As I walk into the waiting room of the family clinic where I work, a tall woman with deep, dark circles under her eyes rises when I call her name. I’m struck by the words on her faded black T-shirt: It Ain’t Easy Being Me. And I pause to take in what she has told me without uttering a word.

“Welcome, Malaika, I’m Dr. Susan Pollak. Please call me Susan.”

Malaika’s daughter, Taneisha, rises as well. She’s a six-year-old with sparkly sneakers, red and blue striped leggings, and a worn, pink blankie clutched to her chest. She pulls at her mother’s hand and shuffles anxiously from foot to foot. I greet Taneisha and notice she looks nearly as exhausted as her mother. We walk down the corridor to my office, making small talk about the harsh New England winter and the icy, nearly impassable roads.

It’s 1997 and I’m a young psychologist. Although I’ve been practicing for nearly a decade, I feel that I’m still learning the art of therapy. Colleagues tell me that it takes decades to learn this skill, reassuring me that I will be skillful after twenty to thirty years and hundreds of hours of experience. I often feel inadequate, awkward, and impatient; I don’t want to wait decades to be effective.

The three of us settle into the windowless office decorated in shades of beige. Taneisha notices the basket of toys and stuffed animals in the corner and immediately starts playing. Malaika and I find a place to talk that is out of earshot.
When I ask her to tell me why she and her daughter are here today, Malaika looks down. “My mom died a few months ago and it’s been really hard,” she says. “She was my rock. She cooked for us, held our family together, cared for us, especially after her father” -- she glances at Taneisha – “walked out on us when she was two. He found another woman, and he didn’t want the burden of supporting a kid. He didn’t like the pressure. We weren’t married, so it’s been hard to get child support. My mom took us in. I fell apart, couldn’t work, didn’t wanna eat…”

Then her voice trails off, and she looks at Taneisha, who is absorbed in play. “But it’s her I’m worried about now,” she says in a whisper. “I’m afraid she might be going crazy!”

“Why do you say that?” I ask.

“She’s worried about ghosts. She wakes up in the night crying, and says she’s scared of ghosts. I don’t sleep either. I’m so tired. I just got a new job in sales and yesterday I almost lost my cool with a customer who was dissing me. I have to keep it together. I can’t afford to lose my job. I have no safety net.” She wiped a single tear from her eye. “It’s not normal to be seeing ghosts. Can you help us?”

“I’ll do everything I can,” I reply. I get some more history on the family. Until her grandmother died, Taneisha had been doing well. She liked school, got along well with her teachers, loved to draw and paint, had good friends, and had been excited about a new ballet class. Sleep
hadn’t been an issue. Lately though, she’s been sad, complaining of stomachaches, and often listless and tired.

Malaika’s history is complex: her father died when she was young, she dropped out of high school and struggled with addiction when she was a teenager, but has been sober and drug free since she got pregnant. “I don’t do that shit no more,” she tells me. “I need to be here for my baby.” She has also struggled with depression and anxiety.

I check the insurance. We have six sessions. I sigh, worried that it won’t be enough. We schedule a meeting for the next week.

“I Want My Grandma!”

Taneisha comes into my office and goes straight for the basket of toys. She lets her mom stay in the waiting room, an indication that she feels comfortable enough to stay with me. I’m relieved. I kick off my shoes and get down on the floor to join her. I watch her play for a while and wait quietly for her to invite me in. She takes a baby doll out of the basket. The doll dances for a while, twirling and spinning, and then does a back flip. Other stuffed animals join in the dance. Suddenly, the doll crumples and falls down. “Waaaaahhh, waaahhh, waaaaahhhhh,” the doll cries out. Taneisha looks at me to see if I’m paying attention. I ask if I can play, too. She nods. I look through the basket and locate Winnie the Pooh.

“What’s wrong?” Winnie asks in a deep voice.

“Wwwwwwwaaaaaaaahhhhhhh,” the doll lets out a deep and heart-wrenching sob. “What’s the matter?” Winnie asks in a kind voice.

“I want my grandma!” The doll pounds the ground for emphasis, as if she’s having a tantrum to protest the loss. Taneisha pauses. “She died,” she says in a forlorn voice.

“I’m sorry,” Winnie responds in a warm and compassionate voice.
“I miss my grammy. I want her back,” the doll protests again. Taneisha begins to cry as well. “It’s scary without her. Where did she go?” she asks plaintively.

