

CHAPTER TWO

Grappling with Old Demons

Anne

Anne came to see me seeking a referral for her seventeen-year-old son, Justin. She arrived dressed in a crisp white blouse, a navy-blue skirt, and sensible flats. A waft of cigarette smoke trailed her as she entered my office. Her petite physique looked strong, her posture erect and graceful. She looked young for her mid-forties, although I could detect fine lines in her complexion, likely from years of smoking. She spoke in terse, measured sentences, as if reading from a script, and her pale face was frozen into a polite semi-smile. Ill at ease, she squirmed a bit as she sat down on the edge of my couch.

Anne began by telling me that her once easygoing, spontaneous son now isolated himself in his room. His lethargic, sullen demeanor worried her. When she tried to communicate with Justin, he either ignored her or, more typically, exhibited disgust or anger. He complained about her cooking and snarled whenever she asked about his life. “He spends most of his time alone, listening to music or playing video games in his room, and doesn’t seem to have any friends,” said Anne. “He relates to his father, Stephen, and his brother, Matthew, who is away at college, but that’s it.”

Stephen and Anne worked full time, Stephen as a freelance photographer and Anne as a middle school English teacher. “We’re both worried about Justin’s withdrawal and isolation. I’m really concerned that he’s depressed and might be thinking of hurting himself.”

When I asked her to elaborate, Anne, face flushed, said that she didn't think Justin was in immediate danger, but she wanted me to see him soon. I agreed to meet with Justin a few days later. I also asked Anne to meet with me weekly for a few sessions, so I could learn more about the family dynamics and discuss some effective ways for her to improve her communication with her son.

Although she agreed, Anne made a point of telling me she wanted to keep her own history private. I said I would respect her request. I wondered what had happened in Anne's own life that she could not allow to be spoken. Perhaps she had suffered some earlier trauma and only now, when her son's emotional well-being seemed in jeopardy, was she willing to seek help. I hoped that eventually Anne would feel more comfortable sharing her own story.

Meeting Justin

As planned, I met with Justin for an initial assessment. His slouched and rounded shoulders did nothing to diminish a tall, lanky frame that sported a faded T-shirt and baggy jeans that rode precariously below his hips. Without a belt, he might have been in serious trouble! Cell phone in hand, Justin gave me a sideways glance and took a seat, his dirty blond bangs almost completely covering his sad eyes.

Much to my surprise, he began to speak candidly about school, his lack of friends, and his miserable relationship with his mother. He struck me as a warm, intelligent, engaging young man with low self-esteem and mild depression. Justin loathed high school and felt rejected by the other kids. Although he used to get invited to some weekend social activities, the invitations had dwindled and now ceased altogether, so he spent his free time in his room getting lost in music, books, and video games. He was embarrassed that his only real friend was his father, although he loved their shared passion for music and photography. In short order, he let me know what was *really* bothering him at home.

"I know I have issues, but my mom is the sick one. She is obsessive, weird, and afraid of her shadow. She comes home from work, cooks, cleans, and smokes the night away, reading her books or watching her

shows. She holds me back from doing anything fun. I can't wait to get out of the house. My brother is so happy being away at college. He hardly ever comes home. Now I'm the only one home and the singular target of her craziness."

Justin seemed perceptive and self-aware. He understood that he was struggling socially, but he didn't appear to be self-destructive and, paradoxically, was worried about his mother's well-being. He continued, "I don't know if my mom told you, but my grandmother died about a year ago. I didn't really know her, but it's definitely taken a toll on my mom. It's made her paranoid and her moods way worse."

Anne was mourning the loss of her mother, which I suspected was complicated and among the private pieces of personal information she did not want to share. I asked Justin how the loss had affected him. "It's sad, I guess, but I'm okay. My mom, on the other hand, seems to be getting more negative and stressed. Until my grandmother died, she hadn't seen or spoken to her sisters in more than a decade. As far as I'm concerned, she needs therapy more than me. The truth is, I worry about both my parents. Neither of them takes good care of themselves. Not only does my mother chain-smoke, but she hardly eats. I don't know if she has anorexia, but to me she looks scary thin. My father lives on junk food, never works out, has a big gut, and both of them have no friends." Justin's worry seemed to have merit. While he was definitely angry at his mother's intrusiveness, he seemed more concerned about the health of his parents.

Bouts of Loneliness

Occasional bouts of loneliness and depression are common and affect most of us at some point. Usually, these episodes are short-lived and occur around periods of transition, such as the loss of a loved one, losing touch with a friend, moving to a new home, or being downsized from a job. While most people are able to move through the difficult feelings associated with life transitions and emerge successfully, some cannot. This is especially true when the transitions are layered upon previous trauma that is not yet sufficiently resolved. Many people find

they can benefit from professional support and coping strategies to overcome their dark periods and learn to live their best possible lives.

In my many years of working with patients, I have repeatedly observed that most emotional suffering comes from worrying about the future or ruminating about something from the past. In Anne's case, unfounded or not, she was worried that her son's depression might lead him to harm himself. The more she worried and expressed her concerns, the more she alienated him. Although I still did not know the source of her pain, according to Justin's clues and her own unusually emphatic request for privacy, she was clearly troubled about something. Anne's method of self-protection was to isolate from friends and family, just as she planned to keep the therapeutic relationship with me at arm's length. The question was, "Self-protection from what?"

Justin continued, "I know my mother worries I might be suicidal, but I promise, I'm not. I just want friends. I don't have anyone to hang with anymore. I'm burned out on the stoners, and the nerdy group is too weird for me. I just need to get out of this provincial little town and find my way, without my mother hovering over me, trying to control my every move. My grades haven't been great this semester, but I think I'll get into a decent college. I do want help finding some kind of support group, as dorky as that sounds." He rolled his eyes and sighed. "The truth is I could definitely use a few friends, but please do what you can to help my mother. She's the scary one, not me."

Justin's assessment of the situation struck me as astute. He knew he needed some specific help with his current social situation, whereas his mother was the one hiding from her own pain. I assured Justin that I would do my best, but his mom needed to make the decision to let me in. I promised to remain available to him as a resource, but suggested that he meet with a male colleague who could offer him an adolescent group to help with his social isolation. He agreed.

The First Session

Anne was scheduled for her first session with me later that week. When she came in, she informed me, "I am willing to talk about anything that would help Justin. I might need guidance along the way, but as I told

you, I do not want to dig deeply into my own past.” Her guard was up, posture rigid, movements controlled, and there was a measured quality to her speech. Anne shared Justin’s developmental history.

Justin had been an easy delivery, arriving the week of his due date. A healthy, gregarious baby, he had worshipped his older brother from the time he could toddle around after him. Most of the time, they had played well together. He’d also had a little group of friends who would come over periodically for play dates, and he always had a couple of good buddies. Around Justin’s seventh birthday, he began to develop a passion for reading autobiographies and history books. Anne had taken great pleasure in reading Justin’s compositions, as had his teachers. According to Anne, Justin had always been a good boy without any behavioral worries, until he began withdrawing in high school.

Through several conversations, we slowly established a rapport, but Anne remained tight-lipped when it came to discussing her own past. I waited cautiously for an opportunity to dig deeper. About a month into our sessions, Anne said, “I’ve been noticing how much Justin isolates himself from the outside world and how it’s taking a toll. It makes me realize that I do the same. My whole life revolves around my family and work. I never speak with anyone about personal matters. I was taught that family loyalty and privacy were to be upheld at all costs. Even Stephen doesn’t know details of my whole story. I don’t think the secrecy has served me well over the years, but it is all that I ever knew. Justin gets that from me.”

