



EXPERIENCING AND EXPRESSING EMOTION

LOOKING AHEAD

After completing this chapter, you will be able to

- Realize that emotions are a complex and important part of the self and of relationships.
- Give a general description of emotion and explain three components.
- Describe ways in which emotion can be expressed.
- Name and describe influences on emotional expression.
- Relate the transactional analysis ego states to emotional expression.
- List benefits of expression in each of the four development areas.
- Use rational emotive behavior therapy and control theory to change what you feel.
- Differentiate between mild feelings of sadness and major depression; name symptoms of and explain treatment options for major depression.

Emotions can be viewed as the spice of life; they give our lives character and pizzazz.

—Stephen Worchel and Wayne Shebilske

A letter arrives congratulating you on a scholarship that will pay a full year's college expenses. Your supervisor refuses to give you a day off to attend a wedding. You and a family member disagree, and your reasonable suggestions are being misinterpreted. An automobile coming toward you seems to be out of control. What do these situations have in common? All usually bring about an emotional response.

Were you able to predict what feelings would probably be present in the examples? The emotions of joy, disappointment, frustration, and fear come readily to mind and, in most cases, would be accurate predictions. As you will discover, these particular feelings do not have to occur; you may respond with different emotions, depending on several factors.

Emotions make up a most interesting and important developmental area of self. Human beings are emotional, and our feelings both enrich and disturb our lives. Feelings bring texture, color, and sensitivity to life. Without them, we would

be robots (Satir, 1988). If you stop to consider how drab life would be without emotions, you will begin to grasp their value and importance.

Emotion is a feeling state that involves certain components. The complexity of emotions frequently creates problems in individual lives and within relationships. Check yourself to see how puzzling the elements of your emotional self can be.

1. Are you in touch with your feelings? It can be difficult to decide if a state of being is an emotion or some other aspect of self. For example, confusion indicates a mental lack of understanding, not an emotion. "I feel tired" is a physical description.
2. Can you identify which emotion you are experiencing at any given time? Most people will typically reply that they feel fine, good, or bad rather than naming a specific emotion.
3. Can you pinpoint the reason for your feelings? Several emotions are situational, which means they are preceded by an event. Others seemingly come from "out of the blue," and the cause is not apparent.
4. How accurate are your predictions of emotions? Do you know how you will feel under certain circumstances? Nisha was shocked to discover on her wedding day that she felt sad. She loved Matt and wanted to marry him. What would cause this?
5. Can you tell by behavior what emotion is being experienced? Picture this scene. Three individuals are waiting in line to go on a thriller ride at an amusement park. All three are smiling, laughing, and pacing. What are their emotions? Possibly one person could be excited, another mildly anxious, and the third terrified!

In recent years **emotional intelligence** has been conceptualized (Goleman, 1995, 1998). The cornerstones are having a vocabulary sufficient to accurately express emotions, accepting responsibility for one's own actions, and using emotions in thinking and problem solving (Mayer, Caruso, and Salovey, 1999). Benefits include being attuned to the feelings of others and being able to handle disagreements. This chapter will clarify the mysterious emotional self. Developing emotional well-being and emotional intelligence can lead to meaningful interactions and positive relationships.

Identifying and Categorizing Emotions

How do you understand your feelings? Three components of emotion—physiological changes, subjective cognitive states, and expressive behaviors (Tangney et al., 1996)—can provide insight.

The component called **physiological arousal** refers to biological reactions and activities of the nervous system, various glands, and organs within the body. If frightened, your glands secrete hormones into your bloodstream, causing your heart rate to quicken and your pupils to enlarge. You may or may not be aware of the arousal. In some cases, the reactions are observable. Have you ever blushed? The redness was caused by what was going on inside your body. Many of these responses can be measured by medical monitoring devices and biofeedback equipment.

A second component is **subjective cognitive state**; this can be thought of as awareness and appraisal. For example, how do you know you are happy? You may identify an experience with happiness because of your thoughts. Cognitive appraisal, according to one theory (Schachter and Singer, 1962), is largely responsible for the label we give to emotion. Any physiological arousal could be labeled anger, fear, jealousy, or even love, depending on the circumstances.

The third component is **expressive behavior**—observable verbal or nonverbal actions. How do you show happiness? Sadness? Anger? Sometimes expression is confused with the feeling state itself. For example, crying is an expression, not an emotion. You have probably heard someone say, “I was so angry I just had to scream!” In reality, the person did not have to scream. Expressive behavior is the one component over which we have the most control. In the following, see if you can identify the three components.

Joan continued to cry. She had received a letter telling about the death of a close friend. She was shocked and extremely sad. She felt numb. “Why did this happen?” she asked her husband. He reassuringly took her hand in his and noticed how cold it felt. Joan gulped and said, “I feel almost dead, inside, too.”

Physiologically, Joan’s hand temperature reflects a reaction to the shock. Her numbness is probably also due to physiological changes. The realization that her friend had died and her description of “feeling almost dead inside” make up her subjective cognitive state. Her expressive behaviors are crying, talking, and gulping.

Researchers, in an attempt to clarify the emotional self, have identified and categorized possible feelings. One model identified six major clusters or group: love, joy, surprise, anger, sadness, and fear (Shaver et al., 1987). Although several emotions may fit within one cluster (e.g., anxiety is a type of fear), the researchers pointed out that some emotions are blends or combinations of feelings. Sympathy, for example, can be a mixture of sadness and love. Even categorizing an emotion is a challenge (Fig. 5-1).

Emotions can vary in intensity. For example, you may be mildly annoyed if a friend is 5 minutes late meeting you for lunch, upset after a half hour, and outraged when you discover that she or he has deliberately avoided you because of a preference to have lunch with someone else. The underlying emotion is anger. Regardless of how emotions are described and categorized, the realization that they are an integral part of you is basic to self-understanding. Because the components of expressive behaviors influence relationships to such an extent, they deserve special attention.

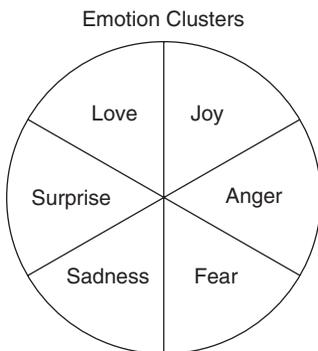


Figure 5-1

Expressing Feelings

Abby dramatically explained, “I am an emotional person. I cry at weddings, funerals, movies—you name it. I let people know when I am mad or happy. But that is just the way I am.” In contrast, Shamiso said, “I am a controlled person. I do not let others know my feelings. But that’s just the way I am.” Is it just the way Abby and Shamiso are? Opinions and theories vary. Expressiveness likely does have a genetic base (Ekman,

TA Revisited

“Child” is the home of all emotions, the feeling part of personality.

“Parent” contains messages that tells you to express feelings and how to do so; it can also tell you not to express.

“Adult” is unemotional yet is involved as it can decide to permit or deny emotional expressions; it also can help you change what you feel.

1994), yet because our emotional socialization and experiences are different, much of “if, what, how, and to whom” we express has been learned and strongly influenced by other factors that will be covered later (TA Revisited).

Expression occurs verbally and nonverbally. For what reason would you suspect that another person is upset? She or he may tell you, “I am upset because you borrowed my book and didn’t return it right away.” Or the words could be less direct and might even deny the feeling: “I just do not understand why some people do things like that, but I guess it is really nothing.” Other possibilities are profanity or hostile insults. One of the problems with verbal expressions is that people may not accurately state what they are feeling. Perhaps the person does not really know, feels embarrassed, or simply does not want to share his or her feelings. Individuals may worry about hurting someone’s feelings. Generally, we have not been trained to express our emotions assertively and, obviously, this can easily create relationship challenges.

More commonly, individuals reveal feelings through their body language. Facial expressions, changes in voice, behaviors such as laughing and crying, and posture offer glimpses into the emotional self. It is best to be cautious when you try to interpret others’ nonverbal expressions. For example, why does a person cry? An obvious answer is because of sadness. Can you think of other emotions that may result in crying? Even at a wedding, interpretations can be inaccurate. Mark shed a tear at his daughter’s wedding. Monica, the mother of the bride, sniffled into a handkerchief. Another young woman sobbed. Mark’s tears were the result of pride and happiness. Monica was sad and somewhat regretful that her daughter was old enough to be married. What about the young woman? She had once been engaged to the groom and was feeling resentful and jealous!

Feelings can often be gleaned from facial expressions, and this ability is found in different cultures (Jolley, Zhi, and Thomas, 1998). However, emotion can be disguised. You may have heard the expression “It is written all over your face”; but true feelings can be masked. “Facial expressions are imperfect communicators of emotional states” (Plutchik, 1980, p. 268).

Influences on Emotional Expression

Remember the ways that we learn? Whether and how to express ourselves are acquired through direct instruction, modeling, and experiences. Think of some messages about emotions. A partial list follows:

Keep a stiff upper lip.
Do not be a crybaby.
She is too emotional.

Do not wear your heart on your sleeve.
Do not be a fraidy cat.
You will get over it in time.

Cheer up.
Others have it worse than you.

Cool it.
Shut up or I will give you something
to cry about!

Do you see a common theme among them? “Keep your feelings to yourself” is the underlying message. Using the transactional analysis (TA) framework, you can see that there is often a conflict between “parent” messages and the expressive desires of our “child.”

