping with Manipulation* (2011) and *Transforming Eight Deadly Emotions into Healthy Ones* (2012), which are published by Sheldon Press.

# Overcoming Common Problems Series

## *Selected titles*

A full list of titles is available from Sheldon Press,  
36 Causton Street, London SW1P 4ST and on our website at  
[www.sheldonpress.co.uk](http://www.sheldonpress.co.uk)

### **101 Questions to Ask Your Doctor**

Dr Tom Smith

### **Birth Over 35**

Sheila Kitzinger

### **Coeliac Disease: What you need to know**

Alex Gazzola

### **Coping Successfully with Chronic Illness: Your healing pain**

Neville Shone

### **Coping Successfully with Shyness**

Margaret Oakes, Professor Robert Bor  
and Dr Carina Eriksen

### **Coping with Anaemia**

Dr Tom Smith

### **Coping with Asthma in Adults**

Mark Greener

### **Coping with Bronchitis and Emphysema**

Dr Tom Smith

### **Coping with Drug Problems in the Family**

Lucy Jolin

### **Coping with Early-onset Dementia**

Jill Eckersley

### **Coping with Eating Disorders and Body Image**

Christine Craggs-Hinton

### **Coping with Gout**

Christine Craggs-Hinton

### **Coping with Manipulation: When others blame you for their feelings**

Dr Windy Dryden

### **Coping with Obsessive Compulsive Disorder**

Professor Kevin Gournay, Rachel Piper  
and Professor Paul Rogers

### **Coping with Stomach Ulcers**

Dr Tom Smith

### **Depressive Illness: The curse of the strong**

Dr Tim Cantopher

### **The Diabete Healing Diet**

Mark Greener and Christine Craggs-Hinton

### **Dying for a Drink**

Dr Tim Cantopher

### **Epilepsy: Complementary and alternative treatments**

Dr Sallie Baxendale

### **Fibromyalgia: Your Treatment Guide**

Christine Craggs-Hinton

### **The Heart Attack Survival Guide**

Mark Greener

### **How to Beat Worry and Stress**

Dr David Devlin

### **How to Come Out of Your Comfort Zone**

Dr Windy Dryden

### **How to Develop Inner Strength**

Dr Windy Dryden

### **How to Eat Well When You Have Cancer**

Jane Freeman

### **Let's Stay Together: A guide to lasting relationships**

Jane Butterworth

### **Living with IBS**

Nuno Ferreira and David T. Gillanders

### **Losing a Parent**

Fiona Marshall

### **Making Sense of Trauma: How to tell your story**

Dr Nigel C. Hunt and Dr Sue McHale

### **Motor Neurone Disease: A family affair**

Dr David Oliver

### **Natural Treatment for Arthritis**

Christine Craggs-Hinton

### **Overcoming Loneliness**

Alice Muir

### **The Pain Management Handbook: Your personal guide**

Neville Shone

### **The Panic Workbook**

Dr Carina Eriksen, Professor Robert Bor  
and Margaret Oakes

### **Reducing Your Risk of Dementia**

Dr Tom Smith

### **Therapy for Beginners: How to get the best out of counselling**

Professor Robert Bor, Sheila Gill and Anne Stokes

### **Transforming Eight Deadly Emotions into Healthy Ones**

Dr Windy Dryden

### **Treating Arthritis: The drug-free way**

Margaret Hills and Christine Horner

### **Treating Arthritis: The supplements guide**

Julia Davies

### **When Someone You Love Has Depression: A handbook for family and friends**

Barbara Baker

Overcoming Common Problems

# How to Come Out of Your Comfort Zone

DR WINDY DRYDEN

sheldon<sup>PRESS</sup>

First published in Great Britain in 2012

Sheldon Press  
36 Causton Street  
London SW1P 4ST  
[www.sheldonpress.co.uk](http://www.sheldonpress.co.uk)

Copyright © Dr Windy Dryden 2012

All rights reserved. No part of this book may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without permission in writing from the publisher.

