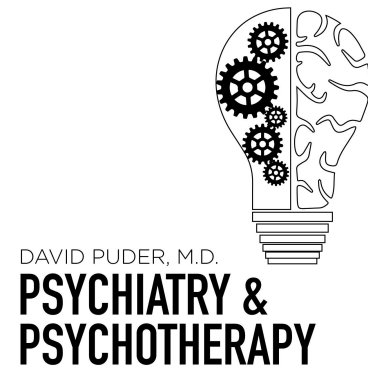


Episode 021: How to Fix Emotional Detachment

David Puder, M.D.

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There are no conflicts of interest for this episode.

This week on the podcast, Ginger Simonton, PhD candidate, and I (Dr. David Puder) talk about how to deal with emotional detachment. In the psychiatry world, we call the state of emotional detachment, congruence.

What is congruence?

Psychological congruence is someone’s ability to feel and express their inner emotions in a consistent manner with their outer world—their speech and body language.

As an example, have you ever smiled when you’re talking about something sad? Or felt very emotional, yet had a flat face and still posture? Have you ever felt angry, but pushed it down and developed a headache? These are incongruent speech and behavior patterns.

Incongruence happens when we’ve lost touch with our inner world, our emotions that are represented with bodily sensations. Many of my patients experience emotions, but have a hard time expressing them with words, so they shove them out of their experience.

Emotions are unavoidable.

We experience them all the time, whether we know it or not. Common terms for pushing them out of our awareness are suppression, denial, repression, and other defense mechanisms. We may think we can suppress our emotions, but they will come out in one way or another—sometimes through physical pain and illness.

There is extensive research on how the body processes emotion, and how that affects us physically. One of my favorite books on this subject is [The Body Keeps the Score](#), by Bessel van der Kolk and [The Feeling of What Happens](#) by Antonio Damasio. *I have*

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spoken about the science of emotion in [part 1](#), [part 2](#), [part 3](#) on microexpression and a popular episode on the [polyvagal theory](#) which give the science and application of understanding emotion.

As psychotherapists, our job is to help people reconnect to those emotions, and be able to experience them in healthy ways. People bury so many of our psychological problems in our bodies that we don't even feel comfortable in our bodies anymore, and we prefer to be numb.

People further push unwanted emotions out of their experience through use of drugs, alcohol, and other addictions like porn, gambling, movie bingeing, or mindlessly scrolling forever on social media.

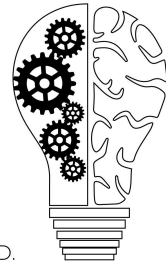
How do we develop incongruence?

But we don't start out as emotionally disconnected, or incongruent. **As children, we express our emotions as we feel them.** If we are happy, we giggle, smile, or stick out our tongue as we work on a project. If we are sad, we cry. If we are angry, we bite, yell, spit or claw. If we have disgust we spit things out, push things away and protest against putting things in our mouth!

If our emotions are mirrored back, and our caretaker acknowledges them verbally, then we optimally will be connected to our bodily responses from a young age. This is why I always recommend starting any discipline or high emotional moment with kids by empathically mirroring their emotions in words, and adding meaning to why they might feel such a way.

To get along with others, most kids, over time, develop a normal adaptive way to conceal emotions, which helps function in family and friendships. We learn that there is a context for truly sharing what is going on, and this is a good thing. Sometimes suppressing strong emotion until later is helpful!

Stronger issues develop when repeated messages invalidate or shame our experience, or trauma moves us away from being congruent with our inner experience. It is also

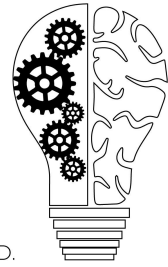


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possible that there is no one who an individual connects with enough to be congruent around.

For example, if everyone you know would shame or attack you, it might not be a good idea to bring out your deepest thoughts and emotions. These kinds of households often have heavy drugs or alcohol, severe mental illness, or predators.

We are meaning-making creatures. We assign meaning to events in our lives, and that meaning becomes our guiding belief and principle, especially in key developmental periods in childhood.

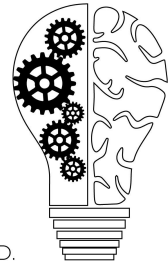
These meanings shape how we are going to interact with the world. Although unconscious and out of our awareness most of the time, when we live out of congruence without ourselves, it leads us to form these earlier, shaping meanings. (click [here](#) for more on the science of meaning)

How incongruence develops:

- **A trauma occurs.** A child hears his parents fighting. The child, when in the midst of it, seems to be physically sick, and this distracts the parents from their fighting and thus decreases the fighting.
- **We assign meaning to it.** The child, as always, relates everything back to him or herself. They think, “If there is yelling, if I become ill, the yelling will stop.”
- **We structure habits and actions around that belief.** The person continues to use being ill as an adaptive response to calm the parent’s hostility. Any emotional pain and discomfort is thus learned to be responded to when in the midst of only physical pain.
- **We see patterns in our lives that reflect that belief.** We react repeatedly in a way that demonstrates our belief. We notice it affects our relationships, and that further cements the belief in our lives. New connections are found with caring physicians, maybe specialists who have concern for the medical issues, which further reinforces illness being a way to both calm disagreements and get connection needs met.