As I sit with Taneisha and the dolls, trying to enter her world and understand what’s happening for her, I’m surprised by a sudden memory. When I was about her age, my beloved great aunt Frances died unexpectedly. Frances owned a small candy store with her husband in Rhode Island, a neighboring state. We didn’t see them often, but when we did it was a child’s paradise. Candies of every color and variety reached the ceiling. Everything in the shop smelled so sweet. I imagined that heaven must be a candy store. Frances let me have any candy I wanted. Ordinarily, my parents would limit my sugar intake with a litany of admonitions: “That isn’t good for you, that’s too much, it’ll make you sick, it’s too expensive, or it will give you cavities.” But with Frances there were no restrictions. I always returned home with a bag of my favorite sweets that I would treasure for weeks.

Frances’s death was the first time anyone I knew had died. My parents explained that we would never see Frances again. Never? Never? I just couldn’t take this in. The room began to spin and I felt sick. I went to bed. My parents, who were well-meaning but not psychologically astute, tried to teach me about death, adding that everyone died. Everyone? Really? They attempted to
reason with me, arguing that I wasn’t that close to her, didn’t see her that often, and there was
no need for me to be so upset. What I couldn’t say, because I didn’t have the words, was that I
was having an existential crisis. I couldn’t say, “This is scary as hell.” I couldn’t fathom the fact that
my grandparents would die, my parents would die, my brother would die, my parakeet would
die, and I would die. Of course I felt sick.

ever talk about your grandma?” I ask.

“Naah,” she shakes her head. “It makes her sad. Don’t want her sad,” Taneisha explains.

Putting Things in Perspective

I find myself thinking of Taneisha and Malaika over the next week, often when I’m cooking or
playing with my children, who are about Taneisha’s age. I realize that I resonate with both of
their perspectives, for in addition to knowing how mind-boggling losing a loved one is for a
child, I know how equally mind boggling it can be for an adult. My own father died suddenly;
he had not been ill nor was there any warning. My son, my only child at that point, was still a
toddler. For months I felt as if I were in an altered state, bereft, in a daze, wondering what had
hit me. It was like going through the motions of living, without really being present. I wasn’t
much fun to be around, and I was angry much of the time. It was hard to believe that he was
dead. I hadn’t had a chance to say good-bye, to apologize for being a difficult adolescent, to
tell him that I loved him though it hadn’t been an easy relationship. Everything felt so raw and
unfinished. My son reacted to my grief by holding on more tightly, clearly knowing, even at his
young age, that something was wrong.

I begin to formulate a hypothesis about what might be happening in this family. I see that
Malaika is overwhelmed by the loss of her mother and by the demands of parenting as a single
mother. Taneisha feels the loss of the grandmother acutely, as she was a primary caretaker,
but doesn’t know how to process it and can’t talk about it. Without some way to express her
sadness, she has become increasingly anxious. I don’t worry that she is actually seeing ghosts,
but believe they’re a metaphor for her fear, sadness, and grief.

The next week at the clinic, Taneisha rushes into my office, shoes sparkling as she runs. She
immediately goes to the basket of toys. She finds the baby doll, and starts playing with her. The
doll is dancing and doing back-flips. Stuffed animals from the basket come out to join her. She
plays quietly for a few moments, singing a song I don’t recognize. After a period of peaceful play, the baby collapses again and starts to wail. Winnie comes out of the basket.

“What’s the matter?” he asks in a deep, kind voice.

“Scared. Where’s grandma? Can’t sleep,” the baby responds. Then a stern and angry voice suddenly intrudes, “Stop crying. Enough. Go to sleep. Don’t be a baby.” I smile. I know this voice. It’s the universal voice of the exhausted parent. I don’t say a word, but sit next to her. Taneisha begins to suck her thumb, holding Winnie and the doll close to her. She falls asleep.

When we meet again, Taneisha begins to draw, this time picking out crayons and markers. I give her colored paper. She starts singing the song again.

“That’s a pretty song,” I say.

“My grandma sang it,” she smiles sadly.

“Could you teach it to me?”

“Sure,” she smiles. It’s the first time I’ve seen her smile. She hums the tune, but seems unsure of the words.
“We Just Need to Move On.” (Or “She’s in Heaven. End of Story.”)

I check in with Malaika to see how things are going. “A little better,” she responds. “Taneisha is sleeping more and there are fewer complaints of ghosts.” She gives me a wry smile. I take a deep breath.

“Glad to hear that,” I say. Then I pause. “Death is one of the hardest things to deal with, even for grown-ups. For kids, it can be overwhelming. Talking about it is a huge challenge for all parents.”

