How to Work with Clients Who Blame

Bonus 4:

How to Avoid Enacting the Same Blame Pattern You're Trying to Change

with Stephen Porges, PhD; Rick Hanson, PhD; and Ruth Buczynski, PhD

National Institute for the Clinical Application of Behavioral Medicine



who have the agenda

of changing people."



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How to Avoid Enacting the Same Blame Pattern You're Trying to Change

Dr. Buczynski: So now that we've explored several different aspects of working with a chronic blamer or with clients who try to solve their problem by changing someone else, now I'd like to tilt the lens a little bit and look at . . .

How can we, as practitioners, make sure that we're encouraging change rather than requiring it, or enforcing it with clients?

You see, according to Dr. Stephen Porges, therapists sometimes fall into certain strategies that can have an underlying agenda of changing people.

So here, Stephen will share one way to begin shifting out of that kind of strategy. He'll also get into how he distinguishes between pushing a client versus *empowering* a client.

Dr. Porges: Given this notion of an agenda to change other people, there are therapists who also have that same agenda where they want to "create this dialogue" with the agenda of changing people. I think there's some similarity in strategies here and I want "There are therapists"

changing people. I think there's some similarity in strategies here and I want to in a sense shift the strategy - give it a different set of words and a different narrative.

We [should] think of therapy as a therapist and not as a maker or changer of people. [We are] an enabler and supporter to enable someone to emerge

and become an enabler. We then enable our clients with that same model rather than "Everything would be good if my husband were different/my boss were different/my son was this/my daughter was this."

"Use the therapeutic setting as a way of developing a sense of that individual's power in relationships as an *enabler* in a positive way—a person who witnesses, supports, is accepting, and is present."

You use the therapeutic setting as a way of developing a sense of that individual's power in relationships as an *enabler*. [That is] as an enabler in the positive way, not an enabler for bad or addictive behavior - meaning a person who witnesses, supports, is accepting, and is present.

The model varies. When a client starts to attain those attributes, their relationship with other people spontaneously changes. They're no longer in a defensive, hostile interaction; they are now in a welcoming set of behaviors that become coregulatory and supportive.

Let me add one other comment here: many individuals feel that if they enable, they are being exploited. This is part of the dialogue that "Life would be different if someone else were different."

The issue is there is immediately a sense of defensiveness. Their bodies and language are all about defending who they are and justifying who they are and what they've done. They haven't had, let's say, the sufficient experiences with feeling safe enough with another person to have that moment of presence. They haven't had the ability to witness another, and above all, to coregulate and share those intersubjective moments.

Dr. Buczynski: Now, the co-regulation may be key here. But often, it's not an easy task.

That's because, according to Stephen, when a client starts talking about changing others, they've often already built a wall of separation. And so they're predisposed to closing off and holding other people at a distance.

Here's how that can sometimes touch off a harmful interaction between a practitioner and a client in session . . .

Dr. Porges: The notions of coregulation and empowering and having therapeutic presence are tough tasks.

[It is tough] especially with individuals like clients who may be very, very defensive and hypervigilant and not giving cues to the therapist of welcoming and shared moments.

"The therapist needs a lot of self-love and self-compassion to understand the functional abuse they experience in their sessions when their client isn't sharing with them."

The therapist is human as well, and so the therapist in this whole interaction is going to be reacting to the client. It needs a lot of, let's say, self-love and self-compassion to understand the functional abuse many therapists are experiencing in their sessions when their client is not sharing or engaging with them.

If the client gaze-averts, talks in a monotone, doesn't seem to in a sense witness the therapist's presence, the therapist is going to physiologically react to that in a defensive way. The therapist may turn off, turn away, drop the affective/positive affect on their face, or stop responding.

The client will see that as part of the real world they're in - [it will] support their defensiveness. Then the therapist will be another one of the people in the client's world that doesn't get them and doesn't understand them.

Dr. Buczynski: So as Stephen pointed out, helping a client coregulate can be challenging. But it can also be the key difference between pushing change on a client, versus giving them the resources and the space to move toward making that change themselves.

Now of course, that's not the only corrective step we might take if we realize there's a flaw in how we're working with a client whose goal is to change someone else.

So here, Dr. Rick Hanson has a story about when this happened to him. He'll share the strategy *he* used to help put therapy back on track.

Dr. Hanson: I'm thinking of a client I've worked with quite a lot who has been very, very focused on getting her husband to change in the course of a long relationship - that has ultimately led to a separation now - and also get her adult children to change. I went through multiple cycles of her coming in and saying, "I know this is crazy... blah-blah." I agreed with her, "Yes, that's not a really good thing." Then we would problem-solve around it and she would come back the next week – same issue.

