

Week 145, Day 6

**Working with the Common Issues
That Often Fuel Avoidance**

Focus on Application

with Joan Borysenko, PhD; Rick Hanson, PhD; and Ashley Vigil-Otero, PsyD

Table of Contents

(click to go to a page)

[Two Questions That Can Guide Your Work with Avoidance](#)2

[How Safety Issues Can Inform Your Work with Avoidance](#).....3

[How to Break Down Avoidance That is Built Upon Other Avoidance](#)3

[Three Practices to Avoid When Working with a Client’s Avoidance](#)5

[The Truth About What Lies Beneath Many Clients’ Avoidance](#)7

[Recent Studies on Terminal Illness and the Avoidance of Death](#).....9



Dr. Vigil-Otero: Hi everyone. Welcome to this week's Focus on Application. This is the part of the program where we discuss some of the ideas from the week and how we can apply them with our own clients.

Today I am happy to be joined by Dr. Rick Hanson and Dr. Joan Borysenko. Thank you so much for being here, guys.

We're going to continue our discussion on *avoidance* and I'm going to ask you both what jumped out at you. We'll start with you, Rick, and then we'll move on to you, Joan. What stood out, Rick?

Two Questions That Can Guide Your Work with Avoidance

Dr. Hanson: Yes, kind of stepping back and looking at the whole topic of avoiding or avoidance, first, it's useful to address how the client feels about their avoidance or being avoidant, or having it named to them that they're avoiding.

Often that comes at people with some topspin, and charge and accusation, or critique that somehow it's weak or bad to avoid: "If you are really strong, and brave, and culturally archetypally the right kind of person to be, you wouldn't be avoiding all that."

So frequently here, people often have wrappers of embarrassment and even shame around the avoiding machinery. It's important to pay attention to those wrappers and even unpack

"It's important to think about the ways in which avoiding is culturally situated."

them first, to get at the underlying dynamic of avoiding. The inquiry into to what extent is it useful or helpful, or to what extent is it like walking around in a suit of armor that's three sizes too small, left over from childhood? That's one.

Second, that it's important, as Joan has said earlier at different times, to think about the ways in which avoiding is culturally situated; in other words, perhaps it's the norm of one kind of person, or a kind of person who's had a fair amount of privilege to take chances and be bold because there's just an expectation that others will accept your failure and give you a second chance. But if you belong to a group of people that's hardly ever been given a *first* chance, let alone a second chance, then you really need to avoid failing, if you do get that first chance.

So it's important to pay attention to the ways in which we might be engaging the topic of avoiding through certain lenses grounded in our own cultural background or maybe even

assumptions of, or the generalization to others of what would be true for *us* and yet it's just not the life that other person has had.

So those, for me, are perspectives on avoiding: paying attention to the embarrassment around it, and then really asking ourselves, "Maybe this person's avoiding is truly in the service of some really important goals for them, given their real life."

How Safety Issues Can Inform Your Work with Avoidance

Dr. Vigil-Otero: Great point. What about you, Joan – what stood out for you?

Dr. Borysenko: What stood out to me this week is something that we talked about last week, and that is we are configured, absolutely, by nature to use avoidance in order to stay alive. Ron Siegel made a *very* good point this week; he said, "You can absolutely look at all of the things that distress us, and these safety issues, avoidance issues are there behind them."

That every time we're anxious about something – and anxiety is not only neurotic; it's simply a part of the human experience – it also is related to these issues of safety and wanting to avoid being in a position that makes us unsafe.

"We are configured by nature to use avoidance in order to stay alive."

I want to echo something that Rick said, and that is that if we just recognize, "Okay, this is part of what it means to be human," and depathologize the whole topic of avoidance, then we don't have to think of ourselves as victims of something that's wrong in our makeup, but just as human beings dealing with the *tremendous* existential uncertainty of being alive.

How to Break Down Avoidance That is Built Upon Other Avoidance

Dr. Vigil-Otero: Thanks. Thanks so much for sharing. Rick, I want to turn to you now. Peter Levine this week talked about the way avoidance builds on avoidance – like how someone avoids driving down a street where they got rear-ended, but that soon turns into them getting in the car altogether.

