



## How to Help Clients Overcome Their Most Limiting Fears, Part 2:

Kelly McGonigal, PhD

### How to Motivate Clients to Push Through Self-Imposed Boundaries

**Dr. Buczynski:** How do we help clients move beyond the stuckness that's giving them a sense of safety?

As Dr. Kelly McGonigal puts it, our desire to always avoid pain can put us in a cocoon.

So, how do we help clients break free? Kelly answers this with the Missing Zero strategy.

**Dr. McGonigal:** I think most people are hardwired to avoid discomfort, and to get unstuck requires basically being comfortable with discomfort – with being uncomfortable.

The process of breaking free from whatever is keeping you in a certain habit or part of your life often requires experiencing things like anxiety, or self-doubt, or physical discomfort.

Often when we meet that first point of discomfort, it's very easy to think it would be easier to stay the same; it would be easier to not push on.

Getting unstuck is a process of finding a way to embrace the

discomfort that comes about when we first start trying to get out of the cocoon or out of the quicksand

Sometimes in the cocoon, it can feel very nice and cozy to be stuck, but it can also feel like we're drowning. In some ways, when it's a cocoon that's keeping you stuck, it is a lot harder to see than when you feel like you're drowning in quicksand and you're trying to claw your way up to some freedom.

**Dr. Buczynski:** Right – because in the latter when you are in this quicksand experience or quicksand moment, maybe you have hit rock bottom and you're more sick and tired of whatever is keeping you stuck.

**Dr. McGonigal:** Yes, you have a sense of what's dragging you down, and that motivation can become very present – the feeling that “I don't want this anymore.”

If you haven't reached that stage yet, it's very important to figure out what you don't want any longer and what the positive vision is that is going to give you the courage to break free or pull yourself out.

“Breaking free from whatever is keeping you stuck requires experiencing things like anxiety, or self-doubt, or physical discomfort.”

One of my favorite strategies for getting unstuck comes from research on willpower. Some of my colleagues at Stanford, several years ago, were looking at how to increase people's self-control when they are making decisions.

They realized that when most people are thinking, for example, "Do I want the cookie or do I not want the cookie? Do I want to buy this now or do I not want to buy it now?" they are comparing the immediate temptation to not having that temptation.

They found that people need to find what researchers call "the missing zero" – there's something you'll be giving up if you say yes to this.

If you say yes to the cookie, you might be giving up the benefits to your own energy and well-being that you would feel if you made a healthier choice. You are giving that up – that's the missing zero; it's the thing you lose when you say yes to the cookie.

Or if you buy something that you can't really afford, it's not just, "Do I have the sweater/do I not have the sweater?" It's "Do I have the sweater/do I choose not to have the sweater" because what I'm choosing is how amazing it's going to feel when I get out of debt or how wonderful it's going to be to save for retirement.

I'm actually choosing something else when I choose to give up this immediate gratification.

I started to think about applying that technique of trying to find what the missing zero is in the opposite direction: what are you losing out on when you refuse to do something that would help you change or

pursue a goal that's important to you?

***"What are you losing out on when you refuse to do something that would help you change or pursue a goal that's important to you?"***

So, for example, I might ask people, "Is there anything in your life that you would like to do or pursue or change, but that you're not doing because of how stressful or difficult it feels? Is there something you're putting off because you just don't want to face how it feels when you think about having to actually get it done?"

People can often identify something like that. The next question is "What is the missing zero? What are the costs to choosing not to take that next step? What are the costs of choosing to stay the same? What are you missing out on? Would it enrich your life in any way if you were able to make that choice?"

That kind of recognizing is self-reflection. What are the costs of staying the same? What are the costs of saying no to an opportunity because you aren't 100 percent sure you'll succeed or you aren't 100 percent sure you can handle it? What are the costs of saying no? What are you losing? Are there any opportunities that you have not said yes to in the past, and what were the costs of that?

**Dr. Buczynski:** Sometimes people just don't know. You go through a door, and it often opens other doors, but from behind the first door, you don't really know what it might open.

