

This is the biggest regret in life most people have

By Diane Burk, courtesy MSN Lifestyle



Everyone has regrets, but you always imagine that those regrets revolve around the mistakes that you think you made. Maybe [you regret calling off your wedding](#). Maybe [you wish you hadn't married the man you chose](#). Maybe [you want to quit your job and move to Bali](#), but you're worried it's the wrong choice.

We focus so much on the decisions we make in the moment, but a new study published in the journal *Emotion* indicates that the old adage still rings true: it's not the things you *do* in life that you regret, it's the things you *don't* do.

In [a paper entitled "The Ideal Road Not Taken,"](#) Cornell psychologists identified three elements that make up a person's sense of self. Your actual self consists of qualities that you believe you possess. Your ideal self is made up of the qualities you want to have. Your ought self is the person you feel you should have been, according to your obligations and responsibilities.

In surveying the responses of hundreds of participants in six studies, the researchers found that, when asked to name their single biggest regret in life, 76 percent of participants said it was not fulfilling their ideal self.

This indicates that we might have a flawed attitude toward how to avoid regret. We live in a world in which we are told that we'll have a great life if we follow the rules. So you figure that if you do all of the things that society expects of you—act like a good citizen, get married at the appropriate time, make enough money to pay the bills—that you'll feel happy and fulfilled with your life. But those are all qualities associated with your *ought*self, which the study found people have limited regrets about (in part because they actually act on decisions associated with it). But when it comes to your dreams and aspirations, people are more likely to let them just drift by unrealized, and that's what really stings later in life.

"People are quicker to take steps to cope with failures to live up to their duties and responsibilities (ought-related regrets) than their failures to live up to their goals and aspirations (ideal-related regrets)," the study reads.

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Our Mission To continually improve the provision of behavioral health services for residents of Caroline, Dorchester, Kent, Queen Anne's and Talbot counties through effective coordination of care in collaboration with consumers, their natural support systems, providers, and the community at large.

Our Vision A rural behavioral healthcare delivery system that is clinically and culturally competent. This system will ensure access, have a community focus, be cost-effective, and be integrated to serve the community as a whole.


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“When we evaluate our lives, we think about whether we’re heading toward our ideal selves, becoming the person we’d like to be. Those are the regrets that are going to stick with you, because they are what you look at through the windshield of life,” Tom Gilovich, the Irene Blecker Rosenfeld Professor of Psychology at Cornell and lead author of the paper, said. “The ‘ought’ regrets are potholes on the road. Those were problems, but now they’re behind you. To be sure, there are certain failures to live up to our ‘ought’ selves that are extremely painful and can haunt a person forever; so many great works of fiction draw upon precisely that fact. But for most people those types of regrets are far outnumbered by the ways in which they fall short of their ideal selves.”

The results of the study indicate that it’s not enough to encourage people to just “do the right thing.” We need to establish that it’s vital for people to act on their hopes and dreams, and that it isn’t normal to just keep putting them off indefinitely.

“In the short term, people regret their actions more than inactions,” Gilovich said. “But in the long term, the inaction regrets stick around longer.”

It also implies that we need to stop making excuses for our own inaction. So learn that language you’ve always wanted to study. Take that backpacking trip through Asia you’ve been talking about for ages. Write that book that’s been tinkering around in your head for years. Don’t leave it for tomorrow. There’s only today.



Don't wait for things to get better. Life will always be complicated. Learn to be happy right now, otherwise you'll run out of time.



‘The best way to help is often just to listen’



A 24-hour suicide prevention line in the UK known as Samaritans helped Sophie Andrews become a survivor of abuse rather than a victim.

Now she's paying the favor back as the founder of The Silver Line, a helpline that supports lonely and isolated older people. The Silver Line fields about 1,500 calls daily.

In this powerful, personal TED Talk, she shares why the simple act of listening (instead

of giving advice) is often the best way to help someone in need.

Andrews' harrowing childhood experiences, documented in her 2009 autobiography, *Scarred*, inspired her to volunteer for Samaritans more than 25 years ago. She later served as the organization's national chairman. Andrews makes regular appearances as a motivational speaker before a variety of audiences, giving talks about her life experiences and the importance of charity work.