Malaika’s face gets stony. “We don’t need to talk about it. I don’t want to talk about it. I just need to be strong and move on. I don’t have time to fall apart. Been there, done that. Her grandmother is in heaven. End of story.”

I pause again. I don’t want to anger or antagonize her. So I try approaching this from another angle. “I wonder if when Taneisha talks about ghosts, she’s trying to get your attention. If maybe she’s trying to tell you she’s scared?”

“What?” Malaika responds, her arms crossed, clearly irritated and raising her voice. “Scared of what? I keep her safe. She has nothing to be scared of. I give her a good home.”

I realize that we’ve misunderstood each other; that she assumed I was criticizing her ability to parent. So I try to reassure her and repair this empathic lapse. “I know you’re a good parent and that you’re taking very good care of her. That’s not what I’m concerned about. But it’s hard to be a single parent, Malaika, and after all that’s happened, I think Taneisha might be worried that you will die. Or that she will die.”

She looks annoyed. “That’s silly, I’m fine,” she says defensively.
So I persist. “Death is very confusing for a young child. When someone in the family dies, a child wonders who will be next.” Malaika continues to look irritated. Then I add, “There’s a saying I like: What you can feel you can heal.”

“But I don’t want to feel it. It’s too much. And in my family, if you got all emotional it meant you were weak,” she counters. “That doesn’t work for me. We just need to move on.”

“I get that,” I say. I don’t want to struggle with her on this issue. We clearly have different perspectives. I’m afraid I’m losing her and decide to go for an unconventional intervention. “Maybe next week you could bring in some photos of your mom. I’d like to see them.”

“Photos? You want to see photos? How is that going to help?” she challenges.

“Your mother was really important to you and Taneisha. I’d like to get to know her.”

Malaika looks doubtful. “You’re not going to get to know her through photos,” Malaika scoffs.

I feel like an idiot.

Malaika cancels their appointment the next week. I worry that I’ve lost them and wonder if I pushed too hard or said the wrong thing. I leave a message for Malaika telling her that I’m thinking of them and hope to see them the following week. I meet with my clinical supervisor to discuss the case. She isn’t judgmental, but agrees that my timing was off. “There is a maxim that the right interpretation at the wrong time is the wrong interpretation,” she cautions. “Hopefully she’ll give you another chance.” Then she pauses. “Susan, in school they teach you that accessing feelings and talking about them is the way to heal. But it isn’t work that everyone wants to do. And, it is important to remember that many people don’t want to grieve. You can’t insist that someone mourn.” She has politely confirmed that I screwed up, and suggests that I look at a classic essay called *Ghosts in the Nursery*. I remember reading it in graduate school and manage to find it in my files. I take another look at the paper after I’ve put my own children to bed. Although it’s dated, there are some truths that still ring true—that in every childhood there are ghosts, visitors from the “unremembered past” who represent the repetition of past traumas. I start wondering what would happen if I continue to encourage Malaika to remember and feel her disavowed emotions, to explore her ghosts, but worry that I won’t get the opportunity. While this might be the classic psychodynamic agenda, it apparently isn’t what she wants to do.

When she appears in the clinic the following week, I’m delighted. She had a cold, she explains.
But I still think she was angry at me. “I’m sorry if I pushed too hard last time,” I say in an attempt to acknowledge any discomfort I may have caused.

She shrugs, and I’m aware that she’s giving me another chance. “Taneisha wanted to come again,” she says simply. She carries a well-organized photo album. Taneisha sits on her lap while Malaika shows me pictures of her mother holding Taneisha as a newborn, pictures of a two-year-old Taneisha with heart-shaped sunglasses in a wading pool, and a recent photo of Taneisha in a pink tutu. They both laugh and giggle looking at the photos. I realize that I haven’t heard either of them laugh before.

“Did your mother work outside the home?” I ask carefully.

“She cleaned office buildings. But her real love was the church choir. Every Wednesday evening at 7pm. She had the voice of an angel.”

I want to ask about Malaika’s father, how he died and how her mother responded, wondering if this death is a repetition, but I’m afraid to disrupt the mood and worried that she might disappear if I make another wrong move. I wish I were more skilled. Our time is running out. The relationship with Malaika feels fragile and I decide not to inquire; I think any probing would irritate her. I try to imagine what my supervisor would say and hear her voice whispering in my ear: “Focus on Taneisha. She seems to know just what she needs. Listen to her. Your job is not to analyze the mother.” I feel that I’m stumbling, unsure that I’ve made the right decision, torn between what I’ve learned in school and what seems to work with this family.

