Dr. Buczynski: As we heard, our limiting stories can be some pretty brutal tales.

But what if we could toss the script and write a new story with more optimism and confidence?

Dr. Joan Borysenko discusses what she says is our biggest block to change, and how we can move past it.

Dr. Borysenko: I’ve seen people get stuck, Ruth, in as many ways as there are to be human.

But during the time that I was running a mind-body clinic at one of the Harvard teaching hospitals, we had people who ran the gamut – people with stress-related disorders, people with chronic illnesses, people with acute illnesses.

We were running a 10-week program which was based on cognitive-behavioral approaches – meditation, mindfulness, yoga, things of that nature – and I began to ask the question about stuck in that context, because we saw tremendous behavioral changes in most people, but not everybody.

So, I began to look carefully and say, “What keeps people stuck?”

Although the externals are different, I found an internal consistency, and that is people keep re-running their grievance stories, they keep re-running their trauma stories, and they keep re-running their “I’m not good enough” story – whatever it is.

There’s constantly a track going on in the head that rehearses the very traumatic and difficult and limiting things that box people in.

What happens, as you so very well know, is that we develop brain patterns – you keep practicing the same thing. It takes 10,000 hours to become good at anything. Most of us have way more than 10,000 hours of the rehearsal of various difficult stories.

The biggest set of limiting stories that kept people stuck clustered around regrets and resentments, and because of that, we expanded the forgiveness training that we had as part of that 10-week course that we were giving.
I found that when I saw people individually, it was forgiveness more than anything else that we had to work on – those stories are so toxic.

They’re about not being able to forgive ourselves, and living in a miasma of regret. We are not able to forgive other people and we assume the role of the victim. I’d say those are kind of primordial ruts.

You know, in the old days, I was really very influenced by NLP – *neurolinguistic programming* and their approach to reframing, which is of course a pretty standard thing within cognitive behavioral therapy – frame of reference is everything!

Now, we call this *narrative medicine* – and that is we tell a particular story that reinforces a frame of reference.

That’s what I am always looking for with myself and with clients. “What is the frame of reference? What is the storyline?”

> “We call this *narrative medicine*—we make up our own story, and as soon as we develop enough awareness of our story and enough motivation, we then have it within our power to change the frame of reference.”

With narrative medicine – telling a story, we make up our own story – it’s not made up by somebody else. Because of that, as soon as we develop enough awareness of our story and enough motivation - in other words we become really sick of the way that it limits us - then we have it within our power to change the frame of reference and to create a new story.

It’s very, very important in therapy, if you see that somebody is stuck in their story, to take another tack - to look at things a different way. Maybe, for example, can I tell you this story of a client?

**Dr. Buczynski:** Sure.

**Dr. Borysenko:** At one point, a very bright, young physician was referred to me because he was a heroin addict, and he had “failed” a number of treatment programs and lost his license. By some court-order decision, he needed to come to our behavioral medicine course to deal with his heroin addiction.

He let me know right up front: “I like heroin. I like to use, and I have no intention, on God’s green earth, of giving it up.” That’s a very interesting thing – that’s stuck, really stuck. An addiction is a tremendous sticking point.
When he said that, I thought about it and I said, “OK. Tell me, since you are here anyway, what is it that means the most to you? What is it that brings you most fully alive, and how can I help you enjoy whatever that is even more?”

In other words, we totally shifted the frame of reference – forget about the addiction: “Let’s talk about what puts you in the flow – what gives you life.”

It turns out that he was very creative, and his creativity took the form of writing – he was a short story writer and also a great photographer – that’s what was so important to him.

We began instead to work on a project of enhancing creativity – how he could take his photography and his short stories, and put them together. As we progressed with that, it turned out he was taking a little bit less heroin, because the heroin was actually interfering with his creativity.

We went through another door: if there’s resistance to one doorway, it’s always great to find a doorway that’s natural for the person where they can get on board.

As therapists, I think we get stuck too, and we need to reframe, for ourselves and for our clients, how we approach things. Then, unstuckness can occur in really wonderful ways.

**Dr. Buczynski:** Sometimes just shifting that frame of reference can spark a whole new way of approaching the problem.

Joan mentioned the toxicity of our grievance stories. And I wanted her to go a little deeper into that. We’ll follow her thoughts with some insight from Bill O’Hanlon.

**Mr. O’Hanlon:** Sometimes, to totally reframe something in a more positive way or a more possibility-oriented way is just too big a leap for people. So, one of the steps that I start with is just casting doubt on the certainty that they have of the way things are. And so, you know, I basically am trying to move them up to neutral. You know, we just talked about that spontaneous remission stuff, which for a while people just denied was even possible - but then we found some cases, and all we’re saying is, “Can you be open to...? We don’t know why this happens.” And so from, “It never happens” and “It can’t happen” to, “I’m not sure” or “We don’t know - let’s be open to it.”
The story that comes to mind is, I was doing couples therapy with a colleague of mine, and he had a really hard deadline that he had to leave to pick up his kid from daycare, and if he didn’t get his kid - like he’d been late a few times - he was going to be in big trouble. So he had to leave.

So, we do this session with this couple - and it’s a tough session. They’re really having struggles. And then, just at the end when my colleague says, “Look, I have to leave in like two minutes. I have to pick up my kid and I really need to be out of here,” the woman stands up and she goes to the door and she’s really upset. She opens the door and she says, “All I can say is if he goes on that hunting trip that he’s talking about going on this weekend, I’m getting a divorce.”

And there had been no discussion of this during the session - we didn’t have a chance to process it. My colleague has to leave, you know - like the session is over, I have another client - and it was just stunning to all of us. And she then slams the door and she starts to walk down the hall. And we’re all just sitting there stunned, like, “Okay, this is the end of the marriage therapy. That’s the end.” And so I ran to the door and I opened it and I just stuck my head out in the hall and I said, “Are you sure about that?” And the next week, she came back and said, “That really messed me up.” She said, “I thought and thought and I wasn’t sure. I just wasn’t sure.”

And so I didn’t change her mind about never getting a divorce or anything; it’s just I put a little dent in her certainty. And I think that’s the first step sometimes - changing those recurring patterns.

“Sometimes the first step is just about changing recurring patterns.”

**Dr. Buczynski:** Bill used a unique way to create a *pattern interrupt* through a question.

So far, we’ve touched upon several areas where clients can get stuck—but, what happens when their stuckness begins to fossilize their personal relationships?

We’ll get into some specific ways of working with that in the next module.

I’ll see you then.