*British Library Cataloguing-in-Publication Data*

A catalogue record for this book is available from the British Library

ISBN 978-1-84709-136-9

Typeset by Caroline Waldron, Wirral, Cheshire  
First printed in Great Britain by Ashford Colour Press  
Subsequently digitally printed in Great Britain

Produced on paper from sustainable forests

# Contents

1	What is a comfort zone?	1
2	The 'ABCs' of Rational-Emotive Cognitive Behavioural Therapy	5
3	Understanding why you are in your self-defeating comfort zone and setting goals to come out and stay out of it	21
4	How to stay out of your self-defeating comfort zone in the face of adversity without disturbing yourself	41
5	Identifying and dealing with obstacles to continued progress	60
6	Dealing with problems associated with maintaining comfort	74
7	Dealing with problems associated with eliminating discomfort	89
8	Self-help books and comfort zones	104
	<i>Appendix 1: Rigid beliefs and flexible beliefs</i>	106
	<i>Appendix 2: Awfulizing beliefs and non-awfulizing beliefs</i>	107
	<i>Appendix 3: Discomfort intolerance beliefs and discomfort tolerance beliefs</i>	108
	<i>Appendix 4: Depreciation beliefs and acceptance beliefs</i>	110
	<i>Index</i>	111



# 1

## What is a comfort zone?

### Introduction

In this book, I am going to show you how you can come out and stay out of your comfort zone when it is healthy for you to do so. Traditionally, the term 'comfort zone' means a notional area of comfort which defines a part of your life where you play safe. Thus, when someone says that she (in this case) is afraid to come out of her comfort zone she probably means the following:

- 1 She is currently in a life-space where she is comfortable, but somewhat unfulfilled.
- 2 She would like to effect change in this area and do something different and potentially more fulfilling.
- 3 She is afraid to effect change so she remains within her 'comfort zone'.

People who want to come out of their comfort zone but are afraid to do so often say that they are in a rut. If you are in a rut and afraid to come out of and stay out of this comfort zone, then I will help you to do so. I discuss ruts and how to come out and stay out of them in Chapter 6 and refer throughout this book to the case of Geraldine, who has precisely this problem.

While 'comfort zone' has this precise meaning in the public psyche, I am going to use it more broadly in this book. Specifically, I will discuss two different types of comfort zone situations. In the first, you are in a comfort zone, but you need to come out of it in order to do something that you find difficult or uncomfortable so that you can achieve your goals. However, you don't do so. In this type of comfort zone you experience the following problems:

## 2 What is a comfort zone?

- procrastination;
- being in a rut;
- lack of persistence.

This type of self-defeating comfort zone is outlined as follows:

*Comfort zone → activity that is uncomfortable which will help you to achieve your goals → which you don't do → remain in comfort zone*

In the second type of comfort zone, you are in an uncomfortable state which it is in your best interests to tolerate so that you can achieve your goals. However, instead you act to get rid of this discomfort and seek to go into your comfort zone. In this type of comfort zone you experience the following problems:

- difficulty dealing with urges;
- difficulty tolerating unpleasant feelings and thoughts;
- impatience.

This type of self-defeating comfort zone is outlined as follows:

*Discomfort (staying with this discomfort will help you to achieve your goals) → you seek comfort (in your comfort zone)*

### **Comfort is not intrinsically problematic**

As you will have read, I am only interested in helping you to come out of and stay out of a comfort zone that is unhelpful to you in the longer term. You may be in a comfort zone that is not unhealthy for you and, indeed, you may be in a comfort zone that works for you. That is why when I refer to a comfort zone that is self-defeating for you, I will use the abbreviation 'SDCZ', which stands for 'self-defeating comfort zone'.

Following on from this, let me be quite clear that there is nothing inherently wrong with comfort. Indeed, being comforted by a loving caregiver when you were distressed as a baby or as a child (or even as an adult) is very therapeutic. Such comfort may be expressed verbally or non-verbally (or both) and it helps to soothe and heal.

Also, when you come home having had a hard day at work and you sit down with a refreshing cup of tea in your favourite armchair, listening to some soothing music, then such comfort can have great restorative powers. No, far from viewing comfort as being negative, it can be positive across a lot of situations.

However, as I will show in this book, seeking comfort can also be problematic. Thus, if it is healthy for you to be uncomfortable in the sense that doing so helps you to achieve your goals and you decide to seek comfort instead, then your comfort-seeking is problematic. So seeking comfort is not a problem per se, but if it prevents you from achieving your healthy goals then it is problematic and needs attention.

