
Creation of Healing Presence

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What's wrong with treating emotional crises the way we treat medical emergencies? Why should we transform ourselves in the process of trying to help other people? How can we fine-tune ourselves to the feelings of others?

I was a medical student recently assigned to the Intensive Care Unit (ICU) at the training hospital. Abruptly, warning beeps pierced the ward as a patient went into cardiac arrest. The nurse grabbed a phone and the call went out on the hospital public address system: "Code Blue. ICU."

The nurses quickly checked the man who now lay dead in his bed. His body sprouted various tubes from his nose, mouth, and arm veins, and he looked emaciated. As the nurses began to fuss somewhat aimlessly over him, the Code Blue team rushed in like an assault troop. A large muscular surgeon barked orders and then leaped onto the bed where he began external cardiac massage. He heaved up and down above the patient, pressing rhythmically with the palms of both hands on the sternum of the man's chest. I heard ribs crack beneath the doctor's thrust but the sound did not daunt him or his emergency rescue team.

As we watched, one of the nurses explained to me that the patient had been suffering from end-stage kidney disease and was not expected to live. That's why she chose not to attempt to resuscitate

him the instant his heart stopped. After a few minutes, the Code Blue team gave up as well and vanished from the scene almost as rapidly as it had come.

It was my first Code Blue and I would never forget it, especially the sight of the surgeon pressing his weight up and down on the man's chest amid sounds of cracking ribs. As startling as it was, it fit my notion of help—*real* help. Here were doctors doing everything they could, even in a hopeless case.

In medicine there is a concept of "heroic treatment"—radical interventions reserved for extreme cases. Using a penknife for an emergency tracheotomy can fall into that category. In a restaurant, a man has a severe allergic reaction to eating shellfish and goes into laryngospasm. His throat tightens and closes shut, preventing him from moving air in or out of his lungs. As a doctor, you locate the exact spot in the cartilage of his throat where it's safe to penetrate. You slice through cleanly with any available sharp knife, and then insert the barrel of a pen or some other tube to keep the air passage open. That's heroic. It's also potentially disastrous if the doctor overreacts and takes such a drastic action without cause.

Radical cancer surgery and chemotherapy sometimes fall into this category of heroic treatment. In the beginning, so did bone marrow transplantation and kidney dialysis, but they are now considered routine in many cases.

I don't know the origin of the term *heroic treatment*. I'm unsure who the hero is, but presumably it's the doctor who "dares" to go to extremes to save his seemingly "hopeless case." Under these circumstances the patient is often given little or no choice, removing any potential for his or her heroism.

Especially for those of us trained as health care providers, heroic treatment has great appeal. We go to the limit to drag our client from the jaws of death. We pull out all the stops, give it our best shot, and so on. When our client is in an extreme condition, there's little or nothing to lose, we tell ourselves.

In medical school, students are taught to prepare themselves in advance for medical emergencies. You're an intern taking a much-needed nap at 2 A.M. when the emergency room nurse rings you. The ambulance is bringing in a man with chest pain and shortness of breath. As you verbally slap yourself awake, you begin

your differential diagnosis in your head. The obvious suspicion is a coronary thrombosis—a heart attack. But it could be something else. (I remember the intern who rushed into a similar situation and administered a dose of morphine for cardiac pain, but the patient turned out to be suffering from an asthma attack—something morphine can worsen.) As you prepare for the emergency as a young medical intern, you coach yourself to think through the differential diagnosis and the acute treatment, even before the patient arrives. You must prepare yourself to act rationally, yet swiftly, when necessary.

Emergency medicine is the model that many professionals use to approach psychological emergencies. It spills over into how many of us in everyday life feel we are supposed to respond to friends, family, or others in dire need.

The role of the heroic or authoritarian healer plays into a “culture of helplessness.” There is an overall tendency to surrender our physical and spiritual health to “experts.” The experts in turn typically have too little time and too little interest in us as individuals to provide treatments that meet our personal needs. This is true in medicine in general, where specialists are likely to focus on a part of our body to the exclusion of our overall health. Recently a friend of mine had a hormonal problem, and had to shuttle from one expert to another, each of whom specialized in one particular hormone. It is even more of a problem in mental health where a specialist in psychopharmacology is likely to summarily reduce the most complex and profound spiritual problems to a biochemical imbalance suitable for correction with drugs. You come for help for an injured psyche, and the doctor treats you for a sick brain, or even more narrowly, for a presumed aberration in a specific biochemical reaction in your brain.

Perhaps more than medicine and surgery in general, psychiatry has had—and continues to have—its heroic treatments. Biological psychiatry continues to display an unrelenting tradition of heroic treatment that impacts negatively on the entire mental health profession, and even on society in general. It encourages people in general to seek quick and dramatic “fixes” (chapter 7).

As a medical expert in malpractice suits, I have testified on behalf of patients who have been subjected to 6, 8, or 10 different

psychiatric drugs at once, sometimes against their will. I once testified in a malpractice suit in which a doctor put his patient on 12 psychiatric medications at once. The doctor's colleagues, including the department chairman, knew about his excesses, but did nothing to stop them. When his patients failed to do well, or rebelled against his abusive authoritarianism, this psychiatrist sometimes gave them electroshock or referred them for cingulotomy, a variation of lobotomy.

Restraint is another form of heroic treatment in psychiatry. When unable to develop rapport with our patients or to calm them down with personal contact and reassurance, we strap them into straitjackets, tie them down to chairs, or put them in four-point restraints on a bed. Sometimes we lock them in "rubber rooms" for hours at a time.

Psychiatry doesn't have a monopoly on heroic measures. They are all too common in everyday life. Parents who end up spanking their children—even though they don't believe in spanking—do so because they feel compelled to take extreme measures. Often we feel tempted to "shake some sense" into one of our children and too often we actually try to do it, sometimes resulting in brain injury or death. In dealing with our teenage children, most of us have been tempted to take other extreme stands, such as "grounding" them for months or locking them in their room. Even when we control these impulses, we may joke with our spouse or friends about the things we'd like to do to our children—for their own good, of course.

As surprising as it may seem, men who beat their wives often believe "it's for their own good." Like the doctors who practice heroic therapy, they justify it as a last resort when nothing else seems to help. As one man in couples therapy said to me, "What else could I do in the situation? She wouldn't listen to reason." He looked dumfounded when I asked: "And are you going to hit me when you think I'm not listening to reason?" Our heroic treatments are usually reserved for those who are unable to resist.

The abusive husband is hardly alone in his rationalizations. Many of us have, at the least, yelled angrily in frustration at people we wish to help. There's something in all of us that envisions the necessity of emotionally or even physically coercive help as a

last resort. We find ourselves tempted or even compelled to do something drastic to those whom we believe need changing.

