



Next Level Practitioner

Week 133: How Abandonment Fears Can Rob Clients of a Sense of Self

Day 5: Critical Insights

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

National Institute for the Clinical
Application of Behavioral Medicine





Week 133, Day 5: Ron Siegel, PsyD and Kelly McGonigal, PhD

Critical Insights



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Week 133, Day 5: Ron Siegel, PsyD and Kelly McGonigal, PhD

Critical Insights



Dr. Buczynski: Hello everyone. We're back. This is the part of the week where we're going to analyze some of what we talked about this week; we're kind of going to unpack it some more.

I am joined, as I always am, by my two good buddies, Drs. Kelly McGonigal and Ron Siegel. I'm going to start by asking you what stood out to you this week. We'll start with you, Kelly, and then we'll go to you, Ron.

How to Help Clients Balance Boundaries and Connection

Dr. McGonigal: The thing that stood out to me the most was a comment that the idea that boundaries are what give you a healthy sense of self. I thought that was such an interesting way to frame it: that boundaries give you a healthy sense of self.

"Boundaries give you a healthy sense of self."

It reminded me of research – that our viewers might not be familiar with – but a lot of times when psychologists are investigating different aspects of personality or cognition, they have this "self other" overlap measure that gets used for all sorts of things, where you have two circles, and one circle is you and the other circle is something else, like your physical pain, or nature, or your future self, or your partner.

They ask you to put the circles in relationship to the overlap that you sense between yourself and this other construct: how connected, how overlapping do you feel to your future self, or your partner, or nature, or your pain?

What often emerges is it's really important to have some overlap for almost anything that matters – not necessarily complete overlap, but there is importance to having a sense of connection to, but not being completely immersed or overwhelmed with, whatever that other thing is, whether it's something like pain where it's obviously important to have some separation, but also other people, or even your future self.

I wanted to mention a study that was published that shocked a lot of people – it's now one of my new favorite studies – where ethicists and philosophers asked people who belonged to different religious groups and cultures whether they would be willing to, if they were given a pill that would extend their life by, say, five years, or they had the opportunity to give that pill to a stranger and it would extend *their* life even more – like the pill would have more benefit to a stranger than it would have to you. Do you keep the pill, or do you donate that pill to a stranger?

What they found is that the highest percentage of people who were like, "Nope – I'm taking the pill for myself" were Buddhist monks, who are perceived to be selfless. Yes, a lot of people in the Buddhist community were like, "That can't be right!" But of course it's right! You need a sense of boundaries, to be functioning in the world, so even a community that is in theory selfless was *the* most likely to take care of themselves, versus do something of some sort of abstract benefit for a stranger.

"You need a sense of boundaries to be functioning in the world."

I've been using that as an example when people are like, "No, you must be totally selfless," and be like, "You know, you can take the pill for yourself too."

Dr. Siegel: I immediately felt ashamed and conflicted just hearing the design of the study.

The Importance of Normalizing Fear of Abandonment

Dr. Buczynski: Ron, what stood out to you?

Dr. Siegel: What stood out to me was something a little different: the importance of normalizing the fear of abandonment. I thought that both Shelly and Joan did a very nice job of emphasizing this. They talked about different ways to normalize it.

But basically it comes down to the fact that we are very social creatures and we are very interdependent on one another. Despite all the emphasis on individualism, and individuation, and autonomy, which is particularly strong in America and probably particularly strong among men in America, it's not basically who we are.

As primates, we're very social critters, and our brains evolved to interact with one another, connect with one another, and to compete with one another, but also very much to have an interest in how the tribe is doing.

"Brains evolved to interact with another to have an interest in how the tribe is doing."

We see how this is somewhat different in other cultures. I don't know if we've mentioned it in this series, but Desmond Tutu is frequently quoted because he says that "If you were to ask in many African languages, 'How are you doing?' you can't answer in the first-person singular." You can't say, "I'm fine," or, "I'm not" – it's like "We're doing" or, "We're not doing well."

"We are dependent on one another, and yet we're afraid of it."

