

## **Shrink Rap Radio #11, October 31, 2005. The Use of Metaphor and Story in Market Research**

**Dr. David Van Nuys, aka “Dr. Dave” interviews Sharon Livingston, PhD**  
(transcribed from [www.ShrinkRapRadio.com](http://www.ShrinkRapRadio.com) by Dale Hoff)

**Introduction:** Hello everyone. This is David Van Nuys, aka Dr. Dave, coming to you once again from the beautiful wine country in Sonoma County, California. Shrink Rap Radio is the podcast that speaks from the Psychologist in me to the Psychologist in you, whether you be amateur, student or professional. It’s all the psychology you need to know and just enough to make you a little bit dangerous. Today’s interview is with Dr. Sharon Livingston who is President of the Livingston Group in Windham, New Hampshire. Dr. Livingston is both a Psychologist and a successful Market Research Consultant. I’ve recently gotten to know her inasmuch as we were both serving on the board of the Qualitative Research Consultant’s Association. I’ve known her by reputation for some time as a consultant who brings considerable creativity to all her work. I have to apologize for the quality of the recording that’s coming up though. I’m still figuring out how to capture these digital phone calls and I guess I have a way to go yet. Apologies aside, let’s get started.

**Dr. Dave:** Sharon Livingston, welcome to Shrink Rap Radio. You’re up in Windham, New Hampshire.

**Livingston:** Where it’s cold and snowing.

**Dr. Dave:** Oh, really—snowing?

**Livingston:** It’s precipitous. Yeah.

**Dr. Dave:** We have a bright sunny day here in California. What do you know? Okay, well let’s get into the substance of our interview here. You’ve been a Market Researcher and a Psychologist.

**Livingston:** Yes.

**Dr. Dave:** Which came first?

**Livingston:** The market research.

**Dr. Dave:** Okay, well tell me a bit about that. How did you get into market research? How old were you? What point were you in your life when that happened?

**Livingston:** I was a sophomore in college. And so I was, I guess, still eighteen years old. And I was a Psychology major from the very beginning.

**Dr. Dave:** Yeah

**Livingston:** When I was thirteen years old, I decided I wanted to be a psychiatrist. And I started—in my freshman year, I started Pre-Med. And my brother brought home a cat to dissect for something he was doing because he was already a Physician. And that convinced me that I didn't want to go to medical school because I didn't want to do the cadaver.

**Dr. Dave:** Right, right and what was it that made you want to be a psychiatrist at such a young age?

**Livingston:** I think it was a lot—I've always been someone who searched my soul about this and that about—you know, I was brought up in an Orthodox Jewish family and everything was about asking, "Why?" and, you know, that was the way we were taught. We had to understand everything and my husband still tells me that I ask, "Why?" more than a two-year-old. I've always been asking, "Why?" and my mother taught me that that was a big deal and our religion was to ask, "Why?" There were these profound questions. You were supposed to ask, "Why?"

**Dr. Dave:** Okay.

**Livingston:** So, one of my Why's was, "Why was I such a nut?"

[laughter]

**Dr. Dave:** Okay. You thought you were a nut at thirteen, huh?

**Livingston:** I did.

**Dr. Dave:** Yeah. Okay so then later you find yourself in college, majoring in Psychology, you're a sophomore. How did you get involved in market research at that point?

**Livingston:** Well, I took a course in Business Psychology and there were two roots. One of them was Human Resources and one of them was Marketing Research and I had never heard of that before. And, we had to do a project and my “Why’s” went to, “how come some advertising is more memorable than others?” So I created a little survey when I was a sophomore that I executed in the cafeteria where I exposed people to symbols and slogans and then I asked them to quote them back. And I found out, not to anybody’s great surprise but it was to mine at the time, that musical slogans were the most memorable.

**Dr. Dave:** Alright.

**Livingston:** I mean, that sounds pretty obvious, right?

**Dr. Dave:** Yeah.

**Livingston:** But to me at the time, it was like, “Wow. That’s amazing.”

**Dr. Dave:** Yeah.

**Livingston:** And I thought that was just fascinating and, shortly after that, I got a part-time job working for a telephone interviewing company and that’s how I started in Market Research and I never left.

**Dr. Dave:** Okay, okay. So then what was the evolution between market research jobs and then later going to graduate school? Kind of take us through that evolutionary process.

**Livingston:** Well, besides giving up on becoming a medical doctor and becoming a psychiatrist, I always found psychology really fascinating and I was always in workshops and, you know, improving kinds of things, you know, as my extracurricular, I started going to counseling and I started working with a therapist just to kind of work through my own process and what I wanted to be when I grew up and it always took me down some psychological route.