She looked at me directly, as though she had just had some sort of profound revelation, and then rapidly continued: “There’s something else you need to know. My sister Beth committed suicide about thirty years ago. She hanged herself in the basement. By the time she was found, she was gone. I’m terrified that Justin might be entertaining such thoughts. I’ve never spoken to anyone but Stephen about Beth’s death, but I thought you should know. It was all too hideous, and besides, my mother insisted that we never speak about Beth with outsiders.”

The Dark Side of Stress

There it was! Anne had entered therapy, reluctantly, to help her son. During our first few sessions, she was able to access the tip of her own

personal iceberg of pain—and the stress of keeping it in check—that had permeated every aspect of her life and her relationships.

Stress of any sort is so commonplace that it often can feel normal, even in the midst of abnormal or tragic circumstances, such as the suicide of a sibling. It becomes the only way of life we know. This is especially true as we move from a childhood trauma into a busy adult life, juggling family and work responsibilities. As a young working mom, Anne had focused completely on creating a good life for her family. But as her children grew, she found herself feeling more afraid and withdrawn. The longer she isolated herself from others and kept her past a secret, the more scared and stressed she became. Although Anne believed that her son was the one at risk of harming himself, it is not unusual to see in others that which we find difficult to recognize and acknowledge in ourselves. I wondered whether her concern was a projection of her own self-destructive choices.

When we are constantly stressed and operating in “emergency mode”—as Anne was when she vigilantly guarded her family history and the secret of her sister’s suicide—the mind and body pay a steep price. The ability to think clearly and to feel our best can become seriously impaired. The scientist Hans Selye coined the term *stress* in 1936. He defined it as the “nonspecific response of the body to any demand for change.” It matters not whether the demand is real or perceived. As he explained in *Stress without Distress* in 1974, “It is not stress that kills us, it is our reaction to it.”³

Misperceived or mismanaged stress can make us unhappy and sick with physical symptoms such as sleep disturbances, fatigue, pain, high blood pressure, heart palpitations, weight gain or loss, and digestive problems. Some common psychological manifestations of stress include anxiety, irritability, depression, memory lapses, poor concentration, phobias, and feeling out of control.

Managing stress and trauma often begins with the willingness to self-disclose, or share, our personal story. This is the first step toward making sense of our complicated emotional realities. Like Anne, sometimes patients do not come right out and tell me what the problem is. Instead,

³ Hans Selye, *Stress Without Distress* (Philadelphia, PA: Lippincott Williams & Wilkins, 1974).

they talk about someone or something else to stay away from the pain of their own old wounds. It takes time to trust, to find a safe haven in which we can reveal our stories and gain a deeper understanding of the disappointments and hurts we have experienced.

After years of silence, in the name of helping her son, Anne decided to let someone other than her husband know that there had been a family suicide. Immediately after sharing that information, Anne straightened up and said in a restrained cadence, “I’ve told you the important information, now I just want to make sure that my boy is safe.” As rapidly as Anne had opened up, she shut down any further discussion.

Reluctant to let her shut down, I offered, “Your loyalty to your family and the secrecy you maintained may have protected you from the pain over the years, but these days it seems to be interfering with getting you the help you need. You might find sharing your story to be both cathartic and instructive. You and Stephen have been good parents, and despite Justin having some issues now, he seems to be headed in the right direction. Maybe this is a good time for you to consider getting help for yourself and come to terms with some of the events from your past.”

Anne said she would think about this. Several days before our next scheduled meeting, she called me, sounding frantic. She had been hospitalized over the weekend for chest pain and shortness of breath. Other than slightly elevated blood pressure, Anne’s lab results did not reveal anything. She had been told that her symptoms were consistent with severe anxiety or a panic attack.

Anxiety and Depression

Anxiety and depression are the hallmark feelings that bring people into therapy. They often mask deeper emotions that we wish to avoid or dare not feel, such as anger, shame, fear, or guilt. Depression occurs when we suppress and become numb to our feelings, whereas anxiety occurs when we take flight from our feelings or enter a heightened state of “fight-or-flight” arousal. Either way, we avoid authentic feelings that unconsciously seem to be more than we can tolerate. When we allow ourselves to observe, explore, experience, and finally resolve these feelings, only then are we liberated to move forward in our lives in a healthier way.

Anne arrived at my office later that day, hands trembling as she handed me her hospital report: “I felt like I was having a heart attack. I just can’t bear the thought of dying and leaving Stephen and the kids.” She huddled on my couch, wrapped her arms around her thin body, and waited for my response.

“Thankfully, that is not what’s going on,” I reassured her, while scanning her medical record. “Your report indicates high blood pressure, which can be managed through medication and making some lifestyle changes. For example, learning some breathing and meditation techniques and getting more exercise will help considerably. I would be happy to show you some relaxation skills right now that you can learn quickly. Other than that, you seem to be in good health. Panic attacks are terrifying, but they are not life-threatening.”

As I assured Anne, there are well-researched and effective strategies that can be incorporated into everyday life to protect us against the deleterious effects of panic, anxiety, and garden-variety stress. These methods also help quiet the mind so we can savor more of life’s moment-to-moment experiences. I wanted to teach Anne some simple yet powerful techniques that she could readily incorporate into her busy life.

I also wanted to introduce the idea that physical symptoms can indicate emotional stress and inner turmoil. Anne seemed unaware of this connection and saw her high blood pressure as a strictly medical problem. I told her, “Sometimes bringing up the past, or even thinking about the past, uncovers long-buried feelings that result in anxiety symptoms. It’s normal to feel tense or scared when you delve into a painful past. Anxiety is the body’s natural response to danger, real or imagined, current or past. My guess is that our last conversation about your sister brought up a traumatic and difficult memory that ignited your panic attack.”

When anxiety becomes extreme or constant, it can take a significant toll on health and well-being. Sometimes, as in Anne’s case, severe anxiety or panic mimics a heart attack. Typically, medication is used to alleviate the initial symptoms associated with a panic attack, such as a racing heartbeat, weakness, faintness or dizziness, sense of terror or impending doom, sweating, chills, chest pains, breathing difficulties, and feeling a loss of control. Psychotherapy, cognitive behavioral therapy

(CBT), relaxation, and meditation techniques have been shown to be highly effective and preferable over the long term in helping patients control or overcome these symptoms. These methods also enable patients to replace irrational, maladaptive, and self-defeating thoughts with more positive, realistic ones.

I now understood more about Anne's difficult childhood, yet kept wondering what else she was not revealing as she maintained the family code of silence. I decided to bide my time and focus on teaching Anne skills that would help her to control the physical and emotional symptoms that had brought her to the emergency room. I told her, "Learning skills and strategies for improving your resilience and mindfulness will help you calm down and take control before the anxiety becomes overwhelming. You will be better able to prevent future anxiety attacks and minimize the impact of the ones that might break through. Perhaps, after you learn some skills, you will also feel able to speak more openly about your past."

Although recollecting a difficult past may exacerbate emotions initially, when we share our stories with someone we trust, over time it is possible to feel calmer and more at peace. Everyone faces anxiety and intensified emotions at times, but it is important to remember that even the most powerful feelings reach a peak and then subside, like an arc or a wave. We need to learn to "ride the wave" of our emotions, with the understanding that they will eventually level off. Consciously deepening one's breathing when emotions run high fosters the ability to tolerate strong feelings.

