




**Parenting**

**BIG**

**Emotions**

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**H**aving one or more children who regularly struggle with big emotions can inspire a parent to search for oil rig work in the North Atlantic. Moreover, this is a super-common problem and is vexing to respond to and solve. So, if you find yourself having big emotions about big emotions, join the club!

“Big emotions” include experiences of sadness, anxiety, or anger that are situationally disproportionate in intensity or duration. They also are usually easily triggered and can often worsen in response to default parenting interventions (reassurance, for example). In this article I’d like to focus on two causes for big emotions (there are several others): (1) having ADHD and (2) being a highly sensitive person. Many children can experience both together. I’ll first describe the differences between these two and then propose some strategies to help. (Note that these strategies may be helpful for other causes of big emotions also.)

A term coined by psychologists Elaine and Arthur Aron in 1996, “highly sensitive person” (HSP) refers to the manifestation of a temperament (personality characteristics primarily determined by genetics) called “sensory processing sensitivity” or “behavioral inhibition.” This temperament comes with both advantages, such as interpersonal perceptiveness, and disadvantages, such as being agitated by stimuli that don’t bother most people. HSPs are more likely to experience internalizing symptoms than the general population, especially anxiety. HSPs who are showing big emotions are often overwhelmed by external stimuli or their thoughts of social or physical threat.

An online self-test rating form for adults created by Elaine Aron articulates twenty-seven potential characteristics of HSPs ([hsperson.com/test/highly-sensitive-test](http://hsperson.com/test/highly-sensitive-test)). There is also a version for parents to use if considering whether HSP describes their child ([hsperson.com/test/highly-sensitive-child-test](http://hsperson.com/test/highly-sensitive-child-test)). Dr. Aron also provides information on scales for researchers ([hsperson.com/research/measurement-scales-for-researchers](http://hsperson.com/research/measurement-scales-for-researchers)).

For HSPs, reassurance can both trigger anxiety and fuel it. I’ll ask parents what it would be like for them if I asserted, “Don’t worry about the ceiling collapsing on our heads, as it is secure!” Right? A reassurance from a parent, prior to the onset of anxiety, can suggest to an anxious child that they are about to be exposed to something troubling. Moreover, once a child is overwhelmed with anxiety or depression, a reassurance can be heard as a dismissal of the child’s concerns, which then can cause the child to lean into the sadness or worry more dramatically to convince a parent that they have cause to feel upset.

The child with ADHD has a different path to big emotions. Extrapolating from Russell Barkley’s brilliant theory that is articulated in *The Nature of Self-Control*, the problem is that the

child is not pausing long enough to use self-talk. Self-talk is part of what we all use to modulate our anger, sadness, and worry. Think about this the next time someone cuts you off in traffic, and you’re angry and tempted to flip them off or chase them. When you don’t do those things, it’s usually because you’ve talked yourself down, asking yourself, “What purpose does flipping this person off serve?” Or you tell yourself, “I don’t want my kids to see me acting like that.” Or “Being arrested for murder would interfere with growing my 401K.” But, when you’re acting out big emotions, without creating pauses for self-talk, dysregulation often results. According to Dr. Barkley’s model, this problem with disinhibition is a cardinal challenge with ADHD.

When we are feeling anger or anxiety, the sympathetic nervous system is usually triggered. Also referred to as the fight-or-flight system, it brings about dozens of quick changes in a person once a threat is perceived, whether real or imagined. These changes are adaptive if a person needs to fight or flee (think of a battle scene in a science-fiction movie when resources from the galley and entertainment systems are redirected to shields and phasers). But these same changes work against a person when there is not a threat (that is, the prefrontal cortex takes a nap and an overly narrow focus predominates).

### **Activating the parasympathetic nervous system**

Given its important role in generating big emotions, the strategies below are designed to de-activate the sympathetic nervous system and to activate its sister: the parasympathetic nervous system.





