

Bad Day at Black Rock

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THE PSYCHOTHERAPEUTIC THEORY

'Bad Day at Black Rock' is an excellent psychotherapy exercise to use with clients. It was originally presented in an article by John McNeel (1980) in the Transactional Analysis Journal, entitled 'The Early Demand'. In this exercise, the client is asked to recall an early scene from their childhood which was distressing for them. Thus, the exercise was colloquially coined "Finding your bad day at Black Rock" (McNeel, 1980), after the 1955 film, starring Spencer Tracy. Fittingly, the film trailer declares "One day you will never forget: Bad Day at Black Rock".

The client is specifically asked to recall an early scene that is distressing for them, as it is during these times they make significant decisions about their worth, how they are meant to be, the worth of others, and a host of other important decisions (White, 2011). The therapist is looking for the cognitive conclusions the child came to when he was under considerable emotional pressure. Whilst in the scene, the client is also asked to pay attention to their age, their surroundings, their feelings, and their internal dialogue.

McNeel posited that by using this early scene regression exercise, it is possible to discover what 'early demands' a client made in their childhood that went unmet. In transactional analysis (TA), the early demand is simply defined as a request that the child made to his parents (or parental figures), through either non-verbal or verbal behaviours that was not met (McNeel, 1980). For example, the child may have signaled to his parents that he needed comfort after feeling scared, but for whatever reason was ignored, pushed away or not given the comfort he needed. During the Bad Day at Black Rock exercise, information about the demand is gained by asking the client "What are you most wanting from mum or dad right now?" McNeel stated, that these early demands become one of the strong motivating forces in the client's struggle for satisfaction, whereby the client unconsciously re-creates similar circumstances in their life ensuring their early demand is not met and their early decisions are confirmed.

The feelings evoked in the client during the exercise are also of interest to the therapist, as they often prove to be long-held 'racket feelings.' In TA theory, a racket feeling is defined as a substitute feeling that replaces a more genuine feeling (English, 1977). This stems from the unconscious development of the Adapted-Child (ego-state), as he learns over time what feelings are acceptable in his family. For example, a young boy is encouraged to be brave, independent, and aggressive, even though he feels anxious and shy. At important times in the boy's past when he was distressed and showed fearful or sad emotions, his parents discounted them by doing or saying certain things, such as "Boys don't cry!" or "My boy is the

toughest one in the family!" Thus, the boy learns that to be accepted by his parents, he must not be fearful or sad, but instead stoic, brave, and aggressive. Overtime, the substitute feeling becomes an automatic response to stressful situations.

The underpinnings of this exercise stem from a TA ego-state model, with an emphasis on accessing Child ego-state perspectives. However, the exercise can be utilised with other psychotherapy perspectives in mind, such as developmental theory, neurobiological theory, attachment theory, trauma theory, and CBT as the information is highly applicable. The benefit of knowing TA theory is that the therapist can accurately identify ego-states, such as the Free-Child and Adapted-Child responses and thus pin-point appropriate interventions. Adapted-Child responses can be likened to insecure attachment styles (Avoidant, Anxious Ambivalent and Disorganised), whilst the Free-Child responses can be likened to a secure attachment style.

Knowledge about TA theory also enables the therapist to identify 'injunctions' which Berne (1972) defined as prohibitions or negative commands given to the child by the parents (or parental figures). Robert and Mary Goulding (1976) identified twelve injunctions which people commonly build into their lives, which the therapist can be on the lookout for and will help direct treatment interventions:

1. Don't exist
2. Don't be you
3. Don't be a child
4. Don't grow up
5. Don't make it
6. Don't do anything
7. Don't be important
8. Don't belong
9. Don't be close
10. Don't be well (or Don't be sane)
11. Don't think
12. Don't feel

Knowledge about injunctions is key when dealing with suicidal clients who have taken on a 'Don't exist' message. TA theory provides a critical explanation of clients' suicidal thinking and a way forward in treatment. A brief description will be provided in case study 1.

PSYCHOTHERAPEUTIC PRACTICE

I was first introduced to the Bad Day at Black Rock exercise by Tony White, who is a highly skilled Transactional Analyst and International Trainer in the field. The material presented below, in terms of how to carry out the exercise, comes directly from his personal communications with me during a two-year period of

supervision, as well as material presented in his book 'Working with Suicidal individuals: A guide to providing understanding, assessment, and support (White, 2011).