Let me now provide you with an outline of the chapters that follow. In the next chapter, I am going to outline some of the key ideas that inform this book. These ideas stem from a therapy known as Rational-Emotive Cognitive Behavioural Therapy (RECBT), an approach to counselling and psychotherapy that was originated by Dr Albert Ellis (1913–2007), one of the grandfathers of the therapeutic tradition known as Cognitive Behavioural Therapy (CBT). I will present and discuss the ‘ABC’ model of RECBT which will help you to understand the factors involved that keep people in general in their SDCZs.

In Chapter 3, I will show you how you can use the ‘ABC’ model to understand why *you* are in your SDCZ and then set goals to come out of it.

In Chapter 4, I will show you what you need to do to come out and stay out of your SDCZ when it is healthy for you to do so, without experiencing disturbed emotions, behaviour and thinking.

In Chapter 5, I will identify and discuss ten of the major obstacles that you might encounter along the path of coming out of and staying out of your SDCZ, and I will then show you how you can deal with them if you encounter them.

In Chapters 6 and 7, I draw upon the material that I presented in Chapters 2–5 and discuss in general terms the problems that people experience in the two different types of self-defeating comfort zones that I outlined earlier: (a) where you do not move out of your comfort zone in order to engage in activities that you find uncomfortable, but that will help you achieve your goals, and (b) where

#### **4 What is a comfort zone?**

you get rid of discomfort when it is in your interest to tolerate it in order to achieve your goals.

Finally, in Chapter 8, I provide some advice on how to get the most from this book.

# 2

## The 'ABCs' of Rational-Emotive Cognitive Behavioural Therapy

The approach that I will be taking to help you to come out and stay out of your comfort zone is known as Rational-Emotive Cognitive Behavioural Therapy (RECBT). The term 'Cognitive Behavioural Therapy' (or CBT) defines the therapeutic tradition where it is generally accepted that people's problems are largely determined by the way they think about the adversities that they face in life and how they act in the face of these adversities.

There are quite a few specific approaches within the CBT tradition, and the one on which this book is based is known as 'Rational Emotive Behavioural Therapy', which was established in 1955 by the famous American clinical psychologist Dr Albert Ellis. I call this approach 'Rational-Emotive Cognitive Behavioural Therapy' (RECBT) to show both that it falls within the CBT tradition and that its distinctive features owe a great deal to Dr Ellis.

In this chapter, I will outline the major principles of RECBT that are particularly relevant to helping you understand how people remain within their comfort zone when it is not healthy for them to do so and how they can come out of their comfort zone.

### **The 'ABCs' of RECBT**

RECBT proposes what is known as the 'ABC' model, which is designed to help people understand how they largely create their self-defeating comfort zone (henceforth called SDCZ) and what they need to change to come out of it. I will discuss each element of the 'ABC' model later in this chapter, but let me briefly define each element before we proceed.

## 6 The 'ABCs' of cognitive behavioural therapy

*A = Activating event (the aspect of the situation that a person is in that she responds to)*

*B = Beliefs (the beliefs she holds about this activating event)*

*C = Consequences (the consequences of her beliefs).*

### People largely create their SDCZ

You may have been surprised to read the words 'largely create' in the previous section. Surely, this is a mistake. Surely nobody would create their own comfort zone if it was unhealthy for them to do so, would they? Actually, they would and they do . . . and you may well do so yourself. The view that people largely create their own SDCZ was put forward many years ago by Epictetus, a leading Stoic philosopher, who argued that events, on their own, do not have the power to disturb people. Rather, it is the way that people think about these events that largely determines whether or not they feel disturbed. This is the basic principle behind the 'ABC' model. Since people are largely responsible for the way they think, it follows that they largely create their SDCZ by the way they think about comfort-related events.

This does not mean that people should blame themselves for largely creating their SDCZ. Far from it! Indeed, if they do blame themselves for largely creating their SDCZ, this is a great way of ensuring that they will stay within this zone! Rather than blaming themselves for creating their SDCZ, it is important that people take responsibility for their creation but do so within a philosophy characterized by self-acceptance and compassion. This philosophy will help people take a cool look at the factors responsible for them staying within their SDCZ, so that they can come out of it. Self-blame will just add to their discomfort and will increase the chances that they will avoid considering these factors. And if people don't understand the factors that are responsible for their being in their SDCZ, they won't know how to get themselves out of it.