**When the situation allows, use empathy first. Empathy does not equate with agreement or justification. Empathy is letting your child know that you understand the painful thoughts and feelings they are having.**

### **STRATEGY 1: Use empathy.**

When the situation allows, use empathy first. Empathy does not equate with agreement or justification. Empathy is letting your child know that you understand the painful thoughts and feelings they are having. In our efforts to fix we parents sometimes rush past empathy or don't use it at all. This is understandable. After all, no engaged parent is happier than their least happy child. Moreover, when our child is in pain, we hurt worse; so, we rush in to eliminate our collective suffering as soon as possible. An alternative approach is to provide empathy before trying to deal with the situation.

To remember the power of empathy, observe what it's like for you when others have differing responses to your big emotions. We often want empathy and don't value admonishment (such as being told, "Calm down!"), premature reassurances, or unsolicited advice. Empathy also makes it less likely that a child will learn to bury their feelings alive (buried alive feelings are like zombies, unearthing themselves and attacking in surprising and destructive ways).

Please also note that being empathic does not rule out the need for a child to experience consequences or to make reparation later.

### **STRATEGY 2: Separate your child from the trigger.**

Once your child is melting down, separate them from the trigger when possible and advisable. Keep in mind that the trigger could be something that *you know* is harmless. (Evidence-based treatments for anxiety call for the youth to deliberately expose themselves to triggers, but that is done in a controlled and organized fashion, and only once a child is taught sufficient cognitive and behavioral methods for self-soothing.)

### **STRATEGY 3: Teach your child how to self-calm.**

Teach your child how to activate the parasympathetic nervous system (the rest and digest system). When introducing this concept, I'll often demonstrate a three-minute self-calming exercise (<https://bit.ly/3Z8ZfcB>). A more in-depth approach is to grow muscle memory for relaxation by having your child practice a brief progressive muscle relaxation exercise three to four times a week. Here is a link to a brief PMR exercise: <https://d.pr/a/V4h4> (a longer one is here: <https://d.pr/a/SuSj>). After a few weeks of practice, a parent could add biofeedback to determine a child's skill at relaxation as well as growth opportunities (I use the EmWave Pro from HeartMath with my clients).

### **STRATEGY 4: Teach your child to swap out thoughts.**

As easily as we can swap out an uncomfortable pair of pants for a comfortable pair, we can swap out an untrue and distressing thought for a true and uplifting thought. When I teach this to kids we create four thoughts within each of the following categories: true things about themselves that are enjoyable to think about ("I'm popular," "I'm a very good pitcher"), things they enjoy about the circumstances of their lives ("I have awesome friends," "my dog is so loving and fun"), things they are looking forward to (holidays, school events) and sources of inspiration (music, a famous person).

### **STRATEGY 4B: Redirect your child's attention.**

Like happy thoughts, redirecting your child's attention to something fun or interesting can be equally de-escalating.

### STRATEGY 5: Regularly model and reinforce pausing.

The pause could be created by using the “three minutes to a better you” exercise, or by asking a child to reflect on their choices. I can’t remember the last time a client told me, “I wish I would not have paused before speaking and/or acting.” But I’ve heard a person’s wish that they would have paused before expressing a big feeling more times than I can count.


I share this aphorism with my clients: “Try to zip it with high beats per minute.” Regular modeling of this strategy can be helpful, including when we’ve messed up (using a self-compassionate review of what happened and how we plan to be more successful the next time).

Finally, and this is a profoundly important message: All feelings pass; self-calming and distraction merely keep us company until nature takes its course and feelings pass on their own.

### STRATEGY 6: Resolve the triggering problem.

Use the problem-solving method for resolving the problem that triggered your child’s big emotions. This approach maximizes creativity and collaboration and corrects the problems families often run into when trying to solve a problem. I’ve articulated how to do this in “Avoid Drama: Use the Problem Solving Technique,” posted on my parenting blog ([bit.ly/3CvC0AZ](https://bit.ly/3CvC0AZ)).

### STRATEGY 7: Cognitive behavioral therapy can help.

Seek out cognitive behavioral therapy for your child from a well-credentialed, experienced, and skillful child mental health professional. Therapy directories can usually list providers within your zip code. If you live in a PsyPact state—states that have active legislation allowing participating psychologists to practice teletherapy in and across other participating PsyPact states—you can see any psychologist that is also a member via telehealth. 



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