I have used this exercise extensively in my own practice, with the majority of my client's, as it yields a wealth of good information in a short period of time. It reveals the client's early decisions (or core beliefs), and their early demands (or unmet needs), which continue to re-play out in their present-day relationships. I have found that clients respond very positively to this exercise and are very surprised at what it reveals about themselves. I have also found it promotes a good therapeutic alliance between the client and myself. This exercise can be repeated several times with the client, to form a more comprehensive understanding of their personality and background. A whiteboard and coloured markers are needed to complete this exercise.

How to Perform the Exercise:

1. Ask your client the following: "Could you tell me about a time when you were a child, before the age of 10, when you felt distressed or upset, or a time that was difficult for you to handle?

The client may think of something straight away or need some further prodding and encouragement. You may invite the client to close their eyes, relax and allow themselves to move through their childhood in fantasy until they find what feels to them their most unpleasant scene. You may also suggest that 'parents arguing/ fighting' or 'their pet dying' as common examples. If the person cannot think of an early scene before the age of 10, a later scene will suffice. This exercise may be repeated if they think of an earlier scene later.

2. Once the person has chosen an early scene to explore, ask them to stand-up and draw the scene on the white board, whilst they tell you about it. Tell them there is no right or wrong way to do this. Give the person some time to draw the picture and get back into the headspace of that early scene.

3. Whilst they are still drawing, ask them questions in the present tense, such as:

- How old are you?
- Who else is there?
- Who is not there? (i.e. Where is dad... or Mum etc.?)
- What can you smell, see, hear, taste, and touch (feel)?
- What emotions are you feeling?
- What are you saying to yourself right now?
- What is your mum/dad saying, doing, feeling?
- What are the other people saying doing, feeling?
- How do you feel about yourself?
- Do you like yourself?
- What are you wanting right now?

As the client responds to these questions, ask them to write key answers on the board (i.e., write their age next to the drawing of themselves, write the emotions they are feeling, write any thoughts or decisions they made). Although it may feel like it is disrupting the flow of the story, it is very important that these are written down for later reflection. The drawing will stay on the board and will give the client a visual reminder of what they felt and thought etc. and can be later referred to in the session. I also take a photo for client's file.

Offer sympathetic minimal cues along the way to show that you are following them and supporting them through their story. As the client recounts the story and re-experiences it in varying degrees, they may begin to cry or get emotional. If this happens, they are regressing into their Child ego-state, and when asked about cognitive conclusions, they are more likely to be accurate. Some clients may not feel comfortable re-experiencing the scene due to strong defense systems or because it is too painful for them to go back there emotionally. So, just go with what they are comfortable with.

4. Continue to ask the following questions:

- What sense do you make of this situation?
- Finish this statement: It just goes to show that!
- What are you saying to yourself right now about how to keep this (unpleasant scene) from ever happening again?
- Do you remember what you decided?
- Did you make any decisions about not being there, being dead, dying or being killed?
- What are you wanting from Mum or Dad right now?
- Finish this statement: What I most want from Mum/Dad right now is!
- If you saw a little girl/boy in this situation, what would you want to do?

5. After they have finished, thank them for sharing their story and ask them to sit down on the chair and relax for a bit. Encourage them to come back into the present time by saying 'Great job!', 'You did really well!'. 'How do you feel now?'

6. Ask the client one final question whilst they are sitting comfortably:

- How do you stop yourself getting today?

For this question, use the responses they gave to the question "what I most want from Mum/Dad right now is?"

Their answer may be “I want a hug from mum and I want her to comfort me”.

Thus, you would then ask “How do you stop yourself getting hugs and comfort today?”

The client may struggle with this last question. Tell them that it is a tricky question and it's okay if they don't know. Perhaps you could think about it over the next week. This is a good question to pose as a homework reflection.

You may want to provide an example such as: Sometimes a person marries a person like their parents and continues to experience the same unmet need, over and over, or they use other behaviours that prevent their needs being met.

Case Study 1

The client aged 17 years old, recalled a time when she was eight years old and was verbally abused by her mum's boyfriend.

