

# How to Work with Clients Who Blame

## Module 1: The Neurobiology of Blame

### Part 2: How to Work with Blame When a Client Has a History of Trauma

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## How to Work with Clients Who Blame: The Neurobiology of Blame

### How to Work with Blame When a Client Has a History of Trauma

**Dr. Buczynski:** How do we help weaken the link between trauma and a blaming mindset?

In the previous video, we touched on a few of the factors that could lead to an excessively differentiated default mode network. One of those factors was trauma.

Trauma, as we know, can impact so many different areas of the brain and leave its deep tracing on the nervous system. The difficult part of this is that when a person has experienced trauma, it can leave them more susceptible to blame. And this goes both ways, by the way. They can struggle with receiving blame as well as externalizing it.

**Dr. van der Kolk:** When you're traumatized, your brain changes. It changes to pick up danger all the time. So you get a fear-driven brain that picks up any sign of danger all the time, and you live in that constant state of fear and constant state of defense.

**Dr. Buczynski:** That's Dr. Bessel van der Kolk. Bessel has worked extensively with trauma and its long-lasting effects. And he has seen firsthand how trauma can alter the way a client deals with blame.

**Dr. van der Kolk:** It's just that your whole alarm system is always ringing and you pick up any piece of affect from around you. You tend to get very, very vulnerable to responding to other people who are upset, angry, or critical. You're always on guard and you go through life getting hurt a lot.

**Dr. Buczynski:** That's one of the most challenging parts of working with trauma. Clients do get hurt more often because their brain and nervous system have become hypervigilant. And they can become ultra sensitive to other people's emotions and behaviors.

But here's something to note. This change in sensitivity can also go the other way.

**Dr. van der Kolk:** Sometimes they can get very *insensitive*, where they feel nothing. The *DSM-5* has made some progress in distinguishing these two variations of trauma: the hyper-reactivity and the shutting down. Oftentimes people have a combination; they have a shut-down part of the time and hyper-reactivity other parts of the time.

**Dr. Buczynski:** That's an important distinction to make when we're looking at the impact of trauma. Yes, it can make a client more hyperactive, but it can also lead to them freezing out or shutting down.

Ok back to the main point, clients who've experienced trauma can become more sensitive, more reactive to displays of anger or criticism. And this is the opening that blame is looking for. Once blame gains a foothold in the client's brain, it can become a painful part of how they experience the world.

So how can we change this?

**Dr. van der Kolk:** I think people start changing when they get in touch with the feelings it brings up for them. I think these changes occur automatically.

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As you work with the inner person and all the scared and upset parts of them, they become less likely to project their issues on other people.

For example, if people say, “All these people I work with are such assholes,” you go like, “Have they said anything to scare you? They upset you?” You deal with their own triggers of what upsets them so much. Then they start maybe seeing these people as just flawed human beings rather than people “having it in for them.”

That’s very relevant for trauma of course because traumatized people always feel hurt by *somebody*, all the time, because when you’re traumatized you get very, very vulnerable to taking other people’s emotions onto yourself and taking it very personally.

**Dr. Buczynski:** Did you catch that? Right there is a critical piece of the blame puzzle. People who are traumatized can often take other people’s reactions personally.

So the goal then is to help the client turn toward their emotional triggers and see how those may be playing a role in the problem.

From there, the hope would be that they can begin to shift and see other people’s reactions as simply character flaws instead of personal attacks.

Ok, so how do we do this? What needs to happen in order for this shift to take place?

First you may need to stabilize the client’s internal world and help them be less fearful.

**Dr. van der Kolk:** Oftentimes in my practice it involves some neurofeedback where we calm that brain down so you are not so reactive to things - to everything around you - and you are getting to know your own body. These are aspects of getting a lot less vulnerable to other people’s emotions.

I take a sort of neuroscience point of view. You need to build up what’s called the midline structures of the cortex which are the areas of the brain having to do with self-awareness and self-observation. Once you really know who you are and what your feelings are, you can say, “Ah, this guy’s having feelings, but they don’t match my feelings.”

**Dr. Buczynski:** This is an important part of the process. Through mindfulness and body work, the client can try to build a greater awareness of the self and of their own emotions. This in turn can help to bring down reactivity and judgmental feelings, which can help change how they deal with others.

**Dr. van der Kolk:** As long as you’re wide open and very vulnerable, other people’s feelings come right in and hijack you. You see this after meditation.

After people go for a meditation retreat, they go back to the same old environment. They shake their head and say, “There he goes again.” Instead of looking for a confrontation, they think, “That person is having a problem.” That’s very strongly correlated with this activation of the midline functions of the brain which you can activate when you do prolonged meditation and yoga and this kind of work.

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**Dr. Hanson:** Deepening in interoceptive physical awareness helps people become more empathic for others, while also being more differentiated. That’s what we really want to develop.

This internal awareness of body sensations gives people the capacity to do *both*. That’s what we’re working on: being both empathic, while centered and grounded in oneself and not feeling overwhelmed by the other person.

**Dr. Buczynski:** This can be a helpful way to look at why bottom-up interventions can be so effective with certain clients.

Now, once we help the client build up this physical awareness and empathy, we may also want to look at ways to help them integrate it into their brain.

**Dr. Hanson:** Another piece of the brain that’s relevant here, and it’s implicit in what Bessel was talking about, is the frontal portion of the cingulate cortex, the *anterior portion* it’s called. This is the little part of the brain – again, right in the middle and very important – that helps us integrate thinking and feeling.

If people also start languaging their internal body sensations in a simple way: “Tension. Pleasant. Unpleasant. Soft. Warm. Cool,” that simple process trains the anterior cingulate cortex. It relates to the ancient mindfulness practices of noting, for example.

Simply observing when the two of those come together – internal awareness of the body combined with the capacity to comment on it – we’re strengthening thinking and feeling, bringing them both together.

Many people can feel what they’re feeling but they can’t *think* what they’re feeling; other people can think but they can’t bring *feeling* into thinking.

**Dr. Buczynski:** So by helping the client engage that anterior cingulate cortex part of the brain, we can help them to integrate those thoughts and feelings.

What this does is help deepen this sense of being an autonomous “self” that’s also intimately connected to others. Once a client is able to do this, they can better learn how to manage themselves.

So the next time they come up against a rude or desperate person, they can stay centered and even begin to see things through the other person’s eyes.

**Dr. van der Kolk:** It’s about self-awareness and using your mirror-neuron system to understand what’s going on with other people but not be hijacked by that person. It is to say, “Oh, this person is really mad. Hmm, and I am not. I wonder how/what I can do to help that person be less aggressive and mean to me.” That’s the big difference, “I’m I, and you’re you, and I see where you’re coming from. I will stand it, but you’re not going to own me.”

**Dr. Buczynski:** That can be one of the most powerful areas of healing for the client. Once they can face the fire without getting burned, blame can become less of a factor in their lives.

In the next module, we’ll look at how to work with clients who are stuck in a cycle of blaming others.

I’ll see you there.