Clinical Summary

The Black Book of Power: a reference for treating clinicians. Updated November 2026.

For the reader. Print this or show it on your phone before you start, and if you're in treatment, bring it to your therapist or psychiatrist first. It sets out in clinical terms what the book asks of your body and mind, where each method comes from and where caution belongs, so the decision about fit is one you and your clinician make together. A printable copy is at stantaylor.com/summary.

FOR THE TREATING CLINICIAN

The Black Book of Power, by Stan Taylor, is a self-directed behavior-change program for adults, delivered as a book. It targets habitual interpersonal patterns such as people-pleasing, conflict avoidance, absorbing other people's distress and susceptibility to social pressure. It is educational material: it does not diagnose or treat any medical or psychiatric condition, the program as a whole has not been evaluated in a clinical trial, and the author is not a licensed clinician. Most of it consists of reading, structured observation of ordinary conversations and daily journaling. Two elements deserve screening: a 72-hour intensive in Chapter 6 with physical demands (cold exposure, exertion to exhaustion and an optional 24-hour fast), and a deliberate, temporary destabilization of habitual self-concept that the book expects to produce transient distress. The book tells readers to stop and seek professional help for severe anxiety, depression, dissociation or thoughts of self-harm, and it states that only a clinician's advice removes a component on medical grounds. Decisions about suitability, adaptation and timing rest with you and your patient.

AT A GLANCE

- **Designed for:** physically healthy, psychologically stable adults who want to change interpersonal habits.
- **Proceed after clearance or with adaptation:** cardiovascular disease, arrhythmia or uncontrolled hypertension; pregnancy or breastfeeding; diabetes treated with insulin or a sulfonylurea; recent surgery or illness, cancer or other chronic illness; fibromyalgia or chronic pain; daily heavy drinking or sedative dependence; any past eating disorder (no fasting); bipolar disorder, PTSD or a dissociative disorder that is stable in treatment; an unsafe home (invisible work only).
- **Postpone the protocols and read for concepts:** current suicidal ideation or recent self-harm, psychosis or mania, an acute psychiatric crisis, a major depressive episode with significant impairment, or an active eating disorder.

WHAT THE PROGRAM ASKS

Part I, Chapters 1 to 3. Reading and reflective writing on conditioning, social influence, obedience and learned helplessness. The introduction asks the reader to take one self-chosen act that is both irreversible and frightening within 48 hours. The book's examples include sending a long-avoided email, cutting ties with someone and investing money the reader cannot afford to lose; the author's guidance narrows this to a small act, sized in courage and never in money the reader cannot afford to lose.

Chapter 4, the 21-Day Empathy Protocol. Each of the 21 days pairs a morning reading of under an hour with fieldwork inside ordinary conversations and an evening journal entry. The exercises include logging moments of absorbing another person's emotional state ("bleeding") and of redirecting a conversation to oneself ("feeding"); holding conversations with questions only and no self-reference; pausing for 3 breaths before replying and extending silences to 15 to 30 seconds; observing facial expression, posture and word choice; asking 3 trusted people about one's blind spots; and writing a personal ethical code. There is no physical demand.

Chapter 5, The Parasite. After Day 21 the reader conducts a written functional analysis of the journal (trigger, behavior and payoff across at least 21 instances), condenses it into a one-sentence formulation of the pattern and the need it serves, and designs a competing response, an action incompatible with the pattern, to be used each time the pattern fires, indefinitely. The chapter tells readers to expect the pattern to return with time, in familiar settings and under stress. An optional one-time structural change, such as ending an arrangement that maintains the pattern, is screened by questions that defer any act requiring someone else's cooperation or a safety net not yet in place. There is no physical demand.

Chapter 6, the 72-Hour Phoenix Protocol. The protocol runs for 72 consecutive hours, scheduled in advance, with notifications silenced and the household informed.

Day 1: a cold shower on waking; removing one comfort from the home (alcohol, junk food or television, for example); one self-chosen act that is safe and frightening, for which the book offers a 2-minute all-out sprint as an option; written exercises; speaking one withheld truth to another person, in person or by phone; an evening physical ordeal continued until the reader wants to quit (a run, a calisthenics circuit or, for unfit readers, a long brisk walk); a simple meal in silence; at least 30 minutes of seated meditation in darkness; slow breathing (4 seconds in, 8 out) to fall asleep.

Day 2: 24 hours without speaking or media, with journaling and time outdoors, ideally as a fast (water only or minimal simple food), with a day without sitting or without warm water as the book's alternatives. The book anticipates crying, painful memories and mild dissociation, such as feeling estranged from one's reflection.

Day 3: writing a personal code, stress-inoculation drills (box breathing and rehearsed if-then responses) and one social challenge chosen from a menu (public speaking, a boundary conversation, a class or meetup, calling a meeting, a climbing wall).