Client:

My mum is lying on the lounge room couch with her boyfriend (he has been living with us for about a year by now) and my baby brother is in his jolly jumper not far from me. Mum's boyfriend is angry at me because I have started to tell people that he is sexually abusing me. I just told my Dad about the abuse in the days prior, during my weekend-stay with him and he confronted my mum about it. Mum responded to him by saying that I was lying. Anyway, on this day Mum's boyfriend starts swearing and yelling at me in the lounge room for some reason. He yells at me “No one wants you here. You should leave and go away!” I am upset but keep very silent and still, as I know he will hit me if I answer him back. Mum just lays there and does nothing and says nothing. She shows no emotion while he yells at me. I feel really angry at Mum for not helping me and not believing me. I go to my room soon after and lay on my bed. I feel so angry I start to cry. I keep thinking ‘I need to get to Dad's house, but I am trapped because mum won't let me stay with him’. Then I remember waking up the next day feeling really confused.

Whilst in the scene I also asked her several questions in relation to her thoughts and conclusions. She responded as follows:

Therapist Q: It just goes to show that...?

Mum doesn't care about me and she thinks I'm a liar. if it had been any of the other kids (her 8 siblings) she would have stepped in and stopped him.

Therapist Q: What do you see when you look at that

little girl?

I feel sorry for her. It's wrong what he is doing.

Therapist Q: Did you make any decisions about not being there, being dead, dying or being killed?

Yes, I remember starting to think ‘Maybe it might all be different if I wasn't here... I don't need to be here?’.

Therapist Q: What do you most want from Mum right now?

For her to protect me and support me... Tell him to back-off.

Therapist Q: If you saw a little girl in this situation what would you want to do?

Take her away from the danger and bond with her. Do things that she likes, like give her drawing books and help her with her homework.

From the early scene presented here, we can see that her early demand is for protection and support. We can also see a clear “Don't exist” injunction given by mum's boyfriend in the words “No one wants you hear. You should leave and go away!” (implying she should not exist). Mum is complicit with this injunction, as she fails to intervene and counteract the message. The physical and sexual abuse towards her in the past are also non-verbal acts implying that she is not wanted or valued. Usually the infant or child decides she mustn't exist when she perceives that her parents are wishing she was dead (Goulding & Goulding, 1976). This young 8-year-old girl responds with an internal angry, somewhat defiant reaction, which is positive, in contrast to a more passive or resigned taking in of the message. She is not fully convinced that her mum's boyfriend is right (she knows what he is doing is wrong and is starting to tell people), and as such her risk of suicide is less likely to be as high, then if she had internally agreed with the injunction (please refer to White, 2013 for full details of assessing suicidal decisions).

There is evidence that she displays a racket feeling of sadness, as a substitute for anger in this scene. In fact, this has been a re-occurring theme in our sessions together, as she reports that she cries when she is feeling angry regularly and presents as a very quiet and timid girl in general. She reports that Mum always yelled at her and hit her when she was growing up, and she commonly went into a freeze response (her nervous system's response to overwhelming threat). The sadness and the freeze response were positive adaptive strategies to survive her childhood and prevented her mum from becoming further enraged, although they are not so useful now. Thankfully she now lives with her loving Dad and step-mum (whom she calls mum). She was able to escape her Mum's care after much planning and flee to her Dad's house. Her mum's boyfriend is currently in jail and she has only limited contact with her mum

via the phone.

When I asked her "How do you stop yourself getting protection and support today?" She couldn't think of anything initially, but later said she finds it hard to ask her dad for the things she needs and wants (low Free-Child).

We also talked about her relationships with friends and boys and how she might need to be mindful that she is picking safe and trustworthy people, as this could be a blind spot for her (whereby she unconsciously re-creates similar circumstances in her life ensuring her early demand is not met and her early decisions are confirmed).

Throughout our sessions together, we have been able to explore her suicidal feelings further through two-chair work (with her FC and AC ego-states on the chairs). I have also used a TA approach called 'Redecision Therapy' to help her come to a new decision about herself and suicide.

She has responded very well to our sessions together and has benefited greatly from the protection and support emphasis I have given in the sessions.