**Dr. Dave:** Yeah.

**Livingston:** And as a matter of fact, early on, I got to take part in a nine-day, live-in workshop with Carl Rogers. I think I mentioned that to you.

**Dr. Dave:** Oh, how neat.

**Livingston:** And it was just so exciting, I mean, he was—this was right before he passed away. And, I was just delighted in the interaction. I've always been a more of an extraverted person. I get energy from being around other people and I loved the marketing research because I got to talk to people and find out what makes them tick, even though it was from a product standpoint and I had this imagination that if I could see somebody's cupboard, I could probably know an awful lot about who they were. And, of course, we've discovered over the years that that's absolutely true.

**Dr. Dave:** Yeah. I don't know if you read *Blink*, Malcolm Gladwell's recent book.

**Livingston:** Yes.

**Dr. Dave:** He actually cites some research that showed that if you could look in a person's cupboard or look in the room where they live, you could quickly learn tons. Okay, so for you, the market research was a lot like psychology. It was all about finding out about people.

**Livingston:** Absolutely. It was another—I mean, marketing research really is a form of psychology. It's a way we go observe and ask and find out, you know, why people do what they do and how they do what they do.

**Dr. Dave:** You started out working for other people. Now, I know you're in business for yourself now. What was the process of, you know, working for others and then eventually being in business for yourself?

**Livingston:** Well, in school, I started, you know, working for other people and then I decided I really enjoyed what I was doing and I kept going to school at night because I always had the dream of becoming a clinical psychologist and doing therapy.

**Dr. Dave:** Okay.

**Livingston:** So and that was with the idea of wanting to give back to the world and do good in the world and help other people but I found a different aspect and, you know, talking to people in groups. I was going up and doing creativity exercises and getting people to tell me their stories. And, when I was little I had a grandmother who used to tell me stories when I went to bed every night. She didn't

read to me, you know, she would make up these stories. And, I figured out how to get people to tell me their stories all the time and it was just fascinating. And they were different stories because I'd see a different group and a different group and a different group and a different person and—it's addictive. I mean, it's just like the most exciting thing to hear all these different people's stories all the time. And so while I thought that what I really wanted to do—and I still have it in the back of my mind that I'll probably retire into doing therapy—I kept doing more work in marketing research. The last thing that I did before I went out on my own was I was working for Warner-Lambert in-house as a Market Research Manager.

**Dr. Dave:** And, Warner-Lambert is what?

**Livingston:** Warner-Lambert is a pharmaceutical corporation that was bought by Pfizer a few years ago.

**Dr. Dave:** Okay.

**Livingston:** As a matter of fact, I did all the consumer insight mining for Lipitor even before it was a brand to help them with their advertising.

**Dr. Dave:** Well, I thank you very much since I take Lipitor.

[laughter]

**Livingston:** Great. And, I decided that I was going to go and get my PhD, because I already had my Master's. And I needed a way to support myself but I couldn't do a full-time job for a corporation because, you know, it's a lot of time you have to put into a PhD. So, I went to my boss at the time and I said, "Do you think you'd hire me to run focus groups just, you know, and that's what I could pay for my education." He said, "Well, let me see what you can do." So, he had me do a few groups and they were really happy with my work. I started out doing work with children on chewing gum.

**Dr. Dave:** On chewing gum.

**Livingston:** It was on Chiclets, tiny-sized Chiclets. It was the very first project I ever did.

**Dr. Dave:** Yeah. Now, let me stop you for a moment because there may be people listening who've never heard of a focus group even though the term has come into much wider usage than some years ago but, tell people what a focus group is.

**Livingston:** Corporations will bring in people to talk about a product. In this case with the tiny-sized Chiclets and this is before they were on the market, we brought in nine and ten year old kids who were thought to be the prime target into a central location, what they call a facility. And these places are set up with a room in the front and with a table, very often, and eight to ten chairs and a chair for the facilitator, or moderator, which is, you know, what we tend to call ourselves in our industry—or a Qualitative Research Consultant. And there is a two-way mirror behind the moderator. And the clients sit behind that mirror and they observe what consumers or patients or doctors or business professionals, whatever the particular target market is, have to say with regard to their products and advertising and ideas.

**Dr. Dave:** Now, a lot of times—oh, excuse me—a lot of times when people hear something like this, one place that many people will go is fears about oh, this is how they manipulate us. This is how they sell us things we don't really want and how they try to control the minds of the consumer and so on. What's your take on that? What's your rebuttal to that sort of fear?

