# Next Level Practitioner

## Week 119: How to Help Clients Identify and Cope with Their Fear Triggers

Day 5: Critical Insights

with Ron Siegel, PsyD; Kelly McGonigal, PhD; and Ruth Buczynski, PhD

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Critical Insights

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Critical Insights

**Dr. Buczynski:** Hello everyone. We're back. This is the part of the week where we're going to unpack the ideas, and conceptualize and synthesize them a bit.

I'm joined, as I always am, by my two good buddies, Dr. Kelly McGonigal and Dr. Ron Siegel. Let's jump right in and start with what stood out to you this week. We'll start with you, Kelly, and then we'll go to you, Ron.

## Three Benefits of Working with the Body When Dealing with Fear

"Everyone was talking about pointing people's attention to their bodies as a way of dealing with fear."

**Dr. McGonigal:** What stood out to me was how everyone was talking about pointing people's attention to their bodies as a way of dealing with fear.

I just wanted to highlight the three ways we know that doing that seems to help with strong emotions, including fear.

We heard some examples that are kind of about taking the edge off of a very intense experience. We know that when you label an emotion, it starts to not dissolve it completely, but it softens or makes it more porous so that people are better able to *be with* that emotion and feel less completely overwhelmed by it, just by labeling it. It is very much often about labeling what you feel in your body.

"When you label an emotion, it softens so that people are better able to ***be with*** that emotion and feel less completely overwhelmed by it."

We also know that it can increase distress tolerance: when you turn your attention to what's happening in the body, in a relatively mindful and accepting way, it often increases your ability to tolerate the distress that goes along with those feelings, whether it's psychological distress or physical distress.

It can also help you understand it; it gives you a sense of what's happening, and it can help you recognize it when you're out in the real world and experiencing it, and you maybe need to apply some of your coping strategies or some of your mindsets.

The thing that also stood out to me is how different that is than the most common treatment for fear anxiety: benzodiazepines or other anti-anxiety drugs that are basically about obliterating sensation from your consciousness – not just calming you down, but also making it more difficult to feel.

I'm not a psychiatrist so I don't really have any insights or strong opinions about prescribing, but I thought it was worth pointing out. There's so much conversation now about anti-anxiety medications becoming the next opioid crisis, and hearing all of these alternative methods, and how different they are from the strategy of prescribing anti-anxiety drugs. To me that's a very poignant difference and one that is worth paying attention to.

**Dr. Siegel:** Yes, and that's an important point.

## How Fear Can Help Clients Feel Whole

**Dr. Buczynski:** How about you, Ron?

**Dr. Siegel:** Actually, what struck me was just a small thing that came up, which was when Dick Schwartz was talking about fear, and panic in particular. He spoke a bit as a part of us that desperately wants to be known, attended to and taken out of exile, basically calling for attention.

Folks who have been with this series for a while are familiar with Dick's Internal Family Systems model, which is basically the parts of us that get injured, often at a young age, get split off, hidden from view, often hidden from view from the consciousness of the person themselves, and certainly hidden from the outside world.

Dick has, in his system – as did Jung in his system of psychology, and most of the world's religious traditions – this idea that there is a kind of tropism almost toward wholeness: that the organism would *like* to be integrated, would *like* to not have things split off, so that everything that *is* pushed away comes back for re-expression.

As Dan Siegel, who's been on this series, often says, that integration of the things that are split off is part of help. Indeed, that's what making the unconscious conscious is about in some ways, in psychodynamic traditions.

So it was very interesting, as an addition. We've talked about how fear can protect us from external threats, the importance of honoring this. We've talked about how it's a natural part of being a mammal and we can't

avoid it; it needs to be embraced on some level. We've certainly talked about the way that when we resist fear, we get into a recursive loop in which the avoidance actually amplifies the fear and we can get stuck so we have to face our fears.

> "Perhaps the anxiety is a good thing. Perhaps it's a manifestation of a movement toward integration."

But this was a new twist: this was the idea of, "Okay, perhaps the anxiety is a good thing. Perhaps it's a manifestation of a movement toward integration, and if we can embrace it and find out about the parts of us that are frightened, perhaps we can become more whole." I like that; there's a kind of uplifting take on fear in that.