Malaika and Taneisha arrive for the fifth session in good spirits. It’s early March and the snow is beginning to melt, although the drifts are still formidable. Taneisha tells me that she decorated a snowman with food coloring and shows me a picture she drew of a red and blue snowman with a carrot for a nose. She seems engaged and energetic.

While her sleep is somewhat better, she’s still waking up and needing comfort in the middle of the night. Malaika pleads, “Is there anything else you can do?” I need my sleep.

I remember a mindfulness practice that has been helpful to me, and just might work for Taneisha, too. “I think I can teach her something that will help her sleep. Let me try something different.”

“Whatever works,” Malaika says.
After playing with the stuffed animals for a few minutes, I tell Taneisha I’d like to teach her a new game that will help her sleep if she wakes up in the middle of the night. “Winnie and the baby doll can do it as well.” She quickly agrees, and I invite Malaika in so she can learn it, too.

I learned the following practice when I was pregnant with my first child. I find that it works well with children (and adults) whenever some comfort is needed. For young children, I like to keep it short, from three to five minutes.

THE WARM BLANKET

• When you’re ready, stretch out on a couch, a bed, or a carpet. Get comfortable. Feel free to cover yourself with a blanket if you like.
• Let yourself sink into the ground. Feel that you are being held by the couch, the bed, or the floor. Let your body settle.
• Take a few deep breaths, feeling the breath come into the body and leave the body. Imagine that the breath can rock you gently.
• Imagine that there’s a warm, soft blanket at your feet. Let it move up and cover your feet. Feel your feet begin to relax, letting go of any tightness, letting them soften.
• Let the blanket move up and cover your legs. Let them soften and relax, letting go of any worries you might be holding.
• When you’re ready, let the blanket move up and cover your hips. Take a few breaths. Then let it cover your belly. If you notice any knots or “butterflies” in your belly, allow them to soften as well. See if you can breathe into your belly.
• Let the blanket move up and cover your chest, and then your arms. If you notice that you’re making fists, see if you can relax your hands. Keep taking deep, slow breaths. Let each breath rock you, comfort you.
• Now let the blanket move up to your neck, your throat, your face. There’s still plenty of space to breathe. Imagine that it can help relax your mouth, your cheeks, your eyes and
your forehead. Let go of anything you’re holding on to, anything you’re worried about. Let yourself relax.

- Feel the warmth of the blanket over your whole body, helping every part relax and rest. Imagine that the blanket keeps you warm and safe, holding you and helping you sleep.

Both Taneisha and Malaika like the Warm Blanket meditation and agree to try it when Taneisha wakes up and can’t go to sleep. “I might try it as well if I can’t sleep,” Malaika says. This is the most positive response that I’ve had from her. And I’m pleased. But I also know our next session will be our last. And I’m worried that I haven’t done enough.

The Last Session: A Balm

When I greet them in the clinic, both are smiling and seem rested. “The blanket game really helped me sleep,” Taneisha tells me. “And I imagined that it was pink, just like my blankie.” Malaika tells me it helped her, too.

We talk about how the insurance won’t give us any more sessions for now, and I wonder how they’re doing, what concerns they might have moving ahead. Taneisha plays with the baby doll
and stuffed animals, and includes Winnie in her play. She begins to sing the song again.

Malaika has a request. “I’m wondering if there’s anything I can do when work gets stressful. Sometimes the customers are really rude and it’s hard to keep it together. I don’t want to piss off my boss and I can’t afford to lose my job.”

“Let me teach you another practice that can help when you want to blow up at someone. I find it helps me when my kids are driving me a little crazy.” She smiles and seems to like it when I talk to her mother to mother, rather than as clinician to patient. “You can do this whenever you’re feeling stressed, and no one needs to know. It’ll help you catch your breath.”

**CATCHING YOUR BREATH**

- When you feel that you’re getting stressed, or afraid that you might yell at someone, take a moment to pause.
- Take a second to find your breath. You can even ask yourself, “How do I know that I’m breathing?” Sometimes we’re so busy we don’t even realize we are breathing.
- Let yourself feel one complete breath, the inhalation and the exhalation.
- Feel your feet on the ground, firmly planted. Let yourself be held by the ground.
- Take another complete breath, feeling both the inhalation and the exhalation.
- You might like to say silently to yourself, “This is a moment of stress. Let me catch my breath. Let me be kind to myself.”
- You can return to this practice whenever you need it, as often as you like.

“Thanks,” Malaika says. “I like that I can do that on my feet during the day and that no one needs to know.” We chat a little more about how things are going. The session is rapidly coming to an end and I decide to bring up something I’ve been wondering about.

