As we earlier emphasized in describing insecurity/inadequate self-esteem, this covert and causative component for the emergence and continuation of the overt components of TAB pattern appears in the majority of cases to arise in early childhood because of insufficient display of affection and admiration from both parents. In such cases, free-floating hostility also appears before such children reach the age of 10. In most of the remaining cases, insecurity/inadequate self-esteem begins some time before or during adolescence. In these latter cases, insufficient parental affection and admiration do not appear to have triggered the onset of this emotional perturbation.

**SELF-DETECTION BY TAB SUBJECTS OF THEIR INADEQUATE SELF-ESTEEM AND INSECURITY**

Because of its salient role in the pathogenesis of TAB, insecurity/inadequate self-esteem at onset should receive the attention of the group leader. However, because of its covert nature, many TAB subjects are not consciously aware of this component, or in other cases are reluctant to admit its presence. In view of these circumstances, the leader initially should approach the revelation and improvement of this covert component with some degree of caution and finesse, until the participant becomes comfortable with and accepting of the help given to him or her not only by the group leader but also by his or her fellow group participants.

We have found that the first measure to take is to distribute a small piece of blank paper at the first or second group session and
request that each participant respond with a "yes" or "no" answer to the following question: Did you receive sufficient affection and admiration from both your parents? Prior to their writing down their responses, it is explained that if they have been brought up by only one parent, their answer should be "no." They are also told not to sign their name on the paper but to fold it and hand it to the leader. The leader then hands all the folded paper responses to one of the participants and asks the participant to read off the responses, which the leader then tabulates on a blackboard or flip chart. Prior to tabulation, the group leader writes the numbers 60–90 in one corner. After all the "yes" and "no" responses are displayed, the group leader determines the percentage of "no" responses. Almost invariably this percentage will turn out to be over 60% regardless of whether the group is composed of type A men or women.

After demonstrating this calculation, the group leader then will point to the 60–90 number and declare that he or she knew from previous experiences with earlier groups that their "no" responses also would be more than 60%. He or she then emphasizes that for a subject to have scientific validity, it must possess predictability. The group leader resorts to this device because at the early stages of counseling, he or she has the task of convincing some of the participants who still remain skeptical of the scientific validity of the TAB concept and its possible relevance to their own disorder.

Immediately following the demonstration of this percentage of "no" responses, most group participants are shocked by the commonness of this parental aberration. They also feel less alone and somewhat relieved that all or most of their group members have experienced the same emotional deficit. Perhaps it is this demonstration that serves as the initial process of "bonding" the participants to one another.

This exposure of a common earlier misfortune makes it easier for group participants to discuss the individual aspects of their parental experiences in subsequent sessions. This procedure also encourages those few group members who did receive unconditional love from their parents to describe freely and in detail extraparental episodes that gave rise to the beginning of their insecurity/inadequate self-esteem. Certainly, within the first six group sessions, the TAB participants not only become aware of their insecurity/inadequate self-esteem and its causes, but they also feel free in discussing these causes and their possible remedies with their group leader and their fellow participants.