

The 4-Part Skill That Can Build Trust With Your Client

Dr. Buczynski: Dr. Dan Siegel had an adult client he had been seeing since she was a child.

And for the first time, she was about to recall a lifelong shame - a memory that was buried for over 20 years.

Here, Dan shares the four-step method he used to help her access this memory.

And the powerful discovery that came next.

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Dr. Siegel: This is a person I’ve been seeing for a while – many years, actually, and she’s 30 years old.

I know her parents, and I had family sessions with them when she was young. She went away and developed a career, and when she came back recently to Los Angeles, we started working together again

I had seen her developmentally – I saw her growing up – I had seen all these things happen with two parents who were very strong-willed but not really focused on her.

They would have all sorts of arguments — they’re still together, but in a very tumultuous relationship — and she always felt left out. They were a very challenging family to work with – let me just put it that way.

You could tell she tried her best to assert her sense of well-being, but her parents were so not focused on her.

She now comes for therapy as an adult – I have observed data – it just happened last week, so it’s a good case to talk about!

She came in a little late, and she was apologizing and apologizing. She spent more time in the four minutes that she was late, apologizing for being late – we’re into seven, eight minutes of apologies.

This was an opportunity to say, “Tell me what you’re feeling about the apologies.”

She said, “You just deserve for me to come on time, and I deserve for me to come on time...” We agreed that yes, she should be on time.

But then I said, “Let’s see what the feeling is beneath this energy you have about apologizing so much.”

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We have water available in the office, and she had taken a cup of water and was drinking it. When she put it down, it fell over and spilled a little bit, and you could see the terror in her face.

I said, “Let’s pause. Don’t worry about the water – it’s just water. Let’s just stay with the feelings you have.”

For me, in terms of you asking about what I do in working with shame, the whole idea of therapy is based on the PART we play... PART is an acronym where P is Presence, A is Attunement, R is Resonance, and T is Trust. (I talk about that in depth in my book, *The Mindful Therapist*.)

My Presence with her was to be open to whatever was arising in her. In this case, it was about being late, apologies, and spilling the water – that’s what the session was about.

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I was being present for her internal experience – I wanted to explore the internal and the personal of what was happening between us right now.

When there was this experience of her being late and the apologies and the water spilling and her distress about that, it was really an opportunity to be in the PART.

This is how psychotherapy can work with shame.

We begin with the fundamental, interpersonal, neurobiological view of the way a relationship will allow neuroplastic changes to happen through a state of Trust that is created with the therapist’s Presence, Attunement, and Resonance.

Ultimately, PART leads to a more integrated brain – that’s the overarching idea.

In this session, the presence inside of me was that I could sift my own mind — check human sensations, images, feelings, and thoughts in me – and feel something going on in her.

I asked her to pause, and just to check in with her own sensations in her body. Sometimes, not always, I’ll do bilateral stimulation, depending on my hand moving left and right, or sometimes it’s a person tapping, depending on the nature of the relationship.

Sometimes that’s very helpful, especially with intellectual people, as this woman was.

It’s important to get them beneath thinking with words — thinking, thinking, thinking, thinking — and instead we want them to become present with their own internal experience: beyond, beneath, and before words.

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The therapist’s attunement is connecting to the internal world of the other – the therapist is inviting presence, openness, and receptivity of attunement to the client – and in this case, I want to focus attention on her internal world.

The Resonating is where I’m literally allowing my state to be changed because of hers, and for her to be able to recognize, that there’s a resonance where she is influencing me.

I’m not becoming her and she doesn’t have to fear that she is obliterating me.

Instead, she can feel like there is an expansion, what you would call an increased state of complexity within the interpersonal relationship.

From an interpersonal neurobiological point of view, we're trying to achieve higher states of integration – we're optimizing the self-organization of the system, which now is dyadic.

Once there's a Resonance with Attunement and the Presence is there, Trust can be created.

In this case, she started becoming aware of some memories of her parents yelling at her when she was young, even before the years when I first saw them as a family.