There is an occasional place for heroic treatment. If the potential for productive life remained in me, I'd want a surgeon to take heroic measures to revive me from a stroke or heart attack. If I were delirious from an inflammation of the brain, I'd want the hospital staff to restrain me from pulling out the intravenous tubes filled with life-saving antibiotics. I'd want the same done for someone else. But there's too much "heroism" in how most of us generally approach giving help.

From therapy to friendship to family life, doing something drastic or dramatic to the other person is rarely in their best interest. Being genuinely helpful has more to do with a certain way of being than with doing a certain thing. Healing presence does not smack of heroism; it's more like radiating comfort with oneself and others, even under emotional duress.

Too many of the things we do in the name of help are aimed at getting others to conform to our expectations. We want to get their minds and their behaviors in line with our standards for them. We try to do it through several means, including advice, guidance, and direction; new insight and understanding; moral instruction; morale boosting, and the like. In frustration, we can end up trying to argue the other person out of feeling upset. Sometimes, in righteous frustration, we resort to outright force.

The creation of a healing presence focuses on ourselves rather than on the person we are trying to heal or to help. In creating healing presence, we don't change the other person as much as we transform ourselves in response to the other person. We find within ourselves the inner resources that speak directly to the other person's psychological and spiritual needs. This can be stated as the principle of empathic self-transformation:

To create healing presence, we fine-tune our inner experience to the inner state of the other person. We transform ourselves in response to the basic needs of the person we are trying to heal and to help. Ultimately, we find within ourselves the psychological and spiritual resources required to nourish and to empower the other human being.

Empathic self-transformation may at first seem unrealistic, abstract, or impractical. In reality, it can become a living principle that guides us in all our encounters with people we care about and love. Although it remains basic to all relationships, it becomes especially crucial when we're faced with psychological or spiritual emergencies—extremes of emotional turmoil in which the other person feels hopelessly overwhelmed (chapter 9).

Empathy and the willingness to transform ourselves lie at the heart of being helpful. To help other people, we must be willing to change ourselves to become more responsive to their needs. Empathic self-transformation is the necessary ingredient in creating a healing presence with a client, friend, or family member—with anyone who feels hopeless and beyond help.

Healing presence is a way of being that by its very nature tends to reassure and encourage people, to lend them moral and spiritual strength, to provide confidence that they can overcome suffering and continue to grow. Ultimately, the goal is to help the individual develop his or her own healing presence.

The concept of healing presence has a spiritual aspect. Healing presence is generated by qualities we usually attribute to the soul, being, or self. These attributes include empathy, love, an awareness of values and ideals, and, depending on our views, devotion to humankind and to a higher power.

Healing presence is not magical. It is the product of ways of being in relation to each other. It expresses the reality that the very presence of a person can have a healing effect.

At times I will speak of healing aura—the relationship or the atmosphere created by a healing presence. It is a psychologically and spiritually positive ambience that envelops people or a place.

Some people understandably reject the concept of an aura that invests a relationship or a place. I have accepted it simply because I occasionally experience it, always in a positive manner. The concept does not require a belief in mystical realities. It can be understood as the personal, subjective experience of a positive, joyful, or loving attitude toward other individuals and life.

After reading these pages, Kevin McCready, a Catholic psychologist, reminded me about Christ's declaration, "Where two or more are gathered in my name, there I am." To Kevin, this means that

“relationship is essential to spirituality.” From my Jewish perspective, Kevin’s observation is universal.

Our healing presence helps us to create healing aura with other people. As people learn to join with us in creating this healthy space or aura, they also learn to create the same beneficial conditions with others in their lives.

Aura comes from the Greek word *aura*, meaning breeze or breath of air. It has come to mean any distinctive but intangible emanation or radiation, something subtle, gentle, and invisible. Originally it was used to designate physical emanations, such as the aroma of flowers. Now it is usually reserved for more psychological or spiritual emanations from a person, place, or situation, such as the ambience of a room or the radiance of an individual’s personality.

As something that surrounds everyone involved in the experience, healing aura bathes and inspires both the healer and the healed, the therapist and the client, the teacher and the pupil, the parent and the child. Healing aura is a mutual responsibility and a mutual creation. The task of the healer or therapist is to take as much responsibility as possible for its creation with the person being helped. Yet the healer and the client alike must remain aware that healing is a shared process requiring the efforts of everyone involved.

Because it is an environment or an atmosphere, healing aura is beneficial for us as well as for the people we are trying to help. Healing aura is an energy that surrounds and gives energy to everyone involved in the experience.

Charisma shares some qualities with healing presence, but it encourages a model of leaders and followers. Charisma is the ability to inspire followers with devotion and enthusiasm to a cause. It encourages disciples rather than independent persons. It is a way of investing oneself with authority over others rather than vesting others with authority over themselves.

Charisma can be helpful in inspiring people. It may play a useful function, for example, in being an exciting speaker or workshop leader. In groups when we want to hold the attention of others or to sway them to a point of view, charisma plays a role. But a good speaker or workshop leader should remain more interested in

empowering the listeners and participants than in leading them down a predetermined path.

Similarly, a therapist's enthusiasm for his own life and for therapy can inspire a client to feel encouragement and hope. Ultimately, however, the therapist's task is to help the clients discover these resources within themselves.

Charisma, at its worst, is the inflated presentation of oneself as a magnificent helping person. It depends on communicating a flawless sense of potency. This masquerade is inherently undermining to our clients, patients, students, or children—to anyone who seeks his or her own independence and empowerment. It suggests that we have qualities that are beyond their reach and that they must depend on us for the accomplishment of their goals. It creates a mythology in which we are the central figure and they are lesser beings.

Unlike charisma, which inspires followers or disciples, healing presence embraces all the people who participate and creates conditions in which people feel nurtured, promoted, and empowered in their own independent growth. Again, unlike charisma, healing aura is not something we generate entirely on our own. It requires us to involve another in our personal experience of ourselves, while involving ourselves in their personal experience of themselves. It is a way of being with another person—a healing awareness and ambience that surrounds the helper and the helped alike.

Healing presence—and the creation of healing aura—is at the heart of being a helpful person. It allows us to be as helpful as we can in almost any circumstance in which people are emotionally distressed or upset. It allows us to promote growth in most situations. It also applies to handling our everyday relationships with people.

This idea of *being in a certain way* as the starting point of helping people has evolved over 30 years of clinical practice. It had become so much a part of my approach that it took me some time to recognize it. Like the proverbial fish in the water, I did not realize that I was swimming in something.

Nor did I realize how little the concept had been articulated by other professionals who try to help people with emotional problems, nor how much it is neglected in the training and practice of

therapists. In workshops and talks throughout the United States, Canada, and Europe, I would mention the importance of *how to be with people in therapy*, thinking I would devote limited time to it. Then my audience would latch onto it, not letting me move on to other topics. They would want to hear more about this idea of changing oneself rather than changing the other person.

For many people I've talked with, these ideas touch on something they have already felt intuitively. Many helping people—therapists, physicians, teachers, parents, friends—realize they've been practicing some version of it all along. For them, it has been refreshing, inspiring, and empowering to hear it articulated.

