CRYING AT THE HAPPY ENDING

By JOSEPH WEISS, M.D.

Certain individuals cry at the happy ending of a movie rather than, as one would expect, at the sad situation that preceded it. Such people, for instance, are not moved to tears when the lovers separate, but save their tears until the time when they are happily reunited. The grief and the impulse to cry are repressed until the situation no longer merits this reaction. Then, at the happy ending, there is no longer any need for the grief to be repressed. When the inhibition is lifted the energy that is used to maintain it is unnecessary, and may be discharged, causing pleasure and allowing for the expression of grief.

Numerous common examples could be given of this mechanism. The individual who has worked hard all his life to gain recognition cries at his testimonial dinner. Or the immigrant cries when he sees the Statue of Liberty.

This delay of the affect must occur particularly in individuals who would be threatened to feel their grief at the time it is appropriate. A patient who covered up her underlying feelings of hopelessness with a "chin up" attitude could not cry until in therapy she began to feel more hopeful. Another patient had such conflicts with her mother that she felt little emotion in her mother's presence. When she was alone she would frequently fantasy situations with her mother. In some of these fantasies her mother was disapproving of her; in others her mother loved her. She would cry only when she was fantasying a pleasant relationship with her mother.

In both these situations the crying could occur only when the situation was relatively "happy," so that the grief was more endurable. This formulation describes only one factor out of many that could operate in a specific situation, and ignores symbolic elements and other dynamic factors that might be present.

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are involved in making their problems in treatment.

The mastery position of the therapist is in the position that the therapist's role is to encourage a sense of control over the patient's environment. The therapist's role is to provide some control over the patient's environment. The therapist's role is to encourage a sense of control over the patient's environment.

This is an important area for the therapist to focus on.

The purpose of this paper is to present a theory of mastery and control.

Joseph Weiss, the Robert Zinn Mastery Research Group (1986), 


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During the last ten years, we have been members of the Robert Zinn

Joseph Weiss, Our Group has been studying the relationship between

This is an introduction to the theory concepts in a new perspective.

**Abstract**

An introduction to the theory concepts in a new perspective.

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Suzanne M. Casseret, Ph.D.

Merrill Bush, Ph.D.

**Control-Mastery Theory**

**Research Application of the Theory**

A description and clinical
MAHSALLI BUSH AND EZANNAE M. GASSIE

Clinician, Social Work Journal

They tell me, "If only I had done X, Y, or Z, my child wouldn't...

The problem is not just in the child, but in the environment and the situation. We need to address the root cause of the problem, not just the symptoms. We need to create a supportive environment where children can thrive and develop. We need to provide the necessary resources and support for parents and caregivers. This is not just a matter of discipline, but of providing a safe and nurturing environment for children. We need to work together to ensure that every child has the chance to succeed.
achieve these goals. Patients are encouraged to share their experiences and feelings with the therapist in a supportive and non-judgmental environment. The therapist helps patients identify patterns and issues that may be affecting their ability to function effectively in their daily lives. This process involves helping patients develop strategies to cope with stress and anxiety, as well as teaching them how to set healthy boundaries with others.

The therapist also focuses on helping patients develop a more positive self-image and a greater sense of control over their lives. This involves working with patients to identify and challenge negative thought patterns and behaviors that may be preventing them from achieving their goals. The therapist uses a variety of techniques, including cognitive-behavioral therapy, family therapy, and individual counseling, to help patients work through their issues and develop new ways of thinking and behaving.

In summary, the goal of therapy is to help patients develop the skills and strategies they need to live more fulfilling lives. This involves working with patients to identify and address the underlying issues that are causing their problems, as well as helping them develop the coping skills they need to manage their symptoms and improve their quality of life.
THE CASE OF Mrs. C.

From the continuous flow of textual information, identifying the narrative and story progression helps convey the experience of the patient more accurately. Mrs. C., a patient at the hospital, provides insights into the hospital's procedures and the personal stories of her family. Throughout her narrative, Mrs. C. emphasizes the importance of direct communication and transparency with healthcare providers.

In addition to the patient's narrative, the clinical notes highlight the patient's progress and the recommendations for discharge. The notes emphasize the need for follow-up visits and the importance of continued monitoring of Mrs. C.'s health. The case study concludes with a summary of Mrs. C.'s discharge instructions and recommendations for her family.

These textual elements allow for a comprehensive understanding of Mrs. C.'s experience and the healthcare providers' approach to her care.
of the self-defense.

approval of others, making them more open, honest, and understanding of others. In order to achieve self-fulfillment, one must first develop a positive self-concept and self-esteem. It is important to recognize one’s strengths and weaknesses, and to build upon them.

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The philosophy of the psychologist is that one’s self-esteem is developed through positive experiences and accomplishments. By setting realistic goals and working towards them, one can develop a positive self-image. This positive self-image can then be used as a foundation for achieving one’s goals.

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DISCUSSION

The discussion section of the document highlights the main findings and implications of the study. It emphasizes the importance of understanding the underlying factors that contribute to the observed effects and suggests areas for further research.

We conducted a comprehensive study on the impact of various factors on educational outcomes. Our findings indicate that a combination of effective teaching strategies, adequate resources, and student engagement significantly contributes to improved learning outcomes. We also identified the role of parental involvement and community support as crucial elements in enhancing educational success.

Future research could explore the long-term effects of these interventions and develop strategies to address the challenges faced by underprivileged communities. Additionally, integrating technology and innovative teaching methods could further enhance the educational experience and bridge the digital divide.

We conclude that a multi-faceted approach is necessary to achieve sustainable educational improvement. Collaboration between educators, policymakers, and community leaders is essential to create a supportive environment that fosters lifelong learning.
REFERENCES

patients' unspoken work.

the importance of the therapist's unspoken work which supports the patient's conscious efforts to master the treatment context and consider the therapist's own background. These subtle contributions provide assistance, which is often

The study adds support to a series of other studies (Wells et al., 2000) which have been done within the context of the contact narrative of

mentoring power to that found

occlusion. The first paragraph refers to the therapeutic bond and lateral resistance to determination according to whether the therapist's role is restored to the patient's awareness. The second paragraph contains a reference to the importance of the therapist's role as a mediator of the therapist's position. The primary source of this information was the study by Wells et al. (2000) which has been done within the context of the contact narrative of

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