## Research on How Touch Affects the Brain

**Dr. Buczynski:** Let's talk about Stan Tatkin a bit. He said that when fear is triggered, touch is a powerful way to soothe it because it calms the HPA access. I was wondering, what research might there be that might support that idea, and how has the soothing effect of touch been studied?

**Dr. McGonigal:** This is one of my favorite topics. I'm going to send you a review paper that's called "Keep Calm and Cuddle On," that reviews some of the science. I'm going to share with you some of my favorite highlights about it.

But one of the things that I want to point out is *how* does it do it?

There are a lot of different ways that your brain can regulate your stress responses. We talked previously about the sort of top-down, logical sense of, "I have agency. I have control. I'm safe. I can just sort of shut it down."

> "Touch dampens down the stress response through the release of a couple of different neurotransmitters."

What's really interesting is touch seems to work on a different mechanism – that primarily it's dampening down the stress response through the release of a couple of different neurotransmitters. These are endogenous opioids – which are associated mostly with pain relief or pleasure, but your internal endorphins; oxytocin, which most people know is associated with connection but is a powerful dampening-down/has a powerful dampening-down function on fear, and stress, and HPA access.

Also probably endocannabinoids, which are the classic neurochemicals that cannabis or marijuana mimics. When you are receiving positive social touch, all these are being released in your brain and activating the reward system of the brain. That then also allows the brain to start to shut down the stress and fear response.

> "The primary function of opioids, oxytocin, and endocannabinoids is actually to help you bond with others."

The primary function of opioids, oxytocin, and endocannabinoids is actually to help you bond with others; they are social neurotransmitters. When they are at high levels in your brain, your brain is trying to cement the social relationships that help you survive. They are driving you to be closer to other people.

The stress reduction and pleasure you experience when you are being touched or touching others is a side effect – not the function, not the primary function. It's like it's how your brain tricks you into being close, physically close with people who will protect you or people you need to protect.

Sometimes when we talk about touch as a buffer for stress, it's like the end game is just to calm down – like we want to control our stress physiology, so touch someone. But actually, controlling our stress physiology is like this little side effect that motivates us to stay connected to others, and that's kind of the end goal.

> "Controlling our stress physiology is like this little side effect that motivates us to stay connected to others."

That's important for a couple of reasons. One is that it's suggested that if you want to really maximally take advantage of this effect, it matters who's touching you. It should be someone you want to have a sustained relationship with and someone you trust.

If you believe the person is touching you (if you can't even see the person who's touching you; there are some great studies) and you believe that it's someone that for whatever reason is threatening to you or you dislike, the nervous system interprets that touch in a *completely* different way.

If you imagine that the person touching you is someone that you like, or you trust, or are attracted to, it has this effect that's called *hyperhedonia* in the brain. It's like the opposite of a placebo effect; it's like it's going to flood your brain with *more* sensations and *extra* pleasure.

The reason this works is because we want to have and maintain close relationships with people we like and trust, and so none of this touch stuff should be happening outside of that. If you were to ask me, "Is massage

therapy a good substitute?" I'd say, "No. At least go get a pet that you can have a trusting relationship with, because it's not just about the touch."

But there are so many other fascinating things, and people should read the review article that I send, if they're interested in this stuff.

## How to Work with a Client's Panic

**Dr. Buczynski:** Peter Levine had a client who experienced panic, and he wanted to work with him by asking him to notice how his body felt just before the panic attack. But as they worked through it, the client feared that the uneasy feeling that he was having would itself *become* a panic attack. What approach do *you* use when you've got someone who's "afraid of fear," essentially?

**Dr. Siegel:** I appreciated Peter sharing the way he works with it, and staying first with what he called the *prodromal aspects* of panic in the body: anticipation, the beginning dread, the beginning psychophysiological changes.

He was basically having his clients *stay with* that. He made a very interesting point, which is that panic or fear is designed in mammals to be a relatively short-lived emotion. It's for short-term emergencies until you get out of the jam.

> "Panic is designed in mammals to be a relatively short-lived emotion."

So, if you simply bring your attention to it and there isn't an *actual* external threat that's persisting, it'll come and it'll go. He likes his clients to observe that.