Can you share how you've worked with someone whose avoidance built on itself that way – someone whose life began shrinking because of avoidance?

Dr. Hanson: Yes. I'll talk through actually a fairly complicated case – I'll do it succinctly – that had to do with avoidance of intimate relationships, even though there was simultaneously a great longing for them. In this case there's some headlines here that are really interesting.

“When we talk about the tension between an avoidant orientation or an approach orientation, it's important to take into account a person's temperament ...”

The first is that this was a woman who as a child was very sensitive, toward the sensitive end of the normal temperamental spectrum, so experiences landed hard on her and she was easily dysregulated by them. I want to really emphasize, this was her temperament; this was her normal temperament and it was the case for her.

Also she was someone who was very interpersonally aware and who valued interpersonal supplies – again as a child, just as an innate dispositional quality. This is who she was.

When we talk about avoidance or the tension between sometimes what's called an avoidant orientation or an approach orientation, it's important to take into account a person's temperament, particularly that innate temperament which for some people can feel shameful, or wrong, or less than others.

Especially if they grew up in a family in which – as with her – that tendency to be sensitive, and easily wounded, and easily hurt with fairly strong needs of reassurance and provision of supplies that would support a secure attachment, she was teased and put down for being this way.

That's in the history for many people when they've got issues of avoiding of one kind of or another. Then, piled on top of that was her relationship history in which some early relationships had pain associated with them. She was let down, they didn't go well, things happened inside them.

Then, as she moved into adulthood and late middle age, actually, there was an unfulfilled longing in her for a mate, and she was grappling with that.

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It wasn't as classic and concrete an example as someone who becomes agoraphobic because they're avoiding stepping outside their front door, and a fear of, let's say, having a panic attack in public and being able to take care of themselves and being horribly embarrassed by it.

But for her, it was a separate form, of swerving away from or veering away from the opportunity to actually have a successful intimate relationship with an appropriate candidate, an appropriate kind of partner. This tendency had fed on itself as the years went by.

As Peter has so well described in many forms of trauma, she needed to reclaim an adaptive trajectory; she needed to reclaim and enact a healthy way of coping with minor rebuffs, minor letdowns, minor betrayals in relationships, and come to success and come to a soft landing by working through that herself.

That's basically what we kept working on, as the months and actually a year or two went by; we kept working on helping her take little swings, little steps, succeed at them and then build from them, and gradually expand out her window of tolerance and the kind of relationship misattunements or subtle, minor breakdowns or rejections, and increasingly, over time, not fear them so much.

In the process of doing all this, as Peter would teach, she was reclaiming her own natural capacity to form strong and healthy relationships. I'm really happy to say that most recently some really, really nice culminations have been occurring for her.

Dr. Vigil-Otero: That's really nice to hear – that, with patience, she was able to get to the other side of it.

Dr. Hanson: Yes.

Three Practices to Avoid When Working with a Client's Avoidance

Dr. Vigil-Otero: Thanks for sharing. Joan; Lynn Lyons this week talked about a client who really wanted to make friends in college but was having a hard time talking to people and making those relationships. So Lynn had to help them figure out how to approach new people.

She pointed out that telling somebody they're going to feel calm while doing this is a mistake because that sets them up for failure – a very simple but a really important reminder. What other missteps should we be looking out for when helping people work past avoidance?

Dr. Borysenko: This is a very important thing that Lynn was talking about, because if you've been avoiding something, it's not going to be comfortable to approach it. It's important

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that people recognize that there *is* going to be discomfort, but that they also recognize the discomfort won't last forever.

I always love the Ericksonian thing, "Sooner or later. Sooner or later, it *will* get more comfortable." So one of the things that is important to avoid is saying just *when*. Like, "I have clients, and in three sessions I can get them comfortable doing this."

Again, "Sooner or later." We never know for a particular client. You don't want people to think, on the one hand, that it's going to take forever, and on the other hand it will be gone by next Tuesday. To hold open this space, that "It will organically improve. It's fine to be uncomfortable."

"Always to be able to present things in a way that's growth-oriented."