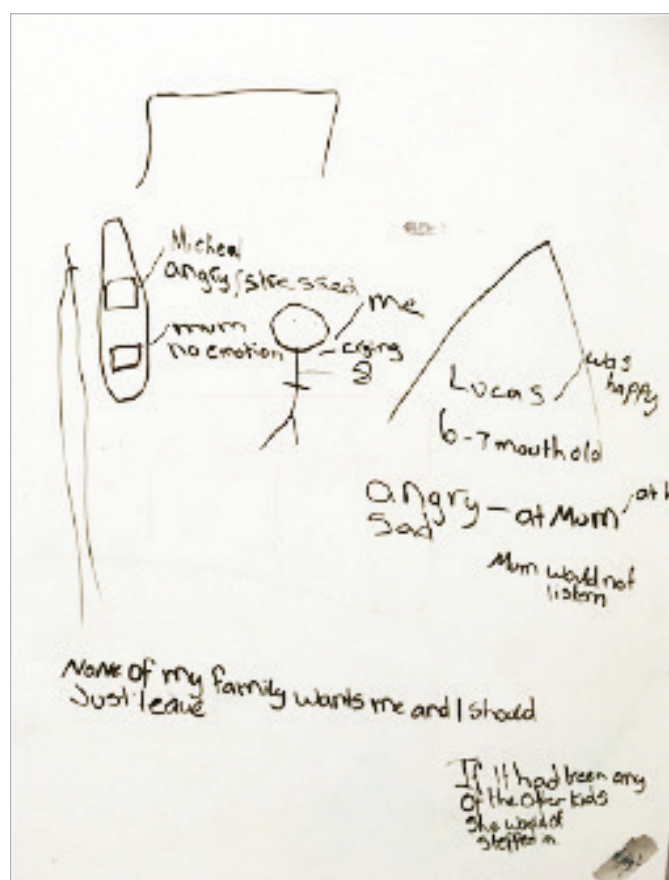


Figure 1.

16-year-old client's Bad Day at Black Rock drawing.

Case Study 2

Client aged 35 years old, recalled a time when she was aged five or six, just after her parents got divorced and she was made to get her hair cut.

I am around 5 or 6 years old. My mum and dad have just got divorced and Dad has forced me to live with him and his new girlfriend. Dad's girlfriend decides that I need to get a haircut because my long hair is too hard for her to manage every day and is always full of knots. I love my long hair and don't want to get it cut, but she tells me I have too. Dad supports her. So, I agree to get a 'Bob' and I start to feel a bit excited and a bit scared about the prospect. I remember going to the salon with her and my step-sister and hearing music and hairdryers.

I remember sitting in the chair and the hair-dresser tying my hair up in a pony-tail and then chopping it (the pony-tail) off at the base of my head. She hands me my pony-tail and I see my very short hair for the first time. I hate it straight away and I think "I look like a boy". I start to feel really sad and scared and I cry. I don't know why the hairdresser cut my pony-tail off like that, but I wonder if my dad's girlfriend has privately spoken to her before we got there. I start to feel anger too. I thought I was getting a 'bob', not a 'mushroom cut'. My step-sister's hair is cut in a 'Bob'.

I feel like I can't trust my dad's girlfriend or my dad anymore. Dad's girlfriend tells me I can't have long hair until I am in year seven. After the haircut, I don't feel the same or act the same as I used to. I feel ashamed and embarrassed and not confident anymore. I go to school and all the boys tease me and say I look like a boy. I stop hanging out with my old friends because I feel like I don't fit in with them anymore. I feel like I am not good enough and I start to play with kids that are different, that don't look that nice, or who are poor. My hair is cut really short like a boy for three years.

Whilst in the scene I also asked her several questions in relation to her thoughts and conclusions. She responded as follows:

Therapist Q: Do you remember what you decided?

*I will have to deal with it.
I will never cut my hair again this short.
It's hard for me to trust people.*

Therapist Q: Did you make any decisions about not being there, being dead, dying or being killed?

No.

Therapist Q: What do you most want from Mum and

Dad right now?

I want my mum to be with me. If she was with me she wouldn't let this happen to me. I want Dad to take my side and believe me when I tell him things. I want Dad to protect me and step-in. I want to be accepted.

Therapist Q: If you saw a little girl in this situation what would you want to do?

I would have a big talk with the parents and tell them "Don't do it!" If I saw a girl who was in my situation, I would say "This new look, these circumstances and feelings don't make you who you are. You still have a choice".

From this early scene we can see an early demand for protection, nurture and support. We can also see a "Don't be important" injunction given by Dad's girlfriend and supported implicitly by Dad, who doesn't step in and prevent her hair being cut in the following three-year period. The "Don't be important" injunction typically stems from the parents' feelings of competition with the offspring.

The parent responds from their Child ego-state: 'It's okay for you to be around, son or daughter, but only if you realise you and your wants are not as important as mine (Goulding & Goulding 1976). There may also be a "Don't be you" injunction, as the girlfriend ensures that the client is not the pretty girl she loved being, but instead a less attractive, boyish version of herself.