“I have a question,” I ask. “Taneisha keeps singing this beautiful song and it’s stuck in my head. Do you know what the name of it is?”

She laughs. “Oh yeah. That was a song my mother sang to her at bedtime. I’m not sure Taneisha understands the words, but it’s her favorite song. My mother learned it in church—it’s called *Balm in Gilead*. Do you know it?”
“No, don’t think I do,” I respond.

She begins to sing for me, a lovely mezzo-soprano. I imagine that this was what her mother’s voice was like. Taneisha comes over and snuggles in her lap. It’s one of the most beautiful spirituals I’ve ever heard. I sit quietly, amazed at the beauty of the song, and the strength in Malaika’s voice.

After they leave, I look up the words to the song. One of the phrases stands out: There is a balm in Gilead to make the wounded whole. I remember what my supervisor told me -- that Taneisha seemed to know just what she needed to begin to heal, and that I needed to learn how to listen.

I feel that the song was a gift that Malaika gave to me. And although I have trouble carrying a tune, I begin to sing it to my children.

ABOUT THE AUTHOR

Dr. Susan Pollak is a co-founder and senior teacher of the Center for Mindfulness and Compassion, Harvard Medical School, at Cambridge Health Alliance, where she has taught for over 20 years. Dr. Pollak is the Co-editor of The Cultural Transition (with Merry White, reissued in 2010); Co-author of Sitting Together: Essential Skills for Mindfulness-Based Psychotherapy, with Thomas Pedulla and Ronald Siegel; Contributing author of Mapping the Moral Domain (edited by Carol Gilligan); Contributing author of Evocative Objects (edited by Sherry Turkle); and Contributing author of Mindfulness and Psychotherapy, 2nd edition. She also writes The Art of Now, blog for Psychology Today. She is the President of the Institute for Meditation and Psychotherapy.
I woke up from a funk today
of too many bills
too many emails to return,
not enough time –
From that irritability
that creeps in insidiously
like a dark shadow
ready to swallow us all
if we let it in.

I woke up to discover
that I inherited a small fortune!
Actually,

if truth be told,

would you believe that I forgot

that it was here all along?

My neighbor reminded me this morning –
the little guy in the overalls and dirt filled fingernails.

I saw him laughing hysterically
as he jumped in a giant puddle,
a leftover gift from the torrential rains;
as he soaked himself,
and went back for more,
then began running and shrieking
through the wet grass
with his unsteady gait
until he fell down in a heap,
all smiles.

I watched
as he became fascinated
by the blades of grass,
and even more animated
when he discovered the stones nearby
that he could grasp in his hands.

How funny
that you, and I, and my neighbor
can all look at the same sights, 
the ordinary moments of our lives, 
and see such different things. 
It is a choice, what we focus on 
after all, 
is it not?

Perhaps waking up 
is as simple as not losing sight 
of the gifts of the rain puddle.

ABOUT THE AUTHOR
Beth Kurland, Ph.D. is a clinical psychologist 
and author of the books: Gifts of the Rain Puddle: Poems, Meditations, and Reflections for the Mindful Soul, and The Transformative Power of Ten Minutes: An Eight Week Guide to Reducing Stress and Cultivating Well-Being. Beth has been in practice since 1994 and provides evidence- based treatment to people across the lifespan, with a focus on using mindfulness and mind-body strategies for whole person health and wellness. To enjoy free meditation videos and audios, and to read more about her books, visit https://BethKurland.com.
In the cut and thrust of everyday life we can sometimes find ourselves behaving in rather peculiar ways, which we may look back on with not a little embarrassment. Being rude to people and shouting at children are prime candidates, but more subtle behaviour is also possible, for example, sarcastic remarks or the sulky or ‘silent treatment’ of loved ones. It’s as if our inner child has suddenly asserted its unreconstructed presence, without giving our adult self the chance to take charge. But what lies behind this sort of disturbing behaviour?

The psychoanalytic concept of regression affects all of us from time to time, and involves reverting to an earlier (more primitive) way of functioning, which may mean suddenly feeling flooded by feelings of helplessness or aggression or guilt. In other words, it refers to those occasions when our rational thinking no longer functions optimally, and instead is hijacked (overrun) by emotions that feel beyond our conscious control. Exploring regression can help with managing this process in ourselves, as well as becoming more understanding (and tolerant) of others.