**Livingston:** Obviously, coming from someone who wanted to help people, I have a lot of feelings about the ethics of marketing research. And there are a couple of things about that. One of them is you can't really sell people something they don't want or you might get their excitement about something and they try it and it doesn't meet their needs and they reject it. And then the company, you know, who maybe thought people would try it the first time, put all this money into creating something that doesn't solve the problem and the product will die. So, in order for—and this is my belief anyway—it has to be a win-win situation. Companies have to come up with good products. They have to understand what people need, to come up with good products. And if they don't deliver, you know, they'll be rewarded by no purchase. They may get trial, but they won't get repeat.

**Dr. Dave:** Yeah, okay.

**Livingston:** That's the way we usually talk about it.

**Dr. Dave:** Okay.

**Livingston:** And, do you know who Robert Cialdini is?

**Dr. Dave:** I don't.

**Livingston:** Have you heard of him?

**Dr. Dave:** No.

**Livingston:** Oh, he's written a book which is one of my very favorites on the whole issue of influence. I think it's called *Influence: The Psychology of Persuasion*.

**Dr. Dave:** Okay.

**Livingston:** And, he's identified six different principles on how we influence each other to do things. And on things like social proof—and a social proof is a testimonial. Authority is like being, you know, a doctor. It's interesting, when I finally got my PhD in 1996, all of a sudden I got a lot more projects to talk to physicians. Because I had a PhD, clients thought that I had more talent and understanding and education to talk to other PhDs, which is ridiculous. I'd been, you know—it took me like ten years to get my PhD. It took forever. And, my skill sets were growing and growing. My information was growing and growing. But when I got the actual letters around my name, all of a sudden I'm getting all this work.

**Dr. Dave:** So, it sounds like it was a good investment.

**Livingston:** Yeah, it was. But what I'm saying is that authority sometimes is convincing and influential.

**Dr. Dave:** Right. Very much so.

**Livingston:** Even though, you know, there are a lot of PhDs that you and I both know who, you know, we probably wish didn't have those letters near their name.

**Dr. Dave:** Yeah.

**Livingston:** But there's power to the title.

**Dr. Dave:** Right.

**Livingston:** Let's say you're doing some kind of a—you're selling something and you get a whole bunch of testimonials and you only report on the good ones even though there were just as many bad ones as good ones.

**Dr. Dave:** Okay.

**Livingston:** Those testimonials will work to get people to try it. But if they try it and they're not satisfied, they're going to return it or they won't buy it again.

**Dr. Dave:** Yes.

**Livingston:** So, I think that in the long run it evens out. I personally will only work for clients and products that I think are doing something good in the world. You know, like I don't work on tobacco. I don't work on candy. I'm one of those low-carb people. I don't eat sugar or starch. So, I have a hard time working on products that I can't endorse myself.

**Dr. Dave:** Yeah. Well, good for you. I'm glad to hear that.

**Livingston:** That's one of the ways that I deal with the ethics of it.

**Dr. Dave:** Yeah, yeah. You know, I think market research sounds very boring to a lot of people. You know, I'm involved in it as well and a lot of times when I'm trying tell people about it who aren't in market research, I can just see their eyes glaze over. What is it about market research that appeals to you?

**Livingston:** Well, like I said, it's a way to really learn about other people and kind of get into their hearts and minds and find out, you know, I guess, it's how I'm like them and how they're different from me. I always find that fascinating. My husband is also a Psychologist and I'll say to him, "What percent of people do you think feel blah blah blah or did anybody ever say that before or, you know, how many people have ever done this?" And, he says, "Where did you get that from?" For me, that's just fascinating. I'm totally fascinated to find out, you know, who does what and how they do it and why they do it and why they would want to.

**Dr. Dave:** I'm sure that that characteristic is key to your success. I know that the fellow who trained me to do focus groups, he kept emphasizing you've got to be

curious. You have to be a curious person. And, that's what I'm hearing from you is that you just have tons of natural curiosity about what's going on with people and I think that is one of the most powerful ingredients for success, not only in market research, but also in psychotherapy.

**Livingston:** I think so too. I remember one job interview that I had when I first started, with a market research company. The president said to me, "Why should I give you this job? Why do you think you're going to be good at this?" And, I said, "Because I'm naturally nosey" and he laughed his head off. But it was true. I'm just very curious. I want to know everything. I want to know what and how and why. What I was going to say before is that when you give people a chance to talk a little bit—you know, people love to be listened to, like, you know, this is, to me, so exciting to have someone asking me all these questions.