Emotional expression is greatly influenced by one’s culture. The North American message has generally been one of control. The strong, silent type is heralded as a hero. Even in extremely sad situations, you may hear someone being praised for being “strong,” which means that grief isn’t being shown. Other societies also can be restrictive. A student from Kenya described how horrified her mother was when she came to the United States for a visit. “Those people were actually hugging each other in public. Shameful!” she said. Emotional crippling is being afraid to feel, afraid to express, and afraid to have others feel (Rubin, 1998). Other cultures encourage expressiveness. A Chinese student, Ann, told the class: “At Chinese funerals everyone is encouraged to cry and cry because it shows you really care and will miss the person; it reveals the extent of your love.”

Expressiveness is also related to gender role. In general, men are given the “don’t express” message more than women. As pointed out in Chapter 2, boys and girls are often socialized differently, and the skill specialization account (Kunkel and Burleson, 1999) can explain how they develop different ways of handling emotions. Even though male infants are as emotionally expressive as females, a crossover at later ages occurs because male emotionality is suppressed by parents and peer groups. Boys experience sharp limitations especially when it comes to the expression of caring/connection emotion (Levant, and Brooks, 1997).

Many societies are in a transitional stage, and gender differences are far less extreme than they once were. Yet, as long as males and females are given opposite messages, differences in actual expression are inevitable. Can you name emotions that men are allowed or encouraged to feel more than others? Over the years the typical first response in my classes has been anger, a feeling of strong displeasure because of an actual or perceived wrong. On the other hand, fear, an emotional response to a perceived threat or danger, is customarily off limits for men. Women are allowed to be afraid of spiders, mice, the dark, and strange noises. Can you picture the reactions if a man demonstrated the same fears? Some examples of stereotypic differences in the emotions that men and women are encouraged and allowed to express are shown in Table 5-1.

A list of discouraged or not allowed emotions could be made just by switching the male and female columns. For example, women traditionally have been discouraged from awareness and expression of anger. In fact, a fairly recent study, which found no significant variations between boys and girls in total anger level, did reveal significant differences in expression of anger. Boys had higher levels of aggressive responses (Buntaine and Costenbader, 1997).

These differences are not “cast in stone.” A Central American student expressed amazement during the discussion of gender-role differences. “In my culture the men are usually the expressive ones, and women are expected to be more controlled,” she said. Within the world of athletics, changes in expressiveness

TABLE 5-1 Emotional Expression and Gender Role	
<i>Encouragement and Allowance</i>	
<i>Men</i>	<i>Women</i>
Anger	Sadness, depression
Bravery	Fear
	Hurt
	Love, affection
	Worry, anxiety
	Disappointment

have definitely occurred. Males are given permission to show more emotion and even engage in behaviors commonly off limits, such as hugging and shedding a few tears. Female athletes are encouraged to display anger and aggression.

Changes are desirable because stereotypic masculine nonexpressiveness can create problems. Expressive behavior has its benefits, as the next section will show. Does it make sense to restrict these benefits to one sex? And is it fair when innocent people pay a price for stereotypic toughness? An account of an airline crash in Washington, D.C., during a blizzard illustrates this. Judging from the tape-recorded conversations of the crew, the pilots' attitude about the buildup of ice on the wings of the airplane was casual. They decided to just "go for it." The jet slammed into a bridge and plunged into the Potomac River, killing 72 passengers, four passing motorists, and the pilots (*Time*, 1982). How tragic that those individuals not wanting to display even legitimate fear frequently take unnecessary risks with their own and others' lives. After being asked about bravado, David Spiegel, M.D., pointed out another potentially dangerous unemotional reaction: "Some men, when they start having chest pains with a heart attack, get down on the floor and do push-ups to prove to themselves that it's not happening" (Moyers, 1993 p. 167). Obviously, this could have serious effects.

Are you aware that lack of expressiveness causes male–female relationships to suffer? Ironically, when women are asked to identify characteristics they would like in a man, they mention the ability to express emotions such as fear and sadness. "I wish he would just cry sometimes," one young woman said. On the other hand, men can be confused about women's expressiveness and feel frustrated when they are accused of not understanding. Heterosexuals might benefit from understanding and adopting certain dynamics of gay and lesbian relationships, which tend to be more emotionally revealing (Huston and Schwartz, 1996).

Another powerful influence in emotional development is the family. Which sounds most like a description of your family?

- Almost no emotions are expressed. Parents are controlled. They rarely touch others or express warm, loving feelings. Neither do they display anger or frustration. Relationships are rather businesslike.
- Some emotions are encouraged. Occasionally, the parents show love and warmth. They express anger at times; however, the children are scolded if they behave angrily. A common command is, "Go to your room and

don't come out until you're over it." Children are not supposed to cry often or loudly, and praise is given for being brave and strong.

- Several unpleasant emotions are acted upon. Parents let the children know when they are angry, frustrated, disappointed, depressed, and hurt. The children react with displays of negative feelings. However, almost no expressions of warmth and affection are present.
- All emotions are present. Parents express feelings and let the children do so. The household is emotionally charged, and many hurtful behaviors can be observed. A verbal or physical assault almost always follows anger.
- Emotional expression is encouraged. Parents try to model constructive ways of dealing with feelings. Open communication allows for discussion of emotions. When a person hurts others with emotional expression, an apology is given.

Variations of the five models are possible. If your family sounds like the last one, you are fortunate. Most families either suppress emotional expression or allow hurtful behaviors. Few make the attempt to model and teach constructive emotional expression.

Other agents of socialization play a prominent role in expressiveness. From childhood through adolescence, the influence of the **peer group** (those of similar age and interests) is strong. Peers may demonstrate warmth and affection, or they may be more reserved. Young people may openly cry and hug each other in support, or they can be uncomfortable with displays of sorrow. Additionally, the media and religion present standards of emotionality. From all of the external sources, if your models of expressiveness encouraged constructive behaviors and if you were generally accepted and praised for showing feelings, your emotional self is likely to be healthy (Fig. 5-2).

Internal reasons and experiences also influence emotional. Difficulty could come from perception of your social role or a fear of disclosing your true feelings. Certain people believe that they must be controlled in their professional positions, and they become almost emotionally sterile. Protection may be a reason. If you have been hurt as a result of expressing your feelings, you may have built a wall around your emotions. Jeff told another firefighter how apprehensive he felt at an accident scene. The fire captain heard about it and cautioned Jeff about his fear. Jeff resolved to keep future emotions hidden. Dave expressed his love for Kelli; in return, she said that she preferred just being friends. His hurt feelings led to a layer of defensive inexpressiveness.

A major barrier lies in what expression means. Many people equate emotional suppression with self-control. If you are one who believes that any show of feeling means you are weak and not in control, you will probably suppress rather than express your emotions. With pride, a woman said, "I never get angry." What she meant and eventually said was that she did not show her anger, and to her, this was a virtue. Did her anger disappear? As Rubin (1998) describes it, her anger probably went into a slush fund only to surface in other ways.

Of benefit would be a change to a different belief: *Showing feelings requires strength, and expressing doesn't mean lack of control.* In fact, control could be defined as deciding whether, when, and how to express your feelings. Andrew, a man not



Figure 5-2

used to expressing his feelings, heard a rumor at work that he had been passed over for promotion. He seethed all morning, then stormed into his supervisor's office, announced loudly that he was quitting, and walked out. He stopped to pick up his mail and found a memo congratulating him on his promotion. His display of emotion was not only inappropriate but also disastrous. Sometimes you are wise to wait before venting a feeling. A well-adjusted person can choose to express emotion, can select from any number of responses depending on the situation, or can decide not to show a particular feeling. Use "Emotional Monitoring and Learning" in Reflections and Applications to gain personal insight.

Constructive behaviors can be developed at an early age or learned later. Healthy messages would be:

- Experiencing all feelings is acceptable.
- Any way of expressing feelings that are not intended to hurt would be allowed.

Is lack of expressiveness related to health problems? Research has focused on this question. The calm that can come from suppression is bought at a price of a higher risk for asthma, high blood pressure, colds, and overall ill health. Female suppressors with breast cancer may be more likely to have future tumors

(Goleman, 1997) and could be at greater risk for early death (Pennebaker, 1997). Are you aware of times when your suppressed emotions seemed to play havoc with your physical condition? Anxiety often leads to headaches and stomach distress. John Powell (1969) said it well: “When I repress my emotions, my stomach keeps score” (p. 155).

Emotion and biology appear to be closely connected. Years ago, a type of personality was identified as cancer prone; it combined two major features: an inability to express emotions such as anger, fear, and anxiety and an inability to cope with stress with a tendency to feel hopelessness, helplessness, and depression (Eysenck, 1988). On a positive note, a fighting spirit and emotional expressiveness are associated with better adjustment to breast cancer (Classen et al., 1996). The message seems to be that constructive outlets are preferable to lack of expressiveness.

Benefits of Constructive Expression

Constructive emotional expression is a way of behaving that provides a healthy, nonhurtful outlet for feelings. A person can learn, model, and teach positive expressive behaviors and reap many benefits. Let’s look at benefits in the four developmental areas.