Afterward: a 5 to 15 minute morning routine for at least 21 days (2 minutes of cold water on the face, a cold shower or push-ups, plus a recited personal code) and a 5-minute evening review for 1 to 2 months. There is no sleep restriction anywhere in the program.

Parts III to VI, Chapters 7 to 26. Conceptual reading on motivation, group bonding, cognitive biases, persuasion, presence, social networks, belief systems, intimate relationships, ethics and identity, plus a reference catalog of manipulation tactics with counter-defenses. There are no protocols.

WHERE THE METHODS COME FROM

The program as a whole is untested. Its components borrow from methods with established research literatures, usually outside the populations in which those methods were studied.

- **Self-monitoring and daily writing.** Self-monitoring of behavior is a standard technique in behavior-change interventions[1], and expressive writing produces small average benefits across trials[2].
- **The "bleeding" construct.** It corresponds to emotional contagion[3] and to the distinction between personal distress and empathic concern measured by the Interpersonal Reactivity Index[4]. Empathic distress is associated with burnout and withdrawal, and compassion with positive affect and prosocial motivation[5]; Chapter 4 trains the second response.
- **Functional analysis.** The trigger, behavior and payoff record is the antecedent-behavior-consequence analysis of behavior therapy[6].
- **The competing response.** This is the core component of habit reversal training, which has strong support for tics and body-focused repetitive behaviors[7]; its use for interpersonal habits is an extrapolation.
- **Habit formation.** Repeated behaviors are consolidated into automatic action sequences through basal ganglia circuits[8], and in a naturalistic study a new daily behavior took a median of 66 days to become automatic, with a range of 18 to 254[9]. The book treats its 21 days as data collection and makes no claim of a 21-day cure.
- **Relapse expectations.** Extinguished behavior returns through spontaneous recovery, renewal and reinstatement[10], and the book tells readers to expect each.
- **If-then plans.** Implementation intentions show a medium-to-large effect on goal attainment across 94 studies (d = 0.65)[11].
- **Stress-inoculation drills.** Stress inoculation training reduces performance anxiety and improves performance under stress[12].
- **Slow and structured breathing.** Slow breathing lowers physiological arousal and self-reported anxiety[13], and 5 minutes a day of structured breathing improved mood in a randomized trial[14].
- **The commitment act.** Precommitment improves follow-through[15]; the irreversibility that produces the effect also produces the risk.
- **The frightening act and the Day 3 challenge.** These resemble single exposure exercises. Exposure therapy works best when graded and repeated, and the book's version is self-directed and ungraded.

- **Cold exposure.** Cold water provokes a cold-shock response within seconds, with gasping, hyperventilation, tachycardia and a rise in blood pressure[16]. Evidence for health benefits is limited: in a randomized trial, daily cold showers reduced sickness absence by 29% without reducing days of illness[17].
- **Meditation and silence.** Meditation is generally safe, with adverse effects reported in 8.3% of participants across 83 studies, most often anxiety and depression[18], and with documented difficulties during intensive or retreat-style practice[19].

PHYSICAL SCREENING

The book requires clearance before Chapter 6 for heart disease, pregnancy, recovery from illness, cancer and chronic illness, and it removes fasting entirely for anyone with a history of disordered eating. Further points:

- **Cold exposure, Day 1 and the daily routine.** The cold-shock response can provoke arrhythmias in susceptible people, especially when combined with breath-holding[20]. Conditions to weigh include coronary disease, arrhythmia or channelopathy, uncontrolled hypertension, Raynaud's phenomenon, cold urticaria and pregnancy, and the options include cool water, a gradual start, push-ups in place of cold, or omission.
- **The sprint and the evening ordeal.** Unaccustomed vigorous exertion transiently raises the risk of acute cardiac events in people with cardiovascular disease[21], and preparticipation guidance recommends clearance before vigorous exercise for anyone with known cardiovascular, metabolic or renal disease or with symptoms[22]. High-volume muscular work in an unconditioned body carries a risk of exertional rhabdomyolysis[23]. The options include an intensity ceiling, the long walk the book offers unfit readers, hydration, and a lit, familiar route for any night run.
- **The 24-hour fast, Day 2.** Fasting is generally well tolerated by healthy adults[24]. Conditions to weigh include diabetes treated with insulin or a sulfonylurea (hypoglycemia), medications that must be taken with food or that are affected by dehydration (lithium and diuretics, for example), pregnancy or breastfeeding, low body weight, frailty and any eating-disorder history, and the options include the book's alternatives or simple meals.
- **Removing alcohol or sedatives, Day 1.** For a daily heavy drinker or anyone dependent on benzodiazepines, abrupt cessation can cause withdrawal seizures and delirium[25]. The author's guidance sends daily or heavy drinkers to a doctor first and treats quitting a substance as a separate undertaking; nicotine replacement is permitted.
- **Fibromyalgia, chronic pain and fatigue conditions.** The author's guidance is to read Chapter 6 for its concepts and plan any physical component with a clinician.