### Understanding the situation in which a person's 'ABC' occurs

When a person responds to something (what is called an activating event in RECBT), this happens within a specific situation. Here are a few examples:

- Fay was offered a cigarette by a co-worker in her tea-break.
- Brian was in his study at 2 p.m. having promised himself that he would start his essay at that time.
- Harry was standing in a long queue at the supermarket check-out.
- Geraldine was looking at jobs online.

### **'A' = Activating event**

While it is useful to understand the situation that a person is in, it is important to recognize that when a person responds in this situation it is to a particular aspect of this situation, and this aspect needs to be understood. This aspect is known as the 'A' or activating event. When the person is in her SDCZ, it is likely that she is responding to an aspect of the situation that she is in that is negative. Her response to this negative aspect is to seek immediate comfort. Here are some examples of negative 'A's which I will refer to as 'adversities'. In all these examples, in response to the 'A', the person concerned stayed in his or her comfort zone.

- When Fay was offered a cigarette by a co-worker in her tea-break she took it when she experienced a strong urge to smoke. This urge was Fay's 'A'.
- Brian was in his study at 2 p.m., having promised himself that he would start his essay at that time. He didn't start when he thought, 'The essay will be very difficult.' The inference that the essay would be very difficult was Brian's 'A'.
- Harry was standing in a long queue at the supermarket check-out. He lost his temper and left the supermarket when he experienced frustration-related discomfort while waiting. This discomfort was Harry's 'A'.
- Geraldine was looking at jobs online. She did not apply for any when she realized she would lose her familiar – but unfulfilling – routine at her current job. This predicted loss of familiarity was Geraldine's 'A'.

### **'B' = beliefs**

When a person faces an adversity (or negative activating event) at 'A', it is the beliefs that she holds about this adversity that largely determine her response towards it rather than the adversity itself. As

## 8 The 'ABCs' of cognitive behavioural therapy

we say in RECBT, 'A' does not cause 'C'; rather, 'B' about 'A' largely determines 'C'. This is shown in the equation:  $A \times B \rightarrow C$ .

There are two types of beliefs that a person can hold about an adversity. In RECBT terminology these are known as 'irrational' and 'rational' beliefs and I will use these words in this book. However, if you don't resonate with this language you can use the terms 'unhealthy' and 'healthy' or 'unhelpful' and 'helpful', or similar words as you see fit. The important point is that you understand the differences between what I am calling irrational and rational beliefs, a subject to which I will now turn.

### *Irrational beliefs*

There are two types of irrational beliefs. One is known as a rigid belief and it is at the core of an unhealthy response to adversity. There are three extreme beliefs that are derived from this rigid belief. They are known as an awfulizing belief, a discomfort intolerance belief and a depreciation belief. I will discuss these each in turn.

**Rigid beliefs** A rigid belief has two components. In the first, the person asserts her preference, and in the second she asserts the idea that she has to have her preference met. As you will see below, often only the second component is used. Thus:

- Fay's 'A' = The urge to smoke.  
Fay's rigid belief at 'B' = 'I must not experience the urge to smoke, and thus I have to get rid of it immediately.'
- Brian's 'A' = The essay will be very difficult.  
Brian's rigid belief at 'B' = 'The essay must be easier.'
- Harry's 'A' = The discomfort of waiting in a queue.  
Harry's rigid belief at 'B' = 'I must not experience this discomfort.'
- Geraldine's 'A' = Loss of familiarity on changing jobs.  
Geraldine's rigid belief at 'B' = 'I have to experience a sense of familiarity.'

**Awfulizing beliefs** An awfulizing belief has two components. In the first, the person asserts the badness of not having her demand met and in the second she asserts the idea that it is terrible not having

her demand met. As you will see below, often only the second component is used.

Thus:

- Fay's 'A' = The urge to smoke.  
Fay's awfulizing belief at 'B' = 'It is terrible to experience the urge to smoke.'
- Brian's 'A' = The essay will be very difficult.  
Brian's awfulizing belief at 'B' = 'It would be awful if the essay were very difficult.'
- Harry's 'A' = The discomfort of waiting in a queue.  
Harry's awfulizing belief at 'B' = 'It is terrible having to experience discomfort while queuing.'
- Geraldine's 'A' = Loss of familiarity on changing jobs.  
Geraldine's awfulizing belief at 'B' = 'It would be awful to lose this sense of familiarity.'