I shouldn't have been so surprised that others find these principles so interesting. Nearly all of the progress I have made in my life as a psychiatrist, therapist, friend, father, or husband has involved learning to take these concepts to a higher level—to find a way of *being*, rather than *doing*, that meets the psychological, social or spiritual needs of the people I am trying to help.

My psychiatric training pointed me in the opposite direction. When trying to help patients, I was taught to focus on their presumed defects instead of looking, first and foremost, at myself to see what I could offer.

The evolution of my approach has required many years. Its full-blown development actually caught me by surprise. I discovered how far it had developed within me when, for the first time, I found myself spending the whole morning in a workshop talking about it with my audience. Instead of analyzing specific kinds of clients and what they needed, I found myself talking about my own emotional and spiritual attitudes: How I had to find within myself a way to relate with interest, enthusiasm, and empathy to the person whom I was trying to help; how I had to find within myself the psychological and spiritual resources to create a healing presence.

I don't want to suggest that I have reached some "fully evolved state" in which I am always a healing presence in therapy or in other aspects of my life. I am suspicious of people who make such claims for themselves. There is a difference between having standards and believing we have become the standard. Part of healing presence, as I shall confirm throughout this book, is recognizing our own personal limitations.

Healing presence is a journey and a process, not an accomplished fact. It requires patience with ourselves and with other people. Pain and frustration accompany the effort, as they do whenever we fully involve ourselves in life. Healing presence acknowledges that suffering and feelings of hopelessness are a part of living.

Healing presence does not substitute for knowledge that may be needed in the process of helping other people. It does not replace the educational, psychological, or medical background that's sometimes needed, for example, to be a good parent, teacher, doctor, or therapist. If we are medical doctors or lawyers, for example, we need expertise in order to treat or counsel people. But we'll be far more effective if we first attend to the creation of healing aura—an environment that encourages well-being. Similarly, if we're teachers, we will need to know our subject matter and to have practiced our teaching skills. But we'll inspire far more people if we can create our own special kind of presence. If we are psychotherapists, we should know about child development and its effect on adult lifestyles. But we'll risk further demoralizing our clients if we don't first attend to the impact of our own presence.

Healing presence is not a private experience. It cannot be learned in isolation, rather it is learned in our relationships with other people, with animals, and with nature. It's about creating the human conditions that promote healing and growth. Especially, it's about how to help people through our very way of being with them—through the psychological and spiritual atmosphere we create with and for them. Ultimately, healing presence is a way of being with other people in order to create a healing relationship or healing aura.

To develop healing presence, above all else, we must pay attention to the way people respond to us. Instead of being focused on what we have to offer, we must be focused on how others respond to our offering. We must care about the feelings of others as much as we care about our own feelings. We must become willing to fine-tune our souls to the souls of others.

From Fear and Helplessness to Love

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What does it mean, "We are all born into fear and helplessness?" Why is this so important to know in helping ourselves and other people?

Recently the movie star who played Superman, Christopher Reeve, was paralyzed in a horseback riding accident. It sent shudders through many of us. Not only did we feel empathy for him, many felt threatened by the image of the super hero reduced to helplessness. We wondered how he could bear to go on living.

A paralyzed adult can be as physically helpless as an infant. Safety and survival hang by the thread of how much attention he or she can get from other people. Yet, as Reeve began to show us, being physically helpless is not the same as being psychologically or spiritually helpless.

As Reeve began his partial physical recovery, he made public appearances. We were once again inspired by him, this time with his real life courage as he used his disability as a vehicle for communicating hope. We witnessed a man's triumph over the most extreme physical adversity. He became, surely more than ever, a hero.

The story of Reeve exemplifies an important psychological reality: there is an enormous difference between physical helplessness and emotional or spiritual helplessness. Similarly, there is a vast difference between the constraints imposed on us by reality, including

death and taxes, and those imposed on us by ourselves and our emotional reactions.

Infants begin life in a state of almost total physical helplessness. An infant cannot feed itself, cannot dry or clean itself, cannot ward off the bite of an insect or the stick of a pin. Most important, it cannot touch, cuddle, and love itself. When it tries to satisfy itself—for example, through compulsive rocking or self-stimulation—it is reaching a state of desperation.

Yet from the beginning, a healthy infant is not emotionally helpless. An infant can attract attention to its needs by crying loudly. As it matures, an infant and child can learn more winning ways than crying. It will coo and smile, eliciting needed nurturing responses from adults. But in the beginning, its most effective communication is to cry. When it gets down to rock-bottom expressions of need, the same is probably true for adults.

When healthy infants are abandoned to institutional care where their basic emotional needs are not met, they eventually lapse into emotional helplessness. In the absence of consistent nurturing, including caring physical contact and love, they give up trying to get it. After going through stages that resemble anger and anxiety, they display something closely resembling depression as we know it in adults. As I review in *Beyond Conflict*, some of these infants stop eating and responding to adult overtures, and die. Similar life-threatening reactions are seen among some adults in extreme situations of deprivation and systematic abuse, such as prisoner-of-war and concentration camps.

These responses reflect emotional or psychological helplessness. Other forms of helplessness, such as physical paralysis or an infant's physical limitations, are objective. They are caused by realities outside ourselves rather than by our attitudes. We are all objectively helpless in the face of inevitable death.

The *feeling* of helplessness is different from objective helplessness. Behind emotional or psychological helplessness lies a subjective judgment about our own personal capacity to handle ourselves and our lives. As the life of South African leader Nelson Mandela dramatizes, even an imprisoned man can maintain enormous control over his own spiritual condition—so much so that he eventually influences the condition of a whole nation and even the world.

As a healing person, nothing is more crucial than encouraging people to overcome their feelings of helplessness. Helplessness reflects a judgment about ourselves that nothing can be done, that all is lost, that there's no sense trying, that it's time to surrender. Eventually, the individual gives up control of his or her own mind and spirit, and feels overwhelmed.

When someone seeks help from us, they have not yet fully given up. They may seem to be mired down in feelings of helplessness, but without any hope they would not have come to us. The goal of the therapist or of any helping person is to fan the embers of hope that remain glowing beneath the gloom.

The alternative to helplessness is a feeling of self-determination and mastery, the sense of taking control over one's own feelings and thoughts, and giving direction to one's life.

It is not the intensity of an emotion that makes it overwhelming or that induces emotional helplessness in us. People can experience enormous amounts of fear or sadness without collapsing in helplessness. It is the giving up, the sense of hopelessness in the face of the emotion, that makes it so debilitating. When a feeling of helplessness is building up inside someone over time, he or she may finally lose control in reaction to a seemingly slight frustration.

Blunting ourselves with drugs is not the answer to overwhelming emotions. Intense emotions should be welcomed. Emotions are the vital signs of life. We need and should want them to be strong. We also need our brains and minds to be functioning at their best, free of toxic drug effects. That allows us to use our intelligence and understanding to the fullest.