PSYCHOLOGICAL SCREENING

The book states that the Chapter 6 destabilization is built for a stable system, and it asks for caution in an active post-traumatic crisis, heavy depression or frightening dissociation. Consider postponing, adapting or limiting the program to reading in these situations:

- **Suicidal ideation, recent self-harm or a psychiatric crisis.** Postpone the protocols; crisis care comes first.
- **A current major depressive episode.** The first week is designed to feel worse, and because the book frames early distress as withdrawal, a patient can mistake a deepening episode for part of the process.
- **PTSD, complex trauma or a dissociative disorder.** The journaling surfaces childhood material, and Day 2 combines 24 hours of silence and solitude with meditation in darkness and anticipated dissociation, a combination that can provoke re-experiencing or depersonalization.
- **Psychotic disorders or a high risk of psychosis.** Intensive meditation and sensory reduction have been associated with psychotic episodes in case reports[26], and Chapter 4's sustained attention to other people's inner states can feed ideas of reference or paranoid ideation.
- **Bipolar disorder.** Review the Part I act and any major financial or relational decision for impulsivity, and monitor sleep and activity during Chapter 6.
- **Eating disorders.** Fasting is excluded for any history, and with an active disorder, exertion to exhaustion and the removal of foods can reinforce compensatory exercise or restriction.
- **Gambling or impulse-control problems.** Review the Part I act, since the book's examples include a financial one.
- **Social anxiety disorder.** The frightening act and the Day 3 challenge function as ungraded exposure and can be folded into an existing exposure hierarchy.

SITUATIONAL CAUTIONS

- **An abusive or coercive relationship.** Visible change and confrontation exercises (speaking a withheld truth, a boundary conversation, cutting ties) can escalate risk. Chapter 20's exit plan begins with months of invisible preparation, and the author's guidance is that the work stays invisible and is never practiced on an abusive partner.
- **Caregiving.** The book defers the 72 hours for anyone caring for a nursing infant or a dependent who needs them.
- **Readers under 18.** The author's guidance is that the Chapter 6 physical components require medical and parental involvement.

EXPECTED COURSE

The book tells readers to expect a harder first week; tearfulness, vivid dreams, insomnia, irritability, anxiety and fatigue; brief moments in which their hands or face feel unfamiliar; strong emotion and mild dissociation on Day 2 of Chapter 6; and relief or unsettledness after the Part I act. It says these settle within about 2 weeks.

STOP AND EVALUATE

- Thoughts of self-harm or suicide.
- Anxiety or panic that does not settle, or low mood that persists or deepens beyond 2 weeks.
- Depersonalization or derealization that outlasts the exercise, or any loss of contact with reality.
- Intrusive memories or flashbacks that impair daily functioning.
- Reduced need for sleep, racing thoughts, or impulsive spending or decisions.
- Chest pain, palpitations, fainting or breathlessness during cold exposure or exertion.
- Dark urine, or severe muscle pain and swelling, after the ordeal.
- Shakiness, sweating or confusion during the fast.
- Tremor, sweating, agitation or hallucinations after stopping alcohol or a sedative.

QUESTIONS TO SETTLE TOGETHER

1. Is my condition stable enough for a month in which the first week is designed to feel worse?
2. Is my Part I act small enough, and do you want to review it before I take it?
3. Can I do the cold shower, the sprint and the evening ordeal as written, and if not, what ceiling or substitute should I use?
4. Can I fast for 24 hours with my conditions and medications, or should I use one of the book's alternatives?
5. Is a day of silence, solitude and meditation in darkness appropriate for my history?
6. Should the 72 hours wait, and until when?
7. Which symptoms mean I stop, and how do I reach you if they appear?
8. Do you want to see me after Day 21 or after the 72 hours?

LIMITS OF THIS DOCUMENT

This summary supports a conversation between a reader and a treating clinician and is not medical, psychological or psychiatric advice. The book makes no claim to treat any condition and contains no advice about medication, so diagnosis, treatment and medication decisions stay with the patient and their clinicians. A reader can complete the reading and journaling while omitting any component a clinician rules out. Questions about the protocols: hello@stantaylor.com. In a crisis in the US, call or text 988 (Suicide and Crisis Lifeline) or text HOME to 741741 (Crisis Text Line); elsewhere, contact local emergency services. National Domestic Violence Hotline (US): 1-800-799-7233.

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