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She reflected on that experience – she felt back in there – pure implicit memories were now arising.

Awareness happens when an implicit memory that hasn't been integrated by the hippocampus and woven into its explicit, factual or autobiographical form is retrieved.

This is not the same as unconscious memory – its retrieval is not associated with what's called a sensation – it doesn't feel like this is a memory.

So, she's feeling the disconnection from her parents. She's feeling — and she uses these words — “I don't belong here. I'm not wanted.”

When she gets even deeper into it, she starts talking about how there's something wrong with her – that there is something fundamentally flawed in who she is.

As we sit with that feeling, it's extremely uncomfortable for her. I can feel it in me – you can tell by her body movements...

She said, “This is what I always feel. When I'm late, I feel you're going to reject me because I don't belong here with you. When I spill the water, I feel that's just another example of how defective I am.”

It's not just, “I'm late. I'm sorry. I know I've spilled some water. Let's clean it up.”

What she says is a window into what she deeply feels – it's the shame cognition, and you can feel the heaviness of its physiology.

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Now, the question is: What do you do to help liberate someone?

There are a couple of ways. The first step is to literally be Present, to Attune, and Resonate – to be there with the person and their shame.

This is my approach, which I find helpful. I found it helpful with Matthew. I'm hoping — she's in active therapy that it will be helpful with her.

I'm going to see her tomorrow. With patients I've worked with, I find it very helpful to be Present, Attune, and Resonate...and then there's a feeling of Trust.

Often, with those who have never recognized their shame, they'll say, “I feel I'm defective, and I don't want to tell you about that.”

Then, we take one of two approaches. One is a kind of psycho-educational offering that can liberate a person from the heaviness of the shame.

I'll say something like, "You know, you've just described this fight of your parents, and you've described how you felt like they didn't want you to be there, and actually, they didn't."

She had picked up on what they had said in private sessions. Basically, there was a feeling of, "I am not wanted. I'm not going to be really respected and attuned to."

So, I said to her, "You've just described to me the memory that came up and now the feeling of shame that's associated with it. What do you think about that? Let's talk about it."

I'm condensing, obviously, a whole session, but then she talks about feeling like there was nowhere to turn – the feeling from when she was six that has stayed with her till now when she is 30.

I said, "That can be how unresolved, traumatic experiences get imbedded in our brains. Why would you conclude that you're defective when your parents were just fighting with each other and were distracted?"

She responded that she had no idea and I said, "Let's stay with that and see what arises."

When she did, she said, "I'm just no good, and my boyfriend is going to realize I'm no good, and I need to push him away... In fact, I do this all the time."

"There was this fear that something bad was happening in that moment in the session."

I said, "What do you think might be beneath the shame?"

She said, "What do you mean, beneath the shame?"

I said, "See what comes up." She started trembling, and this deep, deep fear came up of being alone – there was this fear that something bad was happening in that moment in the session.

We stayed with the fear and what came up was the image of her mother's enraged face and father's disconnected face – she was very volatile and he was more aloof.

I said to her at this moment, "For you to be six and experiencing that may suggest that you experienced it before. Maybe you don't explicitly remember it, but what do you think it was like for you, as a kid, who was a good person — not defective – but felt completely convinced that you were defective?"

I hear and respect what you're saying, but what do you think your options were at that moment when your parents were acting in such an emotionally confusing way?"

And she goes, "I had to see them as good."

And I said, "Why did you have to see them as good?"

She goes, "I don't know," and looked really frightened.

And I said, "When a child is faced with not being attuned to with positive or negative expressions, and they feel like they don't belong, there's a choice point that isn't done consciously, but it's where shame is chosen – there's something wrong with me, rather than something wrong with..."

And she goes, "My parents... Why do you think kids do that?"

I said, “This is one developmental view, and there are different views, but this is one view of the origin of shame. Why do you think you do that?”

She was in a very deep state of reflection and said, “I can’t see...” and she said this in the present tense, “I can’t see my parents as defective.”