**Dr. McGonigal:** In my experience, you don't always know what it will open, but there's another cost to not allowing yourself to take a step in the direction of something that you want for yourself – it's not necessarily the outcome in the way you're describing it of asking people to predict the benefits of taking this step...

**Dr. Buczynski:** Right, taking an opportunity that I might fail at.

**Dr. McGonigal:** And there are actual costs! It's not just losing out on being a success in your career, or finding a new relationship, or whatever takes that courage.

People can actually feel the cost of avoidance immediately. When you avoid something because you want to avoid the discomfort or self-doubt, what you actually experience is self-disappointment, loneliness, and a sense of stagnation.

It's sort of a paradox that we try to resist or avoid, and by making that the motivation or the reason behind not changing or not taking action, we actually end up strengthening the experience we wanted to avoid.

If you ask most people – let's say that they're not pursuing relationships because they don't want to get hurt – and you ask, "Well, are there any costs to you right now in not pursuing relationships and of being alone? What are you actually choosing by choosing that?"

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People often have the very kind of experience that they're trying to defend or protect themselves against - like loneliness or feeling unloved – those are the very things they were trying to defend against!

The same is true if you are stuck because of anxiety and you are choosing not to do something because you want to avoid the experience of fear in putting yourself in the situation of taking that first step.

**Dr. Buczynski:** Kelly had an interesting take on helping clients push past boundaries.

I wanted her to talk more about how to get clients to buy into the idea of discomfort.

Here are some further thought from Kelly. And then we'll get two other perspectives from Dr. Ron Siegel and Bill O'Hanlon.

**Dr. McGonigal:** One of the reasons that avoiding discomfort becomes a cycle is because we are so afraid of feeling the discomfort that we don't actually notice that we're capable of tolerating it. It's almost like people don't trust themselves.

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And so the strategy of mindfulness and acceptance says, "well, look; we're going to get uncomfortable for a moment: we're going to put a cigarette on the table and you're not going to smoke it, and you're going to feel what the cravings are like." Or, "Maybe you'll touch base with a painful memory and see what that's like rather than immediately trying to push it out of your mind - and see what arises in your body and also sense that you have some freedom in this moment."

So that's really important - bringing in the mindfulness and the acceptance. But when I was thinking about how to go even further with this idea of learning how to tolerate discomfort, I remembered a study. It was a study done at Missouri State University that was a test of pain tolerance. And they compared people's ability to tolerate pain simply on mindfulness and acceptance - the idea that, "It's uncomfortable but you can handle it; notice what it feels like" - sort of the way that I would normally teach distress tolerance.

They compared that to another group that was also encouraged to imagine that the pain they were feeling was in service of a value that they care about. So, for example, if they had said what they really care about is their family, they were asked to imagine that they were enduring this pain because they were in icy water and they were about to rescue a family member that they loved. It's a visualization. And what they found is that people who were accepting and mindful and had that added value had significantly more pain tolerance than people who were just trying to accept and mindfully attend to the distress.

And I feel like this is a big missing piece for a lot of people - the ability to tolerate distress comes from viewing the distress as in service of something you care about. And that's why it's so important to know what the big Why is behind any sort of change that's going to involve dealing with discomfort, and in moments of discomfort learn to bring that to mind as a resource.

**Dr. Siegel:** Yes, I think that that's enormously important, and to have a cognitive framework as to "why it

might actually make sense to do this” is vital. It reminds me of what happens in doing child therapy where the therapist is suggesting to the child, “But let’s talk about what happened with the bully,” and the kid’s saying, “That was painful. Why on earth would you possibly want to talk about that? I want to play Uno instead.” And these kinds of tensions arise all the time because the child doesn’t have a cognitive map for why it might make sense to do that.

I was thinking of another aspect of this, and this is closer to a more traditional mindfulness-oriented approach to it - I realized that in my clinical work I spend a lot of time trying to help people experience their distress as moment-to-moment bodily sensations. I was with a patient of mine who had had a significant up-kick of anxiety and it was really freaking him out to be this anxious - he was starting to scramble around medication and the like.

