

# How to Work with Clients Who Blame

## Module 6: How to Help Clients Shift from a Blaming Mindset to a Growth Mindset

### Part 1: Avoiding Common Missteps When Working with Blame

with Shelly Harrell, PhD; Kelly McGonigal, PhD; Rick Hanson, PhD;  
and Ruth Buczynski, PhD

National Institute for the Clinical  
Application of Behavioral Medicine





## How to Work with Clients Who Blame: How to Help Clients Shift from a Blaming Mindset to a Growth Mindset

### Avoiding Common Missteps When Working with Blame

**Dr. Buczynski:** When a client comes into session feeling like everything is someone else's fault, they can sometimes get stuck in the content of the blame.

They get bogged down in the externalization of their blaming and it can be difficult to move forward.

So how do we help clients begin to shift from a blame mindset to a growth mindset?

According to Dr. Shelly Harrell, it starts with how we first approach the client's blame.

**Dr. Harrell:** My orientation generally is *meet the client where they are*. I wouldn't necessarily try to convince them what they're perceiving is *wrong*; I would really want to *hear* what that's about.

I think sometimes we so value self-awareness - obviously I do too, I'm a therapist! I think self-awareness and taking responsibility is important, but I think sometimes we minimize the actual experiences clients may have in the world that *do* negatively impact them. It's not, "Either it's your internal process *or* it's the external process," but "It's the relationship between the internal and the external."

"Sometimes we minimize the actual experiences clients may have in the world that do negatively impact them."

If we convey to a client that we only want to talk about "your responsibility" or "your psychological processes," I think that can sometimes be experienced by clients as invalidating perceptions they have of what's going on in the world they live in - so the workplace, or within the family system. I think timing is important.

Initially, if I'm working with a client who's doing a lot of externalizing, then that's saying to me, "They need some space to talk about this for a bit before we can begin to look at their contribution."

**Dr. Buczynski:** So we start to see how both pacing and validation can be so crucial for effectively working with blame.

When a client is doing a lot of externalizing, we might take that as a signal. It could be telling us that we need to slow down our pacing and readjust our focus.

Again, if we move too quickly to examine the *client's* role in the problem it can harm the therapeutic alliance. And with particular client populations this can especially painful.

**Dr. Harrell:** I think one of the experiences I've had as an African-American woman - as a therapist - is sometimes clients are referred to me who have previously seen a white therapist. [They] have said when they found me, one of the experiences they had was not feeling validated for what they perceive happening in their lives in the world - in the workplace or other settings.

Often when clients feel seen and heard there's a wall that can start coming down particularly for, again, clients I work with from historically oppressed or stigmatized groups - marginalized groups. There's sometimes a wall that has gotten erected to protect against those invalidations they feel when someone says, "You're playing the race card," or, "Take some responsibility, everything's not about discrimination."

Those kinds of things they'll hear from the world feel very invalidating, like, "Wait a minute – I've got an actual experience here that needs to be heard."

I think as therapists, we don't want to repeat that invalidation. When a client is saying, "I have an actual experience that needs to be heard," we really need to *hear* that experience. I think the more we do that, the wall that has kind of been built for protection can begin to come down. Then I think clients will hear us and be willing to do that hard work of saying, "Wow – what is my role in this? What *am* I contributing to this?"

**Dr. Buczynski:** Shelly just shared a critical perspective, especially when it comes to working with clients who are historically oppressed or marginalized.

So how can practitioners, especially perhaps those who *aren't* a member of those groups, how can practitioners navigate that dynamic?

**Dr. McGonigal:** Seek out resources where you are hearing about people's experiences that are different than your own, so that, in a therapeutic situation – or for me in a classroom – you can start to recognize, when people are saying something, how very likely it is that they are reporting it accurately, rather than something like, "Oh, I'm sure it wasn't really about race," or, "Maybe you're taking this too personally."

I wanted to share a quote from a paper that I'm going to send you. One way that you can start to educate yourself is try to learn more about how people of different races experience things like microaggressions or micro injuries.

The paper is called "Racial Microaggressions in Everyday Life: Implications for Clinical Practice." It's specifically looking at people who are therapists – how to avoid doing it yourself, and also understand other people's experiences that may be different from your own.

"If we've had our own experiences of being marginalized or stigmatized, we *think* we understand what it's like to be oppressed for *other* reasons. But we should *not* make that assumption."

One quote from this is that "The most accurate assessment about whether racist acts have occurred in a particular situation is most likely to be made by the most disempowered rather than by those who enjoy the privileges of power." This is *really* important.

One of the things that is brought up in this paper is that sometimes, if we've had our own experiences of being marginalized or stigmatized – say because you're a woman, or because of your religion, or because of your appearance, or a disability – we think we understand what it's like to be oppressed for *other* reasons.