Learning to "Tolerate the Affect"

Learning to tolerate the affect means learning to bear and manage intense emotions as they arise. Another way of thinking about this is to cultivate the ability to feel strong emotions or sensations as they present themselves—as we experience them. To do so, begin to observe your feelings without doing anything about them. Try not to judge them or react. Simply notice and perhaps become curious about each feeling state as it comes and goes. As you become aware of your emotions, practice naming each feeling, such as "joy," "anger," or "frustration," in a steady and relaxed way. Then deepen your breath and notice what happens. Perhaps

you will sense your emotions building, peaking, or easing and the wave becoming less pronounced. Paying attention to your feelings, rather than simply reacting to them, can reveal much about your inner world and liberate you from the potential storms of emotion and physical sensation.

In contrast, avoiding your feelings delays the process of moving through them successfully. For example, when you numb yourself to the pain of loss or hurt, the associated feelings cannot successfully resolve in your conscious or unconscious mind. Painful feelings, when examined, can become magnified before they quiet down. However, when people allow themselves to observe, feel, and move through their pain, the intensity of their emotions subsides and they gain a greater sense of personal empowerment and resilience.

My goal was to help Anne develop the internal resources needed to allow her complicated and uncomfortable feelings to surface and to learn to tolerate her pain. In this way, she could eventually move beyond the old demons. I knew that if she were able to do this, she would find greater inner peace. Therefore, teaching her a basic approach to use to practice observing and being present with her difficult feelings was an important place to continue our work.

Strategy for Tolerating Painful Feelings

- Notice the feeling as it arises in your mind and body.
 - Give it a name, such as anger, sadness, shame, or remorse.
 - Take a few deep breaths.
 - Observe how the feeling moves through you.
 - Remind yourself that you can handle this feeling and that it will subside.
 - Pay attention as the feeling begins to pass through and quiet down.
-
-

Mindfulness

I explained to Anne that the above technique was not only a way to control her anxiety but also a way to become more mindful, and that increased mindfulness would help her in all facets of her life.

Mindfulness means deliberately paying attention to, and seeing clearly, what is happening in our lives in the present moment, without judgment. It does not eliminate life's stressors, but it can help us respond to them in a calmer manner that also benefits the heart, mind, and body. It helps us to recognize and step away from habitual patterns of behavior, which are often unconscious emotional and physical reactions to everyday events. For example, being mindful helps us make more thoughtful decisions about food, exercise, rest, and perhaps even our relationships.

Our minds have a tendency to wander through all kinds of thoughts and emotions. Some of these are positive, while others may include feelings of unexpressed anger, anxiety, cravings, guilt, and shame. When we indulge ourselves in these negative thoughts, we make them stronger. We do not want to stop thoughts and emotions from entering our minds, as they deepen self-awareness and guide future life choices. Instead, the idea is to notice and observe our feeling states without embellishing them in our minds. It is important to understand that whatever we focus on in our minds becomes stronger. As a result, it behooves us to focus on thoughts that are positive and support our best intentions.

When we pay attention in the present, we are not dwelling in the past or the future. We are anchoring ourselves in the moment, creating a space where peace and contentment can grow and flourish.

Mindfulness also means being consciously nonjudgmental. This gives us a chance to be kinder and more compassionate with ourselves and in our relationships with others. Rather than being judgmental, we can perhaps become more curious about our own behaviors and those of others. We can be aware that an experience, interaction, or feeling is either pleasant or unpleasant, but when we are mindful, we learn to observe rather than judge.

For example, Anne could bring herself into the present moment and be curious about the dynamics with Justin and within herself rather than

be critical. This would help her to be more open-minded and positive. Mindfulness is not about creating balance and happiness, although these are often residual benefits. It is about being awake to our lives and finding peace within.

Mindfulness improves our physical and psychological well-being. It heightens our capacity for creativity, intuition, and wisdom. We can train our brains to be more present and less judgmental, to better care for ourselves, to create healthier relationships, and to make better life choices.

The most basic vehicle to mindfulness is the conscious focus on and deepening of the breath through abdominal breathing. From the first time I met Anne, I noticed her breathing was shallow and rapid. I knew that teaching her abdominal breathing so she could learn a simple and effective way to control her anxiety with immediate results would open up Anne to a greater sense of calm and vitality. The regular practice of abdominal breathing and other relaxation techniques are excellent strategies for self-regulating.

Abdominal Breathing

I asked Anne to remember how her children had breathed as babies, their bellies expanding and contracting with each new breath. I said, “Think about the full and rhythmical way in which they breathed. Somewhere along the way, most of us stop doing this and our stress levels increase. When elevated stress levels become consistent, the ongoing state of arousal can begin to seem normal.”

Most of us are unaware of the importance of breathing properly and use only a small fraction of our full breathing capacity. Stress, poor posture, long hours in front of a desk or computer, and the wish for a flat stomach promote shallow chest breathing. When we restrict our natural breathing pattern, as we do automatically when we are stressed, the oxygen flow to the brain and body is reduced and we become more anxious. This perpetuates the experience of anxiety and pain within the mind and body.

However, when we deeply expand and contract the breath, oxygenated blood circulates throughout the body and deactivates the autonomic nervous system’s stress response. As a result, there is a boost

to the immune system, muscles relax, heart rate and blood pressure lower, digestion improves, bone repair and growth occur, and the whole body moves toward a greater state of relaxation. Most important, abdominal breathing evokes a feeling of emotional control along with a sense of mental and physical well-being.

I explained to Anne that abdominal breathing, also known as “belly” or “diaphragmatic” breathing, is the fastest way to change one’s physiology, triggering a state of relaxation. I told her, “Relaxation and anxiety are incompatible responses that cannot coexist, because they are two distinct physiological responses. When you practice and internalize the feeling of relaxation, you eventually learn to override the effects of stress and anxiety. Abdominal breathing is the antidote to anxiety and panic.”

The method I described was as follows: “Sit in a comfortable position with arms and legs uncrossed. Place one or both hands on the abdomen just below the navel and watch the rise and fall of the low belly. Breathe through the nostrils slowly and deeply. Expand the low belly as you inhale and contract the low belly as you exhale. Allow the exhalation to take twice as long as the inhalation. The relaxation occurs as you breathe out. Practice this for five to ten breaths a session and notice the effects. Abdominal breathing can greatly enhance your breathing capacity. It calms the mind and body and induces a feeling of relaxed attentiveness, which is at the root of mindfulness.”

This basic breathing exercise can be practiced anytime you need to relax or to reduce anxiety, stress, or pain. The use of the hands on the chest and abdomen is only needed when you are training yourself to breathe abdominally. Once comfortable with your ability to breathe into the low belly, release the hands and keep them on the lap or to your sides. Go back to using your hands if you want the added reminder to breathe into the belly and keep the chest relatively still.

Anne seemed curious. I told her, “Abdominal breathing requires practice and thought, especially during the initial stages of learning. For now, just watch your breath without changing or manipulating it in any way. Notice the rise and fall of every breath.” After a few moments, I asked her what she had observed.

“I don’t like this exercise,” she responded. “It’s making me anxious and self-conscious.”

I replied, “Please hang in there with me. It can be frustrating to practice this at first, but I promise it will get easier and feel better if you give it a chance.”

Learning abdominal breathing proved to be challenging for Anne because of a lifetime of smoking and her discomfort with these new bodily sensations. Typically, whenever her anxiety kicked in, Anne reached for a cigarette. Now, she needed to train herself to intercept this behavior and learn alternatives for regulating her emotions.

Abdominal, Belly, or Deep-Breathing Strategy

- Sit comfortably with spine supported. Breath flows more freely when the body is aligned.
 - Release the low back into the chair, lift up the chest bone, and relax the shoulders.
 - Put one hand on your low belly and the other on your chest.
 - Inhale through the nostrils and feel the belly expand. The chest hardly moves.
 - Exhale and feel the hand on the belly move in.
 - Breathe out completely without forcing the breath.
 - Take twice as long to exhale as to inhale.
 - Practice several times a day or whenever feeling the first signs of stress.
-

The Three-Part Breath

Anne's breathing remained rapid and shallow over the next few sessions. I suggested she practice the three-part breath so that she had another technique that might be easier to learn. For the three-part breath:

1. Breathe into your low belly.
2. Let the oxygen move into your diaphragm, and then your chest.
3. When you exhale, breathe out from your low belly, diaphragm, and chest.