**Discomfort intolerance beliefs** A discomfort intolerance belief has two components. In the first, the person asserts the notion that it is a struggle for her to tolerate the discomfort of not having her demand met, and in the second, she asserts the idea that she can't tolerate not having her demand met. As before and as you will see below, often only the second component is used.

Thus:

- Fay's 'A' = The urge to smoke.  
Fay's discomfort intolerance belief at 'B' = 'I can't tolerate having an urge to smoke.'
- Brian's 'A' = The essay will be very difficult.  
Brian's discomfort intolerance belief at 'B' = 'I could not tolerate it if the essay were very difficult.'
- Harry's 'A' = The discomfort of waiting in a queue.  
Harry's discomfort intolerance belief at 'B' = 'I can't stand the discomfort of waiting in a queue.'
- Geraldine's 'A' = Loss of familiarity on changing jobs.  
Geraldine's discomfort intolerance belief at 'B' = 'I can't put up with losing this sense of familiarity if I were to change jobs.'

**Depreciation beliefs** A depreciation belief has two components. In the first component the person rates negatively a part of herself, another person or life in general in the context of not having her demand met, and in the second, she rates negatively the whole of herself, another person or life when her demand is not met. As before and as you will again see below, often only the second component is used.

Thus:

- Fay's 'A' = The urge to smoke.  
Fay's depreciation belief at 'B' = 'The world is rotten for allowing me to experience an urge to smoke.'
- Brian's 'A' = The essay will be very difficult.  
Brian's depreciation belief at 'B' = 'My teacher is bad for giving me a very difficult essay to do.'
- Harry's 'A' = The discomfort of waiting in a queue.  
Harry's depreciation belief at 'B' = 'Life is bad for giving me so much discomfort while I wait in the queue.'
- Geraldine's 'A' = Loss of familiarity on changing jobs.  
Geraldine's depreciation belief at 'B' = 'The world is a bad place for giving me a sense of unfamiliarity if I were to change jobs.'

As I will show you later on in this book, when you come to assess your irrational beliefs while you are staying in your SDCZ although it is healthy for you to come out of it, I suggest that you do the following: always identify your rigid belief (unless you have a good reason for not doing so) and the one derivative irrational belief that best fits your experience. Having dealt with irrational beliefs, I will now go on to discuss the four beliefs put forward by RECBT theory as rational alternatives to irrational beliefs.

### ***Rational beliefs***

There are two types of rational beliefs. One is known as a flexible belief and it is at the core of a healthy response to adversity. There are three non-extreme beliefs that are derived from this flexible belief. They are known as: a non-awfulizing belief, a discomfort tolerance belief and an acceptance belief. I will discuss each in turn.

**Flexible beliefs** A flexible belief has two components. In the first, the person asserts her preference and in the second, she negates the idea that she has to have her preference met.

Thus:

- Fay's 'A' = The urge to smoke.  
Fay's flexible belief at 'B' = 'I would prefer not to experience the urge to smoke, but I don't have to get rid of it immediately.'
- Brian's 'A' = The essay will be very difficult.  
Brian's flexible belief at 'B' = 'I would like the essay to be easier, but it doesn't have to be so.'
- Harry's 'A' = The discomfort of waiting in a queue.  
Harry's flexible belief at 'B' = 'I would prefer not to experience this discomfort, but that does not mean that I must not experience it.'
- Geraldine's 'A' = Loss of familiarity on changing jobs.  
Geraldine's flexible belief at 'B' = 'I would like to experience a sense of familiarity, but I don't have to do so.'

**Non-awfulizing beliefs** A non-awfulizing belief has two components. In the first, the person asserts the badness of not having her preference met, and in the second she negates the idea that it is terrible not having her preference met.