As human beings we all have a deep emotional well-spring that runs underneath our rational world. It can be thought of as the bedrock layer, or an underground water system, and it’s much larger than our rational mind/conscious ego or ‘I’. And I mean much larger. The ratio is
something like our conscious ‘I’ being the periscope, and the underlying emotional realm being the whole submarine (to vary the theme of psychoanalyst Sigmund Freud’s iceberg metaphor). This vast underlying emotional realm is the stuff of childhood. And we live largely immersed in this world until the age of about seven, when rational thinking really starts to kick-in, and in western culture we begin to question whether Father Christmas and his reindeer have truly delivered our presents down the chimney (especially perhaps in Australia when Christmas is in midsummer).

But rather than being entirely replaced by rationality, even in adults, this early emotional world of our inner child endures; albeit relegated to below the waterline for most of the time for most of us (which means that we literally have an unknown realm deep within us, jam-packed with both positive and negative experience). But there are ‘wormholes’. When we’re in a state of regression the underground realm breaks-through into the light of day, like a geyser blowing or a volcano erupting. And like the physical realm, it is pressure on weak spots or cracks in our psyche (areas of vulnerability) that cause ruptures. The formation of our deep ‘fissures’ is partly genetic, partly hereditary, and deeply personal; the deepest ones having been formed in the crucible of child development.

Our underlying emotional realm therefore houses pre-verbal, visceral processes that operate according to very different grammatical rules from our usual ‘talking self’. Unlike rational thinking that ‘rations’ meaning, fixing it to particular positions, the emotional realm is more fluid (in
motion), with meaning either sliding between objects, or clustering together in symbols. We are, of course, talking about the deep workings of the ‘unconscious mind’ which operates below conscious awareness, yet is largely responsible for steering our life path. And while we can’t know the unconscious directly, we can make inferences from representations, which operate on different levels – both cultural and personal. Cultural artifacts display myriad layers of implicit meanings, from art and advertising, to symbols and parables from the ancient world. If we look at the individual, intuition, slips (seemingly insignificant mistakes), gut feelings, and dreams (the ‘royal road’) can be incredibly informative about one’s deeper needs; particularly once ‘decoded’ and analyzed for their hidden, latent meanings.

**Automatic Thoughts**

‘Automatic thoughts’ appear in our mind-space unbidden, and they often present themselves not only in rather large numbers, but also at a rate of knots. They are continual, ongoing processes, helping us make sense of our lives, and they carry on their merry way whether we’re consciously attending to them or not. Automatic thoughts can be seen as surface detritus, but they can also contain ‘embedded’ information that may offer clues to neglected personal needs. A case example: an overwrought mother’s automatic thoughts consistently and passionately labelled her husband as ‘selfish’, but this turned out to be the clue that revealed her own unacknowledged need to be more ‘selfish’ herself; what she actually required was a greater commitment to self-care, and its corollary, enhanced self-agency. But saying so, doesn’t make it so. And prophylactic self-development is very necessary, because looking for clues isn’t possible in ‘firefighting’ situations, when we’ve already been triggered, and our ‘emergency response’ activated. And because triggers are often unconscious, we may suddenly find ourselves flooded by emotions that have seemingly come from nowhere.
Our conscious mind or ‘I’ is almost always playing ‘catch-up’, and never more so than when our soft spots have felt punched.

Although personal triggers are unique, there are particular situations in which people are more vulnerable to regression. Our closest intimates can cause us to regress in the ‘blink of an eye’, and often out of left-field, by an undercover barb or just their tone of voice. Situations such as raising toddlers or adolescents, or living with dementia, or even just ‘ordinary’ pressures from modern life, can be flash-points. Sadly work situations aren’t immune, and being hauled in front of the boss, and even bog-standard staff meetings, can harbour potential unseen triggers; as can roles like chairing meetings and public-speaking. Helping professionals must also be aware of how their clients might be affected, because one of the keys to regressive behaviour is power imbalance, real or perceived.

Feeling regressed can involve a number of fairly predictable emotional states. Guilt, of course, is one of the usual suspects, along with its companion, reparation. We may find ourselves automatically absorbing responsibility for others, in child-like expansive gestures, but which ultimately leave us feeling high and dry; since our behaviour may be as defensive as it is altruistic, and furthermore involve the (unconscious) projecting of our own needs. Adults who were ‘parental children’ know this ground.

More straight-forward emotions are associated with the emergency response’s fight and flight reactions – anger and fear. In angry fight mode, our aggressive feelings will come to the
fore, though they may well feel more strongly than the circumstances warrant (especially in retrospect). Their strength can also be partly due to ‘emotion contagion’ (emotions can be more contagious than colds and flu), or an emotional habit, perhaps acquired during childhood, where attacking is seen as the best form of defence.