Physical self. Does it seem possible that emotions in early life might have an effect on a person’s life span? A study of Catholic nuns revealed an association between positive emotions in their early life stories and longevity 60 years later (Danner, Snowdon, and Friesen, 2001). Emotional expression and health are also related. Allowing patients to express their feelings seemed to improve their health (Spiegel, 1999). On the positive side, the following expressive behaviors are health producing.

Touching Both hugging and therapeutic touch can relieve aches and pains and alleviate muscle tension. For most people, a hug is both soothing and energizing. In babies it appears to ease pain (Motte, 2000). Therapeutic touch is recognized as a valuable medical tool, as it can relieve pain, speed healing, and clear energy blockages that may be interfering with healing (Weil, 1995b). Studies have



Figure 5-3 A hug is healthful and feels so good!

shown that therapeutic touch and massage therapy relieve pain (Moore, 1999) and decrease levels of anxiety and depression (Diego and Field, 2001). Premature infants who were massaged gained significantly more weight than that of a control group and showed far fewer stress behaviors (Field, 1996). Massage has even proven to enhance immune function (Diego and Field, 2001) (Fig. 5-3).

A hug is a great gift—one size fits all, and it is easy to exchange.

—Anonymous

Laughing When people laugh, muscle tension is relieved. Body movements related to laughter are physical exercise. More importantly, laughter is

Amazing Story of Laughter and Healing

Believing that laughter contributed to his miraculous recovery from what was thought to be an irreversible, crippling disease, Norman Cousins (1979) described laughter as a form of inner jogging and a behavior that creates a mood in which other positive emotions can more easily function. “Laughter helps make it possible for good things to happen” (p. 146). Infection in Cousins’s body was measured before and after a few minutes of robust laughing. The amazing results showed a decrease in inflammation that held up over time. Years later when much more had been learned about the biology of the brain, Cousins (1989) speculated that laughter had helped to activate the release of endorphins, neurotransmitters in the body that act as painkillers. He cautioned not to substitute laughter for medical care but to use it to bring forth love, hope, festivity, determination, will to live, and purpose. “The positive emotions can be no less effective in bolstering the immune system than the negative emotions are in weakening it” (p. 91).

Figure 5-4

associated with stimulation of the immune system, reduction in stress hormones, pain reduction, decrease in blood pressure, and improved respiration (Berk, 1996). Researchers conclude that humor therapy and related laughter may have both preventive and healing effects (Berk et al., 2001). A study revealed that people with heart disease were 40 percent less likely to laugh than healthy individuals (Hickling, 2000). This could be a result of laughter’s ability to reduce stress. When did you last really laugh? (Fig. 5-4).

The most wasted of days is that during which one has not laughed.

—Sebastian Chamfort

Crying Most people feel psychologically and physically better after crying, and it has long been recognized as a way of releasing feelings. How is crying related to physical health? Interestingly, a laboratory test revealed that the chemical composition of emotional tears differs from that of irritant ones (induced with freshly cut onions). Thus, shedding tears may be a way of ridding the body of substances that build up in response to stress (Levoy, 1988). Making a strong case for emotional release is a cardiologist who believes that crying also opens the chest and enhances healthy breathing. He advocates crying as protection against heart disease and contends that next to love, crying is perhaps the most healing activity for the heart (Sinatra, 1999).

Stereotypic gender-role behaviors can negate the physical benefits of emotional expression. In most societies, boys are typically ridiculed for crying and discouraged from doing so. Males may actually have to give themselves permission to cry.

A good healthy cry can be a sign of maturity. We have got it all wrong if we still believe that crying is a sign of weakness. Real weakness is in not allowing ourselves access to the emotions expressed through tears. (Buscaglia, 1992, p. 280)

Restrictions on expressing emotion can be prevented from the beginning. If you have input into a child's life, avoid the common message "Do not cry" or "Boys do not cry."

Men are also given less freedom to hug than women are. Watch men interacting with others. Typically, they will just shake hands. Only in recent years have genuine hugs been exchanged between men. Perhaps as we learn more about the benefits of behaviors such as hugging, laughing, and crying, all human beings will become freer in their expressions of positive emotion.

Mental self. Not recognizing or experiencing what you are feeling can cloud your thinking. Greg was considering a job change and a move to another city when his fiancée ended their engagement. Even though he showed little emotional reaction, his thinking abilities seemed impaired; he was confused and indecisive. He talked to a friend who was a counselor. With a great deal of encouragement, he began to talk about feelings of shock, hurt, and anger. The breakthrough in his seemingly blocked mental state came after an intense session of physically working out his feelings. After beating on a stack of large pillows with a tennis racket, he felt absolutely cleansed of negative feelings. "It was a cathartic experience, and I felt as if a weight was lifted from my body. It is hard to really describe." His reward was renewed ability to think about himself and his life. "As feelings are experienced, the mind clears" (Branden, 1983, p. 155).

Being overly concerned and anxious can affect mental performance. Emotional expression can lead the way to resolving a mental block. Test anxiety is a good example. Britt found that if she expressed her feelings before an examination, she could think in a calmer, more organized manner. In a similar vein, relaxation therapy and intensive physical exercise are used to reduce test anxiety (Burke, 1999). An interesting study suggests that emotional suppression can impair memory. The researchers conclude that "keeping a stiff upper lip" decreases recall of the details of an emotional situation (Richards and Gross, 2000). As more is learned about cognitive processes, a clearer link between emotion and cognition is forged.

Social self. Communicating emotions forms a bridge between two people. If you want to develop close relationships, being able to express feelings is a necessity. Two robotic persons may not notice how colorless their relationship is. When one robotic person interacts with a functioning emotional being, neither one feels fulfilled, or the emotional individual is apt to be frustrated. The closest, healthiest, and most meaningful relationships are between two emotionally expressive individuals.

Expression has long-lasting effects. A study showed those adults who had experienced expressions of warmth and demonstrated affection as children enjoyed happier and better-adjusted lives as adults (Franz, McClelland, and Weinberger, 1991). Even expressing unpleasant feelings can lead to loving feelings. Think of emotional expression in relationships as a positive circular effect. As you feel and express genuine feelings, you learn about yourself. Others will get to know who you truly are and will appreciate knowing you as a whole person. Then it is likely that they will feel free to share their feelings with you, which will lead to close relationships.

The price of not expressing emotions can be high. A letter to Ann Landers from No Name, No City, No State is quite moving.

A few weeks ago I kissed my son for the first time and told him I loved him. Unfortunately he did not know it because he was dead. He had shot himself. The greatest regret of my life is that I kept my son at arm's length. I believed it was unmanly for males to show affection for one another. I treated my son the way my father treated me and I realize now what a terrible mistake it was. Please tell your male readers who were raised by Omaha dads that it is cruel to withhold affection from their sons. I will never recover from my ignorance and stupidity.

On a positive note, a study of fathers and preadolescent sons showed that intimate and nurturing types of touch were a frequent and important part of their relationships (Salt, 1991). Expressing your feelings gives nourishment to relationships.

Emotional self. Does it make sense that the expression of feelings enhances the emotional self? Kimberly felt resentful because she thought her mother favored her sister Kris. She bottled up this feeling for years and found herself becoming angry and even hostile. One day she told Kris a lie about their mother and then suffered from guilt. She became depressed and went for counseling. After a period of time, she realized that the initial resentful feeling had led to several others. She decided to express in writing her true feelings to her mother and sister and acknowledge the lie she had told. The three of them came together and honestly expressed their emotions; relief followed. "I felt as if the clouds had lifted, and my only regret is that I didn't do it sooner," said Kimberly.

Emotional relief is stymied by suppressed feelings. Expressing one emotion often reveals the presence of another. During a cancer-coping session, Marian went through a process that stripped away one emotion after another. She began by expressing depression, which was covering fear. Underneath all this was intense anger. She had felt emotionally drained; after the expressive experience, she was energized. People risk the experience of joy when they have too much control over their emotions (Pearsall, 1988). Suppression inhibits all feelings. As Marlon, a young student from Jamaica, expressed: "Having feelings and not showing them is like having a bird that does not sing!"

Honest emotional expressions help people feel authentic. Individuals who do not express their feelings can feel phony, frustrated, and depressed. Especially damaging is not expressing resentful feelings, which are like tiny pockets of venom that never disappear (Bloomfield, 1996b). Even when aware of having resentment, expressing it is difficult. "It is easier to keep quiet," said one woman. After she was encouraged to let her resentment be known in a nonthreatening way, she admitted, "I feel so relieved now. Keeping a lid on resentment was causing me frustration and unhappiness. Being assertive has made all the difference in how I feel about myself."

In all developmental areas, positive growth is a benefit of genuine emotional expression. True sharing of feelings usually leads to heightened self-esteem and a healthier lifestyle.

Steps to Expressiveness

"I realize that I could benefit from becoming more expressive, but how do I go about it?" is a common question. As with any change, the primary step is the desire to change. Telling yourself, "I want to express my feelings more, and I am

going to try,” begins the process. Being determined, yet patient is good advice. Just as you could not expect to lose 30 pounds in a short period, you will not become expressive overnight. We can, however, act ourselves into a new way of thinking and think ourselves into a new way of acting. “We may be products of the past but are also architects of our future” (Myers, 1992, p. 122). Concentrated effort and practice are required, and you can expect to feel uncomfortable at first as you face challenges involved in expression. As with other behaviors, repeated expressiveness becomes a part of whom you are.