One of my colleagues, psychiatrist Joe Tarantolo, believes that medications have their effect by "taking the edge off the clarity of thinking," hence promoting confusion rather than mental acuity. Tarantolo asks his clients,¹ "At a time like this when you're in crisis, don't you want to be able to think as clearly as you can?" Thinking clearly is one of the hallmarks of taking charge of oneself instead of caving in to helplessness.

¹ Although he is a physician, Tarantolo believes that the term *client* is more empowering than *patient*.

Tarantolo points out that at crucial moments, when people verge on new discoveries about themselves, they can become frightened and take flight into confusion. Rather than admitting, "I'm frightened by what I'm discovering," they will feel and announce, "I'm confused." Instead of allowing themselves to remain confused, Tarantolo encourages his clients to face and to overcome their fears.

How can we encourage another person to remain confident in the face of overwhelming emotions? By being comfortable with that person's emotions and with the emotions they inspire in us. This is the key to the maintenance of our healing presence: our comfort with the other's emotions and the emotions that become aroused in us. As already suggested in discussing emotional contagion, when we turn to drastic measures in dealing with another person's feelings, it reflects our personal inability to handle what's being stirred up inside ourselves.

Of all the arts that helping persons need to practice, being comfortable with the emotions that others arouse in us is among the most important. This is true of therapists, teachers, parents, and friends.

Of all the ways in which we fail to help others, overreacting to their emotions is at the very top of the list. A distressed situation can be transformed into one that is healing once the therapist, parent, or teacher realizes the need to calmly accept the other person's emotions.

Being comfortable with intense emotions, including anger aimed at us, requires practice. How to practice it is probably as varied as the imagination. Among other things, I sometimes remind myself that my mere presence will be healing if I can remain comfortable with myself. That way I am less motivated to take retaliatory action or to say something punitive or suppressive.

Often I reassure myself I don't have to say anything at all, that I need only to listen carefully with genuine interest. Sometimes I have to remind myself that the other person's feelings, however intense or seemingly irrational, must be treasured as profound expressions of their experience of life. Above all else, I try to welcome the feelings as a window to the person's soul.

In facing frightening feelings within the other person and ourselves, we can remind ourselves that no one person, including a

therapist, bears ultimate responsibility for anyone else's feelings or for anyone else's healing. This observation should never be turned into an excuse for giving up or for rejecting the other person. While we're not responsible for the other person's "cure," we are responsible for providing that person the best opportunity for healing. The client, of course, remains ultimately responsible for his or her own feelings.

Because of my books, many people call or write to me with the idea in mind that I am their "last resort." This is a very precarious way to start any kind of relationship, including therapy. It implies that the helper has more to do with the outcome than the person being helped. Besides, there are always people on earth other than us who may step forward to make healing contact. Many of them will probably be more effective than we are. Within this realistic perspective—that there are no great, indispensable, or last-resort therapists—a helper can be more fully present for the other person, lending his or her efforts to the creation of a genuinely therapeutic environment.

If we can remain entirely comfortable with others, despite their feelings of abject failure and doom, then they too may become more comfortable with themselves. They may conclude that all is not lost.

"I told you how bad it was and it didn't seem to faze you," my client tells me. I've succeeded, at that point at least, in maintaining a healing presence.

We need to find whatever method suits us for remaining comfortable in the face of intense and seemingly overwhelming emotions. Some people pray. Some people can hear music in their head (something I cannot do) and find peace in this. Others can see calming pictures in their mind's eye. Some people meditate. I silently remind myself that a loving attitude lies at the heart of being helpful. At the same time, I let myself see that the room and everything around us is potentially invested with healing aura—the grandeur of the human spirit.

Notice once again that being helpful to others is inseparable from being helpful to oneself. As we find confidence and comfort within ourselves, we will spontaneously provide it to others. And notice again the importance of our state of being. There are specific,

useful techniques to be applied in formal therapy—self-defeating styles to be discovered, self-hating thoughts to be changed, wisdom to be shared, memories to be discovered, experiences to be recounted, emotions to be expressed. But in regard to another person's feelings of emotional overwhelm, our subjective state of being—our healing presence—remains crucial.

This chapter began with the basic truth that we are born into fear and helplessness and that this potential follows us through sickness and health, from infancy to old age. I mentioned how an infant becomes emotionally helpless when it is abandoned—when it loses nurture and love. In my experience, this is the root of most overwhelming helplessness—that we feel hopelessly cut off from human support at a moment when we cannot handle life alone.

Almost any human being can become "crazy" if placed in solitary confinement with no hope of human contact, if isolated too long on a life raft, or subjected to very extreme sensory deprivation. Successful techniques for demoralizing prisoners always rely on isolating them emotionally from each other. We need input from the world, but most importantly we need connectedness to other people or to some other aspect of life, from a treasured pet to nature or to ethical or religious ideals.

Psychosis is loosely defined as loss of contact with reality. But what reality? Usually it is a loss of *human* reality—of any sense of safe or secure connection or bonding with other people or other meaningful aspects of life. The deluded person who believes that he or she is controlled by an FBI computer is symbolically expressing a sense of being controlled by threatening human forces. To get into such a dreadful state, he or she must have first felt manipulated and controlled by other people. The reality of this suffering in regard to other people is so crushing that it is transformed into a metaphor of being oppressed by physical forces, such as government computers.

From sheer imagination, people find endless ways of creating or recreating missing human connections. These efforts often produce the "symptoms" of mental disorder. A man is obsessed with "love" for a woman whom he has never met. Despite the fact she's never heard of him, he finds imaginary signs that she secretly returns his love. Who else would be calling and hanging up? Who else would have thrown his newspaper from the sidewalk onto

the porch? Who else would have given him that soothing touch in his dream? In real life, he is withdrawn from everyone. He creates a world of unreal connections where no real ones exist.

A woman hears voices telling her she is bad. They nag and abuse her. It turns out to be the voice of her mother. Lacking a loving relationship with her mother or any other childhood caregiver, her life has become dominated by her mother's communications of aggravation with her. This meager, miserable connection provides her only form of bonding.

Studies have shown that a childhood of neglect and weak bonding can be healed to a great extent by the presence of one loving adult somewhere along the way. Such is the nurturing power that each of us possesses in regard to others.

To be a loving person, one must have confidence in one's ability to love. This returns us once more to the state of being—the healing presence—of the person who wishes to be helpful. It should be a loving presence. In essence, we should be glad for the other's existence, we should take joy in our awareness of the other, however much he or she is suffering. The welcome we offer to another in pain is the most spiritually healing power we have.

Our capacity to comfort—our healing presence—consists, on the one hand, of not giving in to induced suffering or to the contagion of emotional helplessness. On the other, it consists of staying in touch with ourselves as loving beings and with others as treasures to be welcomed into our healing presence.