At other times feelings of helplessness may reflect the fearful impulse of flight or freeze, causing tension in our quest for containment. We may project our power onto another and feel unequal; or we may project the ‘praise’ and feel the other is more deserving, and feel ourselves to be one-down. Or, as with aggression in the fight mode, we may project our vulnerability, and attack it in the other person, while (unconsciously) denying it in ourselves.

Many people experience different emotional responses in different situations, though some people may have a ‘preferred style’, and habitually take the stance of victim, persecutor, or rescuer. In the 1970s a Transactional Analysis practitioner, Steven Karpman, was desultorily doodling one day, and found in his scribblings the Victim-Persecutor-Rescuer triangle, which showed the emotional states (fear-anger-guilt/reparation) as unconscious roles that people can take-on and inhabit, especially in situations where dysfunctional power dynamics operate.

There are potential solutions, of course, which are all about raising awareness, taking personal responsibility, and learning more skills, especially those that help people to deal peacefully with conflict and confrontation, such as making use of ‘I-statements’ and ‘active listening’. I wish conflict resolution skills were taught at every school. Many people aren’t exposed to these skills until they’re adults, but they can be learned by children. This doesn’t mean that they’re dead easy to learn, especially in adulthood when habits have become more deeply ingrained.

**Strategies for Calming**

As previously referenced, there are two types of emotion regulation: ‘firefighting’ and reflection. One way to calm down (firefight) when triggered is to visualize an ‘inner emotional thermometer’ that self-adjusts (like our biological temperature-regulating system in the hypothalamus that lets us know we’re hot via our skin and sweat). Then, once we become aware of the physical clues to our emotional state, we need a firm inner hand to inhibit the strong emotional forces. If this wasn’t learned when we were knee-high to a grasshopper, we need to learn and practice it now. Positive self-talk as encouragement is also a beneficial skill...
here, as is present-moment awareness and physically grounding oneself. Indeed, there are a number of techniques that can be learned.

The second method - reflective ‘preparation’ (learning) time - is also vital because learning doesn’t take place when we’re in the thick of strong emotional reactions and perhaps experiencing our habitual, default reactions.

How people manage themselves isn’t often a topic of conversation. But as an experienced mental health practitioner, I know that many people have over-harsh inner critics, often without being aware that they actually have a choice to be kinder to themselves. Dysfunctional dynamics don’t only happen in the external world – with inner ‘shoulds’ in our heads (‘should’ve done this’, ‘shouldn’t have done that’) we may push and shove ourselves through the day, only to collapse later in front of the telly or facebook, or both, too worn out to consider that self-contemplation (or meditation) may sometimes be a more useful exercise than distraction.

Experiences that support a negative view of self may sometimes feel stronger than positive ones, creating something like a (self-fulfilling) magnetic mosaic – that holds together like a suit of armour, containing defensive shields, bound together; underneath which the true self (that vulnerable, authentic entity) stands like a skeleton. But fleshing-out the underlying dynamics can reveal, and support, the raw strength of our underlying core self; stripped of no-longer needed and no-longer useful shield-like defences. Maintaining a commitment to personal growth is
invaluable in helping to rein in regression, and its attendant defensive behaviour, as well as learning how to nip such habitual behaviours in the bud as often as possible.

Assertiveness is one key to managing the “slings and arrows of outrageous fortune” that life presents. But it’s a shame that ‘assertive’ is such a grey, pallid word. Unlike its continuum-mates ‘passive’ and ‘aggressive’, which inhabit opposite ends of the spectrum, ‘assertive’ sits quietly in the middle and doesn’t seem to have the same emotional punch. But in reality it has a deeper integrity. People who have mastered assertiveness skills can feel more relaxed in the world, because they know that they can stand-up for themselves, without relying on defensive behaviours. ‘I-statements’ are a key assertive communication method, lassoed around one’s own needs and allowing one to express where they stand authentically and clearly, without blaming – no game playing here. And, paradoxically, because assertive people take their own needs very seriously they’re able to empathize more straight-forwardly with others - they can afford to feel for the other person because it won’t diminish their own sense of self. They have learned the art of ‘active listening’ (including to themselves) to register non-verbal communication as well as the words used, even when the two are contradictory.