Listen to Andrews' TED Talk at https://www.ted.com/speakers/sophie_andrews

Cognitive neuroscientist Sophie Scott's TED Talk: ‘Why we laugh’



Did you know that you're 30 times more likely to laugh if you're with somebody else than if you're alone? Cognitive neuroscientist Sophie Scott shares this and other surprising facts about laughter in this fast-paced, action-packed and, yes, hilarious dash through the science of cracking up.

Listen to Scott's TED Talk at https://www.ted.com/talks/sophie_scott_why_we_laugh



By Sophie Scott

Did you know that you're 30 times more likely to laugh if you're with somebody else than if you're alone? If you search on the Web of Science database for papers on the emotion of fear, you'll get back 6,477 published papers. Search for papers on laughter and you'll get a paltry 175. Why the disparity? Well, one reason might be that laughter, like other positive emotions, feels less important than negative emotions. Sometimes people think that laughter is a ridiculous, trite, pointless topic to research — and somehow not the sort of topic we should study with Science with a capital S.



I'm a cognitive neuroscientist who works on vocal communication, and I (perhaps unsurprisingly) disagree. I have started to look into laughter in more detail, and I think it's a fascinating social behavior it is essential to study (here's an [article I wrote for *The Psychologist*](#), a [paper for *The Journal of Neuroscience*](#), and [another for *Cerebral Cortex*](#)). However, there is another reason why it is extremely hard to study laughter scientifically, and that's because it is exceptionally difficult to make people laugh in the lab.

This is partly because we normally laugh in social settings — social settings that can be extremely hard to re-create, for example, in a sterile anechoic chamber. But we need to use the anechoic chamber to make good, clear recordings of people laughing on their own, uncontaminated by the sounds of other people.

The anechoic chamber at University College London, where I work, is almost epically unamusing. It is claustrophobic and unpleasant. It's all I can do to spend two minutes in there, let alone start laughing there. But obviously our research calls for us to study people genuinely laughing. So over time we have learned the hard way how to make people laugh.

As with live TV shows and comedy clubs, we “warm people up” by spending time with them, watching stuff and laughing together, until we're ready to throw them into the chamber to start recording their mirth. There is some science behind this: Laughter is contagious, and it's much easier to make someone laugh again if they're already laughing. So we try and get groups of people to come in at once, and if possible, groups of people we know, and who know each other. We are thirty times more likely to laugh if we're with someone else than if we're on our own, and we're more likely to “catch” laughter from someone we know than someone we don't know.

We still need reasons for people to laugh when they're in the chamber, and here YouTube has been our greatest friend. Typical means to make people laugh, roughly grouped into six categories:

- Laugh and the world laughs with you—the contagion of laughter
- Schadenfreude—pleasure derived from another's misfortune.
- Schadenfreude AND laughter—[this video](#) shows how swiftly laughter changes a mood.
- Situation comedy—comedy centered on a fixed set of characters
- Specialist interest—what people find funny can be intensely personal.
- Social priming—exposure to one stimulus influences response to subsequent stimulus.



July 2018

Sun Mon Tue Wed Thu Fri Sat

1	2	3	4 MSBH Closed Independence Day	5	6	7
8	9	10 Roundtable on Homelessness 1:30 Consumer Council 3-4 @ CVI	11	12	13	14
15	16 RBHAC 11-12:30 @ MSBH	17 BHSN Aging 11-12	18 OMHC Directors 2:30-4 @ MSBH	19	20	21
22	23	24	25	26	27	28
29	30	31				

BHSN C & A mapping

The BHSN Child and Adolescent workgroup does not meet in July. Mid Shore Behavioral Health will host its next BHSN Child and Adolescent meeting from 10 a.m. to 12 p.m. Thursday, August 2 at the Talbot County Department of Social Services on Bay Street in Easton.

MSBH strongly encourages everyone to attend this meeting (or to send a representative) as the workgroup has begun working on a Mid Shore Child and Adolescent Resource Map. The more participants and input, the better as MSBH moves toward finalization of this guide.

This exercise is designed to identify strengths and gaps in and would love your feedback before it is finalized. Again, the more participation, the better the map, which will serve as a guide for system planning moving forward.

Questions? Contact Megan Pinder at mpinder@midshorebehavioralhealth.org or 410-770-4801 ext. 304.



Mid Shore Behavioral Health is located at 28578 Mary's Court, Easton, MD 21601. To participate in BHSN workgroups go to <https://www.midshorebehavioralhealth.org/bhsn> or call 410-770-4801.