

## CRYING AT THE HAPPY ENDING – PODCAST #5

Why do we cry at happy endings? Whether it be in your real life or on a movie screen or the written page—the situation might objectively be a happy one, and yet we find ourselves wanting to cry. It happens all the time. We call it—“tears of joy.” But what sense does this really make?

It turns out it makes a lot of sense and, furthermore, that it explains a lot about human psychology.

Say you're watching a movie in which the main character is facing some loss, maybe a rejection or abandonment, or is facing some danger. The situation might well be objectively sad. But we're not crying yet. Then lets say the hero escapes disaster, comes home, finds love again, reunites with the person who has been lost—all of these things being positive happy events....but we THEN find ourselves crying. Crying with happiness, crying with relief...

Let's take a very concrete example of this phenomenon- from film. Consider the much-beloved XMAS film, IT'S A WONDERFUL LIFE. The hero, George Bailey (played by Jimmy Stewart) sacrifices his own interests, his own welfare, for everyone in the little town of Bedford

Falls. He gives up his dreams of college and travel to help his family and to protect the citizens of the town from an evil banker, Mr. Potter. One after another of his dreams—dreams of travel, of education, of meaningful work-- are dashed by his taking care of the needs of others. His self-sacrifice and generosity is so extreme that eventually it leads to bitterness and a failed suicide attempt. George's situation is desperate and agonizing. It is objectively sad. We the viewers feel for him, but we don't cry—yet.

For that, we wait until the end. At the end, everything gets resolved. It's the quintessential "happy ending," ----the townsfolk gather around him to show their gratitude and love. His sacrifices are finally recognized and repaid. In the last scene, as the whole crowd sings "Hark the Herald Angels Sing" and then "Auld Lang Syne" George finds a copy of *The Adventures of Tom Sawyer* with a brief handwritten note from his guardian angel on the inner pages. It reads, "Dear George. Remember no man is a failure who has friends." Now, we're all crying. Viewers don't cry at the depiction of George's despair, but there isn't a dry eye in the house when he's loved and rewarded at the end. Again-- We cry at the happy ending.

The reason for this was explained over 65 years ago by San Francisco psychoanalyst, Joseph Weiss. Weiss explained it this way: WE – all of us—regulate our emotions unconsciously. We don't rationally decide what to feel. But it's equally true that our emotions don't just randomly burst out into the open without rhyme or reason. No, because on an unconscious level, there is usually a hidden logic to the how and why of our feelings. And that logic has to do with safety—with unconscious perceptions and judgments about psychological safety. Here's the heart of the matter: **WE only allow ourselves to feel distressing feelings when it is safe to do so.** We protect ourselves instinctively.

So, let's take the movie example: When the hero suffers a painful loss--the viewer (if the movie is any good) identifies with the hero and feels these things too. We feel empathy for poor George Baily. But the viewer's mind unconsciously, automatically protects itself from becoming too overwhelmed by painful feelings, and so it keeps these feelings in check. We defend ourselves from becoming too flooded with feeling. All of us do this—automatically, all the time. We feel George's pain, but we hold back the full measure of sadness that his plight SHOULD evoke.

However, when the story reaches a positive resolution, the happy ending—THEN and only then it's safe enough to experience the sadness or tension that was always there but which couldn't be fully felt.

It feels and looks like we're feeling upset about the happy ending, but the sadness actually comes from the earlier situation. The happy ending only makes it safe enough to feel it. The danger has passed and we can finally feel what was always there.

So we human beings go about our business feeling things here and there, seemingly spontaneously and we don't really know about the highly complex judgments—unconscious judgments—that our minds are making about danger and safety all the while.

To make this concept more understandable—consider this experience. You're in an extremely cold environment. You're freezing. And then—you enter a warm house. What happens? Well, what often happens is that you begin to shiver then...it's as if your body can finally recognize, can finally feel, how terribly cold it's been—when you're out of danger, in a warm place you realize how cold you've been.

We also see an extreme version of this phenomenon in patients with PTSD. Prolonged and threatening situations of danger—like what occurs in combat--in which an individual is relatively helpless, are traumatic. To survive, feelings and thoughts have to be repressed. It is only when the person returns to safety back home that symptoms appear — nightmares, startle reflexes, panic attacks, etc. The GI relives his or her frightening experiences when it's safe to do so—that is, back home.

You see, when someone is in danger, his or hers focus really has to be oriented toward surviving and mastering that danger—whether it's enemy fire, severe cold, or just intense feelings of grief. Your mind—our minds—have to put first things first and deal with the threat that's pressing. The feelings that were appropriate to that threat—horror, fear, grief, loss, rejection—have to be repressed so that they don't interfere with the task at hand, namely, managing the situation that's threatening and surviving it. It is only safe to feel these things when the danger has passed.

This insight about safety explains a lot of what happens in psychotherapy. So many of my patients grew up feeling loss and lost,

unprotected and unloved, ignored and neglected. But these feelings are, in general, dangerous for a developing child to feel and know about fully--they're dangerous to feel too strongly in real time. And this is understandable: Children, after all, are dependent and incompletely developed and will go to any lengths to protect their attachment to their caretaker, including *by denying the pain these same caretakers cause*. Children don't want to face and fully feel how hurt or sad they are and so they try to repress these painful feelings and perceptions. BUT when they feel safe enough with a therapist, they can let themselves see and feel the truth and this is the key to getting better.

The therapist, in other words, creates happy endings.

Here's an example of how this might arise in psychotherapy: One patient of mine grew up with a mother who needed constant reassurance from her daughter--reassurance that she, the mother, was beautiful and special and a great mother. The daughter would watch her mother dress and have to compliment her. My patient would listen sympathetically for hours to her mother's complaints about her absent

husband, my patient's father. The daughter was mother's confessor, confidante, and flatterer. But it was always a one-way street. The mother was incapable or unwilling to really focus on understanding her daughter, my patient. The natural result was that the patient feel sad and empty, but couldn't complain, in fact, couldn't even let herself KNOW that this is what she felt. She had to always be the good daughter in order to feel even minimally attached and connected.

Now, as is often the case, when she entered therapy, she repeated this pattern with me. We call this "transference." She would flatter me, and seemed to work in various ways to make me feel like the greatest therapist in the world. She agreed with all my interpretations, gave me gifts, and attributed all of her progress in life to me and my help. She was the model patient just liked she had worked so hard to be the model daughter.

Sensing this dynamic, and it's connection to the traumas of her childhood, I went out of my way to communicate my understanding of this pattern to her—rather than just soak it up--and eventually persuaded her that I didn't need her to be anything more than she actually was, that she was fine the way she was and that she didn't

need to earn my attention, my curiosity, and my help. In other words, I was the opposite of her mother. She could finally lower her defenses and feel safe. This was the therapy version of a mini happy ending.

The patient then became quite sad and depressed and recovered memories of her childhood that were also quite sad. She remembered, for instance, not being able to get her mother's attention when she was distressed or scared, of lying awake at night afraid of the dark and not wanting to bother her mother who, she knew, "needed her beauty sleep." She began to face the fact that the price she paid for taking care of her mother was not being cared for herself, and, therefore, not feeling that she deserved care. Seeing and feeling this represented major therapeutic progress for her.

But here's the key thing: She could only face these feelings when she felt safe enough to do so. Her experience that I was there for her and didn't need her to buoy me up-- made it safe enough for her to face the feelings and memories of loss and neglect that marked her childhood but which she had to repress.

So, our unconscious minds are pretty brilliant. They protect us. They help us adapt and survive. And they tell us when it's safe enough to feel difficult feelings. They—we—in other words, are always on the lookout for happy endings.