Perspectives on Self-Care

Be careful with all self-help methods (including those presented in this Bulletin), which are no substitute for working with a licensed healthcare practitioner. People vary, and what works for someone else may not be a good fit for you. When you try something, start slowly and carefully, and stop immediately if it feels bad or makes things worse.
Understanding regression and emotion regulation thus helps us to live assertively and bring a sense of calm to what can otherwise feel like a raging sea of self-defeating habits. By learning to rein-in strong emotional responses, and state our own position without blaming, we have the ability to confront others and respond to confrontation in a non-violent way. This in turn allows us to feel stable enough within ourselves to feel genuine empathy for others in their own right. While these skills don’t necessarily come easy, they can sure make a difference to our personal and professional sense of self, as well as, of course, our relationships.

ABOUT THE AUTHOR
Ruth Crowley Brown is psychotherapist and social worker from London, England and Brisbane, Australia. She’s been a practitioner of Vipassana meditation and the Alexander technique for over 30 years, and worked in child and adult mental health, children with disabilities and their families, domestic and family violence programs and with refugee and minority groups.
Your Skillful Means, sponsored by the Wellspring Institute, is designed to be a comprehensive resource for people interested in personal growth, overcoming inner obstacles, being helpful to others, and expanding consciousness. It includes instructions in everything from common psychological tools for dealing with negative self talk, to physical exercises for opening the body and clearing the mind, to meditation techniques for clarifying inner experience and connecting to deeper aspects of awareness, and much more.

Overcoming Anxious Thoughts

Purpose/Effects

According to anxiety specialists Michelle Craske and David Barlow, when we are anxious we tend to overestimate the probability of something bad happening and underestimate our ability to cope with it. Learning to accurately estimate the real odds of a painful or harmful event actually occurring, and how to formulate a coping plan, can reduce the power of anxious thoughts.

Method

Summary

Work with anxious thoughts by first estimating the real odds that your worry will actually happen and second, formulating a coping plan.
Estimating the Real Odds

- One way to work with an anxiety-provoking thought is to write it down and then estimate the real odds that the event it refers to will actually occur.

- Estimating the real odds means ranking (from 0-100%) the likelihood that this event will actually happen.

- When estimating the real odds, treat your anxious thought as a mere guess, not a certainty.

- Ask yourself if the catastrophe you fear has happened before. If it has ever happened to you before, how often has it happened in the past?

- Consider the evidence that the feared event will not happen — such as positive factors that will prevent it altogether or minimize it.

- List some other possibilities that could happen instead of what you fear will occur.

**EXAMPLE:** If you are worried that your presentation will not be well received, alternative interpretations or possibilities could include:

- The audience loves the presentation.
- Some members of the audience like the presentation and some do not.
- You feel you did a great job and don’t care about the audience’s response.

Decatastrophizing & Coping

- Assess what the actual impact would be if your feared event actually happened. Keep in mind that most people — and in particular, anxious ones — overestimate the actual impact, the real consequences, that occur if and when a feared event actually happens. In other words, it’s usually not at all as bad as we feared: the consequences are briefer, milder, and have fewer lingering effects that we had expected.

- Then consider how you could cope if your feared event did happen. What practical steps could you take to reduce its actual consequences? What could you do to reduce its impact
on your emotions? How could you increase positive influences coming into your life to balance, compensate for, or protect you from the negative event?

- Remember that there are ways to cope with any event, regardless of its magnitude. Consider how people throughout history – and probably you, yourself – have dealt with difficulty things, even awful things, and gotten through them and survived and moved on and flourished.

- If you are at a loss for ways to cope, imagine any step that you could take, big or small, to help deal with the situation. Perhaps ask others for their ideas.

- Remind yourself that everything is constantly changing, and that “This too shall pass.”

Realizing that you could find a way to cope with even your most feared catastrophe can be both healing and empowering.

History

This method was adapted from multiple practices created by psychologists Michelle Craske and David Barlow in their book *Mastery of Your Anxiety and Worry*.

Cautions

Do not vividly imagine your feared event occurring. If you become very fearful, anxious, or uncomfortable while thinking that your fear may actually happen, please discontinue the practice. Just brainstorming ways that you would cope with your feared event is effective.

Please remember that just because you are imagining what would happen if your feared event occurred does not mean that it is now more likely to happen.

Notes

If you tend to blame yourself for bad things that occur in your life, it is helpful to remember that
there are many factors, many we are not even aware of, that contribute to the difficulties in our lives. Also, keep in mind that negative events happen to everyone.

SEE ALSO
Disputing Negative Thoughts
Common Errors in Thinking
Transforming Anxiety

EXTERNAL LINKS
Interview with Dr. Michelle Craske about the differences between fear and anxiety.

Fare Well
May you and all beings be happy, loving, and wise.