



# Next Level Practitioner

Week 133:

Day 6: Focus on Application

with Joan Borysenko, PhD; Rick Hanson, PhD; and Ruth Buczynski, PhD

National Institute for the Clinical  
Application of Behavioral Medicine





Week 133, Day 6: Joan Borysenko, PhD and Rick Hanson, PhD

Focus on Application



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Week 133, Day 6: Joan Borysenko, PhD and Rick Hanson, PhD



## Focus on Application

**Dr. Buczynski:** Hello everyone. We're back. This is the part of the week where we're going to focus on clinical application: how you can use the ideas from all week long with *your* clients in *your* work.

I'm joined, as I always am, by my two good buddies, Drs. Joan Borysenko and Rick Hanson. I'm going to start by asking what stood out to you this week. How about if we start with you, Joan, and then we'll go to you, Rick.

### The Importance of Helping Client's Establish a Sense of Self

**Dr. Borysenko:** What stood out to me is what a common human experience it is to be betrayed, to be left, to lose connections in adult life. This is aside from what we might have experienced as a child, if maybe there's not good attachment.

But all of us have experiences where, for example, a close friend gets married, and we were used to talking to them all the time, and now they've got a spouse and other interests. In this life, we are all eventually going to be the abandoner and the abandoned; the betrayer and the betrayed. This is just our common humanity.

“What a common human experience it is to be betrayed, to be left, to lose connections in adult life.”

So, to the extent that we get our identity from all the relationships

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around us, which are so *incredibly* important to us, we grow from each one; each one is precious. Nonetheless, we have to be able to be resilient against those very common storms, which means that it's our own sense of *self*, our own sense of belonging, within ourselves and to something greater, that we need to keep developing through our life so that we have the flexibility, so that we're like a bamboo – that we can weather those storms of loss of meaningful connection to us.

For me, this week was a lot about what to do when the center doesn't hold; how can we find again that *inner* sense of connection that we all need, to make it through life on this planet?

**Dr. Buczynski:** Thank you, Joan. How about you, Rick?

**Dr. Hanson:** First, thank *you*, Joan – that was really deep. For me at least. I really appreciated it.

“It's our *own* sense of *self* that we need to develop through our life so that we can weather those storms of loss.”

To build on what you said and link to it, I was struck – as you are – by the emphasis on the sense of self, the healthy sense of self. It took me into a consideration of the origins of the development of the healthy sense of self, which is this foundation, as you were saying, for “the establishing of *me*, to enable *we*.”

It took me into my own background in development psychology to think about how the infant forms a core, a visceral, somaticized, felt sense of willed action – literally including some of the first things where the infant

can look away from something that's invasive and thereby regulate the inputs coming into the world of the infant.

I thought a lot about how it's poignant that a nurturing relationship is necessary for the development of the visceral core, at the central, the heart of our being, the infant levels of self – and yet it can also go so awry there. How so many therapies, in a really interesting way, really capitulate healthy development in the first months, and days, and years of life, to help people reestablish that sense of “I get to see what I see, want what I want, and feel what I feel. On the basis of that, then I can take action in the world.”

## Why the Body Needs Connection

**Dr. Buczynski:** In her discussion of abandonment, Shelly Harrell pointed out that research has shown that we all have a fundamental need for connection, so it's no wonder that feeling abandoned or betrayed by someone has such a profound impact on our lives.

What is the current research saying about connection? Have you read any interesting studies lately? I can remember you talking about connection since, oh, the late eighties. But what about lately, what has been out?

**Dr. Borysenko:** There's some really fascinating research recently on connection, Ruth. Let me give you a little background, and then I'm going to give you some very interesting studies that have been done at UCLA.

“Connection is much more important than things like obesity, smoking, or high blood pressure, to determine health.”

First of all, my interest is health psychology, and I am fascinated by the fact that connection is much more important than things like obesity, smoking, or high blood pressure, to determine health. That's *extremely* important physically.

For example, if you have strong social connections, if you're looking at age-adjusted mortality, there's a fifty percent increase in longevity for people of strong social connection.

That's *really* incredible. It's what makes our physiological world go round. That's of course related to our behavioral world and our psychological world.

I want to point your researchers to a fabulous website, and it belongs to Steve Cole, who is a neuroscientist at UCLA. His lab does terrific experiments, working with connection.