Remember my definition of love: joyful awareness. When we are joyfully aware of people, our feelings for them seem bathed in reverence. We recognize the sacred inviolability of their lives. We welcome their thoughts and feelings, however self-destructive or frightening, and nurture them in a caring aura.

Once again, I am not talking about a way of doing things. Psychological and spiritual healing is rarely about specific actions. It is about a way of being—being both aware and joyful at the same time. That is the essence of creating a healing presence.

Love can motivate us to do specific things, such as giving our time and energy in lifelong devotion to people, nature, justice, or God. But to be loving is first and foremost a spiritual state. It may encourage certain ways of approaching people, but it does not in

itself require us to do anything. Love can be unconditional because it has more to do with our own inner state than with the "object" of our love, whether it be a friend or a pet, a season or a sunset, a principle or an ideal.

Notice once again that my definition of love does not include suffering. Loss of love may cause us to suffer. Jealousy in a loving relationship may ruin both our inner state and the relationship. Our capacity to empathize with the suffering of others may also at times bring us sorrow. But none of this is the essence of love. We confuse suffering with love because we so often become emotionally upset and overwhelmed in the context of what seems like a loving relationship.

To feel loving is in fact to feel empowered—to feel in control of one's own spiritual state. To feel loving is to feel glad to be alive.

How can we remain joyful in the presence of someone else's suffering—or even our own suffering? By recognizing that suffering is a sign of life, not death. By remaining glad that the other is alive. By remaining glad that we are alive. By remaining connected to each other.

If we can maintain this attitude of joyful awareness when in the presence of suffering human beings, we will maximize our capacity to heal ourselves and to heal them. In a way that makes little distinction between the benefits to ourselves and to others, we will become a healing person.

Most of us believe that, under some conditions, life makes it impossible to maintain a joyful, welcoming, or grateful attitude. But there is no way to define these limits for any specific person. Religious martyrs demonstrate that faith in God can inspire joy even in the face of torture and death. We admire anyone who can face chronic illness, death, or great losses with a loving attitude toward life and a welcoming attitude to other people.

Unlike some religious disciples, I do not think we have it in our power to "make every moment the happiest moment of our lives." I recently listened to that philosophy, as recorded from a workshop that was given by a Buddhist to a group of therapists. I very much respect the man who made the remarks and I've learned from his books. Yet the very concept smacks of separation and even isolation from others. How can it be our happiest moment when our

child screams in pain? How can it be our happiest moment when we have learned of yet another epidemic, earthquake, or war? It's up to us to be as heroic, principled, and empathic as we can be—from moment to moment in our lives—and often that will promote our satisfaction and happiness. That's a far cry from focusing our attention on making each moment the happiest of our lives.

Most of us are heroic in one way or another in our lives. I have been impressed by the unsung everyday heroism of many people. My neighbor, Joe, for example, nursed his wife for years as she died inexorably from brain cancer. My client, Janet, overcame multiple prior breakdowns and psychiatric hospitalizations to become the successful mother of a large family. My friend, Joan, learned she had a fatal cancer and turned herself around from a defensive and hostile person to a loving wife and mother in her last years. Our former housekeeper, Mindy, overcame poverty and racism to be a responsible church leader, wife, parent, and worker. My friends, Sharon, Barbara, and Charles Anna transcended racism and sexism to shine as beacons of truth in their communities, professions, and personal lives. My wife's parents, Jean and Phil, could have retired into a complacent older age, but took increasing risks by standing up against those who pollute the environment of their midwestern state and hometown. Again, my wife's parents, middle-class white Presbyterians from America's heartland, responded with love to their own children's determination to build multiracial, multireligious "rainbow" families.

Some of us are heroic about one thing, but not about another. One person's marvelous challenge is another's undoing; one person's undoing is another person's revitalizing challenge.

I have been both mystified and inspired by this phenomenon among my clients over the years: What threatens one person to the core hardly scratches the surface of another, and vice versa. I have noticed the same thing in regard to everyone I know. We each have our "Achilles' heel" as well as our strengths. The strengths and weaknesses, however, vary drastically from person to person. While we are all born into fear and helplessness, and struggle with it all of our lives, we differ vastly in what activates these feelings within us.

Since being heroic and being intimidated are so subjective, why not assume that the people we are trying to help can handle what

life has presented to them? If we are going to be helpful, in most cases we should begin by assuming that the persons we are helping can master themselves and their situation. We should recognize and accept their feelings of fear and helplessness without confirming that they must remain incapacitated by their problems.

As already emphasized on several occasions, we should not deny our own inadequacies or exaggerate our abilities. Charismatic flawlessness is incompatible with self-insight and empathy. There are times when, due to our own limitations, we cannot maintain a spiritual state that's consistent with understanding, honoring, treasuring, and empowering the other person. This can happen in professional relationships as well as in everyday life.

When we feel we can no longer be helpful to other people, we should—without blaming it on them—direct them toward other help. In both personal and professional relationships, this should be done without rejection or abandonment. That we cannot maintain our own spiritual composure is our problem, not theirs. Even if dozens of others have also failed to be helpful to a particular person, there may be someone right around the corner who is able and prepared to offer help.

In psychiatry, the reverse attitude is almost always taken. If the person seeking help remains depressed or anxious despite the psychiatrist's best effort to provide psychotherapy, the psychiatrist will almost invariably recommend drugs. The assumption is that "talking therapy didn't work" rather than "my talking therapy wasn't helpful to this person." If several drugs fail to bring about improvement, the doctor may recommend hospitalization and shock treatment. Instead, the psychiatrist should have viewed himself or herself, rather than the other person, as the probable cause of the failure in therapy. The patient should have been directed toward someone else.

Finding and maintaining a relationship with a professional helper can be fraught with difficulty. It can require considerable "shopping around" to find the right person for you. Here's one place where chemistry does count—the chemistry of the soul rather than the chemistry of pharmaceuticals.

For a number of reasons, we may find ourselves unable to maintain a healing presence with another person or to remain helpful

to them. Perhaps they remind us of people who have caused us pain earlier in our lives. Their difficulties may stir up our own unresolved problems. Their suffering may seem unbearable to us. By temperament we may be ill-equipped to understand this particular person. The person's behavior, which threatens harm toward himself or others, may put us in too much jeopardy. Whatever the reasons—and often we cannot identify them—we should accept our own limitations as helping persons. We cannot be all things to all people. We can only offer our own particular way of being helpful.

Nothing I have said should ever be used as an excuse for rejecting or abandoning someone who has come to us seeking help. There are other ways to go about admitting our own limitations. We can suggest alternative therapists as a source of consultation and open the door for our client to turn to them instead of us. We can suggest different therapeutic approaches, such as a group or seminar, where new contacts may be made. We can make clear that we think the client needs something more, without withdrawing our support in the process. In the meantime, it remains the therapist's solemn duty to find within himself or herself the resources to be helpful to this person.

