Next Level Practitioner

Week 134: Building the Therapeutic Relationship When a Client Fears Abandonment

Day 5: Critical Insights

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

How a Nurturing Therapeutic Relationship Can Impact Clients................................. 3
How to Understand Our Emotional Responses to a Client’s Neediness ....................... 4
The Importance of Helping Clients Notice Even Small Increments of Growth ........... 5
How to Ensure the Therapeutic Relationship is Serving the Client Well ................... 6
Research on the Therapist’s Empathic Accuracy ............................................................. 7
Dr. Buczynski: Hello everyone. We’re back. This is the part of the week where we’re going to unpack the ideas some more and just conceptualize and talk about them. I am going to do that with my two good buddies, Drs. Ron Siegel and Kelly McGonigal.

I’m going to start by asking them what stood out to them this week – and how about if we start with you, Ron, then we’ll go to you, Kelly.

How a Nurturing Therapeutic Relationship Can Impact Clients

Dr. Siegel: I was struck by what seemed like a common theme among many of the presentations, and that was the importance that the therapist actually provide some of the nurturing that the client maybe didn’t get at other points in their life.

They talked about this in different ways.

Kelly talked about a case – despite the fear of gratifying too much, which could be a problem, and having the client use the therapy relationship as a substitute for going out and looking for other ways of getting their needs met – of a person who had very few social contacts at all, was really terribly skittish.

The image was that, over years of treatment, the client was finally able to lower their sunglasses a little bit and peer over, and then eventually take the sunglasses off – to move by millimeters rather than meters. But that in this process, it was important for the therapist to be the one person in this client’s life that they could relate to.

Then Don Meichenbaum approached it from a different angle: he talked about Scott Miller and others’ work where they’re eliciting regular feedback. What Scott Miller does is he asks for basically two brief surveys. One of them is, “How connected did you feel to me during the session?” and the other one is, “How are you doing with your symptoms?” – to really use this kind of feedback system for the purpose of monitoring the sense of connection, and so the therapist can improve it, so the client can feel held in this way.

Then Pat Ogden talked about allowing the client to leave a voice message every day on her machine. She wasn’t going to respond to all of them, but just to know that she had heard it. Or to take a stone as a kind of transitional object.

Even Jud’s presentation, where he was talking about the importance of setting limits – and there is an importance of setting limits, as a therapist – and he was saying, “I’m not going to call you right back or e-mail you right away, but I’ll get back to you within 24 hours,” nonetheless. He was still offering a great deal of presence.
Zindel talked about responding to the jokes that the guy was sending.

Everybody basically said, “It’s really important to provide some of what wasn’t there before,” of course keeping in mind (and I’m sure we’ll dig into this further) can it be too much, and can it get in the way? Can it gratify somebody to such a degree that they’re not doing the challenge of trying to meet people out in the rest of the world?

**“Everybody basically said, It’s really important to provide some of what wasn’t there before.”**

Dr. Buczynski: How about you, Kelly – what stood out to you?

**Dr. McGonigal:** What stood out to me is probably the thing that makes what Ron just described work, which is how skillfully everyone was managing to make the projections transparent.

They weren’t just interacting with the clients as if it was another important relationship, but they were really helping the client observe what was happening and understand the link between what was happening in their client-therapist relationship and in other relationships.

To sort of agree, “We’re going to explore this because it might help you change other habits or patterns related to close relationships.”

That’s such an important piece that really complements the providing a meeting of needs that Ron was describing.

### How to Understand Our Emotional Responses to a Client’s Neediness

**Dr. Buczynski:** Ron, let’s talk about something that Deany Laliotis said.

She described how clients who have an overwhelming fear of abandonment can be particularly challenging because the therapist can get it put in what she called “the crosshairs of the client’s projections.” She stressed how important it is to hold a space for your client’s reactivity without reacting to it yourself.

What are your suggestions for doing that: for managing the emotional reactions that go along with working with someone like that?

**Dr. Siegel:** It’s quite challenging, and really important to do. We spoke earlier in the series about the importance of normalizing abandonment fears and longings for connection and the like, and how these often get a bad rap in certain cultures – American in particular. Therapists, too, can buy into this bias, and it makes it hard for us to regulate our emotions when we’re with somebody who seems needy or clingy.

I remember Margaret Mahler – I don’t know how much people still study Mahler – but she examined toddlers and watched toddlers and watched their patterns of attachment, basically. She identified the ones who had avoidance strategies, the ones whose mother would leave the room and they were fine – they just kept playing with the blocks and didn’t seem to care that Mom was gone – she identified those as the **healthy** ones.
It was only years later that she thought, “It may be normative in Germany” (and that brings up associations to World War II for many, and what is it about a culture in which this is normative?), but this is not necessarily the best way to track human development.