There was one experiment that I want to mention – I loved it from a health-psychological standpoint – and it was recovery from a cold. When people went to the doctor, how fast they recovered from a cold had not to do with what the treatment was – because we don't really have very good treatments for that anyhow; it had to do with what they call a *care instrument*.

Was the physician empathic? Did they say things like, “Boy, sometimes we think it's just a cold, but we all know what a pain it is, how inconvenient, how difficult it is to have a cold.”

That alliance with a healthcare provider turns out to be just as important as alliance with a psychological provider – which we know, from a variety of studies that go back really 50 years, is so important. It doesn't matter so much what the treatment is or the style of the therapist, but the *alliance* is so very important.

Here's one thing I thought was tremendous about recent research, and this is out of Steve Cole's lab. The genes that are impacted by social connection also code for immune function and inflammation. So (I'm just getting over the flu

“The genes that are impacted by social connection also code for immune function and inflammation.”

myself!) this tells you why people who've got physical problems will heal faster if there's a sense of connection.

The last thing I want to say is that back about 30 years ago, when psychologists polled people on the number of important connections in your life, true intimate connections, like a person that you would really tell the details of something very personal and perhaps upsetting to you, about 30 years ago, the average number of intimate social connections a person had was three; by 2004, it had gone down to one.

I wonder, in 2018, where that connection is now. I do believe that it affects our behavior, it affects our brain, as well as our longevity and our health, in all ways, to have that kind of social connection. It's just that the research is getting ever-more sophisticated now that we understand about epigenetics.

**Dr. Buczynski:** Thank you. That's a good reference. Thank you very much, Joan.

### 3 Steps to Help Clients Feel Comfortable Making Meaningful Connections

**Dr. Buczynski:** Shelly Harrell also talked about how a person's fear of abandonment can be triggered simply by the possibility that they *might* be abandoned. The problem with that of course is that if you start thinking how you might be abandoned, it can affect the way you behave, and then that can affect the outcome.

How do you work with someone whose fear of *possibly* being abandoned is getting in the way of their maintaining meaningful connections?

**Dr. Hanson:** This question is really central in many personal therapies and also in couples work. There's a kind of roadmap that shows up again and again.

First, it's of course extremely important to normalize that fear and to name it as a possibility, and to try not to get caught up in talking people out of the possibility, even if there's a little bit of a paranoid excessiveness in their fears – because it's real. The real truth is, at any moment, things can change, for us and for other people. That's part of reality. To deny that is to not stand in reality. So it's important to face that.

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Underneath that, though, what enables us to face that possibility is the internalized felt sense of deep, deep reassurance – of many, many kinds. The problem, though, is to help people look for evidence of reassurance: the ongoingness of connection, multiplicity of relationships, the ways in which your partner really does want to show up for you, et cetera, et cetera.

The problem is, turning toward the evidence of reassurance very often over-activates people's longings for closeness, which are then followed by expectations and experiences of pain. So they have a really hard time recognizing the *actual* basis for reassurance and then internalizing, to build it up somatically inside.

A second step there is to resource people in general in a variety of well-known things, like mindfulness, building up “ego strength,” so-called, understanding why you're doing it; self-calming – and then move into

the work itself. The work has three elements to it, always: look for the good facts; let it become an experience; and then internalize it, in a titrated, gradual, progressive way.

Look for evidence of connection around you. Look for reassurance, including in ways, especially in the beginning, that are mild and safe, often having nothing to do with your primary relationship: your dog likes you; a hotdog vendor was friendly; the person you bought your sweater from had a little joke with you at the cash register and you moved on; your Facebook friends liked what you said. These are *real* things. Then you build from there.

You *see it*, you *feel it* – that’s the issue for many people; they know it intellectually but they don’t let themselves *feel* reassured or connected in ways that are authentically proportional to what actually has happened. Not making it more than what it is, but not making it less than what it is. So, *feel* it, second.

Then, obviously, again and again and again, internalization: help that state of feeling connected become increasingly internalized as a trait of the felt sense of connection over time. Then you build up from there.

“That’s the issue for many people: they know it intellectually but they don’t let themselves feel reassured.”

The last thing I’ll just say that is full of opportunity for people in this process: notice that in the beginning I’ve spoken about the *receiving* of evidence of connection, and then experiences, and internalization. That’s a little dependent on the wider world.