Another thing to avoid, which both Rick and I already talked about at the beginning of our session, is pathologizing the avoidance. We talked about that young man and how tender it is to want to have friends, how very tender. We all want to reach out.

Make sure that it's presented in such a way that, whatever it was, why is it? Maybe it's just your temperament; some people are like that. Maybe it's the aftereffect of a particular trauma – whatever it is. But to treat it with the utmost respect and tenderness, not as a kind of terrible neurosis, because that becomes a self-fulfilling prophecy.

I would say that there's one more thing on my list here, and it's particularly important for people who have a history of trauma: not to reinforce the sense of victimization – that, "No wonder this is happening, because this terrible thing happened to you."

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Difficult things happen to us throughout our lives, and that's simply a fact of life. Always to be able to present things in a way that's growth-oriented: "Yes, this was a difficult thing that happened, and, yes, the strengths that one can develop in coming through a difficult time can enrich you for all your life."

Maintaining the open-ended, truthful yet positive way of looking at things is going to go a long way toward helping people feel comfortable and trusting, and making some progress organically in their own timeframe.

The Truth About What Lies Beneath Many Clients' Avoidance

Dr. Vigil-Otero: Thanks. Thank you both for bringing up the important point of depathologizing temperament and the issue of avoidance. That's an important reminder.

Rick; Lynn Lyons talked about the connection between anxiety and avoidance, and how those two easily go hand in hand. Can you share a bit about how you tackle these two issues? Where might you start? What's important to consider when somebody is using avoidance, to soothe that anxiety?

Dr. Hanson: Lynn, as always, is so perceptive. I will just call out that that our issues are always developmental. As a therapist, we may engage them entirely at the adult level and only deal with the most recent history of the last few weeks, and still what we're dealing with always, inherently, just the nature of the psyche, rests on the lower floors of the building of the psyche that are laid down at much, much younger ages.

There are people, especially who work with kids, like Lynn, who have particularly useful insight into how these issues are developed, because they work with kids who are laying down those layers of the psyche at the time.

Yes, I agree that avoidance – and also Joan has said earlier – is very much about safety and the maintenance of safety, by avoiding pain or the possibility of pain for oneself or others, harm of various kinds. Therefore, naming what is the anxiety that underpins, let's say, problematic avoiding behaviors, or thoughts, or internal defenses, then that's really useful.

“In criminal investigations they say ‘Follow the money.’ In clinical practice, follow the anxiety.”

My supervisor when I was accumulating my hours in my clinical training said something I've thought of quite often. He said, “In criminal investigations they say ‘Follow the money.’ In clinical practice, follow the anxiety.” Follow the threat of anxiety – which is also a very useful personal practice because most of us walk around feeling like it's threat-level orange, when in fact, in this moment, and *this* present moment and *this* present moment, it's actually threat-level green, or maybe a teeny-weeny bit of chartreuse.

So, studying anxiety and surfacing anxiety is really useful – finding out what exactly is the person afraid of? What are they trying to avoid? Moving through, with appropriate therapeutic support, the proxy first. Very often people will say, “I'm afraid that they won't like me.” That's a proxy for “What might you *feel* if they don't like you? What might be the deeper, younger – again – layer of what gets pulled up if you feel you're not liked? What is actually the deepest fear of all here?”

That's a real process for people. That classic slogan these days, "Name it to tame it;" the process of actually *naming* the underlying anxiety is *really* useful in some way. Very often that actually reduces a fair amount of neurotic avoidance behaviors or unnecessary problematic, because people realize suddenly, "Oh. I don't actually need to be afraid of that. That was transferred in from my childhood and it's not really relevant today."

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Then the last thing I would just say about this is to help people, as therapists, tolerate anxiety. Much as the origins of a lot of the recent training in mindfulness, such as mindfulness-based stress reduction, or about learning to tolerate extreme intractable physical pain, in much the same way it's

important to learn how to tolerate anxiety, to feel fear, or to feel uneasiness or apprehensiveness, and not make it *mean* anything.

There's a key saying around anxiety: that it's *signal anxiety*. It's a signal. It tells us, "Watch out for this or for that." Yet very often, the anxiety that people feel, including a latent anxiety: that they're wary and cautious, but just because they're staying inside a small little bubble. But if they were to move out of that small bubble, then they'd really feel a lot of anxiety.