Within psychiatry, a great deal of abuse is heaped on patients because individual psychiatrists or psychotherapists cannot accept their own emotional, spiritual, or therapeutic limitations. There are probably others, but I know only one psychotherapist, my friend Jeffrey Masson, who became fully trained and then admitted he wasn't good at it. Think of the courage involved in a decision—to discard years of professional training because we realize we're not good at it. Also, think about the tens of thousands of other therapists who never found the courage to make a similar admission to themselves. When a patient is drugged or shocked by a psychiatrist, it usually says more about the doctor's spiritual failure than about the "diagnosis" of the patient (see also chapter 17).

To be a helping person we must continually revive an empathic, loving spiritual attitude toward ourselves and others. To do this, we must be comfortable with whatever emotions we face in others, including the emotions that become aroused in us.

We must resist succumbing to emotional helplessness in the face of the suffering in others. We must refuse to push drastic measures

when we are seemingly unable to help. We must make other people and resources available when we ourselves seem unable to help. We must remain loving—joyfully aware and welcoming—in regard to ourselves and others, even during extreme stress. In short, we must remain glad that we are all alive.

There is a basic truth about human life that provides direction during times of emotional overwhelm: All of us are born into a condition of fear and helplessness, and throughout our adult lives, we continue to need other people to help overcome it. While working together, both the healer and the person being healed are likely to struggle with fear and helplessness. The creation of healing presence and healing aura requires recognition of this truth and willingness to reach out in the face of fear and helplessness to offer the security, comfort, and joy of genuine human caring.

How to Help in Extreme Emotional Crises

9

When do our own feelings get in the way of helping? What's wrong with treating emotional crises as emergencies? How can we turn crises into creative opportunities?

Mel found his girlfriend, Mary, in bed with his best friend. It was the most humiliating experience of life. He was “reduced to nothing”—not by his girlfriend, but by his best friend.

Mel fled back to his own apartment, threw himself down on his bed, and howled. A wave of humiliation rolled over him. There was only one solution: Kill his best friend. He loaded his pistol, got into his car, and took off. On the way, Mel decided to stop by his psychologist's office. As it turned out, Sean was available.

The nature of Mel's emergency was apparent: a monstrous attack of humiliation. He felt rendered into such “a nothing”—such an impotent nonentity—that only by violence against the perpetrator could he redeem himself. Sean knew that Mel worked part-time as a security guard while going to school. Sean could guess what was causing the bulge beneath Mel's jacket at the hip.

Mel had first come to see Sean several months earlier, at Mary's request, to deal with his inability to make a commitment to her. On occasion she joined him in his sessions to talk about their relationship, and it was apparent they were very much in love. Sean

liked them both and Mel was a special treat. He had a diamond-in-the-rough quality that was refreshing in its difference from most of the sophisticated people in Sean's practice. Mel in turn couldn't believe he "got along so well with a shrink."

Now, in a torrent of words, Mel spilled out the awful situation. Murder seemed like the only way out. Sean, meanwhile, was walking a thin line. If Mel remained a threat to someone else, Sean was bound by ethics and by law to take action to warn the intended victim.

When Mel finished telling Sean the story, the psychologist let out an enormous sigh. Something was being stirred up in him.

"Why do you think Mary did it?" Sean asked.

Mel got very silent. He didn't want to admit that Mary had anything to do with it.

"What happened between you two?" Sean asked.

"Oh, you know," he said sheepishly.

"Not *that* again?" Sean said.

"Yeah, that."

"You started fooling around with that girl at the office again?" Sean realized that his tone seemed too sharp.

Mel nodded even more sheepishly. "I don't know why I do it. I love Mary so damn much. You know, Sean, you and I have talked it to death already. I just get scared. And so I stayed out late again and Mary guessed. I couldn't lie to her."

Sean was tempted to say "I told you so," but he didn't. Sean even wanted to say, "I don't blame you for wanting to kill that guy," but he held back. Irrational stuff swirled through the therapist's mind. Then he felt angry at Mel. He wanted to bawl out his client for threatening to kill another person, for not facing his own issues, for not making better use of therapy, and so on.

Sean realized that he was reacting irrationally to Mel. Sean kept his mouth shut and made up his mind to work harder to stay in touch with what Mel was feeling. He remembered something about himself: his tendency to get judgmental when the other person was doing something he himself had done or wanted to do. He was really judging himself.

Sean was not only feeling initially judgmental toward Mel, he was scared about the consequences. As Mel continued talking, a

horrible vision of Mel killing someone crossed Sean's imagination. If he couldn't help his client overcome his murderous impulses, what was he going to do? Suppose Mel fled from his office with the gun still in his possession? Sean would have to call the police. It was his moral and legal duty to protect the potential victim but it might be too late to stop Mel. And calling the police could harm Mel's life and probably ruin any hope of Mel accepting future help from any therapist.

"I feel all confused," Mel protested.

Sean and Mel were both silent and then Sean realized what was happening. Sean had been through the same thing himself—more than once. Twice in fact, when he was much younger. Twice friends had seemingly betrayed him with women in his life. It was unbearable to remember.

"Mel, I know what you're feeling. Like the worst thing that could ever happen to you in your whole life. I really understand how badly you want to kill him."

"Sean, *I have* to kill him. It's got to be me or him."

"I understand," Sean said and wiped a tear away.

"*You* understand?" Mel said with doubt. He tended to idealize Sean as a miraculously loving, nonviolent man. This had to do with how angry he often felt. By contrast, Sean seemed to him like a saint. It also had to do with how much Sean liked him. Sean was the only significant man in his life who ever treated him with kindness and affection.

"Oh, yeah, I understand," Sean said grimly.

"Well, nothing like this ever happened to you," Mel insisted.

Sean held up his hand and raised two fingers. It had the odd effect of looking like a victory sign when it symbolized ultimate humiliation.

"Twice. Your best friend with your girlfriend—twice?" he said with dismay.

"My two best friends, two different women I was dating," Sean said. "I was about your age at the time."

"You should have killed both of them."

Knowing how many men tend to think, Sean realized that Mel was talking about killing the other men and not the women. Mel wanted to believe that men remained responsible for these situa-

tions. It felt too vulnerable to imagine a woman, like Mary, making the choice.

"You didn't, did you?" Mel said the obvious.

Sean shook his head and sighed again. "I guess I wouldn't be here, if I had."

The images from those many years ago were flooding back to Sean. He felt very young and vulnerable again.

"Both times—it was just about the worst experience of my life," Sean confessed to him.

Mel nodded vigorously to show his agreement.

"It does make you feel like you're nothing," Sean said.

"Like your friend is just laughing up his sleeve. He screws your girl and screws you, too," Mel explained. "But twice, it happened to you twice? Two different guys?"

"Yep. I was a slow learner."

"Did you get a gun?"

"I wanted to use my bare hands. It was just a feeling. I never threatened anyone."

"I can't believe anybody would do that to you. I mean, who could treat you like you were nothing?"