What I tend to do is the same, only I often take it a step further. We might start with the sort of prodromal phase – what happens before the panic attack – but I will tend in the office if I have a treatment alliance and if I feel that I've become one of those "safe people" – not that I'm touching my clients, but where they feel safe being held in a holding environment with me . . .

**Dr. Buczynski:** In a metaphorical way.

**Dr. Siegel:** In a metaphorical way, exactly – thank you for clarifying, especially given boundary violations that people sometimes commit.

If they feel really held, I'll then encourage them to take it to the next level and actually, "Can you move it from the prodromal into the panic attack? Can you *make* it happen?"

> "Encourage them to take it to the next level—***Can you make the panic happen***?"

I will say to them that "I'm here, if you're afraid you'll fall or something. You're in a chair. You'll be safe. I'll catch you if you actually start falling out of the chair. But can we actually do it in this safe environment? Can you let yourself do this, explicitly with the goal of no longer being so afraid of having a panic attack?"

I've done this on many, many occasions. People will ramp up to a point, but if I continue to encourage them and say, "Can you make it any more intense than that, because we really want to get so that you develop the courage to experience these fully? Can you make your heart rate faster? Can you get the feeling of dread to ramp up?" they can't.

> "If they go along with it, and they find they can't do it, it tends to dissipate."

Because since such a central ingredient in the panic attack *is* wanting not to panic and wanting not to have this anymore, if they go along with it, and they find they can't do it, it tends to dissipate.

*That* becomes a very interesting learning experience because in the rest of their life, so often it gets prodromal; they start resisting that, then it starts moving into the panic episode. They resist that, and it spirals, and they panic and they have to get a benzo or go outside or do something. To be in the office and to just *stay with it* and to see that it dissipates becomes a really interesting and important learning experience.

The clinical question is: For whom would we want to stay at the level that Peter was doing this at – in other words, "Let's just say with the *anticipation* of panic and your relation to *those* sensations," and for whom might we want to invite them to "go all in" and actually try to induce a panic attack? Because you need to have a fair amount of holding environment and trust in the therapeutic relationship in order to do the latter.

## One Strategy for Helping Clients Shift Their Perspective About Their Feelings

**Dr. Buczynski:** Sue Johnson said that sometimes clients aren't aware that they're *feeling* fear. What do you do to help someone understand an emotion that's unfamiliar to them? I'd like to ask you, and then also you, Ron, as well.

**Dr. McGonigal:** Sometimes people are unable to recognize emotions because they have alexithymia or difficulty even understanding their own emotions. But I've found that, often, people who don't recognize an emotion are doing so for a reason.

> "People who don't recognize an emotion are doing so for a reason."

Ron actually talked about this last week: that they don't want that label attached to themselves, so they refuse to recognize that that emotion is happening.

Ron used the example of shame: that if I acknowledge I'm feeling shame, what that means is I'm somebody who *should* be ashamed, and therefore they won't even recognize that emotion as present.

In the case of fear, I've *had* people say, "I never experience fear"; people say, "I don't experience anger," because "fear" gets translated into "scared" – which is not necessarily the same thing – and "scared" gets translated into "weak." As soon as those ideas start to come up, people don't want to acknowledge that they *feel* that.

What I've found useful is to actually ask people to think about "What is this emotion for? What is fear for?"

Fear is for making us pause. Fear is for making us plan. Fear is for helping us be *very* vigilant and attentive to the world around us, so that we can execute good decisions. Fear is to pay attention; it's to protect yourself; and it's to avoid risk or harm.

> "Fear is for making us pause. Fear is for making us plan. Fear is for helping us be ***very*** vigilant and attentive to the world around us."

Sometimes when you talk about the evolutionary function of emotions, people are like, "Okay. That's not the same thing as being weak and scared. I can have an emotion because my body and brain is trying to help me do these things."

You can skip through that whole "What does it mean to be weak, and scared, and vulnerable," and just help people recognize. And then you can go into whatever conversations you would have about what to do with that fear.

> "People don't want to feel or acknowledge anger because anger means you are an angry person."