“For many people, it’s reassuring for them to realize they can *give* connection at will.”

I find for many people who have issues around this, it’s reassuring for them to realize that they can *give* connection at will. They’re not dependent upon the world. The world can change – and yet what’s reliable is what’s already in your own heart, that you can then give to others in ways small and large.

## One Tool to Teach Clients How to Practice Self-Care

**Dr. Buczynski:** When Dick Schwartz was talking about helping clients become their own caregivers, he was sharing how he would approach it with Internal Family Systems point of view: that if we can help them become their *own* caregivers, they won’t have to rely on other people so much to take care of them; they’ll be more resilient if in fact they do get abandoned.

What might be some other ways to help someone, besides Internal Family Systems, to be their own caretakers? Are there any strategies that we could use to build on/up this kind of skill?

**Dr. Borysenko:** Absolutely, Ruth. My colleague called Dr. Gilah Rosner and I actually have a program called SyNAPSE, and it’s all about self-caring. What we find is that people in general, in this very rushed and hurried society, do not know how to take care of themselves. They don’t really know what self-care is, and, regardless of the fact that maybe you’ve got very *good* attachment, people let themselves get to the end of the line and burn out.

This is very true of therapists and healthcare providers – so listen up, because we can all use this. First, it's very important to actually learn what is self-care, and where are you good at it, and where are you lacking at it? In other words, we need a map.

Dr. Rosner and I use a map; we give people a tool called The SyNAPSE Self-Caring Tool, or the SyNAPSE Wellness Tool. It's like a pie with eight segments.

**“It's very important to learn *what is self-care*, and *where are you good at it*, and *where are you lacking at it?*”**

This is very, very important, to have a map, because if you say to someone, “Choose one thing; let's look at your life together, and choose one way that you can really take care of yourself – see a need and meet a need,” you need to know what that one thing is.

For example, one of the aspects of our little self-caring wheel with the eight segments is connection. Underneath connection, there are certainly relationships.

Maybe, for example, you've been so busy you haven't been in touch with friends or in touch with relatives, and you might say, “This piece of the pie is deficient for me” – because we actually have people fill in each segment; like if it's close to the center they haven't got much of it, but if you get all the way out to the rim, you have a “whole piece of pie,” so you can take a look at the visual and see what needs more care.

Maybe you haven't talked to a friend or a relative for a long time, and what you decide to do is, “Okay, this week, on Tuesday, I've got a little extra time. I'm going to make a phone call and have that connection.”

But connections are with more than people. How about the connection to nature? For many people – world-round, by the way – one of the greatest reliefs of stress is nature, and yet many of us end up sitting inside all day and never going out. How about a commitment just to take a walk for ten minutes a day and experience the sky, and the sun on your face, and the breeze, and the temperature, and something like that?

Spirituality is another form of connection. It's often defined as our deepest sense of belonging, connection, and meaning. Perhaps there's a spiritual activity. Again, you can't just say, “Oh, you need more spiritual connection.”

**“Spirituality is often defined as our deepest sense of belonging, connection, and meaning.”**

We do things when we get specific about what and when. So perhaps a person can say to themselves, “Every morning, I'm going to read from a particular daybook” – there are so many of them – “and just get my bit of inspiration for the day.”

Gordon and I always pull one of Pema Chödrön's Compassion Cards, and every day we know we're going to sit down, do a brief practice, look at the card, and then at the end of the day, say, “Did you remember it? Did you practice it?” That's one thing.

But what is self-care *sans* sleep? Your whole life will fall apart and you will feel very moody if you don't get enough sleep! So what can you do about that? For example, self-care: put yourself to bed earlier; don't use your devices in the bedroom. There are so many different things.

If people are interested, I could send you, Ruth, this self-care wheel that we use; just to sit and look at it with someone. It takes literally less than two minutes to fill the thing in, and then you can work in a collaborative

way to say, “How can you really take better care of yourself?” in a very straightforward manner. That of course gives people a lot of agency, when they can come back and say, “Look what I did for myself.”