"It's not about who we are," Sean said, knowing that wouldn't at first make much sense to Mel.

"But you let them get away with it?"

"Well, you know, it's not really about us—about me or you," Sean said.

"It sure is. Who the hell else could it be about?"

"It's about their own stuff. Would *you* do that to a friend of yours—even if you fell in love with his girlfriend?"

"Never. Never. I'd sit down with my buddy, maybe with both of them. I'd say, look what's happened. I'm falling in love with Mary."

Mary's name had slipped out. Mel started to cry over being in love with her.

"But he's not in love with her. He was doing it to get at me. It's like my worst nightmare," Mel started to cry again. His face was crimson with humiliation. It was the first time he had ever shown so much feeling.

Sean got up, sat on the hassock, and hugged him. It was a short, awkward hug, typical of many guys.

"I just don't know what to do," Mel said. "I feel so used. I always knew that SOB was competing with me, trying to one-up me. I mean, he's fun, we do a lot of stuff together, we go back a long way, but I should have figured he'd do something like this."

"If I were you, I'd get a new best friend and I'd treat Mary better."

"Treat Mary better—after this?"

"That's what I had to learn, anyway," Sean confessed. "The truth is, Mel, I wasn't giving either of the women what they needed. I wasn't ready to commit myself to them. I'm not even sure I really loved them. Maybe that's why they got involved with my friends."

"You think, after all this, I should admit I love her? I mean, I do love her. You know that. I mean, I should tell her I'll be faithful to her forever?"

"Well, I think it's about time, don't you?" Sean grinned. "You've been working on it in therapy for 6 months!"

He broke out laughing. "You mean, I'm supposed to give you the gun, go find Mary, forgive her, tell her I'm sorry and I want her back?"

Sean nodded, glad his client was the first one to bring up the gun.

"I want to kill him," he protested, almost whining, the way a child does when he knows he's wrong and has to give up on something. "Killing him doesn't make a lot of sense, does it?"

"It makes a lot of *emotional* sense, Mel, or you wouldn't feel it so strongly. It's just not *rational* or *good* sense. You're worth more than that. So's Mary."

"I won't do it," he sighed.

"I'm glad to hear that. I'd hate to lose you. It would break my heart. It would destroy Mary." Sean decided to be even more honest. "It would mess up my life pretty bad, too, personally and professionally."

"Yeah, I thought about you," Mel said. Then with embarrassment, "I came by here to save you—from me. I figured if I killed him you'd get blamed. I couldn't let that happen, not to you, Sean."

"It's like that when you care about people," Sean confirmed. "You end up saving yourself because you don't want to hurt the people you care about."

"It would kill Mary, too. I mean, emotionally kill her, wouldn't it? She'd blame herself for everything, wouldn't she?"

"Murder scars everyone," Sean agreed, "including those who survive."

Mel nodded that he understood.

"So does suicide, Mel," Sean suggested.

Although Mel hadn't hinted at suicide, Sean knew that it often went along with murder. First the pent-up violence is turned on someone else, then on oneself.

"Yeah, suicide. It crossed my mind. You know me too well," he managed to laugh.

Sean went on, "The people left behind are changed forever. Mary would have blamed herself and she would have missed you, too."

"Maybe I wanted to get even with her," he told himself thoughtfully.

Sean and Mel were both quiet for a while. Sean was savoring the importance of the relationship and the importance of the lives of all the people involved.

"You saved that guy's life, Sean. Mine, too. Mary's, too, I guess."

The two men sat quietly again. Then they talked some about how Mel could approach Mary. He would have to take responsibility for repeatedly hurting her. There was a chance she wouldn't even want him back. It was a frightening situation for Mel.

"Man, I owe you a lot, my life, really," he said. His code of conduct made him indebted to Sean for his life.

"Mel, remember that time you were on guard duty—the time you broke up that attempted rape in the parking lot?"

"Yeah, of course I remember. I still got a scar from it."

"You saved that woman from the worst humiliation in her life and maybe even saved her life. And you risked your life for her."

He shrugged, "Maybe so."

"Did that woman 'owe' you?"

"Nope. It was my job. Besides, it's what any man should have done. It makes me sick when guys do that to women."

"You don't owe me, either, Mel. It's my job . . . and I love you, Mel, and I sure am glad you're not going to kill anyone."

Mel took the revolver out of his belt.

"I'm not going to do anything stupid anymore, but *you* would feel better if I left the gun with you for a few days, wouldn't you?"

"I sure would," Sean confirmed.

Mel emptied out the bullets, separated the cylinder from the gun, put the cylinder back in his pocket, and left the disabled pistol on the table.

Mel was too responsible to leave Sean with a working pistol to worry about.

They talked for a while longer about humiliation and how it could drive people to want to kill. Sean wanted his client to know that he wasn't alone in his feelings—that almost all murderous feelings were driven by humiliation.

Mel said, "You know how much you're always asking me to talk more about my childhood?"

"Yeah," Sean acknowledged. "I know how you hate to do it."

"I'm always telling you that childhood stuff is garbage," he reminded Sean. "I'm always saying I don't want to make excuses because of something that happened to me when I was 10."

"You tell me that all the time," Sean smiled.

"But it's like you say. Why throw my life away—and Mary's too—just to prove some guy can't put one over on me? It's like being a kid all over again. Watching my father beating on my mother, trying to force himself on her. He's drunk and she's trying to get out from under him."

It wasn't the first time this scene from his childhood had come up. It summed up the repeated abuse he and his mother had endured from his father, years of it, until his father died of alcoholism. His father's assault on his mother was the most dreadful memory from his childhood. Now it was compressed into his most dreadful experience in adulthood.

"I wanted to kill him, too," he said of his father.

Mel began to cry again.

"Well, the hell with them both. I'm not wasting my life over screwed-up guys, my father, my friend, or anybody."

At the end of their meeting, they shook hands warmly, hugged and then Mel left.

Sean made a mental note to talk more about Mel's feelings toward his friend and his father. Mel loved his friend and maybe

his father, too. But neither of them was trustworthy. Mel and Sean would have to talk about men caring about each other, the threats, the dangers, and the need to select better friends.

It began to dawn on Sean that Mel's fear of commitment to a woman might have more to do with men than with women. Mel had watched his revered mother suffer continued abuse. He loved but couldn't protect her. Now he loved Mary and feared he couldn't protect the relationship. Fear and helplessness stimulated by men like his father and his friend made him feel too vulnerable to risk loving Mary. But that conversation was for another day when the crisis was past and Mel was feeling less vulnerable.

Sean remembered how long it took himself to recover from feeling so betrayed by his friends. Men in modern society are afraid of intimacy with each other, often for real reasons. They have been taught to compete with each other—to triumph over each other. To become a helping person with other men requires understanding the competitiveness and personally leaving it behind.