We also see signs of this – the whole positive psychology movement: I remember Chris Peterson shortly before he died saying, "Well, what do we learn in positive psychology? Human happiness or well-being is basically about connecting with other people." We certainly know the role of attachment, and *so* much other evidence that says, "We *are* dependent on one another, and yet we're afraid of it."

It's interesting, too, the way in which we associate – at least I associate – being dependent on others who are being either childlike or particularly feminine – and both are seen as disempowering in our culture; despite our attempts to liberate ourselves, archetypally they are.

I think it's helpful, in working with clients, to look at history, sociology, sociobiology and all these things, to help people see that, "No, we're *totally* interdependent; we have dependent longings. If we have negative judgments about them, we probably pick these up in our culture."

The other thing is, gosh, fears of abandonment – look at existential reality: the fact that everything changes and everybody either moves away from us or dies. Of *course* we have fears of abandonment! If we don't, we're just deluding ourselves.

All these ways of normalizing it are *really* helpful because then people can start to work with the feeling rather than just hide it or try to get rid of it or the like.

A Surprising Connection Between Social Relationships and the Microbiome

Dr. Buczynski: Shelly Harrell pointed out that research has shown that we all have a fundamental need for connection, as Ron was saying, so it's no wonder that feeling abandoned or betrayed by someone has a profound impact on our lives. What is the research saying about the importance of connection? Have any interesting studies been done on this lately?

Dr. McGonigal: Yes. I'm going to tell you about one study – I'm not even sure it's been published yet, how I got my hands on it – but I'll share it with you. But I want to say, to start more broadly on where the research is going, or a really exciting area of research, is looking at how the quality of our social relationships gets embedded in our physiology, in our biology.

So I'll give just a couple of examples. Some might be quite familiar to our viewers. One is this idea that your early social experiences, including attachment style, get embedded in your immune system in a way that primes your immune system to be particularly sensitive to threats. That elevates low-level systemic inflammation in a way that we know now also increases your risk of things like depression or anxiety and some health conditions.

“The quality of our social relationships gets embedded in our physiology and in our biology.”

Then it also can interfere with the other aspect of the immune system that is about warding off very specific viruses or other illnesses in the body. So you can have a biological system that's very vigilant to and expecting of attacks that's consistent with the language that Shelly mentioned about the psychological aspects of abandonment: of feeling like a loss of protection or betrayal.

What's so interesting is when you have those social experiences, you get a biology that basically expects to not be protected, and to be betrayed, and it's getting ready to literally defend your life.

Another recently published example is a finding showing that attachment styles can influence the length of telomeres, which are those little bits of extra DNA at the end of your chromosomes that you need in order to protect the integrity of your DNA as your cells replicate. When they get shorter, that increases your risk of all sorts of illnesses, and premature aging, and mortality.

What they found is that insecure attachment styles, particularly anxiety, were associated with shorter telomeres only through perceived stress and feeling overwhelmed by stress. Attachment styles in close relationships are increasing people's sensitivity, again, to stress and stressful-like experiences in a way that then embeds in your biology in a way that increases your risk of a number of illnesses or even premature aging.

Then the study that I promised that is so fascinating; this is so interesting. People looked at the microbiome, the gut bacteria and the other microorganisms living in your gut, based on close relationships. By the way, you want diverse-rich microbiota – that's a good thing.

What they found is that, first of all, people who were married had more diverse and rich microbiota than people who lived alone. But the greatest diversity was among people who reported close relationships – when you not just *have* a relationship but you experience a lot of emotional closeness. They had the greatest diversity and richness of microbiota.

There could be all sorts of reasons for that: it could be through touch; it could be through sharing food. Who knows if there are psychological mechanisms? This is such a new area of research. But we also now are starting to see that the microbiome predicts things like depression and anxiety.

“Every system in our body is affected by social connection, and we thrive when we have close relationships.”

What I want to convey is a sort of sense of wonder and awe: there is no limit to how social relationships affect our biology. As Ron was saying, that’s how important social connection is; every system in our body is affected by it and we thrive when we have close relationships.