**Dr. Dave:** Yeah. Good. Good. I'm glad.

**Livingston:** So, when you scratch the surface just a little bit, these stories, these amazing stories come out. Amazing stories, better than anything you ever see on television, better than fiction. You know, like sometimes, I try to do the very compassionate, understanding just listening kind of person.

**Dr. Dave:** Yeah.

**Livingston:** And, inside, my jaw is on the floor. Oh my God, I can't believe that.

**Dr. Dave:** It's true. Everybody has a story. And a lot of times I know I'm continually reminded of that, that we have this tendency to automatically pigeonhole people based upon how they dress or how they look or some other things. But then when I hear their story, I discover how wrong my stereotypes were as that person begins to emerge in all their interesting individuality.

**Livingston:** You know, it's like the fingerprint. Everyone's different even though they might look similar and I find it fascinating to see both the similarities and the differences.

**Dr. Dave:** Right and you talk about your interest in hearing people's stories and I know that you weave that into the reports that you give to your clients when you

talk about your findings that you try to do it in a very creative way. Can you say something about that?

**Livingston:** Sometimes, if you look at the way some researchers will put together a report, it's kind of like so many people said this and so many people said that or the majority of people seem to feel blah blah blah. And, it's just information without a focus or without emotion. When people are telling you their story, they're full of emotion and all kinds of emotions. And so sometimes what I'll do is I'll write a myth based on what I heard, you know, like a modern-day myth.

**Dr. Dave:** Yes.

**Livingston:** And, what I find is that it has a lot more potent meaning to the client than if I just reported on data.

**Dr. Dave:** Yeah.

**Livingston:** So, it kind of brings it to life that it has imagination to it. For example—

**Dr. Dave:** Good. I was just going to ask you for an example, so that's great.

**Livingston:** A number of years ago, I was doing a lot of work for L'eggs, you know, that's made by Sara Lee Hosiery. They make L'eggs and Hanes and Silken Mist and there's different varieties of pantyhose and tights and socks and leg ware.

**Dr. Dave:** Yeah and they came in plastic eggs as I recall—the L'eggs.

**Livingston:** Yes.

**Dr. Dave:** Not that I ever bought any.

[laughter]

**Livingston:** Uh huh. I want to hear more about this. I wish I had a beard to stroke.

[laughter]

**Dr. Dave:** Right.

**Livingston:** At any rate, the market was going down. The reason it was going down was, you know, probably from your wife you would know, that sheer hosiery

runs and they're expensive. And then, I don't know if it was in the late eighties or the early nineties, they came out with opaques and tights. And they don't run. They are very sturdy and durable.

**Dr. Dave:** Okay.

**Livingston:** And so but they were dark and thick and not very attractive at first. But, it turned out that women got wind of the idea that these things don't run and designers got wind of it. Like DKNY and Donna Karan, for example, started designing things so that women could wear them with tights and look sexy. And so it went from having to wear sheer, glimmery hosiery for all that leg excitement to tights being okay and they were the same price. And one of the mistakes the pantyhose industry made was they came out with tights at the same price as pantyhose and a pair of pantyhose would go through a couple of wearings before they ran and sometimes not even one. You know, you'd go to a wedding or something, you had to bring an extra pair of hosiery along because probably they're going to run.

**Dr. Dave:** Yeah

**Livingston:** Whereas tights could last for six months, even a year, the same pair.

**Dr. Dave:** Yeah. So you're saying they should have charged more for them?

**Livingston:** Well, if they were going up against—you know, let's say, hosiery was seven dollars a pair and pantyhose were ten, I mean tights were ten.

**Dr. Dave:** Yeah.

**Livingston:** Does it make sense? Why would anybody ever buy pantyhose again if tights were now accessible to wear at all occasions and they lasted forever.

**Dr. Dave:** Right.

**Livingston:** Aside from the price, the inconvenience of having to go out and, you know, buy new ones is so annoying. So what happened is that people started wearing tights and trouser socks under their pants and, you know, tights underneath their dresses and skirts and if they were wearing short skirts they were even more likely to wear tights because it was a little bit more modest, right?

**Dr. Dave:** Right, right. So where's the story in here that started off with myth?

**Livingston:** I'm getting there. This is the way I run a group also, David. I stray and then I come back. So the whole point was they had done a ton of research to find out what was important to people and they had me do the exact same research probably like three times. We probably did sixty rounds of groups.