The three-part breath is deeper than the abdominal breath. It is a good way to begin a meditation or visualization exercise, as it quickly sends a message to the brain to relax mind and body. This breath is not intended for regular use; about five of these breaths are optimal to initiate a relaxation response. I thought it would be good for Anne to feel the immediate physiological effects from this powerful breath.

Unlike abdominal breathing, the three-part breath is not to be used all the time because it involves taking your fullest breath possible. Respiration deepens and lung capacity improves from the practice of this way of breathing.

I instructed Anne to sit comfortably in good posture and place one hand on her heart or upper chest and the other on her low belly. "Relax your shoulders and upper torso," I instructed. "Inhale slowly through the nostrils, feel the low belly expand, then the diaphragm, and, lastly, feel the air traveling into your upper chest. As you exhale, breathe out completely from the low belly, diaphragm, and chest. The inhalation and exhalation are about the same length."

Three-Part or Complete Breath Strategy

- Sit comfortably in good posture; lie down if necessary.
 - Take a few belly breaths to relax.
 - Inhale slowly and steadily.
 - Fill the belly, expand the diaphragm, and breathe fully into your lungs and chest.
 - Exhale slowly and steadily.
 - Breathe out from the low belly, diaphragm, and chest. Chest and ribs come back to a neutral state.
 - Notice the sensations and return to abdominal breathing.
 - Practice five of these breaths once or twice daily.
-
-

Anne followed my instructions, and her breathing deepened and became slightly more rhythmic. Still, she coughed and squirmed a bit in her seat as she practiced. At our next session, I decided to show her “constructive rest,” an antigravity position that helps put abdominal breathing into action in the most natural way possible, by lying in a supine position. I knew that Anne would eventually learn abdominal breathing by having all of these methods at her disposal.

Constructive Rest

“Another good way to learn abdominal breathing is to get into the ‘constructive-rest’ position,” I suggested. “If you’re okay with this, I’d like you to lie on the floor mat.” I handed her a small pillow to support her neck and a couple of larger ones to place beneath her knees.

After an awkward silence, Anne agreed to lie on the mat and I helped her place the pillows. “Now, put one hand on your lower belly, the other on your chest, and think about breathing abdominally and sending the oxygen to your belly. Remind yourself to breathe in fully and exhale fully.

Imagine that as your breath deepens, your muscles relax, your body lengthens, and your chest and abdomen expand.”

Anne’s breath immediately began to deepen, and I noticed a shift in her facial muscles. The lines in her forehead began to smooth and her jaw released. Her eyes softened, her delicate hands loosened their grip, and she seemed more at ease, more present. I reminded her to watch the rise and fall of her belly. “Remember to breathe out completely, because relaxation occurs on the exhalation.”

Anne’s eyes began to water, and I asked if she wanted to talk about what was going on. “No, but it seems like I understand how you are telling me to breathe and I’m more aware of feeling certain emotions when I breathe this way. I’m not sure this will necessarily be good for me, but I’m willing to try.”

Constructive-Rest Strategy

- Lie down on your back on a firm surface.
 - Keep your knees bent and feet on the floor about hip width apart.
 - Support your head with a small pillow or rolled-up towel.
 - Bend your arms at the elbow and rest your hands on your belly or by your sides.
 - Relax your muscles, scanning from the top of your head to your toes.
 - Think about “letting go” rather than engaging any of your muscles.
 - Focus on abdominal breathing, which happens easily in this antigravity position.
 - Observe the rise and fall of your belly as you breathe.
 - Allow your body to lengthen and expand.
 - Rest in this position for five to twenty minutes once or twice daily.
 - Notice how you feel after each session.
-
-

Constructive rest, sometimes called “active rest,” is a good position for learning the abdominal or three-part breath. However, you want to get to the point where you are able to practice these belly-breathing methods while sitting, standing, or walking. Ten to twenty minutes of practice yields mental, physical, and emotional benefits. While constructive rest is a relaxation technique unto itself, it is also beneficial as a prelude to sleep or when having difficulty remaining asleep.

As we ended the session, I gave Anne the assignment of breathing in the constructive-rest position for ten to twenty minutes, once a day. “Notice what comes to mind during these practice sessions. We don’t have to talk about the thoughts or feelings that arise unless you want to. Just pay attention to whatever you experience.”

Anne and I spent the next weeks working on her breathing, improving her ability to relax, and talking about her strained relationship with Justin as he continued to shun her attempts to connect. I suggested that she back off for now, as her hovering was probably exacerbating his anger and resentment.

Anne glared at me, her face flushing. “How do I stop caring for my son? How do I stop worrying about his safety and well-being? You are asking me to let go of the most important part of my life. Nothing matters to me as much as my family, and I’m worried about Justin.”

I gently reminded her that Justin was in good hands with his therapist and that he needed to get help from someone other than her right now. “It is not that he doesn’t love you,” I reassured her. “He just has to figure out for himself what is going on, how to build friendships, and what his next steps are after high school. Some of this will involve you and Stephen, but much of it he needs to do on his own and within the framework of his peer group. He will come back to you in time. In the meantime, it would be useful for you to focus on your own needs and how to make this time in your life more gratifying.”

Anne admitted that paying attention to her own needs had never been a priority. “My mother taught me that thinking too much about myself was selfish and unbecoming.”

“Tell me more,” I encouraged her.

In an instant, Anne shut down again, as if I'd crossed an invisible line. Her resistance to speaking about her inner world concerned me, but I decided that if we kept working on the relaxation techniques, she would begin to trust me enough to open up and share more of her story. Either way, the skills she was learning would serve her well.

The next time I met with Anne, something about her seemed different. I asked how her week had gone.

"I practiced breathing in the constructive-rest position at least once a day, sometimes twice," she said. "At first, it took effort just to get myself into position. After a few days, I began looking forward to my time to lie down, relax, and just focus on breathing. I've definitely begun to enjoy the constructive rest." She smiled warmly and told me that long ago she used to enjoy practicing yoga.

I asked Anne if she wanted to talk about anything in particular. "Yes," she said. "Justin began his support group and likes the other kids so far. Stephen and I bought him a cell phone, and he seems to be connecting with more of his peers. For the first time in almost two years, he's been talking to me. I'm so relieved."

"That's great," I replied. "Anything else?"

"Well, as you know, I've been smoking most of my life to relax and unwind. Now that I've been practicing the breathing, even when I go outside to smoke, the stench seems to permeate the house. The breathing is giving me something positive to focus on when I need to relax, rather than instantly reaching for a cigarette. I've been cutting back. A number of times, I chose not to smoke and instead got myself into the constructive-rest position. It definitely helps. Other times, when I'm on autopilot, I go for the smoke. Sometimes I want to go numb, and smoking does that for me. I need to rethink the way I care for myself. Clearly, I haven't been very good at it. This is such difficult work for me, but I'm committed to doing whatever it takes to feel healthier and better about myself."

Anne adjusted her posture as she sat on the couch; she still looked fragile and tired, but more approachable. Her breathing seemed more fluid and regular. I complimented Anne on her achievements of cutting back on smoking and making some important self-observations. Then,

uncharacteristically, I decided to reveal something from my own experience with cigarette addiction, hoping my self-disclosure would pave the way for Anne to do more of the same: “I struggled with my own cigarette habit, and the abdominal breathing helped me conquer the addiction. Whenever I craved a cigarette, I would go outside, regardless of the weather, and practice deep-breathing exercises. The more the breathing became ingrained in me, the less I wanted to smoke, until I finally quit. You will know when it’s time for you to give up the smoking. In the meantime, just keep practicing the breathing in any or all of the ways that we discussed.”