If you are not a naturally warm, demonstrative person, use your adult ego state to the “child” to act. Stephanie had a life-threatening accident from which she recovered. She decided that she wanted to become more affectionate and demonstrative. She told her husband, children, and friends, “I want to give and receive more hugs and pats on the back.” She actually had to tell herself in the beginning, “Go give Michael a hug,” and she kept track of how many she gave and received. Anyone in the family could request a hug. They treated it as somewhat of a game until they found that hugging had become second nature. Because we are unique, you may prefer to express affection in other ways such as words, writing, gifts, favors, helpful behaviors, and just listening.

Anger

Few people have received constructive modeling or advice on expressing anger. Most people describe anger as unpleasant, although it can be a positive motivating force. Anger itself is neither good nor bad. How you express it is what counts. Becoming aware of how anger affects people and why anger is experienced can lead you into making wise choices about expressing anger (Reflect and Apply).

REFLECT AND APPLY

Reflect

- ◆ *Think of a time when you were aware of physiological arousal due to an emotion.*
- ◆ *On a scale of 1 to 5 (5 being almost always): How often do you recognize your feelings? How often do you express emotion?*
- ◆ *Identify an emotion you usually express as well as one you often do not express.*
- ◆ *Considering each developmental area of the self, how have you benefited (or not) from emotional expression?*

Apply

- ◆ *Keep a one-day log of your emotions. Include all three components that you recognize.*
- ◆ *Observe facial expressions and guess how the person feels. If you feel comfortable doing so, verify your guess.*
- ◆ *Engage in any or all expressive behaviors. Hug or touch someone in a loving way. Laugh! Have a good cry.*

Effects of anger. Although being angry doesn't have to cause problems, not constructively expressing the anger can damage individuals and relationships. Anger appears to be related to risk for heart attack and death because the emotion is likely to raise blood pressure, speed up the heart, and narrow blood vessels (*Consumer Reports on Health*, 2001). Researchers at Harvard Medical School found that the most common emotion experienced in the two hours before a heart attack was anger (Goleman, 1997). Another study showed that an increased risk of heart disease is related to proneness to anger (Ahmad, 2000). In fact, coronary heart disease risk is related to both heightened expression and inhibition of anger (Stoney and Engebretson, 2000).

In *The Angry Book*, Rubin (1998) points out many "assorted poisons" related to repressed anger: anxiety, guilt, depression, overeating, high blood pressure, self-imposed starvation, sleep problems, psychosomatic illnesses, obsessions, and compulsions. He also identifies a serious side effect of what he calls the "freezing" of anger, which is the stifling of all emotions, including love. Just as a person cannot feel with a frozen finger, a person cannot feel with frozen emotions. Is it any wonder that anger management is needed?

Understandably, anger and love occur in the same relationships. Expressing your anger can be a sign that you care and want a change for the better. However, too much anger in a relationship is unhealthy, and negative ways of handling it will definitely erode loving feelings. Teresa Adams (1987), a therapist and author, writes: "In every divorce, the mishandling of anger is a major cause of the failure of a marriage" (p. 151). Continually suppressing your anger is a way of mishandling it.

A dangerous type of anger mismanagement is the use of aggression and violence. Obviously, too many individuals vent their anger in violent, abusive ways. Random assaults and killings have become far too common. Since 1990 what have been termed *road rage* cases have increased by 51 percent (Stephen, 1999). Certainly, it is difficult to drive today without feeling frustrated and even angry at times. Yet, to allow such feelings to escalate into violent acts is alarming and demands concerned attention and intervention.

Reasons for anger. Recognizing the sources of anger can be instrumental in bringing it under control. Annoyance and hostility can result from an inability to accurately make **attributions**, deductions about the causes of behavior or events; in other words, you may have difficulty determining the correct reason for a behavior. Biases in attribution generally lead to problems. For example, if individuals in an automobile wrongly believe that another driver with bright headlights is just trying to make them mad, hostility is highly probable. In relationships, attributions play a significant role. Consider the following incident.

At a class reunion Katrina danced with a former boyfriend. Her husband Ryan thought, "I know that she's doing that just to make me jealous." He became angry.

Could Ryan's attribution be incorrect? What effect would this likely have on their relationship, at least for this period of time? Can you come up with a different attribution?

Believing that others make you angry and that you are not in control of your feelings makes you a victim. If anger is appropriate, use it as a “call to action” and make the situation better. If the anger doesn’t make sense, decide to release it in a constructive way and use cognitive restructuring to “talk yourself out of” the anger. Taking pride in yourself means that you don’t just respond without thinking; instead, you decide how to respond. Responding to hate with hate, or anger with anger, is not because of an outside event; it’s because of what’s inside of you (Dyer, 1992). Ask yourself, “Why am I angry and what can I do to change that?” Use anger in a productive way to make your life better, not worse! In Chapter 6 you will learn techniques for anger management.

Changing What You Feel

Being an expressive person does not mean that you are at the mercy of your feelings. A significant way of taking charge of your life is to be able to change what you feel. Being more in control of emotions can also improve your health. Negative feelings of anger, anxiety, and depression, if strong and prolonged, can make us more vulnerable to disease, worsen the symptoms, and get in the way of recovery (Goleman, 1997). Doesn’t it make sense to know how to eliminate or at least diminish the intensity of these emotions?

The Power of Your Thoughts

Cognition is thought. Often a person’s thoughts about an event determine the particular emotion. If your interpretation of the event is accurate, any emotion will be normal and appropriate (Burns, 1980). Thoughts can create pleasant or unpleasant emotions and can also relieve unpleasant ones. For example, pretend that you are driving a car and have stopped at a red light. The instant the light turns green you hear a horn honking behind you. Do you feel surprised, concerned, angry, annoyed, or calm? Whether you realize it or not, how you feel depends on your thoughts about the honking, not the event itself. “Oh, I wonder who is honking at me. Maybe it’s someone I know” would elicit surprise and possibly even delight. “The person must have an emergency to be in such a hurry” is a thought that could result in concern. “How dare anyone honk at me! I know what a green light means” would spark anger or annoyance. “Somebody likes to use their horn. I am glad I am not that stressed,” you think and then feel nothing but calmness. We actually can create our own emotional reality.

What you think and feel then guides your behavior. You may turn around, scowl, and shake your fist, or worse. Or you may turn around, smile, and wave, or choose to do nothing. You have the choice. Cognitive therapy trains people to change the way they interpret and look at things so that they can experience different emotions, feel better, and act in a positive, productive way.

Rational emotive behavior therapy. One of the best known and applicable cognitive systems, rational emotive behavior therapy, or REBT, was developed by Albert Ellis (1977, 1984). The central theory of REBT is that events or situations do not upset you; instead, it is your belief about what has happened that does.

Irrational beliefs, discussed in Chapter 4, are responsible for unpleasant or negative consequences. The approach uses the letters “ABC.”

A stands for *activating* event, situation, or experience.

B represents *beliefs* or thoughts about the activating event.

C means *consequences* (emotions, further thoughts, and behaviors).

Ellis (1993) points out that cognitions, emotions, and behaviors are interactive in that each influences the other. According to Ellis, REBT is opposed to rigidity, thoughts, and one-sidedness and strongly favors openness, alternative seeking, and flexibility. REBT helps people challenge irrational beliefs and change their lives.

Let’s put REBT into practice: You receive a failing grade on your first college examination.

This is the activating event:

- (A) Your initial belief or thought
- (B) “That is it. This proves I cannot handle college-level coursework. I might as well quit right now.” Can you see that your initial belief is irrational?
- (C) These thoughts would probably lead to emotions of disappointment, depression, and hopelessness followed by actions to quit school.

Instead REBT changes the belief and alters the consequences. Remember the cognitive restructuring formula from Chapter 1? Consider this alternative:

Just because I received a failing grade on the first exam does not mean I can’t handle college-level work. I didn’t perform as well as I wanted to; however, one bad grade does not mean I will fail this course.

You have now eliminated the irrational thought. How would the consequences be different? Your initial emotion may still be disappointment, yet you would then feel hopeful; your thoughts and behaviors would be more positive and directed to doing what you could to improve. You would not quit school on the basis of one examination grade!

Cognitive techniques work best for those who have the ability to reflect on their own thoughts. Individuals with a thinking preference in decision making as shown on the MBTI (Chapter 2) may have an advantage over feeling types. However, if you are inclined to “think with your heart,” you can especially benefit from the use of REBT.

REBT is not useful when your thoughts are rational and suitable to the occasion. You do not want to create unpleasant emotions by thought-changing. For example, Mike had been invited to go out of town for the weekend with friends. His original thought was, “It was neat that they asked me, and it sounds like a good time.” His feelings were anticipation and happiness. Later he found himself thinking, “I wonder why they asked me. I bet they needed another car, and I have a nice one.” Do you see how quickly his feelings would then change? Be careful that you do not replace pleasant, realistic thoughts with unpleasant, irrational ones.