The client also presents racket feelings of sadness/helplessness. During the exercise she started to cry when she spoke about what she would do if she saw a little girl in the same situation. "If I saw a girl who was in my situation, I would say; this new look, these circumstances and feelings don't make you who you are. You still have a choice".

She is basically saying she didn't feel like she had a choice and she felt helpless. She stopped thinking she was worthwhile and important. This is evidenced by her change in friends, her low confidence, her lack of trust. Her Adapted-Child responds by being quiet and hoping the problem will just go away. In our sessions together, she tends to show helpless reactions towards her parents, where assertiveness and anger might be more appropriate.

When I asked her "How do you stop yourself getting protection, nurture and support today?" She replied, "I don't always voice my feelings and then I get hurt because people do things I don't want them to" (ties into I'm not important belief). She spoke about a time recently when her mum left her son's third birthday party prematurely because she wanted to go shopping instead. The client wanted to tell her mum "please stay and support me" but couldn't say how she felt, so she just said "Okay", but inside she felt really mad.

The client has long brown hair to this day and says she will never get her hair cut below her shoulders again. She states that her preference is for long hair. As outlined by Levine and Kline (2007), early traumatic events influence our preferences (our likes and dislikes) more than most people think or know. Most of us have had some sort of ordinary frightening event from which we have not fully recovered and some of these experiences form the bedrock of our various emotional and physical symptoms and even our 'dislikes' and 'preferences'. (Levine & Kline, 2007).

After completing the Bad Day at Black Rock exercise, the client came to her following session with the actual hair from the scene (her cut off pony-tail), which she had kept for 30 years in a special box as a reminder of the very difficult time she went through when her parents divorced (see photo below).

She also showed me photos of her haircut at age six, which indeed did show she had a very severe haircut and did look like a boy. However, a couple of sessions later, she, said she was thinking about donating her hair to a wig charity, as she didn't really need it now. So, I took this as a positive sign, that she was letting go of her past trauma and healing from it.

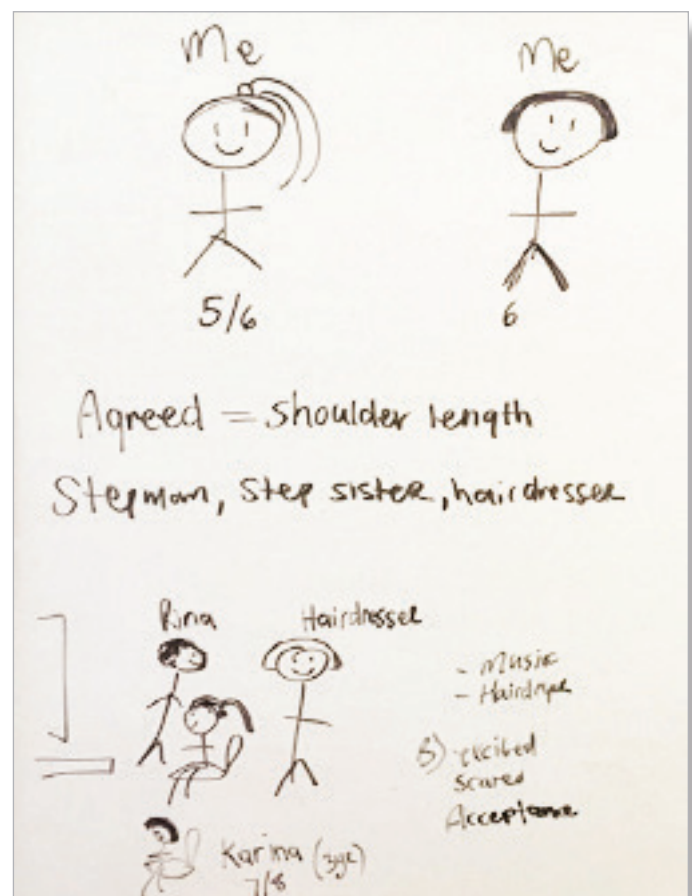


Figure 2.

A 35-year-old client's Bad Day at Black Rock drawing.



Figure 3.

A photograph that I took of the client's hair she brought in to show me. She kept the hair for 30 years in a special box, as a special reminder of the difficult time she went through when her parents divorced.

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