Sean decided to call Mel that evening to "say hello." He wanted to make sure his client felt secure about their relationship. Sean also wanted to reaffirm that he would be glad to see him additional times in the coming weeks at a reduced rate.

Some therapists might disagree with providing occasional sessions for free or at a reduced price. It can work well, first, by providing needed help at difficult times and, second, by strengthening the healing relationship.

As in almost every psychological emergency, this one ended up shedding new and refreshing light on Mel's inner struggles. He was going to come through it with increased understanding of himself. Sean had also done some new thinking about himself.

Emergencies are opportunities. If they don't scare us into doing something drastic, if we can maintain our healing presence, they are the most opportune time for self-insight, growth, and bonding.

Sean called Mel at his apartment that night to let him know he was thinking about him. Mary answered the phone. She sounded very happy. She told Sean that Mel, from the heart, had promised to be faithful. For the first time ever, he had cried with her, too. He had asked her to marry him.

Some of Sean's approach during Mel's emergency was informed by being a professional therapist. Without his clinical experience, Sean might not have understood how Mel's feelings of humiliation were driving him to violence. Sean also might not have brought out the link between Mel's childhood experiences and his current emotional crisis. Sean's experience made him aware of the danger of the potential for suicide.

These insights were probably not the key elements in helping Mel through his anguish and rage, however. More important was their relationship, the healing aura they generated together. Mel's courage and confidence in dealing with Sean helped to create the beneficial atmosphere, and so did Sean's willingness to examine himself in the interest of being more empathic and available. Mel and Sean care about each other. That mutual affection made it hard for Mel to hang on to murderous impulses or to throw his life away out of pride and humiliation.

The experience with Mel illustrates a key principle in handling extreme emotions: Find something in yourself that resonates with the emotions of the other person, and then accept that aspect of yourself and the other person. Sean verbalized with Mel their common experiences. Often, however, that's not necessary or even appropriate. What matters most is being comfortable and empathic with the other person's extreme or irrational feelings.

As Sean's work with Mel illustrated, there's more to helping people than being empathic. Sometimes it requires special training, experience, knowledge, or wisdom. But being empathic—developing a healing presence—is the starting point. It's not only the most essential ingredient in helping, it's an absolutely necessary one. Without empathy, there can be no genuine help.

There's another key principle in handling extreme emotional emergencies, one that always causes initial skepticism when I announce it during workshops for professionals. Eventually it brings smiles of recognition. Those of us who work well with "emergencies"—and even enjoy them—are acting on this unstated principle. It helps to verbalize it. The principle is this: Never treat an emotional "emergency" as if it is an emergency.

Instead, make the most of the situation as an opportunity for deeper contact with the other person and with ourselves as well.

Crises are like that; they open us up to more real communication. Assume that the situation can be handled—that the crisis can become a manageable and even positive opportunity for the person we are trying to help. Then pitch in to understand how and why the other person feels doomed or feels compelled to act destructively.

The temptation is to do something to the other person: to take a strong stand about his or her behavior, to call the police, to suggest drugs or a mental hospital. In Mel's case, Sean rejected doing something to him. Instead, Sean did something to himself. He let himself resonate with Mel's feelings of overwhelming humiliation without giving in to them. Sean found the source of similar feelings within himself, used it to understand his situation, and shared his wisdom with him.

Sometimes we may feel hard pressed to find a personal experience of our own that resembles or resonates with that of the person we are trying to help. Obviously, not everyone would have such a similar personal experience as Sean to draw on in helping Mel. But if we're in touch with ourselves, we will be aware of horrible humiliations in our own life.

All of us have felt enough emotional pain in our own lives to identify with the suffering of others. All of us have been sufficiently unreasonable to feel sympathy with the irrationality of others. All of us have been tempted enough by irresponsibility to understand that same impulse in others. By being honest with ourselves, we can remain open to others.

Because Sean did not leap into the situation with Mel as if it were an emergency, Sean did not begin by confronting Mel's possession of the gun. Sean figured if Mel could develop another perspective—that he wasn't the victim of a disaster requiring a violent solution—the rest would follow.

If we can act as if an emotional crisis isn't an emergency, then we are likely to handle the crisis with relative ease. When feeling hopelessly overwhelmed, people don't need us to confirm their helplessness for them by making an emergency intervention. They need us to take their problem in stride while maintaining our healing presence. This is true if we're in the role of counselor, therapist, teacher, minister, parent, or friend. The worst approach is to

agree there's an emergency going on. That will only confirm the other person's worst fears.

Emergencies should be handled with the expectation that they will become exceedingly interesting experiences—marvelous opportunities to see into another person's heart, while seeing into one's own as well. What starts out for everyone as an unwanted crisis can turn into something for which we all feel grateful. Often these crises lead to a new level of bonding. As a helping person, turning an emergency into an opportunity for growth is one of the most fulfilling experiences we can have.

The ultimate goal in dealing with an emotional or spiritual emergency is to empower the other person—to help that individual discover that life can be handled and, even better, that life is an exciting challenge. An emergency can become a transforming experience. The individual confronts his or her worst fears and most extreme tendencies toward helplessness and learns that they can be turned into spiritually uplifting challenges.

Sometimes clients find it useful to develop a personal mantra for themselves to repeat when they verge on losing control of themselves. It can be especially useful to remind oneself, in effect, "I'm not a small child anymore. I'm not threatened by huge and powerful adults. I'm grown up and can handle whatever comes along."

Although few people realize it, even the most threatening real-life events, such as potentially fatal diseases or the loss of a loved one, gain much of their power over us by restimulating childhood trauma. They make us feel once again like helpless children. For example, a child who feels chronically threatened by adults may grow into an adult who feels distrustful and fearful of people. If we identify our overwhelming childhood experiences and become comfortable with them, we can remain more rational and loving in the face of adult stresses.

People can transform themselves from feeling overwhelmed to feeling empowered if we approach them with dignity, empathy, and a determination not to overreact. As always when trying to be helpful to people, the hardest and most important work requires making sure that our own spiritual state reflects the heart of being helpful. We must first tend to our own healing presence.

Trying to help people in emotional crises will stir up our own most painful past experiences and our underlying feelings of fear and helplessness. To turn crises into creative opportunities, we must first become comfortable with our own reactions. Especially, we must resist the temptation to react to crises as if they are emergencies. If we prematurely turn to drastic interventions, we escalate the other person's worst fears. Emotional crises are opportunities to foster understanding and to strengthen bonding. They enable us to help the individual in identifying his or her self-defeating approaches and to assist in finding more creative ones.

Remember that we are all born into fear and helplessness. This becomes obvious in emotional emergencies. When overcome in a crisis, we have been thrust back in time to feeling like a terrified, lonely, helpless child with nowhere to turn. It's useful to acknowledge this fear and helplessness to ourselves—not to succumb to it but to subject it to the healing light of consciousness. Then we can avoid acting on these self-destructive impulses. Instead, we can ameliorate the crisis through our calming, healing presence.