The Power of Your Behavior

Closely related to REBT is **reality therapy** developed by William Glasser (1965). According to Glasser, rational thought and behavior are both necessary as is the ability to think of several possibilities. Glasser (1984) has also taught and written about **control theory**. In the earlier example of failing your first examination, control theory would say you are depressing yourself. If you want to feel different, first change your behaviors. Instead of moping around, you can choose to socialize with friends, go to a movie, or do whatever is pleasurable. You can alter your thinking, too, as suggested before; however, more emphasis is placed on changing the behavior. When people who are miserable do something different, they invariably change their feelings. Have you ever whistled or hummed cheerily and then recognized a slight mood elevation? If so, you were using basic control theory.

A fascinating idea is that facial expressions can change feelings, at least to a modest degree (Averill, 1997). People have been able to feel fear and disgust by creating the related expression on their faces. Studies have shown that a particular type of smile, one in which the eye muscles are active, is associated with enjoyment and reports of positive emotions (Ekman, Davidson, and Friesen, 1990). Simple experiments in my classes indicate that happy facial expressions and positive behaviors can pleasantly affect feelings. Try putting on a happy face and see what happens!

Cognitive and behavioral techniques can be used effectively to change most emotions, including minor depression or a “down” feeling. Experiencing a “blue mood” once in awhile is common, and to feel better, you can use any of the ideas for creating happiness covered in Chapter 4, plus thought and behavior changing. Exercise, which has been already highly recommended in this book, has definite mood-lifting benefits (Jaret, 1999). Other ideas include engaging in enjoyable activities such as reading, shopping, going to a movie, or watching television. We really do have control over those brief occasional bouts with the “blues.” Another option is simply to allow yourself to feel mildly unhappy for a brief time! An underlying theme of this book is that human beings have numerous choices, one of which is deciding to change what you are feeling.

When Should You Seek Professional Help?

Certain emotional states do not lend themselves exclusively to self-help. A common psychological disorder that affects thoughts, feelings, physical health, and behaviors is **major or clinical depression**. Far different from just a “down” feeling, it is characterized by a depressed mood or loss of interest or pleasure in most activities for a period of at least two weeks. Other symptoms are diminished ability to think, concentrate, or make decisions; feelings of worthlessness; recurrent thoughts of death or suicide; increase or decrease in appetite or weight; insomnia or sleeping too much; fatigue; and loss of energy. “Passive negativity—being stuck—is the hallmark of depression” (Baumel, 1995, p. 5).

Often called the “common cold” of mental illness, major depression along with other types of mood disorders is suffered by one out of every seven people. Many do little or nothing to alleviate their pain. Nearly 60 percent of people who score positive for depression have never been treated (Screening for Mental

Health, Inc., 2001). Yet of those who seek help, approximately 80 percent respond well to treatment and go on to lead productive lives, according to the National Depressive and Manic-Depressive Association (2001).

Not only is clinical depression a dreadful feeling that impinges on quality of life, but it also is related to physical health. A study showed that chronically depressed older people had an 88 percent increased risk of developing cancer when compared to those who weren't depressed (Penninx et al., 1998). Because treatment of depression in cancer patients leads to better patient adjustment and reduced symptoms, it appears to influence the course of disease (Spiegel, 1996). People with depression also have an increased risk for coronary heart disease (Henderson, 2000). The *British Medical Journal* (2001) called depression the largest determinant of disability in the world. In addition to decreasing the potential for disease, successful treatment usually helps a person resolve additional psychological and relationship problems.

Why is help not sought? Often a person may be aware of the symptoms but not suspect depression as a cause. Other factors are the continuing stigma attached to any type of psychological problem and gender role socialization. The revealing book *I Don't Want to Talk About It* (Real, 1997) focuses on depression in males and maintains that men, more easily than women, "get depressed about being depressed and allow their pain to burrow deeper and further from view" (p. 35). Depression in men is often hidden, which may be one of the reasons that depression appears to affect nearly twice as many females as males. Females are more likely to seek help. Three to four million men in the United States have major depression (National Institute of Mental Health, 2001), and they usually pay a high price: an inability to develop and maintain intimate relationships (Real, 1997). A medical doctor who suffered from depression expressed a reason for seeking help. "With the right guidance and the right support, a breakdown can become a breakthrough" (Ornish, 1998, p.76).

What causes major depression? The general consensus is that genetic, biochemical, and environmental factors can all be involved (National Depressive and Manic-Depressive Association, 2001). According to the National Institute of Mental Health (2001), major depression presents itself in generation after generation in some families; yet, it also occurs when there is no family history. One type of depression, **seasonal affective disorder (SAD)**, stems from lack of sunlight and is usually experienced only in the fall and winter. In many cases, light therapy is effective, which involves the use of a special light box consisting of a bank of white fluorescent lights on a metal reflector and shield with a plastic screen. For mild symptoms, spending time outdoors during the day or arranging homes and workplaces to receive more sunlight may be helpful (Society for Light Treatment and Biological Rhythm, 2004).

Proper diagnosis is extremely important in determining treatment. If the cause is biologically based, antidepressant drugs are usually prescribed and work for about 70 percent of people (*Harvard Health Letter*, 2000). "But I do not want to use drugs" is a common protest. It can help to realize that the proper prescription of an antidepressant merely restores the functioning of the brain. The medications "fix" what is in need of repair and do not create something artificial or unnatural (Podell, 1992). Antidepressant medicines are not addictive or habit forming according to the National Institute of Mental Health, although there can be side effects (*Harvard Health Letter*, 2000).

Taking the best drug in the correct dosage is essential. A person is advised to carefully select an experienced psychiatrist or, ideally, a psychopharmacologist whose specialty is drug therapy. Then being carefully monitored and following the treatment plan in its entirety will make the difference in the degree of success (Preboth, 2000). The results of successful drug therapy seem like miracles. "I feel like a completely new person," said Mark, as he walked confidently into the classroom.

When medication can ameliorate the symptoms of a chemical imbalance, why should we be made to feel that taking it is somehow irresponsible? Do we condemn those with hypertension for their dependence on medications that lower blood pressure? (Dowling, 1991, p. 25)

A depressed person typically needs more than just drugs to eliminate depression (Trickett, 1997). Combining drug and psychological therapy has significant advantages over just one or the other (Keller et al., 2000). Even therapy alone can be successful. A program of cognitive-behavioral therapy significantly reduced depressive symptoms and negative thinking while it increased self-esteem (Peden et al., 2001). Cognitive-behavioral therapy seems to be especially helpful in preventing future depression (Fava et al., 1998). Physical activity is again beneficial. Among clinically depressed older people, regular physical activity was associated with fewer depressive symptoms (Moore et al., 1999).

Suicide and Depression

A most compelling reason for seeking professional help is that suicide is often a way out for a severely depressed person. More than 90 percent of people who kill themselves have a mental disorder, which is commonly one of depression, according to the National Institute of Mental Health (2001). Regardless of the cause, suicide is a tragedy that affects many. In the United States,

31,484 deaths—more than 80 deaths per day—are because of suicide (National Center for Health Statistics, 2004). In a 17-year period, the rate of suicide among 10- to 14-year-olds has increased by 109 percent; and 11 percent for 15- to 19-year-olds. Tragically suicide is the *leading* cause of death in the older adolescent group (Stanard, 2000). Because of social stigma, gay and lesbian young people are at a higher risk than heterosexuals (Hartstein, 1996). The U.S. Department of Health and Human Services has estimated that "as many as 30% of completed youth suicides each year" are performed by gays and lesbians (National Center for Health Statistics, 2004).

An excellent book for anyone even remotely considering suicide is *A Reason to Live* (Beattie, 1991). The book gives many ways to feel in control of life again, suggestions of options to suicide, and numerous resources. One strategy is to imagine how devastating your death would be to someone with whom you are not angry and for whom you care deeply, such as a grandparent. "Anytime



Figure 5-5 Severe depression can be difficult and dangerous.

the idea came into my mind, I saw my grandma's face and knew I would never do that to her," said one young man. Remember if you ever consider suicide: "Keep it a question. It is not really an answer" (Colgrove, Bloomfield, and McWilliams, 1991, p. 69) (Fig. 5-5).

Ideally, a depressed person will seek help. However, because lack of motivation or energy is usually present, this may not happen. An estimated 70 percent who commit suicide tell others of their intentions (Baron, 1998), yet 79 percent of youth who kill themselves never see a mental health counselor (Stanard, 2000). If you know someone who has any of the symptoms of depression, displays drastic changes in behavior, or talks about death or suicide, do all you can to get that person to a professional and don't promise to keep it a secret. Selecting a professional can begin with a licensed or certified counselor or therapist or a physician who knows enough about depression to refer the person to a specialist in mood disorders. References are also available from hospitals, universities, or professional associations (see Resources at the end of this chapter).

Hopefully, the stigma attached to depression and all types of therapies will be eliminated and the future will be brighter for those who suffer from major depression as well as for their families and friends. Having the proper diagnosis, using drug therapy if needed, enhancing one's physical health, and then working with an effective therapist can make the difference between living in the depths of despair and enjoying the beauty of life.

Coping with Emotional Crises

My sister-in-law sounded numb when she called at 3:30 in the morning. "Steven was killed in an automobile accident about midnight. A drunk driver going over 80 miles an hour on the wrong side of the highway hit his car head-on." I managed to gasp, "Oh, no," as a jolt of disbelief and horror hit. Steve, my beloved 22-year-old nephew, was dead. The grieving began at that moment, and years later the sorrow remains, diminished somewhat by time, coping strategies, and beautiful memories. Emotions run rampant when a crisis occurs (Hanna, 2003).