The Relaxation Response

At our next session, I asked Anne if she was interested in learning another technique known as the “relaxation response.” She readily agreed.

Relaxation response is a term that was coined by Herbert Benson in the mid-1970s. Benson popularized the ancient technique of meditation through research and scientific validation. He found that the relaxation response was the counterpoint to the “fight-or-flight” response. Relaxation occurs when the body no longer perceives danger and the functioning of the autonomic nervous system returns to normal. The body releases chemicals and the brain sends signals that make the muscles and organs slow down. Metabolism decreases, as do heart rate, blood pressure, and muscular tension. Breathing becomes slower and deeper, leading to diminished anxiety, irritability, and pain levels. There is also an increase in blood flow to the brain, creating a calming effect, and an increase in energy, motivation, and concentration. Initiation of the relaxation response also helps with sleep disorders.

I told her we would take about ten minutes to practice this method, which was a slight variation of Benson’s original technique. We began by focusing on the breath, the lowest common denominator for any relaxation training. I suggested, “Straighten yourself up in a comfortable sitting position. You will automatically breathe more deeply and efficiently when you are in good postural alignment. Uncross your arms and legs. Relax your shoulders so they fall naturally over your torso. Gently press your lower back against the couch or use one of the pillows

for support. Lift up your chest bone and let your lower back continue to sink down into the back of the couch. Don't worry about your posture after you begin this exercise, just allow yourself to relax into it."

I encouraged Anne to remove her glasses and to loosen the top button of her pants so she could breathe more fully. "Relax your closed eyes." I noticed her eyes fluttering, as though she was having difficulty with this instruction. "You don't have to do anything that makes you feel uncomfortable," I told her. "These are only suggestions."

"I'm ready to do this. My body is just being rebellious. I'm still not used to relaxing. It all feels strange, but I want to learn."

"You will. Relax your eyes closed, allowing your eyes to roll slightly upward without straining them. Relax all of your facial muscles, especially the little muscles around your eyes and jaw. Part your lips and relax your tongue. Let your face become serene and expressionless. Allow your whole body to relax into the couch, feeling fully supported. Feel the contact that your feet are making with the floor and feel your feet being fully supported. Remain still and notice the rise and fall of each breath without manipulating the breath in any way. Just observe the sensation of the breath in your body. Now repeat the word *in* to yourself as you breathe in, and *out* as you breathe out. Notice the rise and fall of each breath. When your mind wanders, gently bring your attention back to your breath. Thoughts are like the clouds passing by in the sky. Let them keep moving through. Allow any sound or distractions to serve as cues to bring you back to the breath. Most importantly, just allow yourself to be in the present moment without judgment."

Anne and I practiced this exercise silently together. I reminded her a few times to *breathe in* and *breathe out* and to gently and lovingly bring her attention back to the breath whenever her mind wandered. After about ten minutes of practice, I told her, "Release the repetition of the words *in* and *out* and slowly bring yourself back into the room, back into the present moment, and, when you are ready, gradually begin opening your eyes." Once she opened her eyes and had a moment to adjust, I asked her what she had noticed. Anne said, "I don't think I was doing it right. I couldn't concentrate or remain still, and the barrage of thoughts never stopped, although I do feel quite relaxed."

I assured Anne, “Taking the time to sit still and focus on the breath at any given time is a form of relaxation. It is also considered to be a form of meditation.” Additionally, this technique and the breath work are vehicles for developing mindfulness. It takes time and practice for people to feel like they are mastering this skill. The most common challenges involve quieting the mind and keeping out intrusive thoughts. The best thing to do is to stop resisting thoughts. Allow the thoughts to pass without dwelling on them. Thoughts are a natural activity. Meditation can be a way to experience greater inner peace. This peace comes about not by eliminating thoughts, but by tuning in to the silence, the gap that is naturally present between our thoughts. Sometimes we find our way into the gap and experience the sensation of suspended time and space. This is perhaps the exception for most of us. Nevertheless, every time we sit and practice meditation, we derive a multitude of physical and psychological benefits, even when it feels like nothing is happening.

Relaxation and Meditation Technique

- Sit comfortably with the lower back supported. If necessary, lie down.
- Take a few deep breaths to relax the mind and body.
- Close the eyes and relax all facial muscles.
- Repeat the word *in* as you breathe in, and *out* as you breathe out.
- Notice the rise and fall of each breath.
- When your mind wanders, gently bring your attention back to the breath.
- Allow your thoughts to keep moving through like clouds passing by.

- Let sounds and distractions serve as cues for bringing your focus back to the breath.
 - Accept whatever thoughts or feelings come to mind.
 - Open your eyes gradually after the allotted time.
 - Notice how you feel after the practice session.
 - Practice for five to twenty minutes once or twice daily.
-
-

When we stop struggling with what is naturally occurring, we can experience calm and tranquility. The idea is to have a passive attitude about thoughts without fueling them, and to continue bringing your attention back to your breath when possible. Relaxation and meditation can look and feel as though you are doing nothing, but they are powerful tools for health and healing of the mind and the body.

“Authentic relaxation is a skill you develop over time,” I told Anne. “Every time you relax deeply or meditate, it is a different experience. There is always something to be gained whenever you sit and practice. There is no such thing as doing this perfectly. With each meditation, you are training yourself to settle down, pay attention, and see things as they really are. Be patient and compassionate with yourself as you learn these methods. It may not be apparent to you now, but there is a subtle yet profound transformation taking place within you every time you practice.”

Anne thought for a moment and then said with determination, “I’m making a commitment to practice meditation for at least ten minutes a day. Maybe this will help me to slow down and feel more at peace with myself.” “It will,” I assured her. “Incorporating a relaxation practice into your life will have a major effect on your well-being. You are going to witness benefits that might be hard to imagine right now. Give it time and observe what happens.”

During times of extreme emotion or crisis, abdominal breathing and relaxation may not be the first things we turn to. However, with

most day-to-day challenges these practices can provide mighty inner resources. Authentic relaxation quiets the mind in such a way that allows you to better understand yourself and develop your inner potential. In 1961, Carl Jung said, “Your vision will become clear only when you look into your own heart. . . . Who looks outside, dreams; who looks inside, awakes.”⁴

The following week, Anne announced, “I’ve been practicing the breathing every chance I get. It’s been great. Every morning before getting out of bed I meditate for ten minutes, and then again after work before I prepare dinner. It feels a little weird, and sometimes I resist the feeling because letting go and relaxing can feel a bit out of control to me. That said, I can’t recall ever feeling this calm. It’s as if something good is washing over me. Can we practice meditation together again? I want to make sure I’m doing it right, and it feels different when you’re guiding me than when I practice on my own.”

“Sounds like you’re doing well,” I said. “Just for the record, when you meditate with someone else it is quite different from doing it alone. Listening to guided-meditation CDs or MP3s is also a different experience than practicing on your own. Guided relaxation or meditation sessions can be quite effective, but ultimately I believe it is important to be able to practice on your own. That way, wherever you go or whatever you do, you will not need anyone or any props to help to achieve a deep state of relaxation. Initially, this guidance helps to integrate new ideas and techniques, but in time you will know what cues work best for you, and your own voice will guide you into that profound place. For now, let’s practice together.”