**Dr. Dave:** Oh my goodness.

**Livingston:** And they were all coming at the same story. And so the last time I did it, I wrote a story called *The Perils of Pantyhose*. And in it, I described pantyhose as an irresponsible lover who will get very, very intimate and then run.

**Dr. Dave:** Great.

**Livingston:** Whereas the best friend was a pair of thick, fleecy socks that you didn't have to dress up for. They would accept you no matter what you looked like, whether you were sick or healthy or dressed up or anything. And that tights were the coach and cheerleader and mentor; and tights were the ones that got women into shape and got them out there and into their power. And, this story, you know, I wrote this over ten years ago, and this story circulated all around the world and it changed the way that the manufacturers looked at our pantyhose and leg wear, footwear. And, it was the last project that I did for Sara Lee Hosiery because they closed down the whole department after that.

**Dr. Dave:** Is that a good thing or a bad thing, a good result of your work or...?

**Livingston:** I think it's a good result because they were putting good money after bad and what they realized was that they had kind of shot themselves in the foot, all puns intended.

**Dr. Dave:** Right.

**Livingston:** With the way they came out with this and so they put their efforts into other things. Pantyhose are still out on the market. They've made a lot of changes. They've made them more durable and they don't run as easily, but the company decided to put their efforts into other things. And, so it was a smart move for them in that way.

**Dr. Dave:** And somehow the fact that you wove those results into a story, what, made it more memorable, more understandable?

**Livingston:** And more potent.

**Dr. Dave:** More potent.

**Livingston:** They got the message. It was like, you know, God, this makes total sense. Whereas if you're just saying, you know, this many people talk about this and some people talk about that and other people talk about that. It wasn't that the messages weren't there but they weren't as potent and when you tell a story, there's something about a story that gets to us on a very deep level.

**Dr. Dave:** Right, right. And I read that you're a very creative person and certainly this storytelling is one way that that gets manifested. What are some other ways that your creativity finds expression in your work as a Market Research Consultant.

**Livingston:** Well, I love art and, you know, in that little meeting that you and I took part in, we were asked to kind of come up with a way of telling our story and I created that collage.

**Dr. Dave:** Yes.

**Livingston:** I think I was one of the very first people to use collage in focus groups. And a lot of it is because I'm highly visual and because, you know, I love it. I used to decorate my offices with my own collages. And people will come in and create these unbelievable masterpieces. Some of which I framed. You know, like a client didn't want them. I kept them and I framed them. Because they're beautiful, they're totally beautiful. And they tell people's stories. So, some would make a collage about, you know, their relationship with their asthma, for example. One part of the collage is how they feel about the asthma and they have to use pictures to express their feelings about it and the other side is how they feel about their treatment. What it does for them, how it changes them, what's the transformation. And you see these unbelievable constructions where, on the one hand, you'll see the torment or the fear or the frustration and the other side would be the salvation or the celebration or transformation. It's just incredible. It's such a potent way of telling the story. Or to invite them to just draw—take a bunch of

crayons and take a minute and put down on paper, when I say this word, whatever thoughts and feelings come to mind using the crayons to express and it could be abstract, it could be lines, it could be whatever you want. You can't be an artist here because I'm not giving you enough time, but just put it down. And they come up with this stuff that they interpret. It's incredible. So, those are the kinds of things that I do, you know, they're a couple things I do. Oh, I'll get them to create an improvisational play right in front of us. Okay, you're going to be this one, you're going to be this one, you're going to be this one. You've got five minutes. Do it. They'll create a play of that product.

**Dr. Dave:** And they probably have a lot of fun doing it.

**Livingston:** Yeah because everyone's got a little ham in them someplace.

**Dr. Dave:** Yeah. Now, some of these things that you're describing though, I associate with being tools of Depth Psychology, you know, that were developed to get into a person's unconscious to some degree. And so you and other people are using these sorts of tools to get as deep as you can into the consumer's mind to understand how their needs might be addressed by your client's products or services, but sometimes I struggle with the ethics of using psychology in this way. Do you see any ethical issues here?

**Livingston:** I think if you're going to use it against someone, I think that that's an issue. I just recently heard that somebody was going to use Tarot cards in a focus group. Now, I think that's invasive. Whenever I take people to do an exercise, I tell them I'm going to invite them to use their imagination in order to share more about the topic. I do tell them that, you know, we use this information to help come out with things that are better. And I believe that that's true. I think if it's being used to manipulate someone for something bad—you know, that's why I don't feel good about manipulating people around addiction, you know like sugar and starch. And some people would argue with me about that also. Or, you know, alcohol or cigarettes, those kinds of things. But, if you can help people to control their cholesterol, isn't that a marvelous thing?