Thus:

- Fay's 'A' = The urge to smoke.  
Fay's non-awfulizing belief at 'B' = 'It is bad to experience the urge to smoke, but it is not terrible.'
- Brian's 'A' = The essay will be very difficult.  
Brian's non-awfulizing belief at 'B' = 'It would be bad if the essay were very difficult, but it would not be awful.'
- Harry's 'A' = The discomfort of waiting in a queue.  
Harry's non-awfulizing belief at 'B' = 'It is unfortunate to experience this discomfort, but it is not the end of the world.'
- Geraldine's 'A' = Loss of familiarity on changing jobs.  
Geraldine's non-awfulizing belief at 'B' = 'It would be bad to lose this sense of familiarity, but it would not be awful.'

## 12 The 'ABCs' of cognitive behavioural therapy

**Discomfort tolerance beliefs** A discomfort tolerance belief has three components. In the first, the person asserts the notion that it is a struggle for her to tolerate the discomfort of not having her preference met, in the second she negates the idea that she can't tolerate not having her preference met, and in the third she asserts the idea that it is worth it to her to tolerate this state of affairs.

Thus:

- Fay's 'A' = The urge to smoke.  
Fay's discomfort tolerance belief at 'B' = 'It is hard to tolerate the urge to smoke, but I can tolerate it and it is worth it to me to do so because I want to give up smoking and be healthy.'
- Brian's 'A' = The essay will be very difficult.  
Brian's discomfort tolerance belief at 'B' = 'It would be hard for me to tolerate it if the essay were very difficult, but I could put up with this and it is worth it to me to do so because I don't want to fall behind in my work.'
- Harry's 'A' = The discomfort of waiting in a queue.  
Harry's discomfort tolerance belief at 'B' = 'It is hard for me to stand this discomfort, but it is not unbearable and it is worth bearing because I want the items that I have selected.'
- Geraldine's 'A' = Loss of familiarity on changing jobs.  
Geraldine's discomfort tolerance belief at 'B' = 'It would be a struggle for me to put up with losing this sense of familiarity, but I can put up with it and it would be worth it for me to do so because I want to further my career.'

**Acceptance beliefs** An acceptance belief has three components. In the first component, the person rates negatively a part of herself, another person or life in general in the context of not having her preference met, and in the second she negates the idea that she can rate negatively the whole of herself, another person or life when her preference is not met. In the third component, she asserts the idea that she, the other person or life is far too complex to merit a single negative evaluation and needs to be accepted as fallible (in the first two cases) and ever changing.

Thus:

- Fay's 'A' = The urge to smoke.  
Fay's acceptance belief at 'B' = 'It is bad that I have an urge to smoke, but the world is not rotten for allowing me to experience this urge. Rather, the world is an unratable place where good, bad and neutral things happen. My urge to smoke is an example of just one bad thing that happens in the world and does not and cannot define the world.'
- Brian's 'A' = The essay will be very difficult.  
Brian's acceptance belief at 'B' = 'My teacher is not bad for giving me a very difficult essay to do. He is a fallible human being who has done what, in my view, is a bad thing.'
- Harry's 'A' = The discomfort of waiting in a queue.  
Harry's acceptance belief at 'B' = 'It is bad that I am uncomfortable while I queue, but that does not prove that life is all bad. Life is too complex to be defined by my discomfort.'
- Geraldine's 'A' = Loss of familiarity on changing jobs.  
Geraldine's acceptance belief at 'B' = 'The world is not a bad place for giving me a sense of unfamiliarity if I were to change jobs. That is just one small aspect of the world, which is a place where many good, bad and neutral things happen.'

I suggested at the end of the section on irrational beliefs that when a person comes to assess the irrational beliefs that largely explain why she stays in her SDCZ when it is healthy for her to come out of it, she identifies her rigid belief and the one derivative irrational belief that best matches her experience. When the person comes to develop rational alternatives to these beliefs, it follows that she specify the flexible alternative to her rigid belief and the appropriate alternative to the other derivative irrational belief she identified.

### **'C' = Consequences of beliefs**

When a person holds a set of irrational beliefs about discomfort-related adversities, she tends to remain in her SDCZ. If she were to come out of it while holding such beliefs, she would experience unhealthy negative emotions about the adversities, her behaviour would tend to be unconstructive and her thinking would tend to be highly distorted and skewed to the negative.

#### **4 What is a comfort zone?**

you get rid of discomfort when it is in your interest to tolerate it in order to achieve your goals.

Finally, in Chapter 8, I provide some advice on how to get the most from this book.