Affirmations to Conquer Addiction

Anne got into a comfortable sitting position, closed her eyes, and followed my instructions. Her breathing slowed and her body relaxed. We practiced for a few minutes. Then I said, “I would like to

⁴ C. G. Jung, *Letters, Vol. 1: 1906–1950* (Princeton, NJ: Princeton University Press, 1973).

add something during our meditation together. This time when we practice, let's incorporate an affirmation—a simple, positive statement about some aspect of your life that you want to work on. Let's begin the meditation as usual by getting into a relaxed sitting position, in good postural alignment, and repeat the words *in* and *out* as you follow the rise and fall of each breath. Then I will add an affirmation. Just go with it and we can discuss your experience afterward.”

Several minutes into the meditation, I told Anne to release the repetition of the words *in* and *out* and replace them with the affirmation *Already healed. Already whole*. “Imagine yourself, using all of your senses, already healed and already whole.” Several minutes later, I suggested, “When you are ready, release the affirmation and take a few moments to relax. Then, without making fast or abrupt movements, gradually open your eyes.” While Anne was in this meditative state, I wanted her to use this affirmation, because when in a relaxed mode, the mind is most receptive to suggestion. I thought the affirmation would help Anne envision a stronger, more confident self.

She slowly opened her eyes. “I think I’m getting better at this, and I like the visual image of the affirmation.” Her tone changed as she said solemnly, “For thirty-three years, I’ve smoked. I always said I would rather smoke than eat. For five days now, I haven’t touched a cigarette. I’ve had some edgy moments, but for the most part I’m calm and feel so good about this accomplishment. My only fear is that it won’t last.”

“That’s a great accomplishment, Anne. You need to keep taking it one day at a time. The fact that you’ve gone five days without a cigarette speaks to your ability and readiness to give up smoking and embrace healthier alternatives. The breathing and meditation will continue to serve you. Every time you crave a cigarette, know that you have alternatives that will not only help you to make better choices but also enhance the quality of your life. Remember, deep breathing is the fastest way to stifle your desire to smoke.”

Affirmation Strategy

- Create a list of qualities about yourself that you deem negative.
 - Write an affirmation from a positive perspective countering each negative.
 - Create an affirmation or positive self-statement that is simple, supportive, and attainable.
 - Repeat your affirmation often.
 - Practice while relaxed because that is when the mind is most receptive to suggestion.
 - Anchor the affirmation in your body by pairing it with abdominal breathing.
 - When you experience benefits from your current affirmations, compose and begin to practice new affirmations to counter other negative beliefs.
-
-

Affirmations practiced while in a relaxed state counteract negative thoughts and boost self-esteem. You can continue to shape your self-perception by progressively challenging negative self-beliefs and overriding them with the use of affirmations.

Anne began weaving her practice of abdominal breathing, meditation, and affirmations into her daily routine. At last, she had concrete tools to prevent or minimize her anxiety and support her as she confronted her smoking addiction. Armed with these strategies, Anne felt empowered to take greater responsibility for her health rather than relying on sheer willpower. Instead of feeling like a weak or bad person when she slipped, she would remind herself to get back to the practices that helped her feel strong and competent.

Over the next few months, things began to change for Anne. She had backed off from Justin, found herself more relaxed and energized,

and started to have inklings of wanting more out of life. As her emotions became more positive and her self-confidence improved, she became aware of her lack of friendships. She no longer wanted to isolate herself, but instead wished to cultivate a greater sense of belonging. The problem for Anne was figuring out how and where to begin her efforts to connect with others. I suggested that a good start would be for her to open up to me in the safety and privacy of the therapy room.

Sharing Her Story

Over the next weeks, Anne began talking more freely with me and with Stephen. I noticed that her face became brighter and her body less rigid. She said, “I’ve noticed I’m more aware of how I am feeling without having to numb myself with cigarettes. I’ve been paying attention to the thoughts that keep coming up in my mind. Maybe it’s because I’m no longer smoking, or maybe because I have options now when it comes to dealing with painful memories.” Anne slowly scanned my face. She breathed in deeply and then said she wanted to talk about her past.

This was a breakthrough for her. “That’s great, Anne. We’ll move at whatever pace works best for you. If any topic feels too sensitive, we can stop and revisit it later.”

She began: “I grew up in a middle-class town in Connecticut, the middle of five girls. Mother was strict and self-absorbed. She had rules about the way we dressed, spoke, and studied, and about whom we chose as friends. When we didn’t follow orders, we paid the consequences. It wasn’t uncommon for one of us to go to bed without dinner. She spanked us when we neglected our chores or disobeyed her commands. Beth and I got it the worst. On one or two occasions, Mother made me sit alone in the basement for hours. I think she forgot I was there, but I remember being terrified.

“Father was nowhere to be found when she was doling out punishments. I remember wishing he would save us from her tyranny. Father was a gentle soul who loved us when he was around, but was usually consumed with his work. He hated her mood swings. We all did. She probably should have been on medication or in therapy, but those things weren’t common back then.

“I think Father disappeared during her tirades because he couldn’t tolerate her fury and probably wanted to save his own neck. I never forgave him for not standing up to her or protecting us. I remember praying I could escape. I swore that once I left, I would never come back to that house of misery.”

For the first time, I had some inkling of the emotional abuse that Anne and her sisters had suffered. Anne seemed relieved to be telling her story. After a reflective pause, I asked her to tell me more about her mother.

“Mother came from an abusive background herself, but it was hard to take pity on her because she was so cruel. Her mother was an alcoholic and believed in corporal punishment, and her father remained distant and absorbed in his work. Mother never spoke much about her past. Everything was about her needs, and we were all little extensions of her. Our accomplishments became about her, and she expected perfection. We were well-mannered and well-dressed, got good grades, and took all kinds of lessons before money became an issue.

“My baby sister, Kathryn, was Mother’s favorite and got treated with kid gloves. Ashley, one year my junior, kept to herself and remained under Mother’s radar, for the most part. She lives in North Carolina now with her family. Margaret, the eldest, helped my mother with all of us but eloped at eighteen and moved to California. Beth was nearly two years older than me. She and I were Mother’s main targets. I think we reminded her of her side of the family, and for some reason she hated us for that. Except for Kathryn, we all took turns on the hot seat, but Beth won the prize for being punished the most. No one called it abuse in those days, but Mother’s behavior certainly qualified.”

“Tell me more about Beth,” I asked.

Anne’s eyes welled up. “It still hurts every time I think about Beth. She was a good sister and we were close. We were partners in crime, even though we seldom dared to deliberately do anything wrong. Beth covered for me when she could. Unwisely, she bucked Mother’s authority. Beth pretended to be tough, like she wasn’t affected by Mother’s cruelty, but it was an act. Mother got to her in a big way.”

Retreating into the Darkness

“Beth aligned herself with Father, even though he wasn’t around much. After a while, he wasn’t around at all. We were all teenagers, except for Kathryn, who was only four when Father left. We all felt deserted, but Beth took it the hardest. Her world began to unravel. She shut down and retreated into the darkness.”

“What do you mean, ‘She retreated into the darkness?’”

“Beth was Father’s favorite, and when he left, she was devastated. Beth felt deeply rejected by his abandonment, and she knew that there was no longer any illusion of safety from Mother.”

Several minutes of silence passed, and I asked Anne, “Can you tell me a little more about your father?”

“I think he loved us but couldn’t handle Mother’s rage. He used to say, ‘I just want peace, love, and harmony.’ It was sweet the way he would say it, but he really felt that way. We looked like the perfect family when we went to church on Sundays. No one ever would have guessed the hell that went on at home.