**Dr. Dave:** Yes. It is. I will testify to that.

**Livingston:** So, I felt very proud of the work I did on Lipitor. I was, you know—I've worked in a whole bunch of different disease states where we've come up with ways for people to understand that they can help themselves and be healthier. So, I feel really proud of that. I would agree that taking people places where they don't want to be—like if I walked into a group and someone started doing Tarot cards, I'd walk right out. I'd go, "I'm sorry, I'm not up for that."

**Dr. Dave:** Okay. Yeah.

**Livingston:** If I was invited to express my creative process in ways that might reveal something I didn't even know myself but could be helpful to me in some way, then I think that's okay. And, the other part is that you can fool people for a little bit of the time but, unless it's a win-win situation, people aren't stupid, they catch on.

**Dr. Dave:** Yeah.

**Livingston:** And you can fool them a couple times but that's it.

**Dr. Dave:** Yeah.

**Livingston:** They won't buy something that doesn't work for them.

**Dr. Dave:** I guess one of the things that's got my mind turning in this direction is that I know that some people are even exploring the use of sort of like neurological tools like MRI scans to study the brain and to see what areas of the brain light up when people are exposed to certain products or product ideas.

**Livingston:** I've heard that.

**Dr. Dave:** That makes me start to wonder about the boundaries of privacy and it makes me wonder, well what if we had some kind of a super drug like sodium pentothal, only something that was really effective, that would just kind of make a person, you know, some kind of truth serum that would just get us right into the person's unconscious. If we had that tool, would we be using it? Should we use it? You know, where should these boundaries be? Do you think this is an issue or a non-issue?

**Livingston:** It's a very important question that you're asking. It's questionable, isn't it?

**Dr. Dave:** Yeah, it seems like it to me.

**Livingston:** I mean, I don't think you and I would go there, but I think there are people who would.

**Dr. Dave:** Yeah.

**Livingston:** You know, I really do think it bites back because you can only go so far with stuff like that before—it doesn't work. And like even with like hypnosis, and I'm sure you know this; people won't go if they don't want to go.

**Dr. Dave:** Right.

**Livingston:** You don't force anybody to go anywhere.

**Dr. Dave:** And there are Market Researchers who are using hypnosis and I got some questions about that, I think.

**Livingston:** Well, I still think that even with hypnosis—have you ever been hypnotized?

**Dr. Dave:** Oh, yeah.

**Livingston:** I know that—you know, now, I've studied some hypnosis. You can't get someone to go somewhere they really don't want to go. You might get them to reveal something but I think that they are ready to reveal it. Would you disagree with that?

**Dr. Dave:** Oh, I think we could have a debate about that actually. We could spend some time debating that. And there is that whole issue of revealing and that people might reveal things that they are not ready to reveal. For example, I teach classes on dream work and dream interpretation and students are often shocked to learn how revealing their dreams are. And, in the telling of the dream, a person might be revealing more than they had intended to. And, I've certainly seen that happen. So, I think that it is possible to use some of these depth psychological tools to get people to reveal things that they are not consciously aware of, which is exactly

why the Market Researchers are wanting to use these tools because they are trying to get at things that people aren't able to articulate verbally.

**Livingston:** So then it becomes, you know, a matter of conscience and the personal ethics of the researcher, don't you think?

**Dr. Dave:** Yeah, definitely. And, I'm glad to hear that you thought about these issues and you've found your own boundaries that you're comfortable with and are abiding by those and they sound like good ones to me. Let me—

**Livingston:** You know, it's interesting because, you know, as a human myself, I'm into health food and, even there, like you know, trying to figure out which health foods are better than other health foods and homeopathy and naturopathy and, you know, alternative medicine and then sometimes with drugs, it's like I know—I have two brothers who are physicians and I know an awful lot—enough to be dangerous. I'm not a physician but I know enough to be dangerous. Sometimes I'm invited to work on a particular drug that I don't know that I want to work on it. I don't know because it's got the backing of pharmaceutical companies and, you know, opinion leaders who are doctors and I question it. And I sometimes go through a lot of pain deciding whether or not to work on it.