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- **We have to either live with it, or deal with it.** Until we revisit that moment and that decision, we cannot sift through that core belief. There is incredible hope for people with incongruence.

The response to a healthy therapeutic relationship and subsequent changes in behavior can be astounding. To deal with it, it is necessary to both find new ways of connecting with others but also not be able to use the incongruent way of being for an adaptive means.

How do we fix incongruence?

Our goal as we progress in life is to connect our physical body, emotional experience and verbal communication. The best public speakers seem to speak from the core of their being. The most powerful messages come from getting in touch with ourselves and integrating it.

We can introduce the concept of reconnecting with the self in several ways:

Art

Art helps people bypass the logical areas of the brain and produce something raw and congruent to their inner experience. Painting, drawing, working with clay, or other forms of art help us connect with things deep down in our inner experience. Sometimes we ask people to make a self portrait or a picture of their home to discover new things and access something true.

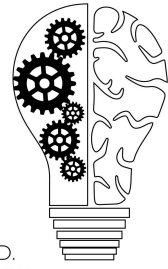
Then we ask for people to describe their pictures and link the congruent space of the art with what they share.

True Self

Ginger often uses the phrase “inner child” but I like to describe it as the “true self,” or the core of our being. Living congruently out of the “true self” is when how you imagine yourself lines up with what you do and how you articulate yourself. This is not a new idea, Karen Horney’s *Neurosis and Human Growth* is my favorite author on this topic.

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Learning that we sometimes have hidden this part of ourselves, and then gaining access to it and learning to live by it can be powerful. When we are around people who can give us grace and truth as we progress, we can find this more and more.

Bodyscan (or interception)

Patients who have dealt with trauma often dissociate from their bodies. Even in this era of technology, it's easy to forget we have bodies. People spend most of their time disconnected, scrolling the internet.

When we experience our body and work through emotions at the same time, it brings us into ourselves and develops congruence.

Ginger likes to ask the following questions when her patient is experiencing a triggering event, to be able to dig down to the root cause of incongruence:

1. What is your body feeling as you talk about that?
2. What emotion would you name that feeling you're having?
3. When is the last time that you remember your body feeling that way? The patient's answer to this must be close to the original time of trauma, something usually in their childhood.

I like to ask as well:

1. As you say that what are you feeling in your body?
2. If your body could say something what would it say?

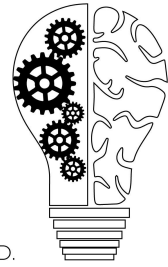
I want to access their bodily memories and the source of their pain.

Taper off of harmful and unhelpful drugs.

It's easier to medicate incongruence, rather than actually deal with the root of it. It's quicker. Substances like alcohol and drugs deeply affect people's emotions. When

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patients are self medicating, they are usually trying to rid themselves of a symptom of emotional pain.

I like to ask them, “What are you getting out of the substances? Sleep? Peace?” Once we can answer that question, we can get to the bottom of where the anxiety and fear or anger comes from. We can begin to develop congruence, which will in turn, bring peace.

People medicate with illegal, and prescribed, legal drugs, as a way of dealing with emotional pain.

Some doctors and therapists can be symptom based, rather than focused on what is underneath the symptoms. When they see a patient, they can be on a hunt, trying to identify what’s wrong, the bottom line, and then find a medication that will relieve symptoms.

When we do that as therapists, we connect with the patient’s illness narrative, rather than who their core is, before they developed these problems.

Some patients who come to see us are taking 20-33 pills a day for all their different illnesses. If there is so much medication involved, it can become difficult to do psychotherapy as likely the sensorium or total brain function is impaired.

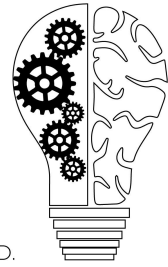
We have found when we establish a secure emotional connection with them, we can get some of these medications off the table, and then our patients can start to develop a range of emotions.

Through an attachment with a a therapist, that is trusting and meaningful, people can start to feel what before they either consciously or unconsciously suppressed. I have spoken about the worst medications [here](#).

How to stay congruent during tough circumstances.

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It is tough to apply all that patients have learned through therapy in their everyday lives. Our families and friends love homeostasis—usually, the people around us want us to stay the same. They say, “you’ve changed,” as if that’s a bad thing.

When we’ve been healed, when we are congruent with ourselves, it can be difficult for our friends and family to accept the “new us.” They connect more easily with the old us.

We have noticed that if the patient begins to grow, the whole family system needs to change as well.

To maintain newfound congruence and healthy mental states, patients work to find healthy relationships they can be congruent within. In the future I will talk about how to identify safe people and how to have [healthy boundaries](#) that keep us in relationships.

Next Steps:

Listen to these episodes next:

[Emotional Shutdown—Understanding Polyvagal Theory](#)

[Meaning and Viktor Frankl’s Logotherapy](#)

[How Empathy Works and How To Improve It](#)

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