After a handful of cycles of that I started to pull out of the script she and I were getting caught in. In effect, I was doing to her what she was doing in her life.

That right there is a really powerful moment when you start realizing you're being drawn into enacting – as a therapist – what it is you're trying to change, help, or be therapeutic about in the other person. I was trying

to get *her* to change.

What I did is what therapists do: I popped up to the level of commentary and started observing that's what was happening, with supporting factors around that helped her not feel I was criticizing or shaming her. It was more out of amusement but I did deliberate things to disclose my own process with her — which I could do because she's pretty high-functioning all the way around. I also did the thing I think is quite helpful for therapists to do: go a little bit "one down."

"It's a powerful moment when you start realizing you're being drawn into enacting—as a therapist—what it is you're trying to be therapeutic about in the other person."

"One down" is a very effective method to offer an observation or even an interpretation about what's happening. If the therapist goes "one down," it often makes it easier for the client to receive it. It doesn't feel like going "one up" about them with some kind of power move or reenactment of their history of being criticized by authority figures.

To talk about how I did it concretely, I would often sort of laugh at myself or be rueful. Or I would say, "Man, I realize it's just so silly; they talked about it in grad school and there I am again trying to give you advice and tell you how to do something better. You know, it just kind of reminds me in a funny way of what you're talking about here that you're doing with your own children."

Silence... and then I would just leave it to the person - self-deprecating and a little humor.

Another form of "one down" is to not act like you're sure but say, "You know, this is probably a dumb idea but see if any part of it rings true to you: maybe what's happening between us is that I'm getting drawn into doing what you're doing with your kids." Another version that would be more direct would be something on the order of, "Well, you know, this is a really, really tricky thing to talk about. I'm probably off base here but I wonder if it might be possible that, with your husband, say, what you're doing with him is something that hypothetically, you did with your first husband. [This is] the one who was so much trouble with you - the father of your children and so forth." There's a kind of diffidence in it. I guess that's how I would do it.

"Very often when people get caught up in trying to fix others around them, deep down, often it's like there's a quest inside."

The other thing that was really useful with her was to call out and honor her longings for a healthy, happy life. She was *heroic*. I think, very often when people get caught up in trying to fix others around them, even if it looks like a kind of blaming like, "Well, I'd be happy only if they were different in some way," deep down, often it's like there's a quest inside.

[The quest] was grounded for her in her own really shattered childhood in which things were broken down. Her father was really critical, and her mother was critical as well as helpless in many kinds of ways. She herself became the so-called "parentified child" in which she was supposed to

manage her family as a child. She couldn't do it. We have a classic situation in which her responsibilities are *enormous*, but her ability to fulfill them as a ten-year-old girl in this messed-up family were very, very limited.

Then that pattern of relatedness in which she has limited power and influence and yet she's trying to solve problems that are enormous – she has 10 units of influence and 100 units of a problem – was brought into her situation with her adult children who individually had serious organic issues in their psychology. It was also brought into her marriage in which her second husband just would not budge.

What was really important for *me* to do was to get out of trying to budge and shift her. I *joined with* the longing in her for a happier life and a happier family. I joined with the quest in her - the intention in her to repair and heal and make things better in her family. I think when she could see in me – and she could even see in her – the beauty, the power, the heroism of her attempts to do something that was just impossible, then it was easier for her to see that it was impossible.

It reminded me a little bit of the classic story of the little Dutch boy and the dike. The seas are rising and the holes are in the dike, and he's trying to plug all the holes. He only has so many fingers and toes, and at some point it's just bigger than anything you can do. Yet there's something so endearing and poignant and touching about that little kid trying to plug all the holes in the dike.

When she felt from me that I really, really honored and did not patronize or condescend that heroic impulse in her, and when she could feel inside herself that there was something profound and beautiful and sweet about it, then it was possible to go through a cycle of grief and disenchantment.

She realized and had to face, "No – the ocean is too big for me. It's going to flood the dike. No – I cannot rescue my children from those things. No – my current husband will never be that guy. He will never be that guy

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that I had flickers of with him. He will never be that guy. He's moved on in various ways. I've given him dozens and dozens of chances and he refuses to shift in even really easy ways." There's a lot of grief in her to really face that, but to be able to face that it was really important to first *truly honor* her heroic impulse.

Dr. Buczynski: So by zeroing in on a client's good intentions for trying to make things better, we can often help them start to accept the things they cannot change.

I hope you enjoyed these extra program bonuses and that you found something useful to help you in your work with clients.

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