**Dr. Dave:** Yeah. Yeah. Well good. I'm glad to hear that—I don't wish you pain, but I'm glad to hear that you're struggling with these issues and I'm sure the listeners will be glad to hear that we don't have this sort of run blithely—blithely chasing the dollar no matter where it might lead us because it seems to me that that is sort of a danger in our culture these days. Let me bring you back a little bit to the psychotherapy side of things because I think that many people who listen to this series are probably interested in psychotherapy, personal growth, how they get through their own blocks and issues and challenges. I think it's part of your training. I think you told me that psychotherapy was a component of the training—that you were expected to be in therapy. What are your thoughts about that?

**Livingston:** About doing psychotherapy?

**Dr. Dave:** About, you know, the requirement that people who are planning to be therapists be in therapy themselves.

**Livingston:** I think it's really necessary personally. As a matter of fact, one of the reasons that I'm not practicing yet is because I wanted to get it perfect. That's my problem. I'm a perfectionist in certain kinds of ways. I don't think—this is my bias and a lot of people would disagree—it's one of the reasons why it's taken me so long to decide whether or not I wanted to be a parent. I wanted to be sure I did it right.

**Dr. Dave:** Yeah.

**Livingston:** I didn't want to start practicing until I felt like I had gotten my own pathology taken care of enough that I would be taking care of people.

**Dr. Dave:** Yeah.

**Livingston:** I don't think you can do psychotherapy if you haven't worked on yourself. I don't think you can invite people to go places that you haven't gone yourself.

**Dr. Dave:** Okay.

**Livingston:** That's my own particular bias. I know not everybody would agree with that, like, just because you're not schizophrenic doesn't mean that you can't treat a schizophrenic. But I think that for the more neurotic types of things, or even, like I don't even know—truthfully, I have the belief that we all have schizophrenic moments.

**Dr. Dave:** Yeah, yeah. Have there been personal challenges in your life where either psychotherapy or your knowledge of psychology was a help?

**Livingston:** Oh, my God, yes. I mean, you know, just recently, my mother had a stroke—she had a massive stroke and she was kind of more my daughter than my mother. I was raised to be her mom. That was one of my struggles growing up was I was supposed to take care of her. And so here she is now, you know, in a nursing home in a diaper, like a baby. You know like my worst fears that my mother really was my child are being realized and, you know, kind of forced me to go back to my mentor and get help to deal with the grief about it. And to kind of process and understand and, you know, realize what normal feelings were and that it's really

okay to feel grief and to feel, you know, like my foundation is crumbling because, you know, she's my mom.

**Dr. Dave:** So, as you're going through this very challenging point in your life, psychotherapy is providing some support for you?

**Livingston:** Absolutely.

**Dr. Dave:** Yeah. Because so many people have sort of a stigma that they attach to it.

**Livingston:** Well, I kind of know that intellectually but the stigma I attach to it is good. Oh, I'm so relieved to hear you're talking to someone. Good for you. That's such a wise decision, you know.

**Dr. Dave:** Yes, yes. Good, good. You mentioned you're married to a man who's a Psychologist and I believe also a Market Researcher. How did that happen and what's it like for the two of you being in the same line of work?

**Livingston:** Well, even though we are, he does a different aspect of it because he does a lot of internet marketing.

**Dr. Dave:** Okay.

**Livingston:** And, he originally—he treated for a number of years. He actually had a psychotherapy practice and he was—When I married into this family and I got my PhD, I was the twentieth Livingston Psychologist in the family.

**Dr. Dave:** Oh my goodness.

**Livingston:** So his mother and father are both, you know, psychologists and they got divorced and they married psychologists. His aunts and uncles, his grandmother, his sister—it just goes on and on and on and on. And when we get together as a family, everyone's from a different school of thought. “Ah hah, what are you talking about?” Like, I mean, they fight. When he was in his internship, one of his cousins who was kind of like an uncle, had to bow out from being his supervisor. It's just a really odd kind of thing. There's just so many Livingstons out there who are psychologists. So he felt like he was destined to be a clinician and, you know, that's what his parents wanted for him blah blah blah. So, he

started practicing and he's really more of an introverted personality and he would be exhausted. He would see all these patients during the day and, at the end of the day, he didn't have time to talk to me because he had all these stories swarming through his head. Now to me that would be invigorating; to him, it was exhausting.

**Dr. Dave:** Yeah, yeah.

**Livingston:** And he—we had an opportunity—something—things changed and he tried something else and he realized he did not want to treat patients. He just didn't want to do it.

**Dr. Dave:** Yeah.

And so he's figured out a way of giving back to the world because, you know, we're both nurturant caretakers, we're kind of groomed to be like that. But he does it in a different way now which is much more nurturing of his own psyche.

