

## Week 145, Day 3

# Working with Common Issues That Can Often Fuel Avoidance

## 2 Ways to Help Clients Shift Out of Their Avoidance Strategies

with Ron Siegel, PsyD, and Ruth Buczynski, PhD

**Dr. Buczynski:** When a client feels like avoidance is keeping them safe, how can we help them see how it might also be limiting them?

Here, Dr. Ron Siegel shares two ways to help clients begin to shift out of their tried-and-true avoidance strategies.

He'll also describe one approach in particular that could be useful for helping them start to venture out of their comfort zone.

**Dr. Siegel:** As I understand it, virtually all forms of psychological distress involve avoidance. We can see this if we look at the most common things we treat in clinical practice. Let's say somebody's got a substance use disorder. That at its heart is about trying to avoid certain experiences. Maybe the person's got anxiety and they wanted to go away, so they drink. Maybe a person's got depression and they want to alleviate that, so they smoke too much pot, and on and on.

When we look at all the things that trigger people to use substances inappropriately, it almost always has to do with trying to get rid of some state of mind, feeling, or experience. Anxiety disorders, as we talked about before in the series, all have to do with avoidance. If I get

anxious before public speaking or before flying on airplanes, but I do those things anyway, I don't have an anxiety disorder -- I am just a nervous guy. If I start to avoid flying on airplanes and avoid public speaking in order not to feel the feelings, then I have an anxiety disorder.

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Depression even is like this. If I am in touch with my feelings and I am able to allow them to come and go and flow through me, I am not depressed. But if there are certain feelings like anger or longing or fear that I am unable to really let myself feel fully, then the whole organism winds up shutting down and I wind up having experiences of depression. Even psychosis is somewhat like this. If we think of what causes somebody to decompensate -- to move from functioning well to suddenly having psychotic symptoms – (of course, you

need a genetic predisposition to this) it's almost always life stressors like a move, going off to college, losing a loved one, or breaking up a relationship that bring up upsetting feelings. Instead of feeling those emotions and having them flow through yourself normally, a person struggling with psychosis very often become symptomatic. They become delusional or have hallucinations. We can see that across the board this is playing a central role in all disorders. To the degree to which we can help our clients face feelings that are difficult to face, we can do a great deal of good for people.

Of course, moving toward pain is counterintuitive for many people. I usually look for examples to help them see that in other parts of their life they have found ways to move toward pain or even to simply see that moving away from pain is problematic. I very frequently talk to people about insomnia. We've all had insomnia at some point or another. We all know that the harder we try to resist insomnia, the harder we struggle to fall asleep, and the more difficult it becomes.

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Many guys have had sexual dysfunctions -- moments of orgasming too soon or losing an erection. There too, they've had the experience that trying so hard to control it and get rid of the experience is exactly what creates the experience. Most people have had some difficulty at some point with public speaking and of having the experience of, "The harder I try to look cool and smooth, the more garbled my words become or the more shaky my voice is. If only I can simply accept the anxiety and go forward anyway, I'd do much better."

One way to help people shift from avoidance -- which is so natural because none of us like pain -- toward facing our fears, is by pointing out all the other circumstances in which avoidance doesn't serve us well... and where most of us have learned to some degree or another that facing the thing we are afraid of actually works out well.

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Since insomnia is perhaps the most common of these, I will often talk to a client first about have you ever had difficulty sleeping? Pretty much they will say yes. Then I will ask them, have you ever noticed it's often harder to fall asleep on say a Sunday night when you've got work on Monday than it is on a Friday night when you don't have to get up early on Saturday? Most people acknowledge that. You ask, what do you think makes a difference? They

will say, “I am not worrying about it so much on the Friday night.” Then you can move the person into seeing that, oh yeah, it really is they are trying hard to avoid the symptom that is at the heart of the symptom.

Another thing that's very helpful with avoidance is normalizing it because we all want to avoid all sorts of things. For example, almost all of us have difficulty with change. This starts very, very early in our lives. You know, I don't want to give up my diapers and start using the potty, the current arrangement suits me just fine. Or school with that weird teacher lady and the other kids, I will stay home with mommy and daddy. Sometimes we are eager for a change, but very often it's hard for us because very often change means losing something and letting go of something we love.

Often when people are stuck in a particular pattern and are avoidant of facing their fears, they are really afraid of change. They are afraid of the novelty of the new situation and what they will have to lose if it doesn't go well. I will often normalize this and talk about the problem with impermanence generally -- the fact that everything changes in the universe and there's absolutely nothing we can hold onto and how scary and hard that is. On the same token, if we can actually embrace this, then we can live a good deal more freely.

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I sometimes kid with them, "Oh, you don't want to die? Don't be born. You don't want to lose at anything? Don't try anything at all." There are countless examples of this because the fact that things are uncertain, everything is always changing, and the fact of impermanence, is

fundamentally what makes us very afraid often to experiment with new behaviors in the face of challenges. Almost everybody pursues avoidance strategies in the fantasy that it's going to help keep us safe. To a very limited degree it does, and we don't take risks and the like. But it also cuts us off from life's opportunities.

How are we going to help somebody who's finding avoidance useful to stay safe, to perhaps see it as being in their interest to venture out beyond their safety zone? I like Dick Schwartz's Internal Family Systems approach for dealing with this. It suggests there are different parts of us inside and these different parts have somewhat competing motivations. The part of us which is desperately wanting things to stay safe is usually what he would call a protector part. In other words, there's a part of us that very much wants to protect another part of us from experiencing something very painful that other part has experienced.

Let's take something typical like being afraid to ask somebody out on a date or being afraid to apply for a job. What Dick would call the exiled part -- the part of us that we are protecting-- is the part that has in the past felt rejected, unloved, unwanted, and inadequate. It's almost always a very young part of ourselves, who's very small, that doesn't have its own protections. It is associated with some real emotional pain that we just as soon avoid. Then protector parts

grow up around that, like the part of me that says, "I know, I will simply never challenge myself. I know, I will simply fake it like I feel great and I will never show people my vulnerability. I know, I will involve myself in obsessional tasks that don't have the possibility of rejection." These various protective parts grow up in order to protect the exiled or vulnerable part.

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A very easy way to work with this is to do it the way Dick does it or you can do it the way Gestalt therapists do it. The Gestalt therapists will often do it by putting a part in a chair (and have changing chairs so you change roles) and simply inviting the exiled or banished part to talk. What's their experience? You can actually help them with a kind of

mindfulness-oriented approach when the exile is talking about the vulnerability and how painful it was the last time .... to actually be with and stay with that uncomfortable feeling so they get better at this. Also talk to the protective parts about how important it feels to not have those painful things happen and then reassure the protective part that they might be able to step aside a little bit. We are here for the exile and we can hold their hand, in essence, and we can help them to be able to tolerate the feeling. When people are using avoidance for safety, I like them to see that there's actually different parts with different agendas here and we might be able to get the part to relax. It feels it's so important to keep us safe.

**Dr. Buczynski:** So by identifying and working with the parts of clients that feel vulnerable or protective, we can often begin to ease clients out of the avoidance strategies they've adopted to feel safe.

Tomorrow, we'll look at a simple way to help clients recognize for themselves what their avoidance might be costing them.

But now I'd like to hear from you: how will you apply these strategies to your work today with clients? Please leave a comment below, and perhaps take a moment to read through the other comments and reply to someone else. That's what brings our community together.

I'll see you tomorrow.