The death of a loved one is a profound tragedy. Losing a child is the ultimate crisis. Not only is there a loss of a precious life, but also a young person's death seems so unthinkable and unfair. It was supposedly Albert Camus who explained: "The order of nature is reversed. Children are supposed to bury their parents" (Stearns, 1984, p. 15). A child's death is not only the pain of losing a beloved person, but also it means a loss of the parents' dreams, a part of themselves, and a part of their future (Davis, 1991). "A child's death is like having part of ourselves sliced away" (Sanders, 1992, p. 120). One study had hopeful findings in that bereaved parents reported slightly higher levels of marital satisfaction and expressed different sources of life satisfaction and sources of worry (deVries et al., 1997). A bereaved father said, "I truly do not 'sweat the small stuff' anymore, and I am satisfied with a lot of little stuff." In a book designed to help cope with the loss of a child, the author (Donnelly, 2001) assures parents that recovering doesn't mean forgetting.

Steven's tragic death began a series of crises for my family. Within a little over a year I underwent cancer surgery and was fitted with an artificial eye, my

16-year-old daughter experienced a prolonged illness and surgery as a result of an autoimmune disease, and my father died unexpectedly. I was beginning to believe what I had read on a greeting card: “Into every life some rain must fall,” and on the inside, “followed by large hail and damaging winds.” On a positive note, these crises led to personal learning and can now provide hope, encouragement, and suggested coping strategies to you (Hanna, 2003).

The Path of Life

Life isn’t easy. “The farther one travels on the journey of life, the more births one will experience, and therefore the more deaths, the more joy and the more pain” (Peck, 1978, p. 75). An introduction activity to an interpersonal relations course, the instructor draws, on the chalkboard, a line depicting life. What do you think it looks like? It is not a straight line, nor is it vertical or horizontal, and neither does it go up for a period of years (maybe 40?) and then head downhill. The “dip ‘n do” line goes up and down like a series of peaks and valleys. The drawing reveals the certainty of change. Life has both positive and negative experiences from which we cannot escape.

What can the line teach? The word *choice* comes to mind. All of us will spend time in the valleys. What are your choices? One is to make the situation worse. Tragedy can become more tragic because of one’s thoughts or actions, or both. Kurt was badly injured in an accident. He had not used alcohol much before; now its effects seemed to lessen the hurt. He became frequently verbally abusive to his family. Another possibility is to remain stagnant, do little, and maybe wallow in self-pity. The thought “There’s nothing I can do about this” is common. The best choice is to gather your resources and strength and begin to ascend from the valley. Recognizing the pattern of the life line reminds you that dips eventually curve upward.

Another relevant point has to do with learning. Joyful and peaceful times are too often unappreciated. “I look back on those days before I was ill and kick myself for not enjoying them more,” reported a cancer patient. “Now I am grateful for each minute of life.” Because we often take the peaks for granted, generally, less learning is experienced there. Valuable lessons are learned in the trenches, the dips of life. Also, the variety of life’s experiences adds depth and meaning to existence.

A full life will be full of pain. But the only alternative is not to live fully. (Peck, 1978, p. 133)

Without a doubt, the terrorist attack on the World Trade Center and the Pentagon on September 11, 2001, was the greatest collective crisis in recent history. The tragic loss of so many lives and the damage to property and the economy were devastating. The following is both poignant and meaningful.

Grief and love, rage and vengefulness, pride and defiance—a volatile set of emotions was let loose in America. They can be dangerous, but they can also be constructive. It hardly seems possible or even fitting, to imagine that some good could come out of such horror. But the best memorial to those who perished would be the achievement of a safer, saner world. And it is not out of reach. (Auchincloss, 2001, pp. 18–24)

As a result of Hurricane Katrina, which struck the Gulf Coast on August 28, 2005, over 1,100 lives were lost. The flood waters left a million people without homes, jobs, and schools. The shock wave to the U.S. and world economies will have a long-term impact. Crises of this magnitude as well as all others are traumatic, yet the possibility of positive change offers a beacon of hope.

Sometimes when the bottom falls out of our lives, we are set free. Loss can make artists of us all as we weave new patterns into the fabric of our lives.

—Charles Stephen

Any unexpected negative or positive event that dramatically changes your life is a **crisis**. Loss is commonly experienced directly, such as losing a job, a loved one, a personal possession, or a dream, and indirectly in cases of rape, chronic illness, or the birth of a child with disabilities. Answers to how long is the path to recovery and how much time it will take are only speculative.

When a significant loss has us in its grip, a minimum of six months to a year is usually required for healing. Some aspects of the process continue into the second year. Resolution may not come until even later. (Stearns, 1984, p. 19)

When a crisis of loss isn't resolved or healed, problems can emerge later. "Unresolved grief haunts us" (Kennedy, 1991, p. 12).

How to Cope

The coping mechanisms that will be most effective in a situation depend on the nature of the crisis. Often we are wise to do what the title of a helpful book suggests: *Hoping, Coping, and Moping* (Jevne, 2000). Whenever a loss is involved, the following coping behaviors make the going easier, perhaps faster, and increase the possibility for growth.

Feel your feelings. An emotional response is inevitable in any crisis. Keep in mind that suppressed feelings can cause unwanted problems and almost never help the situation. You may be reluctant to express emotion, especially if the feeling is an uncomfortable one for you. Depression is one of my least favorites.

Any emotion that is repressed will eventually seek manifestation at a later date. What you resist emotionally persists. And by experiencing the emotion I don't mean you need to act out the emotion. Simply feel the emotion fully. (Ellsworth, 1988, p. 77).

Feeling the emotion goes beyond naming it or talking about it. During my first cancer-center session, I eagerly volunteered to be the first to tell my story. The leader stopped me after a few minutes and asked, "How did you *feel* about losing your eye?" I glibly put names to the feelings: anxious, sad. When she pressed me to actually feel what I felt, I found myself resisting. She said, "I don't think you have really dealt with that loss." To my surprise, I felt the tears coming. She asked me why losing an eye was so sad. Without thinking, I blurted out, "Because I have always been complimented on my blue eyes. My husband said it was one of the

first things he noticed about me, and now one is gone.” Both my husband and I cried then, a welcome release and a sure sign that until then we hadn’t truly experienced the pain of the loss (Hanna, 2003).

Lean gently into your pain. You will not find it bottomless. Let yourself be with the pain. When it is at its worst and you feel it all, you’re already starting to heal. (Bloomfield, 1980, p. 268)

Release feelings. In any crisis, emotional expression can be extremely therapeutic. Crying, deep breathing, and hugging are appropriate behaviors intended to relieve tension. Being touched is reassuring. I remember the horrible night I was told that there was a 98 percent probability that my eye tumor was cancerous. Crying was a welcome release; being held by my husband got me through the night (Hanna, 2003). Relaxation techniques described in Chapter 3 can be quite soothing. Some audiotapes are designed to help people release feelings and then move on with their lives. Another possibility is to keep a journal. I remember feeling a release during several crises as the feelings seemed to move from inside me onto the paper. Often, when thoughts are put on paper, a person can begin to see “form in the chaos” (Kennedy, 1991, p. 29).

Research supports the benefits of writing (Smyth, 1998). Writing about emotional upheavals improved the physical and mental health of grade-school children, nursing home residents, asthma and arthritis sufferers, college students, maximum security prisoners, new mothers, and rape victims (Pennebaker, 1997; Suedfeld and Pennebaker, 1997). Recommendations are to focus on current issues and explore both the objective experience and your deepest feelings about it. Talking into a tape recorder can be substituted for writing.

Take charge of your thoughts. Thoughts can help or hurt. The cognitive techniques, explained earlier, are especially beneficial. Be aware of what you are thinking during a crisis. Is it realistic? If not, remember that you can change it using a method such as rational emotive behavioral therapy. Cognitive restructuring, discussed in Chapter 1, helped breast cancer patients shift to problem-focused coping that resulted in positive life changes (Spiegel, 1996). The doctor who led support groups for these patients offers recommendations in an inspiring book *Living Beyond Limits: New Hope and Help for Facing Life-Threatening Illness* (Spiegel, 1993). Sustaining positive thoughts is critical.

Acceptance of reality and realization of what you cannot change are healthy. “My husband no longer loves me and wants a divorce,” “My child is addicted to drugs,” “I have a serious disease,” “My mother is dead” are difficult realities to think about; yet, as facts, they need to be acknowledged so they can be dealt with. Denial is usually a first reaction, and it helps to absorb the shock. After a time, denial is unhealthy. A challenging question may be advisable: “What are you going to do now?” The question will force you to take action, and the answer will free you to move on with your life. Recognizing what you can do and then acting upon it make any crisis easier to bear.

Become educated. Educating yourself about any topic related to the crisis can make a positive difference. Libraries and bookstores contain many resources

on coping and offer positive examples of those who “have gone before you.” For example, the book *Just Get Me Through This!* (Cohen and Gelfand, 2000) is highly recommended as an excellent tool to help deal with breast cancer. Decide how much you want to know, ask questions, and reframe your thinking in a positive direction. It’s important to note, though, that too much obsession isn’t advisable. Thinking and talking only about your crisis is not only unhealthy, but also it is likely to “turn off” others.