Different Pathways to Help Clients Become Their Own Caretaker

Dr. Buczynski: Dick Schwartz talked about helping clients become their own caretakers instead of relying on other people to take care of them. He said that if they can do that, then they can be much more resilient when or if in fact someone *does* abandon them.

Now, he does that through Internal Family Systems, which is the model that he developed. Can you share another way that might help people learn to be their own caretaker? Are there any strategies someone could use to build on this skill?

Dr. Siegel: Yes, it’s *such* an important skill, and in many ways it’s the reason why attachment history is so predictive of later psychological functioning, and how well we do at work and in personal relationships and the like.

Because when we’re able to use a connection to others, as little children, to regulate our emotional experience, that gets internalized, and then we’re able to regulate our *own* inner experience, whether by calling up the literal images of early caretakers, or just a kind of felt sense of “It’s okay, sweetheart” that is born initially out of that kind of social connection.

You see all these positive correlations between self-compassion and well-being, and if we look at the elements of self-compassion – kindness, common humanity, mindfulness – these are all responses that allow us to take care of ourselves and, again, very much reflect this internalized sense of “It’s okay, sweetheart.”

What can we do if we don’t have it in our history? We can try to learn self-compassion, for one thing. But there’s a lot of other pathways. Religious and spiritual traditions have a huge role to play here. If we actually can feel that God loves us, or Jesus loved us, and we have a connection to God or some other much-larger-than-ourselves entity, then I have somewhere to turn when I’m distressed. I have someone larger than myself that I can connect to.

I do think there’s something about religious systems that have a personal God that is a little bit more powerful this way than, say, the non-theistic traditions where we’re relating to nature, or the universe, because fundamentally the sense of being okay comes interpersonally as a child. So if it’s evoked into *personally* later, in a religious system, that may be more powerful that way.

Of course, mindfulness practice is another excellent approach. Learning to be able to tolerate discomfort, and befriend it, and generate lovingkindness toward ourselves when we’re in some kind of pain allows us to have the confidence that we can take care of ourselves.

“Learning to be able to tolerate discomfort and befriend it allows us to have the confidence that we can take care of ourselves.”

Interestingly, in Buddhist psychology, social means are used as well; it's not just about being mindful but we talk about taking refuge in the Buddha, the Dharma, and the Sangha, which means taking refuge in the idea that “Another human being has made it through life and found sanity,” so that connects us to this image of this other.

The Dharma meaning that there's an instruction manual; there are rules and teachings. But the Sangha is the community; I take refuge in the fact that there are other people trying to walk this walk. Here

again, it's a way of using the interpersonal connection.

Of course the therapeutic relationship: that if we can provide safety in the clinical hour, people can start to internalize *that* experience, and *that* can help them to care for themselves. There's many, many pathways through this, but it's central to most forms of thriving.

What Research Shows About Terminating Therapy

Dr. Buczynski: This next question is for both of you, and it's something that Steven Hayes talked about. He brought up the important issue of terminating therapy, and he talked about how, even with a successful course of therapy, it can be difficult for a client to separate from the practitioner without feeling abandoned.

How do you approach the end of therapy with someone, especially if they've been working on fears of abandonment? How about if we start with you, Kelly, and then we'll go to you, Ron?

Dr. McGonigal: I wanted to share a paper that was published last year in the *Journal of Psychotherapy* that actually looked at how the therapist's attachment styles play a role in helping with the termination of therapy, particularly when the client has attachment issues or fears of separation.

I thought this was such an interesting paper, because it gives the listeners an opportunity to reflect on their own attachment style and how it's influencing how you might be terminating sessions. I'll just summarize the core findings.

One was looking at therapists who had some discomfort with closeness, maybe some avoidant tendencies. We know that's not just in patients or clients, but in all of us. What they found is that the therapists with some avoidant tendencies were more likely to be intellectual in their terminations: to want to summarize gains, sort of summarize the treatment. Also, they were very future-oriented, like, “Let's get/let's look at the future – what you're going to do, how things are going to work out.”