The anxiety in their mind is functioning as a signal, but in fact much of the time it's just noise. It's like a car alarming blarping away; it's unpleasant, it's disruptive, but it's not meaningful – it's not telling us anything. Because what it's blarping away about, this anxiety, is actually not a *real* threat in the present moment. Being able to just feel the feelings, feel the fear, feel the body sensations of the apprehensiveness and uneasiness is a really important skill for people because then, increasingly, anxiety is not ruling them.

"It's appropriate to use anxiety. It's not appropriate to be used by it."

It's appropriate to use anxiety. It's not appropriate to be used by it. As people become more able to tolerate anxiety, they don't privilege it inside their own awareness. It arises, like a thought arises or a sensation in the foot arises – that's not a problem. The problem comes when we privilege it, and identify with it, and let it carry us away.

This territory of anxiety is *really*, really powerful and useful. It's at the heart of a lot of problematic avoiding.

Recent Studies on Terminal Illness and the Avoidance of Death

Dr. Vigil-Otero: It is. Thank you for those comments. Joan, I want to turn to you now. Is there any current research that relates to any ideas from this week, that you can think of?

Dr. Borysenko: Just picking up on that all-important threat of anxiety, Rick, that you were just talking about, I recently read the results of a study that was done in 2016. It was on existential anxiety in people with, really, terminal illness: people with cancer or other illnesses where they expected to die pretty soon.

We all live in an uncertainty. We never know how long we're going to get to live. But the real existential anxiety, when it comes up like that, can really be crippling for people. Since I ran a clinic for about 10 years for people with AIDS, at the very beginning of the epidemic when existential anxiety was *very* high because nobody lived longer than about two years, and then I ran a clinic for people with cancer, I was fascinated by this study.

It was actually a study done at Johns Hopkins and NYU with about 75 people who were facing death. They were given a dose of psilocybin. I found that there's actually quite a lot of recent research on psychedelics; this has just started to become legal again.

“After two doses of the psilocybin about 80 percent of the participants, six months later, had lost that existential fear. They were not afraid of dying.”

I find it very, very interesting because what happens with a single dose of psilocybin is, temporarily, the default-mode network is really quieted down, and this sense of *I, me, mine* is quieted down. The sense of interior, the way that our narrative meshes with experiences we're having now and how that hooks up with the experience of identity that we've developed during our life, that's impacted by the experience.

What happens – and I find this really surprising – is after two doses of the psilocybin, in a very carefully controlled hospital environment with various skilled guides, about 80 percent of the participants, six months later, had lost that existential fear. They were not afraid of dying. Their sense of identity had changed. They had in a way experienced a dissolution of the sense of identity and ego and separate self that we try so hard to develop throughout our life.

What arose from underneath that was a very deep sense of connection, of safety, of lovingkindness, of interior goodness within themselves and within a larger whole.

This is very interesting; it's a realm of research that has become popular once again not only with the dying, but I know at Mass General Hospital in about a year there'll be an experiment

– I’m not sure if it’s psilocybin or, another drug in that class – looking at the treatment of depression. But for sure, in that hospital population, people facing the end of life, both depression and anxiety were *really*, in most people, alleviated significantly and stayed alleviated.

I’m wondering what we can learn from that. Of course another thing, without the use of a medication, that’s interesting in terms of research is the effect of mindfulness training on the default-mode network – how activity in that network with all of the *I, me, mine* existential concerns goes down over time.

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It’s fascinating to take a look, especially when they look at something like avoidance that’s built into our brain – and yet our brain can change in most remarkable ways, along with our identity, as a deeper sense of self is allowed to emerge.

Dr. Vigil-Otero: Yes. Thank you so much. Thank you to both of you. That’s actually going to wrap up this week. Now we’d love to hear from *you*. Tell us what resonated with *you* this week. Is there anything that you heard today that you can use with your clients?

Please go below and write a comment, and while you’re down there, please read and comment on what others have shared. That’s what really brings us together as a community.

Thanks so much for making time for this week’s Focus on Application. We’ll see you next week. Until then, be well.