Seek support. Isolating yourself for a long period of time during any crisis is not a good idea because, more than ever, support is necessary. Social networks and support have been shown to reduce mortality rates, to improve recovery from serious illness, and to increase the use of preventive health practices (Hurdle, 2001). Who can provide support? Family and friends can be comforting and helpful; in some cases, they are not. A life crisis can overwhelm loved ones and erode their abilities to be supportive. Typically, other people need to know what you need and want as well as what you don’t want. A woman in a cancer support session reported that her family had descended upon her when they learned of her diagnosis. They were overly helpful and refused to let her do anything, even though she could. She decided to tell them to stop doing certain things for her because feeling helpless and out of control could make her condition worse. *The Healing Family* (Simonton, 1984) is an excellent resource for families. The author writes: “So often family members, even those with the best intentions, give the wrong kind of support, which sometimes hurts more than it helps” (p. 2). Likewise, the book mentioned earlier, *Just Get Me Through This!* (Cohen and Gelfand, 2000), enlightens potential supporters. Friends and family can be asked to carry out tasks, talk, listen, touch, or just be there. Tell them what you want.

Support groups made up of others who have had similar crises can be invaluable. If you have any reservations about seeking support, you are probably equating it with being weak. Instead, believe that you *deserve* help and that you are showing internal strength by seeking and responding to external support. An immediate benefit is the realization that you are not “different” and weren’t singled out for this particular hardship. Education and a safe place to vent feelings are necessary ingredients of worthwhile groups. What is not helpful is a group that dwells only on problems and offers little that is positive. A partial listing of resources is given at the end of this and other chapters. Most telephone directories list support groups in a special section. You may need courage to pick up the phone or attend a meeting, yet the benefits almost always outweigh any initial discomfort. “Buried feelings fester. Shared feelings enrich and lead to growth and healing” (Smolin and Guinan, 1993, p. 164).

Professional help is frequently needed, and you do not have to be feeling desperate to seek it. Any one of several reasons could motivate you. You may not be receiving needed support from family, friends, and groups. Therapy could move you along faster in a healing process and can certainly enhance the quality of life. In cases of sudden, traumatic death of a spouse or a child, grief is never “normal,” and mental health treatment is almost always warranted (Wortman, Battle, and Lemkau, 1997). Words of caution about selecting a counselor are in order. Be as careful as you would in choosing any medical specialist. Do not just pick a name out of the yellow pages. Use suggestions given in the earlier discussion

about depression. Ask people for recommendations. Feel free to interview a few counselors and find out their level of expertise, their degree of familiarity with your particular crisis, and, most important, how much rapport you have with them. Then, if you are not satisfied with the counselor, find another one.

Be extra kind to yourself. Taking good care of yourself is good advice at any time; during a crisis, it is of utmost importance. Because ordinary stress affects us physically, it stands to reason that during periods of unusual strain, our bodies will suffer. Eating well even if you do not feel like it, exercising, and getting plenty of rest become even more important. You can also pamper yourself without feeling guilty.

Stay active and set goals. Even though a crisis generally saps motivation, activity is a reassuring measure. Even simple tasks such as showering, brushing your teeth, and making coffee can be energizing. Staying involved with your work, if possible, is highly recommended. Pleasurable activities divert your thinking temporarily and convince you that life can still be enjoyed. A change of scene is especially refreshing. Sometimes a crisis opens doors. Widowed at 54, Bernice decided to attend college and acquire career skills. She discovered a new person within herself and thoroughly enjoyed her learning experiences. Others do volunteer work, refresh their talents, learn skills, and acquire new hobbies and interests. Setting goals says that you can move beyond the crisis, your thinking becomes more directed, you are acting upon life rather than being acted upon, and you are sending positive messages to your body. Goals stimulate feelings of hope and anticipation and are a reinvestment in life. Delaying major decisions, however, is wise, as your judgment will probably be clouded for awhile.

Death: A Universal Crisis

Any crisis is challenging; however, the death of a loved one is most stressful. This could be because death is often so unexplainable. Judy Mize, whose husband died unexpectedly, expressed it so well. "It is so hard. Relationships do not die with death. I still have a relationship with Paul; yet Paul is not here to have a relationship with me." Rita, a widowed student, reflected on additional reasons for pain:

I have come to realize there are many more losses tied to John's death. I lost my husband, my lifetime partner, my best friend, and my son's father. Resulting losses from his death included leaving my job and moving from Virginia. I felt I had lost myself along with John. The "me" that was, was no more. She was gone forever.

Rita's words remind us that death usually precipitates another crisis, one of identity.

Death is a universal crisis because all of us, unless we die before every other person we care about, will face a loss. "One out of one dies. Nothing, no one, lives forever. All things end at some point (Sims, 1985, p. 1). Death is especially painful because each loss is connected to all loss, and every death reminds us of our own death. Because dying is considered such a taboo subject, most people try to avoid it in their thinking and talking. Unfortunately, this avoidance means that coping strategies are not being developed.

Americans tend to have a negative attitude about grieving, feeling that it is something we should get over with as soon as possible. Grief, whether our own or that of someone in our social or business life, is an inconvenience, an interruption in our hectic schedules. We harbor many misconceptions about the grief process and scarcely comprehend or appreciate its value and purpose. (Vail, 1982, p. 52)

Grief is an emotional, physical, spiritual, and intellectual response to loss (Edwards, 1989). In addition to sorrow, a person can experience anger, relief, frustration, guilt, and self-pity (DeSpelder and Strickland, 1999). Even though grief is the hardest work we will ever have to do, it's a way to heal from pain, and we must "go through to get through" (Edwards, 1989, p. 16).

Stages of death and grieving. Five stages associated with acceptance of death were identified by Elisabeth Kübler-Ross (1969). The five stages are denial, anger, bargaining, depression, and acceptance. Her theory has led to a closer look at the grieving process and, like other stage theories, suggests that acceptance of death is a series of somewhat predictable thoughts, feelings, and behaviors that are subject to individual differences.

Each stage has its challenges and its usefulness. Denial, the instant shock and disbelief in the face of tragedy, is initially a protector. Judy, after the sudden, unexpected death of her husband, Paul, said, "I am so grateful for denial." The next stage of anger, even if incomprehensible at the time, may allow a bereaved person to vent deep feelings. If the death was untimely and/or perceived as preventable, anger will likely be the dominant feeling (Wortman, Battle, and Lemkau, 1997). Bargaining is an attempt to change the circumstances. Often the attempted "deal" to not let this happen is proposed to a supreme being, and disappointment is a definite possibility. The next stage of depression, which is so unpleasant, can indicate that one is approaching the acceptance stage. A survivor experiences sadness throughout every stage; the throes of agony are more apparent during this stage. The final stage of acceptance does not mean that the pain is over; however, it is not as acute, and one can move on.

Understanding the basic stages can help you see where you are in the process and why you feel as you do. A student read a book about dealing with death for a class project. Her comment was, "Until now I didn't understand what I went through when my mother died. It was over a year ago, and the book still helped me see that what I feel is normal." A college classmate of mine hinted at the stage process in a lovely book she wrote for her two children before her untimely death in 1976.

When you are very close to someone who dies, there will be sadness. You won't be sharing your life with that person anymore. Sadness hurts. You may feel as though a big hole has been torn in your life. And there will probably be feelings of loneliness as you remember the good times you had with the person you loved. Sometimes it takes a very long time for the sadness to melt away, but slowly you will begin to remember important shared times without the hurt tugging at your memories. (Potter, 1979, p. 12)

Thinking only in terms of stages has some disadvantages. People can get discouraged if they believe they should progress in a certain order and time frame. More helpful is to think of the process as a "fluid experience of a variety of emotions with one underlying theme: coming to terms with the loss" (Davis, 1991,

p. 13). Do you ever get over the death of a loved one? Most experts say that you don't. Most people will never reach a time when they completely stop grieving; however, the feeling is less intense and not as frequent. As one bereaved mother expressed, "You don't get over it; you get used to it" (Wortman, Battle, and Lemkau, 1997). Recovering doesn't mean forgetting, but a sense of acceptance can be reached.

The rainbow hues of your grief—the red-yellow anguish, the blue-green questions, the purple confidence—are woven permanently into the tapestry of your life. Grief invariably leads to new strengths. When you allow yourself to experience fully the subtle gradations of its colors and textures, grief adds to your personal richness and depth. (Tubering, 1981, p. 57)

Behaviors of grief. Someone may say to you, "Do not grieve when I am gone. I don't want you to mourn my death." Although the remark was well meant, the person is not doing you a favor. Grieving serves as a natural and necessary path to healing. A young mother tried hard to block the process: "Crying would be good for me, but my children have lost a father, and I have to be strong for them." She and her children would be better served by getting rid of the equation between strength and suppression of feeling. Her children could benefit from her sharing her sorrow and modeling grieving behaviors.

Grief is invariably unsettling. Many times death is irrational, illogical, and crazy, so a reaction that can feel like the "crazies" is normal (Donnelley, 1987). "Significant emotional loss is an abnormal event in a person's life, and there is no normal way to react to an abnormal event" (James and Cherry, 1988, p. 11). Even though grief is painful, like death, it is a part of life. Experiencing all of life means that you and I will grieve.