I said, “And what’s a child’s number one need?”

“To be protected.”

I said, “Sure, and if you think your parents are defective – that something’s wrong with them and they’re inadequate – you’re going to go insane.

You chose shame over being insane – excellent choice!”

She looked at me, and I said again, “Excellent choice, and now it’s time for your software to be updated, because a part of you has been holding on to this state of shame – this state of mind – and it’s been great. It kept you from being insane...

And it’s magnificent that you are so far from insane, but you don’t need to do that anymore. Now you can say: Maybe my parents were defective.”

Her body shifted, her shoulders went back, and she said, “Oh, my god... You mean, it may not be true?”

And I said, “It not only may not be true, and I know that you believe it’s true, but actually it’s not true. I’ve known you since you were a pip-squeak, you are an amazing human being.”

At this point, I was, in many ways, the parenting she never had. I was the Presence, Attunement, Resonance, and Trust in a very direct way – and I could really feel this way about her – I didn’t have to fake it – she is an amazing human being.

I said, “Of course, you were going to believe you were defective to protect yourself from going insane. That was awesome, but now, I don’t know if you need that – maybe you do or maybe not...”

And she said, “I don’t think I need it.”

“OK, then we’ll work on it and see what happens tomorrow.”

This is the experience of a developmental view.

Dr. Buczynski: As we saw with Dan’s client, children can drive implicit memories deep beneath the surface.

Especially if the trade-off is needed feelings of safety and protection.

To get some more insight these ideas, here’s Dr. Kelly McGonigal and Dr. Ron Siegel.

Dr. Siegel: For most children, if they’re being rejected, neglected, or spoken to harshly, they are, in some way, being injured. If the person doing the injury is the primary caregiver, they have two options –

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Either, “Oh my god, my primary caregiver” – usually a parent – “is deeply flawed, and I’m out in the world without any kind of support;” or, “There’s something terribly wrong with me, and I’ve been very bad.”

I used to work a lot with kids who had suffered from sexual and psychological abuse, and over and over and over, we see the victims of sexual and physical abuse would pick the latter option. The thought of not having parents was just scary – and for good reason.

Children can’t survive without caregivers here. So, they default to the idea that there is something terribly wrong with themselves. This would happen even when the parental behavior was quite outrageous by anybody’s estimation.

It’s interesting to think about this in normal development, even if there hasn’t been abuse or neglect.

When we’re little kids, we tend to think that parents or other adults are at god-like levels. They gave powers that exceed our abilities in the world.

Then, as we age, we reach a point where we realize, “Oh gosh, I am now the age that mother” – or father, or some other caregiver – “was when X, Y, or Z happened.”

And we realize, *Gosh. I’m a lost and struggling human being trying to deal with many competing feelings and difficulties. I have good days and bad days – and that caregiver was here? They weren’t some god? They were a lost and struggling human being?*

How liberating or disillusioning that can be, but how dangerous it is to think of our caregivers that way when we’re young. This gets carried forward into so many relationships, along with our assumption of badness or shame about something.

I just wanted to emphasize that point Dan made, because I thought it has so much clinical relevance.

Dr. McGonigal: That was exactly my main takeaway, too. It really stood out to me because it seems like both a true observation he was able to walk his client through, but also an incredibly self-compassionate insight.

In the past, we’ve talked about how sometimes people might choose self-blame (which leads to shame) as a way of maintaining.

But, they might choose self-blame as a belief that there was something you can do to avoid or change the pain that you’re experiencing. I think that also plays a role.

It’s not just not wanting to view your parents as being bad, but it’s also, maybe there is something I can do. That self-blame and shame can be a part of trying to take care of the self by believing you have more control over a situation than you do.

I’m sure that goes on in adult relationships as well as childhood relationships.

Dr. Buczynski: It’s easy to see how a person can get stuck in a shame and blame loop rather than see their caregivers as imperfect.

In the next module, we’ll look deeper into this kind of childhood shame that holds back our adult clients.

I’ll see you then.