Yet most of us buy in, to some degree, to this kind of mythology that yes, being cool with it, not caring, is in some ways better than breaking down and crying. And because of that, we have difficulty bearing the neediness of our clients.

There’s two reasons for this:

One of them is it reminds us of our own, and if we’re not really comfortable with our own dependent longings and our own wishes for closeness, we’re going to get weirded out and maybe get judgmental of our client who has a lot of wishes for us.

The other is that we become afraid – at least I become afraid – that I’m going to disappoint a client, that because they have all these needs from me, I’m not going to be able to meet the needs, and they’re going to be hurt and angry in some way.

There’s this great line by a psychoanalyst who was actually rather revolutionary in his day, Roy Schafer. It’s spoken in very psychoanalytic language, but he said, “Most of us who are therapists prefer to think of ourselves as being abreast of infinite capacity rather than being a ravenously hungry parasite.”

Now, it’s a little extreme but, yes, we like to think of ourselves as giving, and we don’t like to think of ourselves as self-centered in any way when we’re with more clingy or needy clients, we get afraid of it because we get afraid that we’re going to feel like we’re not a good person because we’re not quite able or willing to give them what they want.

The combination of these makes it kind of hard for us to regulate our emotions well. The more we can see these and understand them and feel the feelings associated with them, the better our shot at equanimity when we’re with a client like that.

The Importance of Helping Clients Notice Even Small Increments of Growth

**Dr. Buczynski:** Kelly, I want to ask you something about the other Kelly – Kelly Wilson. He described some tiny games that his client played that helped reduce her isolation and increased her ability to venture into the world. I’m talking about things like peeking over her sunglasses. They were so small that they almost seemed inconsequential, but they had a big impact on the client.

Kelly said that he was happy if clients made progress, even if only by millimeters, because for some clients that was just right for them.

What do you do to notice and then capitalize on tiny incremental progress that a person might make? Can you share any story about that?

**Dr. McGonigal:** Yes. I love this practice. It’s something that I learned, actually, as a writer, as a journalist and an author. We are always trained to look for the telling detail, the very small thing that actually illustrates an
important change in a person – the importance of being able to see it and to look for those things, and then to figure out how to describe it in such a way that the bigger meaning reveals itself.

I used it all the time as an educator: what I sort of learned from writing, to do it in a personal way so that someone else can actually put that small shift into that frame for themselves, that allows them to make it more meaningful and to become like an upward spiral that leads to bigger change.

I’ll give you an example from the book that I’m working on now. I’m writing about a man who uses ultra-marathon running to help with his depression. He was telling me about how when he ran his first 100-mile race, it was the first time he’d had to use a pacer, and that’s somebody who runs part of the race with you; he had a coach run with him during part of the overnight journey.

He wanted to do it all by himself but he realized that he couldn’t do it all by himself, but it didn’t mean that he wasn’t doing it by himself; he just was sharing it with someone.

He talked about how his coach had to remind him to hydrate and to eat, because in that very dark hour when he was exhausted and feeling like he couldn’t keep going, one of the first things that happened was he stopped practicing self-care: didn’t eat, didn’t want to drink.

When he was describing it, I was like, “This is incredible – an incredible act of interdependence, of allowing yourself to accept the help of people who want to support you, and not feel like it is diminishing you.”

I’m writing about that as sort of an important way that ultra-marathon running can actually help with depression. I do it all the time with my teaching, when someone will describe something; they’d be like, “You listen for it, and often it’s something where you get a feeling like that; you see someone do something and it’s just like a twist of the heart, that you suddenly see it and it’s elevated in its meaning or its consequence.”

The practice that I do is, when I feel that and I understand what it is – it’s not always immediate; sometimes it’s immediate – but to reflect it back and say, “I noticed that you just did this.”

For example, in a recent class, a woman disclosed her own challenges with being self-compassionate, and she happened to disclose it in a way that modeled every aspect of self-compassion.

I thought that was such a key moment for her that I had to actually go back and say, “I just want to look at how you just share this with us and look at the mindfulness, and look at the common humanity, and look at the self-kindness. You actually just demonstrated incredible self-compassion, and that’s what it looks like.”

Then to give that person a sense that they’re capable of it: “That’s an example of it when you describe it that way.” It gives them an opportunity to look for other things they can do that match that.

**How to Ensure the Therapeutic Relationship is Serving the Client Well**

**Dr. Buczynski:** Ron, staying with Kelly Wilson for a moment longer, he described how he works with clients who use the therapeutic relationship as a stand-in for doing other things in their lives and they use the therapeutic relationship perhaps instead of living in a bigger, richer world.