We should *not* make that assumption.

The person who understands the experience is the person who's had it. Even just to make the assumption that "Because I'm a woman, or because of some other factor, I know what it's like to be treated unfairly, and

therefore I understand *your* experience of being a racial minority or something else." That actually in *itself* can be a microaggression.

**Dr. Buczynski:** So just to recap, we want to be very cautious that we're not rushing a client to focus too quickly on *their* role in a problem. The danger here is that we could be invalidating their experience.

See, in a general sense when a client feels invalidated for any reason, they can become more prone to feeling blame or resentment. And that can just fortify the hidden pain that's linked to the blame.

Now, as Dr. Rick Hanson discovered, sometimes this invalidation begins in the home.

**Dr. Hanson:** In the case of this particular client genuine – I'm going to deliberately use a gender-group language here – she had a genuine motherly impulse toward her children and a wifely impulse toward her husband; and she had a deeply rooted reparative impulse grounded in being a daughter and being a girl. In her case, one of the things that were disowned in her was her anger at her own kids for "refusing her out" in some ways. She was also angry at them for not being helpable, or for blaming her even though she's the one who's really trying to help them. She had in fact helped them in enormous, including very financially costly, kinds of ways.

One of the secret aspects here was she was angry at them. She was mad at them. Being able to own that and include that was a really critically important part of the treatment.

I think sometimes it tends to be disowned, warded off, and pushed aside. It leaks out a little bit, like, "Why won't they take my help?" But underneath that superficial exasperation is sometimes a deeply frustrated anger. That was important to surface, acknowledge, bring into awareness, understand, and gradually disengage from.

**Dr. Buczynski:** Although it may have been difficult for Rick's client to accept at first, it's completely understandable why she'd be angry.

But anger is often just the messenger. Underneath it are the painful emotions that can keep a client glued to their blame.

**Dr. Hanson:** The anger is normal and often very valid, for multiple reasons.

The anger related to making efforts that didn't bear fruit, underneath which is, let's say, disappointment and sadness and grief. That's really important to deal with. And another part of it is sometimes the anger is very appropriate, in that she had been let down or deceived sometimes by people in her family system who said, "Oh, yes, I'll change," or, "I'll do this thing that will make my life better, if you only pay my rent for the next six months," or "...if only you help me find a better living situation." And then really what they were doing was taking advantage of her efforts.

So, yes, there's a lot of often legitimacy in the anger – and naming that, too; she was guilty about her anger, as I think many people are... it being more commonly mothers than fathers, perhaps, but she was quite guilty about it. To validate the legitimacy of her anger was an important piece of the puzzle too.

**Dr. Buczynski:** That's a unique part of blame that's worth noting. Clients can often feel guilty about having this anger directed toward loved ones.

In these cases, the anger can simply get pushed underneath. But let's look a little closer now at one of the other emotions that Rick's client was struggling with. Because I think it can often be what keeps blame alive and keeps a client from growth.

I'm talking about disappointment.

**Dr. Hanson:** I think disappointment is an underappreciated therapeutic issue/clinical issue.

What I think is helpful about that is to really be mindful of it and open to it and feel it, and also recognize that it's disappointment in relationship to a longing, or a vision, or a desire, or a wish. And then what gets really interesting is to explore that wish, that longing, that dream.

“Disappointment is an underappreciated therapeutic issue.”

Sometimes what happens is people realize that they're disappointed in relationship to a dream or a fantasy that was really unrealistic or grandiose in some way, and realizing that kind of pops the bubble and can actually lighten up the disappointment. They realize, “Oh, that was kind of silly – understandable, grounded in childhood; I'm never going to be a rockstar, I'm never going to get a Nobel Prize – but really the odds of that are low anyway. I don't need to be disappointed about that. It's not a big deal.”

**Dr. Buczynski:** This is another example of how we can bring the idea of “unrealistic expectations” to the client. Michael Yapko covered this in module 2.

Now the flip side to this is that sometimes the client can't just brush aside that long-held desire. They can have a very difficult time even making contact with this internal longing.

**Dr. Hanson:** On the other hand, sometimes there is a very, very important longing that people have sometimes suppressed in themselves because as soon as they feel the longing, then they start getting disappointed. And to realize, “No, of course you would wish to have had a healthy relationship with your own parents,” or, “Of course you would have wanted to have a life partner who truly, truly cherished you, and that's a deeply important thing to want.”

In a sense, intensifying or claiming the legitimacy of the longing is a necessary step in working through the disappointment.

**Dr. Buczynski:** This can be a valuable insight into just how much a client's longing and disappointment can get entangled with blame.

I'd like to keep chewing on this idea, so in the next video we're going to look at how to help resolve this kind of deep disappointment in order to bypass blame. And how this can help lead clients to growth.

I'll see you there.