They found that therapists who had some anxiety around attachment were also more likely to summarize attainment of goals, but often to try to reassure the self that they had been successful as a therapist. They often would collude to plan future reunions that are never going to happen.

I thought that was really interesting, that, as a way to try to bypass sadness: “Oh, we can work together again in the future, or maybe we'll run into each other.” They actually used the language of collusion more than sort of the shared delusion.

What was interesting is they found that in both cases, attachment anxiety and attachment avoidance in the therapist led the therapist to engage or bypass expressions of gratitude by the patient, by the client. So they

might try to move away from it quickly because it made them uncomfortable, and get back to how good the client was and how much progress they made, and their contributions – not their own contributions.

Or they might emphasize sadness – what they were feeling about the separation, rather than try to savor the positive emotions. I thought that was so interesting. One of the things they highlight is the importance of disclosing your own relational emotions during the separation – how important that is for both clients who have avoidance or anxiety issues.

“Allowing the client to express gratitude can be needed in successful closings.”

Also they emphasized the importance of allowing the client to express gratitude – that that can actually be like a signature thing needed in successful closings, and how therapists’ attachment issues can make that less successful.

What to Avoid When Terminating Therapy with a Client

Dr. Buczynski: How about you, Ron – what are your thoughts?

Dr. Siegel: First I need to say that’s a fascinating study, and everything you said about it totally rang true personally; I’ve experienced all of those, all the different dimensions of these, either as a supervisor or as a clinician myself.

Dr. McGonigal: I’m going to send you the paper, and they actually have transcripts, which is interesting.

Dr. Siegel: Oh, great. I was really glad that Steve Hayes brought this up. As psychodynamic treatments have become somewhat less prevalent, we’ve stopped paying as much attention to the dynamics and the feelings of therapist toward client, and client toward therapist than we used to in the past.

I’m reminded in particular there are some models of brief therapy, brief psychodynamic therapy, that were hatched in the 1980s. One of them – you knew it was going to be a 10-session therapy, and the clinician would start with a flipchart that had the number 10 like sitting behind them on the wall.

The idea was twofold. One was, okay, it’s going to help people focus on what’s important to them, not waste the time with various defensive avoidant maneuvers. But the other was the assumption that the whole issue of connecting and disconnecting from another person, trusting them when knowing that ultimately it was impermanent, is an issue for all of us all the time that informs so much, so many of our life difficulties, basically, and our attachment styles.

“Let’s have it out in front, where we’re not going to be able to avoid it; we’re going to be working with it from the get-go to make issues of abandonment quite conscious.”

It also reminded me of an experience I had; for many years I was training people while working in the clinic, where they did one-year rotations – and this was a child and family clinic. Kids become *very* attached to the therapist, and there would be the time for the therapist to say, “I’m moving on. It’s the end of my training year.”

I remember the metaphor that would come to mind, or the simile, that it’s as though you were in college and you had a boyfriend/girlfriend, and the relationship was really passionate, but you decided, for various compelling reasons, you were going to transfer schools. You told your boyfriend or girlfriend this but then

you said, “But don’t worry – my roommate’s really cute” – like when we hand off the case to another therapist. It’s like, “You’ve got to be kidding me – right?” [laughs] and how to navigate that, and the different ways.

Very much like Kelly was saying in the article, that one therapist is going to say, “I’ll write you at Christmas” – again making all of these promises that they’re not going to keep, which I, as a supervisor, am always saying: “Don’t do it. You’re not going to keep the promise and that’s going to be far more destructive. Please, just deal with saying goodbye.”

There are others who would say, “Oh, it’ll be fine. You’ll love this new person. You’re going to have a great year, a great summer, a great year in school.” To be able to just stay with the experience was always such, such a challenge. So it’s very useful that we’re looking at this.

Dr. Buczynski: Thank you. That’s it for us for this week. Now we’d like to hear from *you*. How would *you* approach working with this kind of a person, and especially around issues of termination? Please leave a comment below on that or any of the things we talked about, or even any of the things that came up this week in the videos.

We’ll be back again next week. Take care, everyone. We’ll see you next week. Bye-bye.