I do not like being hurt. I don't really enjoy experiencing pain. But I believe that I become less of a human being if I learn the art of detachment so well that I can experience the death of a friend or relative and not be emotionally affected by it. To be alive is to feel pain, and to hide from pain is to make yourself less alive. (Kushner, 1986, p. 89)

Grieving behaviors vary from one person to another. Stereotypic gender differences may emerge. Men and women share equal feelings of pain and grief, yet women seem to use a social support system whereas many men either do not have one or do not use it. During times when partners need each other's support, the differences can cause relationship problems. Honest communication can bridge the gap and lessen the pain.

Other differences have to do with cause of death. Suicides appear to be the most difficult. In addition to depression, guilt is the most intense emotion for parents. They first blame themselves (Smolin and Guinan, 1993). In a study of adult next-of-kin who were mourning a suicide, the participants either did not ask for support or encountered barriers when they sought it. Professional help was identified as the most pressing need as well as what was most wanted (Provini and Everett, 2000). Because so little had been written for survivors, two authors wrote a book in which they point out that for every suicide about seven to ten others are intimately affected. Immediately finding a therapist who is an excellent listener is

Grieving and Healing

- Let feelings loose.
- Do not isolate yourself. Stay engaged in activities and involved with people.
- Tell people what you want and do not want.
- Ask for help and also insist on doing things for yourself, if that is what you feel.
- Create a sanctuary for grief, a place where you can be alone with your feelings.
- Spend focused, yet brief, times in this sanctuary and concentrate on memories and personal grief.
- Give yourself a “vacation” from pain whenever possible. Focus on diversions.
- Set up or donate to a worthy cause in the person’s memory.
- Create a new nonphysical relationship with the deceased.
- Write to the person and/or about the person.
- Stay involved with family and friends.
- Engage in something that has a meaningful purpose.
- On a regular basis, manage your personal stress.

Figure 5-6

strongly recommended. It can also help parents to keep in mind that they can do a thousand things for a child but perhaps not a thousand and one (Lukas and Seiden, 1997) (Fig. 5-6).

Recommendations for grieving. When you are in the throes of deep despair, realize that “grief is the price we pay for love. Though death comes, love will never go away” (Sims, 1985, p. 6).

Writing about the deceased is therapeutic. Writing a tribute to the person who has died can serve more than one purpose.

Lisa Patterson wrote the following memorial to her mother.

One student commented, “Thanks so much for my first real lessons about life. I will never forget it. Now to put it all into practice . . . I cannot wait!” There are scrapbooks filled with similar evaluations of Sharon Hanna’s impact on the lives of her students.

A lifelong educator, Sharon had a passion for teaching students, not only about information they needed to know, but about how to live positively in the world by mastering the art of interpersonal communication. With her trademark warmth and humor, she taught self-awareness and self-esteem as a prelude to the development of positive and effective communication skills and healthy relationships. Her aim was nothing short of empowering her students to take responsibility for their lives, make wiser choices, improve their relationships, appreciate diversity, and live happier, more productive lives.

It was Sharon’s expressed desire to continue to be of service to the students whom she cared about so deeply. To honor her 24-year career as a college instructor an endowed memorial scholarship was established in her memory with the Southeast Community College Foundation to be awarded to an SCC student each year. The outpouring of love for Sharon and her memory made it possible.

Sharon's legacy is embodied in her heartfelt advice to her students, "We come to college not only to make a living, but to learn to live a life!" Sharon will always be remembered as an extraordinary teacher who significantly enriched and inspired the lives of her students, colleagues, friends and family.

Sharon encouraged Bob, Lisa, Lyn, Jeff, Greg and all who have grieved to remember:

We never lose the people we love, even to death. They continue to participate in every act, thought, and decision we make. Their love leaves an indelible imprint in our memories. Memories make us immortal. (Buscaglia, 1992, p. 230)

Other creative talents such as composing a song or just singing one in memory or tribute, painting, sculpting, or drawing are all ways of releasing (Reflect and Apply). A tragedy can lead to worthwhile actions, and becoming involved in a cause related to the death is an excellent idea. Mothers Against Drunk Driving (MADD), an organization that has made a significant difference, was started by a woman whose daughter was killed by a drunk driver. A student's death launched a campaign at Bowling Green State University called "Never Again" to combat drunk driving. Grief can be channeled into positive energy. To gain insight into crisis and coping, use the activity in Reflection and Applications.

At some point—and only the grieving person can decide when that point has been reached—moving on with life is essential. You then may be able to see that death can be a teacher helping us appreciate each other, ourselves, and life itself. You may become closer to loved ones, share feelings more fully, tell people that you care, take extra safety precautions, become healthier, and contribute to a worthwhile cause. "An awareness of death increases my appreciation of the preciousness of life. The glory of life is inseparable from the fact that it is finite" (Branden, 1983, p. 200).

Life, a lovely, lively flame dancing inside us. At death, the dancing stops. But the special feeling for the person we loved never stops.

—Linda Lytle Potter

REFLECT AND APPLY

Reflect

- ◆ *Recall an activating event, your beliefs about the event, and the consequences the ABCs of rational emotive behavior therapy.*
- ◆ *What do you do when you're in a "blue" mood?*
- ◆ *Think of what you would say or do if someone you know talks of suicide.*

Apply

- ◆ *In the Reflections and Applications section for Chapter 5, fill in the boxes showing that you can use rational emotive behavior therapy.*
- ◆ *When you experience an unpleasant emotion, use control theory and change the "doing" part of your behavior. Be aware of what happens.*
- ◆ *If you feel comfortable doing so, tell a friend how you have effectively coped with a crisis.*

LOOKING BACK

- The emotional self is interesting, complicated, and challenging; confusion about emotions is common.
- Researchers identify and categorize emotions. Combinations of the basic emotions make up other feeling states.
- An emotion has three components: physiological arousal, subjective cognitive state, and expressive behavior. The behavioral component is the most controllable.
- Expression is learned from a variety of sources. Men, especially, receive restrictive messages.
- All four developmental areas are strengthened by constructive emotional expression; self-esteem is also bolstered. Relationships thrive on open, honest, and constructive expression. For many, demonstration of feelings is not easy but can be developed.
- Anger will occur, and the key is to learn to manage the emotion so that interactions and relationships are not damaged.
- Emotions can be changed by altering thoughts and behaviors through rational behavioral emotive therapy and control therapy. This is beneficial when emotions are unpleasant and causing harm.
- Clinical depression, different from minor mood changes, is serious, and therapy is highly recommended. Suicide is the tragic outcome of many cases of deep depression.
- Crises of any kind create stress and can wreak havoc on the emotional self. Specific strategies can lessen the impact and help resolve the crisis faster, reduce the harmful effects, and use the situation for positive growth.
- Death, which affects everyone, is the ultimate crisis. Grief, although not welcome, is necessary. You can cope and, in some cases, use the tragic event to improve your own life and make needed changes in society.

The full and free experience and expression of all our feelings are necessary for personal peace and meaningful relationships.

—John Powell

RESOURCES

American Psychiatric Association,
1000 Wilson Blvd. Suite 1825,
Arlington VA: 22209-3901.
(703) 907-7300. <http://www.psych.org>

American Psychological Association,
750 First Street NE, Washington,
DC 20002-4242. Toll-free: (800)
374-2721. <http://www.apa.org>
Center for Healing & Wellness, 2235
Grant Road, Suite 6, Los Altos, CA
94024. (650) 625-1987. Support

children who have a parent with a
serious illness <http://www.healingandwellness.org>

Compassionate Friends (support for
bereaved parents), P.O. Box 3696,
Oak Brook, IL 60522-3696. Toll-
free: (877) 969-0010. <http://www.compassionatefriends.org>

Emotions Anonymous
International (for anyone want-
ing to learn to deal with emo-
tions), P.O. Box 4245, St. Paul,
MN 55104. (651) 647-9712.
<http://www.mtn.org/EA>

Heartbeat (support for survivors of
suicide victims), 2015 Devon
Street, Colorado Springs, CO
80909. (719) 596-2575. <http://www.heartbeaturvivors.org>
Heartbeat Suicide Hotline:
(719) 596-5433.

Menninger Clinic (mental health),
P.O. Box 829, Topeka, KS 66601-
0829. Toll free: (800) 351-9058.
<http://www.menninger.edu>
National Association of Social
Workers, 750 First Street NE,

Suite 700, Washington, DC 20002.
Toll free: (800) 638-8799.
<http://www.socialworkers.org>
Depression and Bipolar Support
Alliance, 730 North Franklin
Street, Suite 501, Chicago, IL
60610. Toll free: (800) 826-3632.
<http://dbsalliance.org>
National Institute of Mental
Health, 6001 Executive Blvd.,
Room 8184, MSC 9663, Bethesda,

MD 20892-9663. (301) 443-4513.
<http://www.nimh.nih.gov>
Rainbows for All God's Children
(support for children and adults
who have experienced death, di-
vorce, separation, or abandon-
ment), 2100 Golf Road, #370,
Rolling Meadows, IL 60008. Toll
free: (800) 266-3206. <http://www.rainbows.org>

Human Service Directories (in-
cluded in most telephone directo-
ries) list agencies and support
groups dealing with almost all
situations.