I'm just going to give one more example of anger, because I've heard this: that people don't want to feel or acknowledge anger because anger means you are an angry person. And an angry person is someone who is out of control, or an angry person is a villain – someone who's dangerous or violent.

Again, you can ask yourself, "What is anger for?" Anger is for defending yourself, or other people you care about, or values you care about. It's to provoke action and change. People who don't want to acknowledge that they feel anger often are like, "Oh. Yes. I want to create change." That's a different way of seeing what you're feeling.

You can do that with any emotion that people don't want to acknowledge they have.

## Practices to Help Clients Acknowledge Their Fear for What It Is

**Dr. Buczynski:** How about you, Ron? What do *you* do to help someone understand an emotion when it's unfamiliar to them?

**Dr. Siegel:** Kelly's reframings of it are really great, and they're a really nice way in, because so often we see this, where people don't experience the primary emotion. They just experience some kind of sequela to it, like, "Oh, I can't get close," or, "I don't like this or that," or, "I get pissed off a lot," or, "My back hurts; I have eczema; my stomach's upset," rather than – *particularly* rather than – noticing fear, because of this association that to be fearful is to be weak, is to be low-ranking, is to be a failure, in one way or another.

Cultures vary on this. We have this sort of classic – I don't know how many of our listeners remember John Wayne as an image – but, basically the tough guy who's authoritative, and even authoritarian, is, is seen as an ideal, often, culturally. If anybody experiences anything different than that, they start to feel inadequate about it.

In addition to talking about the emotions the way that Kelly was just talking about them, I like to do the body -oriented approaches that we've been talking about throughout the series. "What *exactly* does it feel like in the here and now?"

Mindfulness practice can help to enhance this process: "Where is there constriction? What's the breath like? What's your heart rate like? What's your level of tension?"

Even if they're not saying, "I feel afraid"; even if they're just saying, "I feel I can't get close," or, "I really hate that," or, "That pisses me off" – whatever it is – to stay with what exactly does that mean psychophysiologically, subjectively in the *body* in the moment?

Often, people will actually be describing fear but not labeling it as such. They're using a different label because they find the label of "fear" pejorative.

"Often, people will actually be describing fear but not labeling it as such. They're using a different label because they find the label of ***fear*** pejorative."

I also talk a lot about how universal the wish to not appear vulnerable and not appear weak is – how we *all* have that. I'll talk about the function of that: how, in terms of evolutionary psychology, none of us likes to be the low-ranking one in the primate troop. It had bad consequences for our reproductive success and our health while we're alive, so we *all* recoil from this in one way or another.

So, it's natural you wouldn't *want* to feel afraid, and yet it is our mammalian heritage.

The other thing that I talk about a *lot* is a theme we've touched on before, which is, "Life *is* scary. *Of course* you'd be afraid. In fact, why *aren't* you afraid, given how scary life is?" to the person who says that they're not feeling it. I'll say, "*I'm* afraid. Most of the people I know are afraid, because it's just fundamentally scary."

Lastly, looping back to the somewhat more psychodynamic understanding, is to ask people, "How was fear welcomed in the past in your family? How was it welcomed by friends? How was it welcomed by people at school?" You almost always get a story of, "Somebody in my family always said, 'Buck up and don't be a whiner,'" and various injunctions to be strong, as though feeling afraid was incompatible with feeling strong.

When people can identify those voices and see, "Oh, yes, those are kind of arbitrary voices," it gives them more flexibility to actually acknowledge the fear when it arises.

**Dr. Buczynski:** Thanks. That's it for us for this week.

Now we'd like to hear from *you:* how do *you* approach fear, in working with your clients, and what are your thoughts on anything that Ron and Kelly have said? How are you going to use these ideas?

Please leave a comment below, and maybe while you're there, go up and look at other people's comments, and even comment on their comments. That kind of brings our whole community together.

This is our last week for the question about *Fear*. So that means that next week is off; you can use next week to catch up, to take the CE test that you need to take if you signed up for continuing-ed credits or continuing-medical-education credits – or you can just take the week off.

We'll be back the following week, and the new question that we're going to be looking at is: *How do you work with clients who see/frame their problem as changing someone else?* Do you have those kind of clients? I know I sure did.

We'll see you then. Take good care, everyone.