“I think Father began having an affair, as he disappeared for longer and longer stretches of time. Mother’s mood swings, especially after Kathryn was born, must have pushed him over the edge. I was about ten when Kathryn was born. The crazier Mother got, the more Father disappeared, until he finally bailed.

“In the end, he probably just saved himself by leaving. He wanted to stay connected to us, but he didn’t want to negotiate visitation with Mother. That same year, Margaret eloped. Beth and I were in high school. Ashley was in her last year of middle school, and Kathryn was in preschool. It was the end of an era.”

“That must have been so difficult for all of you. How did you feel about your father’s leaving?”

“I hated him. I don’t think I’ll ever forgive him for leaving us alone with Mother. He would call, write letters apologizing, and repeatedly proclaim his love for us. He even told us he loved our mother. He just couldn’t handle her unpredictable tantrums. I never took his calls or responded to his letters. I could not understand how he chose to put his own needs first. It still infuriates me.”

Being deserted by a parent can have devastating effects on children of any age. It leaves a deep wound that needs to be healed. Talking about the abandonment and understanding its effects are vital parts of resolving the losses and the accompanying emotions such as shock, confusion, guilt, fear, rage, and grief that a child experiences. It is not uncommon for the abandoned child to become depressed and suffer low self-esteem. This kind of loss can lead to feelings of distrust, resentment, and anger that often carry into adulthood.

In subsequent sessions, Anne shared how much she had been thinking and dreaming about her family, Beth, and her father's departure.

Anne continued, "Not long after they divorced, Father remarried. Mother had to sell our beautiful home, and we moved to a small rented house, where Beth and I shared a room. Because of finances, I had to cut back on dance and piano lessons, which had always been my salvation. Mother went to work as a secretary and struggled to make ends meet. I knew that she felt enormous shame that our Father walked out on her and that our lifestyle had to change so drastically. We seldom went to church anymore or did things as a family. Mother's moods became even more precarious. Publicly, however, she always put on her red lipstick and a smile. Mother prided herself on her beauty, with good reason. No one had a clue what lurked behind that gorgeous face of hers."

Each of her sisters managed in her own way. Anne silenced her voice, hid her thoughts and feelings, and did as she was told. She made a conscious decision to remain stoic in the face of the drama. She told me, "I remember repeatedly saying to myself, 'She can't hurt me if I remain invisible.'"

Beth, on the other hand, spoke back to her mother and pretended not to care when she was punished. In reality she was quite vulnerable. Anne became terrified when Beth challenged their mother. Although Beth managed to put up a good front to appear fearless at sixteen, her façade slowly crumbled after their father left, and depression set in.

Coming Undone

As Anne described her past she said, "I think we were all depressed, but Beth was the most depressed. All she wanted to do was find Father

and live with him. When she realized that would never happen, she began to shut down. She used to cry herself to sleep. Sometimes I would crawl into bed with her, just to hold her. She was so sad, and Mother remained oblivious and kept doing a number on her. Sometimes Beth would say that she had nothing to live for. I thought I knew what she meant, but I never realized she was capable of hurting herself.

“Junior year, Beth’s academic performance began to decline, and Mother was all over her for that, as if that would help her perform better in school. Then, first semester of senior year, she failed two courses and was told she wouldn’t be able to graduate on time. Beth freaked and didn’t know what to do. She told me she couldn’t handle Mother finding out or staying home another year. She became desperate. I told her that she could endure whatever punishments Mother meted out and that I would help her. Beth shut down completely, even with me.”

Anne’s face flushed and tears began to flow. After a few moments, she composed herself, and I reminded her to breathe and waited for her to continue.

“Several days later, I came home from school and went into the basement, where I sometimes studied to get away from the madness, and there was Beth, her beautiful body dangling from a rafter.” Anne shuddered but kept going. “I screamed and somehow got her down, praying she was still alive. Then I ran to dial 911. The ambulance came within minutes, although it seemed like an eternity. I held Beth until the medics took her from my arms. Mother arrived home as they were taking her out and collapsed, wailing over and over, ‘My baby is dead.’ I didn’t know what to do, so I just stayed with Mother and tried to calm her down as they drove off with Beth.”

Anne and I sat together quietly for a few moments. “Anne, I’m so sorry that you suffered this terrible loss and were so alone in it, comforting your mother instead of being comforted by her.”

“The worst part for me has always been the guilt. I feel like Beth’s suicide was my fault.” Anne’s bloodshot eyes continued to weep.

“How could you have thought that?” I asked with genuine concern.

“Beth told me that she wished she was dead, and she was so sad and desperate after Father left. I could tell she was coming undone. I should

have told my mother or someone, anyone, who might have helped. I didn't do anything. Not a day goes by when I don't feel guilty." Anne sobbed as she rocked back and forth.

I tried to console Anne and help her to reframe this traumatic memory. I said, "You were a good sister to Beth. She loved you and trusted you. The dysfunction in your family affected everyone individually and collectively. How could you have possibly known that Beth's wish to be dead was for real? It's not unusual for unhappy people to say that they wish they were dead without really meaning it. I'm sure such thoughts crossed your mind, too. Even though you knew and loved Beth as you did, you could not have known that she was capable of killing herself. Beth needed help from the adults in her life, but how could you have convinced your mother of that? Your mother's instability made it impossible for you to speak with her."

For Anne, this was a watershed moment. She wept until the end of our session. I let her stay until she felt ready to drive home. At our next session, she told me that she had cried on and off throughout the week. She reported feeling sad but relieved.

For almost thirty years, Anne had hidden her feelings of loss and guilt. Sometimes we remain stuck in grief because the pain of loss keeps our loved ones alive in our minds. Or we believe that if we feel happy, it will diminish the significance of the relationship we once had. The truth is that when people we love die, our relationships with them do not die, in the sense that we continue to have feelings about them, memories of them, and thoughts about what might have been.

Because of Anne's family dysfunction, she never had the opportunity to mourn the loss of her beloved sister. Her unresolved sorrow had turned into a complicated grief, where her painful emotions were so long-lasting and severe that they interfered with her own well-being.

"Perhaps you need to find a way to forgive yourself and your parents and say good-bye to Beth. It isn't that you can ever completely resolve such a traumatic loss, but you are still living in the shadow of Beth's death and it is causing you pain."

We talked over the next few months about Beth and their relationship, and Anne continued to practice breathing, meditation,

and self-affirmation strategies. Soon thereafter, she came to her session with another breakthrough: “I realize now that all these years I have felt such guilt over Beth’s suicide and that I was the one who survived the wrath and craziness of my mother. How I wish Beth could have done the same. Although my life is far from perfect, I’ve gone on to have so many wonderful experiences. I married a good, loving man and have been blessed with two beautiful children. If only Beth could have endured the suffering a little longer, she too could have escaped and created a decent life for herself.” Anne sat silently.

Learning to Forgive

Weeks later, Anne announced, “Beth will always be close to my heart, but I’m beginning to accept that it really wasn’t my fault. You were right. We were all in the same boat. In fact, each of us used to say we couldn’t wait to get away and that death would probably be a better alternative to living with Mother. Beth did get eerily depressed those last few days, but I never imagined that meant she could possibly kill herself. It still breaks my heart, but I’m getting better at missing her without having to punish myself and shut others out. But I do find myself still feeling infuriated with my parents. They should have known better, they were the adults.”

Over the next few sessions we centered on Anne forgiving her parents as well as herself. I suggested that she examine her story and find a way to reframe it. “Instead of focusing on the old story riddled with pain and suffering, think about creating a new narrative, a new way of interpreting your past,” I suggested. “Perhaps you can focus on the life that you have created for yourself. For instance, you had the power to leave your family of origin and start your own family. You did not repeat your history or remain a victim. You survived a difficult childhood, created your own beautiful family, and stopped the cycle of abuse for your children. These are huge accomplishments and have taken immense courage. Now you are in the process of transforming yourself further as you tap into your strengths. Your healing is well under way.”