How do you help clients apply what they’ve learned about relationships through their interaction with you to relationships outside of the therapy relationship?
Dr. Siegel: This zeros in on this tension that we’ve talked about a little bit up until now between the therapist providing the corrective emotional experience which is going to help the person in their growth and development, versus gratifying and nurturing in a way that’s going to keep them from being motivated to go out in the world and create relationships.

Now, this critique, I remember, it started in the 1960s a lot really, with the beginning of behavioral treatments and systemic treatments, and then moving on into solution-focused treatments, where therapists started saying, “It’s a big danger, this problem of clients becoming dependent on their therapist, and as a result it may be gratifying to the therapist but not really good in the long run.”

Of course, the flip side of this is that therapy really can be a corrective emotional experience because there are a lot of people who really never felt safe, never felt love, never felt, “It’s okay, sweetheart,” and experiencing that in treatment makes a big difference.

Again, we mentioned the other week Scott Miller’s work; it really is true that the biggest predictor of positive therapeutic outcomes are whether people feel held in the session, whether they’re getting some of that nurturing in the session: “What are we going to do here?”

We always need to ask ourselves, “Okay, is the client using us as a crutch? Do they need a crutch right now?” Crutches aren’t so bad if you have a broken leg; it’s like really good to have a crutch! That really is what allows you to heal. We shouldn’t necessarily reflexively think of this as a bad thing.

One thing that helps is to see our own motivation: are we attached to the therapeutic relationship because we like the person? Are we attached because they’re a steady source of income (God forbid, but that’s an incentive for us)?

First clarifying our own sense of what’s going on, and then perhaps bringing the client into the discussion and saying to them, “I feel like I could make a mistake with you, or we could go down a wrong path in one of two directions – right? On the one hand, I’m a little concerned that if this feels really supportive and good to you, you might not want to take the chance to try connecting to others out there, given all the pain you’ve been through and all the difficulty.

“But on the other hand, I’m thinking that if you don’t feel sufficiently supported, you’ll feel despairing, and that’ll keep you from doing it in your life. Do you have an intuition about this? Do you have a sense about when you need more of one and when you might need more of the other?”

Because just laying it out as a dynamic tension and asking them to use their intuition and their thinking to help guide the process can go a long way toward avoiding mishaps.

Research on the Therapist’s Empathic Accuracy

Dr. Buczynski: Kelly, Don Meichenbaum shared data that showed that most therapists overestimate how well things are going in a session. What do you know about the research with regard to that?
**Dr. McGonigal:** A study was just published in the *Journal of Consulting and Clinical Psychology* that speaks to this, in a slightly different perspective. This was a study that actually had 62 therapists with 93 clients, and they followed them over time for every session.

The therapists were limited to about a one-year length of session in this situation. They looked at, over time, the therapist’s empathic accuracy for what the clients were feeling. They found that therapists actually had inaccuracies in a predictable way, so that most therapists actually overestimate their clients’ negative emotions, and underestimate their clients’ positive emotions.

The degree to which therapists were inaccurate in assessing their positive emotions was associated with higher reported symptoms in the next session. So if I had a session with you and I miss some of the positive emotions that you’re actually experiencing during our session, you were more likely to have more symptoms the next time you come in.

I thought this was so interesting. It’s a little bit different than what Don actually suggested, but it gives therapists something to really think about. The researchers – and I’ll send you this study – made some guesses about why therapists are inclined to miss positive emotions and overestimate negative emotions.

One is that there’s a greater perceived cost to missing negative emotions; if you’re screwing up the relationship, or if someone is in serious distress and you don’t notice, that’s an obvious big fail. It may not always be as obvious what the cost is to missing positive emotions.

Also, they mentioned the general bias that everyone has toward negative emotions. They also found, by the way, that therapists experience less positive emotion in the session than clients do, on average. I thought that was an interesting finding: that clients may be actually enjoying this more than you are, even if you notice a lot of distress also present in the session.

Because we know how important positive emotions are to creating/building relationships and creating positive change, I thought I would just highlight this and suggest that it might be worth really emphasizing commitment to attune to and notice positive emotions, with the understanding how important that is also.

“Therapists are inclined to miss positive emotions and overestimate negative emotions.”

**”It amplifies the positive emotion when somebody else recognizes your positive emotion and is willing to share in it with you.”**

**Dr. Siegel:** Yes, that is fascinating and resonates very much with Rick Hanson’s emphasis on installing the good; if the therapist *notices* the positive emotion, that would also probably help install it.

**Dr. McGonigal:** Absolutely – we know it amplifies the positive emotion when somebody else recognizes your positive emotion and is willing to share in it with you. It lasts longer; it’s more likely to create a positive memory. So it’s a really important thing to do.

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

Now we’d like to hear from you. What are your thoughts about anything that we said or anything that was in the videos? We’d like to know what you think. Please leave a comment below, and while you’re there, go up and read other people’s comments, and even comment on their comments.

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