And I started talking to him about it: “So, just what does it feel like to be anxious in this way?” And he immediately told me about a flood of thoughts, about all the different ways in which he was afraid it was never going to stop and he wasn’t going to be able to function and all of this kind of stuff - and it really took quite a bit of work to move from that to, “Well, sweaty palms, beating heart” - this kind of thing.

All distress - emotional as well as physical - is a series of moment-to-moment bodily sensations. So helping people to actually experience their distress as moment-to-moment bodily sensations can really be good for people. But, they need to have a framework for why that might make sense to do.

“Distress is a series of moment-to-moment bodily sensations—so, we need to provide a framework as to why it would make sense for them to actually experience their distress as moment-to-moment bodily sensations.”

**Mr. O’Hanlon:** If you’re just going to give something up, like an old habit or an old belief or whatever, it’s a lot harder to do. But if you’re going towards something - this is something I’ve really developed in my clinical work. I was influenced, again, by Milton Erickson because he was kind of a psychotically optimistic guy and he was always imagining better futures for his clients. And I do the same thing.

So I’ve discovered that’s reflected in my language. I say, “When you come out of this depression... When the anxiety drops down and decreases.” So I’m talking about a future as if it’s already here. And so I use language in that way; I used, “Before you come out of this depression” - well, that assumes you’re going to come out of it. “After you come out of this depression” - well, that assumes you’re going to come out of it. “When you come out of this depression” - that assumes you’re going to come out of it.

So, I think your language reflects. If instead my language said, “When you have your next breakdown,” that would be assuming a negative future. So I’m always thinking of the positive future and letting my language sort of lead me and lead the client into that, and I call this positive expectancy language.

Sometimes it’s called presupposition, where you presuppose that the change is going to happen. And that’s the easiest technique. But I think we just train ourselves to speak in that presupposition of the future we

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hope for, and our clients hope for, or would hope for if they had hope. Sometimes we have the hope at first and they don’t - how can we speak and kind of pull them [along]?

Sometimes at the end of one of these sessions, one of my clients who’s really depressed or very discouraged or very stuck looks at me and says, “You know, nothing has changed - but I feel more hope.” And I think that may be one of the components of that

language, kind of pulling both of us into that positive vision of the future.

I think of a particular client I had when I was doing couples’ work. She came in on her own and she was like, “Should I stay in this relationship? Really, I can’t decide - I should stay/I should go.” And she’d been stuck for a long time. And finally she came in alone and she said, “I just can’t figure this out - should I stay or should I go?” And I said, “Okay, well let’s do a little thought experiment. It’s six months from now and you’re still in this relationship.” She said, “Yes, okay, I could handle that.” I said, “It’s a year from now...” and she started to look a little more uncomfortable.

When we got up to five years, she said, “I would want to kill myself. I couldn’t do it.” And we just projected the same situation into the future. And she might have said, “Yes, I could live with this - it’d be better than the guilt of leaving and all the chaos that would happen,” but as soon as we got out to about a year, she started to think, “I can’t do that. I don’t want my life to be that.”

And so I project people - “Okay, if you left/if you stayed the same/if you were still depressed in a year/if you were still depressed in five years/if you were still crippled with anxiety in five years...” “Oh, no - I have to change.”

And so it’s really that kind of upping the discomfort to create more motivation so they say, “Oh, yes, okay - I could handle it now. Maybe for the next while, but not for that long. I need to change. And if I’m going to change eventually, why not change now?”

So, that's one method that just I stumbled on because I thought, "I don't know what's right for her." I don't know whether she should stay or go. I can see an argument both ways. And when I projected out, she knew - much better than I could have guessed. I couldn't have guessed which direction she went, but as soon as we got into the future with the same old stuff, she was highly motivated to change.

**Dr. Buczynski:** I appreciated Ron's focus on finding the big "Why" for introducing discomfort, as well as Bill's thoughts on using positive expectancy language.

We've heard several perspectives on the limiting fears that can hold our patients back, and how new positive experiences can spark change.

In the next module, we'll get into how to use these experiences to require the rigid mind. I'll see you then.