**Dr. Dave:** Well, I'll have to interview him down the line then. He definitely sounds like he is going to have some interesting stories of his own.

**Livingston:** He definitely does.

**Dr. Dave:** Hey, as we wrap things up here, are there any books that have been important to you in your personal or professional life that you'd like to recommend to our listeners, you know, maybe one or two or three that come to mind?

**Livingston:** Well, you know what? The one that I keep thinking about today as we're talking is the Cialdini book on *Influence: The Psychology of Persuasion*.

**Dr. Dave:** Is there any sort of personal growth type book or therapy book that had a big influence on your own sort of sense of your soul and who you are in the world?

**Livingston:** You know, in the very beginning, all the Carl Rogers books and, oh, what's his name, a book by Fritz Perls. I was at first influenced by Rogers and Perls and, you know, Gestalt Therapy and, you know, the whole Gestalt Therapy approach to dreams.

**Dr. Dave:** Yes.

**Livingston:** I've always thought it was very, very powerful because it's all about taking responsibility for all the pieces and parts of your personality. And, I'm heavy on taking responsibility. Oh, you know what you would be very excited about. I should send you—I'm going to send you a copy of this. Glen, you know, husband Glen?

**Dr. Dave:** Yes.

**Livingston:** —created a software program to help people understand their dreams.

**Dr. Dave:** Okay. Great.

**Livingston:** I'm going to send you a copy of it. It is really a lot of fun. And it uses a combination of Gestalt and Jungian and Freudian and all kinds of different modalities to look at dreams and it helps people to do it in a very quick and easy manner. I was just thinking about your dream work.

**Dr. Dave:** Sure. Is that something people can find on the web?

**Livingston:** Yep. And let's see.

**Dr. Dave:** Okay. You can let me know later and I'll put it on my website.

**Livingston:** Yeah. Sure.

**Dr. Dave:** So, I think we've come to the end of our session here. I want to thank you very much. Roll a snowball for me up there in New Hampshire. Okay?

**Livingston:** I would like to say, "Jump in the water for me" but I like it in the cold. I think it's like absolutely wonderful here.

**Dr. Dave:** Yeah. I miss it actually. I miss snow.

**Livingston:** Okay.

**Dr. Dave:** Okay. Thanks a lot, Sharon.

**Livingston:** Thanks, David.

**Dr. Dave:** Okay. Bye bye.

**Livingston:** Bye bye, now.

**Dr. Dave:** That's our interview for today. I hope you were able to transcend my lousy recording job. As usual, we would love to hear from you. Send your emails or mp3 audio comments to [shrink@ShrinkRapRadio.com](mailto:shrink@ShrinkRapRadio.com). Our show notes are at [www.ShrinkRapRadio.com](http://www.ShrinkRapRadio.com). On Skype and Gizmo Project, our name is ShrinkPod. If you're enjoying our podcasts, please rate us on the Yahoo directory at [podcasts.yahoo.com](http://podcasts.yahoo.com) and on the Odeo directory at [www.odeo.com](http://www.odeo.com). We recently had the privilege of meeting Doug Lang who, along with his wife, puts out the Art a GoGo podcast. If you're interested in art, you'll love this podcast. Stay tuned for their promo right after our musical exit. That's it for now. This is Dr. Dave reminding you, it's all in your mind.

**Kathleen Lang:** Hello, art lovers. Welcome to the Art a GoGo podcast.

**Doug Lang:** Your source for news, reviews and commentary. Today on the Art a GoGo podcast, we are going to discuss modernist painter Piet Mondrian's views on the creation of his art.

**Kathleen:** Piet Mondrian wrote, and I quote, "While in cubism, from a naturalistic foundation, there sprang forcibly the use of plastic means, still half object, half abstract. The abstract basis of our pure plastic art must result in the use of purely abstract means. "

**Doug:** Huh?

[Vinyl record scratch and music]

**Doug:** Everyone enjoys art, but let's face it, listening to discussions about art can be about as exciting as watching paint dry.

**Kathleen:** Most information about art is not always fit for human consumption. But there is hope. The Art a GoGo podcast is here.

**Doug:** The Art a GoGo podcast brings the art world to you in an entertaining and accessible format.

**Kathleen:** We feature the latest art news, reviews and commentary, highlight upcoming museum exhibitions and try to avoid getting busted by museum security guards.

**Doug:** You can find us at [www.artagogo.com/blog](http://www.artagogo.com/blog) or search for art in the iTunes podcast directory. Want to learn more about art?

**Kathleen:** So do we. Art a GoGo podcast. It's art over easy.