Anne was ready to hear more about how forgiveness could help her transform anger and hurt into healing and peace. Author Anne

Lamott suggested that “forgiveness is giving up all hope of having had a different past.”⁵ Besides the reward of letting go of a painful past, there are powerful health benefits that go hand in hand with the practice of forgiveness, such as lower heart rate and blood pressure, reduced fatigue, and better sleep quality. Psychologically, forgiveness has been shown to diminish the experience of stress and inner conflict while simultaneously restoring positive thoughts, feelings, and behaviors.

The problem for many of us is that although we can choose to forgive another, in our heart of hearts, the anger or resentment lingers. So, how do we give up a grudge and forgive someone who has hurt, disappointed, or betrayed us? Fred Luskin, PhD, in his book *Forgive for Good*,⁶ explains that forgiveness begins with reframing our grievance story. That’s the story you tell yourself, and possibly others, about the way you were maltreated or became victimized—over and over. Dr. Luskin’s book teaches how to reframe that story in such a way that you become a survivor of difficult times, or even the hero of your own story.

The following strategy for learning forgiveness draws from the work of Luskin and other researchers, along with my own work and experience as a psychologist.

⁵ Anne Lamott, *Traveling Mercies: Some Thoughts on Faith* (New York: Anchor Books, 2000).

⁶ Frederic Luskin, *Forgive for Good: A Proven Prescription for Health and Happiness* (San Francisco: HarperOne, 2003).

Forgiveness Strategy

- Take a few abdominal breaths to relax. Inquire about the root of your anger or grudge. Look at the situation fairly. Do not embellish or rearrange the details. Pay attention to how anger is holding you back and keeping you hostage.
 - Review your grievance story. Now restate it and visualize yourself empowered.
 - Perhaps you broke ties from a friend or family member who hurt you. Maybe you left a toxic partner. Restate your story in such a way that you become the survivor and hero in your own narrative. Look at the strengths you developed as a result of this situation. Being hurt or compromised can be a catalyst for change that leads to a new path and greater personal power.
 - Bring some empathy and compassion into the mix. Blaming yourself for not seeing the signs sooner inhibits the healing process. Know that bullies and abusers have often been abused themselves. Without accepting hostile or negative behaviors, try to comprehend the suffering they endured. You can understand and forgive, without necessarily tolerating bad behavior.
 - Create a ritual that says goodbye to the past as you once experienced it. Welcome the love and support that you now invite into your life. For example, light a candle and say a prayer or affirmation to symbolize the brightness of the moment and the days ahead; or gather some friends to celebrate the end of an era and the beginning of a new phase of life.
 - Continue to build supportive relationships. Getting support will strengthen your ability to forgive and let go of the old narrative. Notice how feelings of anger and sadness diminish as self-esteem grows.
-
-

Anne embraced this forgiveness strategy. It deepened her insights about Beth and her past. She began to acknowledge her strengths and that she was indeed the hero of a painful past. Her beautiful family was the greatest testimonial to her success. The wounds she incurred as a child remained, at least in part. Changing her thoughts and behaviors as an adult was going to take time. Anne had been burned so many times by the important people in her early life that isolating herself became her way of remaining safe from further harm. Now she began to realize that this behavior was no longer serving her needs. Anne had to find ways to connect with others outside her immediate family. Her work was becoming clear, but still there were missing pieces.

“What happened after you left for college?” I asked.

“Just as I’d promised myself, I never returned home, except for an occasional visit. I seldom spoke to my sisters, Father, or Mother once I left. Margaret and Ashley both moved out of state, but they managed to maintain a relationship with each other and occasionally had contact with our parents. Kathryn lived nearby, and she spoke frequently to our mother and father, something I still resent. I chose to keep my distance from everyone because I wanted a new life unencumbered by my past.

“Stephen and I met freshman year of college, and I loved how much fun he was. I knew he would be a good balance for me and would help me not take everything so seriously. We lived together off campus junior year and got married shortly after graduation. We only invited our two best friends to our justice-of-the-peace wedding. It was a beautiful autumn day, and I felt so lucky to have found this wonderful man.

“Two years later, my beautiful Matthew was born. We fell madly in love with our boy, and on his first birthday we decided to start trying for another baby. I got pregnant with Justin faster than anticipated. We were elated. We didn’t have many friends, but we had each other and that was all I ever wanted.

“One day, about three years before I came to see you, I got a call from Kathryn that Mother was sick. She’d been diagnosed with pancreatic cancer. Kathryn asked for my help, and although I hadn’t seen either of them in several years, I felt obligated. Mother had gotten so frail and gaunt. My old fear of her had turned into pity. I visited her often and

treated her kindly as she slowly wasted away. We never spoke about the past, and I felt so sad when she died, longing for the mother I never had.

“We all came together for the memorial service. Even my father showed up, although I couldn’t bring myself to speak with him. A cordial hello was all I could muster.”

As Anne shared these memories, she wept, stopping several times to catch her breath. In trusting herself and trusting me, she had taken the first step toward making an authentic, intimate connection with someone other than Stephen. Sharing her story with me was an opportunity for her to practice opening up with someone who would listen and accept her without judgment. I knew this would empower Anne to risk opening up with other people in her life.

Over time, Anne reached out to Kathryn and they began meeting on occasion. Anne had already connected with Margaret and Ashley—after their mother’s passing—and was now thinking about visiting them after Justin left for college. She was reclaiming her family, another important step for her healing.

Putting the Pieces Together

Over the next few months, Anne also became more open with Stephen about aspects of her past and their marriage. It had been close to twenty years since they’d had any real time alone together, and she wanted to make plans as a couple. She also wished to develop a more fulfilling social life now that their nest would soon be empty, with Justin readying for college.

Our conversations and Anne’s mindfulness practices facilitated new insights that allowed her to liberate herself from destructive behavior patterns. Anne succeeded in giving up her cigarette addiction. Having learned to trust me, she felt ready to open up to family, a few potential friends, and certain colleagues. After about a year of our meeting together regularly, she cultivated friendships with a few women she had met through her renewed yoga practice. It was as if Anne had emerged from her cocoon and rejoined the world of the living.

And the initial reason she’d come to see me: Justin. Once away at college, he did well academically, developed a group of good friends, and

began playing in a band. When he came home on break, he let Anne into his world, albeit tentatively. Gradually, their relationship evolved into a more loving and respectful one.

Like Anne, we each have our own unique life journey. We move from event to event, at times feeling the joy in our life and at other times the pain. Connecting with others helps to alleviate suffering, and sharing our story helps us learn about ourselves while bonding with others. Self-disclosure with those we can trust teaches us that, although our personal journey is distinct, we all share the same human condition and frequently have similar experiences in common.

Anne's self-esteem slowly transformed. She became better able to feel and tolerate her inner life as she opened up and incorporated the mindfulness strategies. She continued to share her story one layer at a time, honoring her boundaries, making sure she felt safe along the way. In time, Anne trusted me to help her explore and navigate through other old wounds and current obstacles. We became partners in moving her beyond a painful past and into the moment, able to embrace the richness of her life.

Research shows that talking therapies work just as well whether you are young or old, male or female, gay or straight, working-class or middle-class, educated or not. Everyone benefits from being authentic, sharing with others, and feeling heard and understood. Arming ourselves with simple mindfulness practices, such as abdominal breathing, meditation, forgiveness, and connecting with trusted others, contributes to our health and happiness, the ability to find inner peace, and the realization of goals and dreams. And what in life is more important than that?