**Dr. Buczynski:** Thank you. I’d like to add that, so I’d appreciate if you did send that; we’ll put that up.

### 3 Elements to Help Clients Construct a Sense of Self

**Dr. Buczynski:** Joan Borysenko said that fear and abandonment can lead a client to lose their sense of self because they actually end up giving their sense of self to try to keep someone from abandoning them. How do you work with someone whose neediness has caused them to lose sight of themselves, of who *they* are?

**Dr. Hanson:** It’s such a poignant, haunting question. People who feel, “I must lose *me* to be *me*.” It’s like a fateful, poignant choice.

**Dr. Borysenko:** I don’t know that they always are conscious or choosing. obviously they are choosing, but...

**Dr. Hanson:** Yes. I don’t mean it so much rationally. You’re right; it’s at a crossroads. It’s like a really tough bargain. You give up something to get something.

**Dr. Buczynski:** *Bargain* is a good word for it, Rick.

**Dr. Hanson:** Yes. It’s probably lots of little choices that end up in the situation you’re in – which is so touching, to feel like, “To hold on to *us*, I can’t be *me*, and being *us* is more important.” What do you *do*?

That goes to what I said at the very beginning: what *is* the process, actually, of reclaiming a healthy sense of self? That process is grounded in how we acquire a healthy sense of self at the core of it in the first place, including in infancy. It has three elements to it.

By the way, a sidebar here: a wonderful book that’s really at the heart of all this is *The Interpersonal World of the Infant* by Daniel Stern in which he grounds, in a deeply psychoanalytic framework about the origins of the self, a ton of research. He wrote it in the seventies. It’s a classic – *The Interpersonal World of the Infant*. It’s really interesting to imagine what it was like for each of us as we developed this core of autonomy and willed action inside.

“The process of reclaiming a healthy sense of self has three elements to it: to see what you see, want what you want, and feel what you feel.”

The essence has three parts: to see what you see, want what you want, and feel what you feel.

If you think about what is attacked and undermined in a – I don’t like the term but I’ll use it anyway – of a *problematically codependent kind of relationship*, there’s a kind of attack on “Do I get to see what I actually see, in the face sometimes of gaslighting? Do my wants matter? Do they even exist for you? Is my experience all right? Or is there something wrong with my experience? Or are you actually in denial about what I’m really feeling deep down inside?”

The infant claims that over time, then toddler, then preschool, where it kind of manages that. As an adult, that, to me, is the path, and the way to follow that path in these kind of situations – this might sound quite

abstract at first – is to look for incredibly simple, concrete instances in daily life where you at first can

“Look for incredibly simple, concrete instances in daily life where you at first can observe other people in relationships having their own views.”

observe other people in relationships having their own views: they see it their way; they’re allowed to have their own wants and preferences; and their experience has its own validity in and of itself. It’s okay to have it; see it out there in small, mild ways.

So, it demonstrates that it’s really possible to *be* this way while still staying in relationships that matter. Then, in low-stakes relationships, building up, gradually stretch yourself out (I help clients do this), so you declare more and more your own opinion about what’s really happening.

You get to see what you see; you’re allowed to express your own wants and preferences more and more; you get more used to that; and you’re allowed to share directly, immediately, your own experience and actually be in your own experience as you share it, out loud, in relationships. Starting small, building up from there, and internalizing the feeling of success along the way.

To me that’s the repetitive, fundamental process of the reacquisition of a really healthy sense of self.

Then, along the way, there can be sometimes a fateful choice where you kind of expand; you get bigger and you reclaim your own world, you reclaim the space in the relationship. Then you get to see if the other person actually *wants* you to be yourself and actually has room for you to be a coequal partner in terms of power and autonomy and influence in the relationship.

“You’re allowed to express your own wants and preferences more and more; you get more used to that.”

Sometimes I’ve known people who did this work, and they got to a point where they had to make a choice consciously in the form of their relationship. they sometimes would come to realize that, after many attempts to create a new, more balanced *we*, their partner just wasn’t tolerant of the *me* that they really were, and they had to strengthen their relationship and find other people in their lives who were more accepting and supportive of who they really were.

**Dr. Buczynski:** Thank you. That’s it for us for this week. Now we’d like to hear from *you*.

Before we go, please leave a comment below; tell us what *you* think, what you’re going to use of all of what we talked about today, and also anything you thought along the way this week.

While you’re there, go up and read other people’s comments, and even comment on their comments. That will bring our whole community together.

We’ll be back next week. Take good care, everyone.