

# Working with Core Beliefs of 'Never Good Enough'

A Bottom-Up Approach to Working with Implicit Memories of Inadequacy

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Working with Core Beliefs of 'Never Good Enough': Pat Ogden, PhD

## A Bottom-Up Approach to Working with Implicit Memories of Inadequacy

**Dr. Buczynski:** How do we release the deep feelings of unworthiness that get trapped in a client's body?

According to Dr. Pat Ogden, these feelings can begin when we're preverbal and they can sit in the body for years. And in this case study, Pat shares how she helped shift one client's self-judgment and what she discovered underneath.

**Dr. Ogden:** If I'm looking at clients who never feel good enough, I also always look at trauma and attachment and that overlay.

A belief like that is usually learned in relationship; it's the message that a person gets from their early attachment experiences –even as babies the look of disapproval on a mother's or a father's face registers for a baby, and they will right away start to translate that into their somatic and nervous system. They don't have language yet but still, it has meaning for them.

So, when a client comes in with those feelings, "I'm never good enough," one approach – it's not the only approach – but one approach is to start to find those early memories and the part of them that first learned that.

For example, I'm thinking of a client, a man who says, "I'm *never* good enough. I *never* make the grade. It *never* happens for me."

And as we explored that, I think I might have asked him, "When do you first remember feeling that?"

And he said, "I *always* have felt that way."

"So, what are some of the early memories?"

And he went back to when he was really little and in kindergarten, and he had drawn a picture and he brought it home and showed it to his mother and his mother was just critical: "That doesn't look like anything. That's not – that just looks like scribbling."

And he remembered that as if it had happened yesterday because that memory had been a formative memory that impacted his body *so much*. And for this man, he didn't have a lot of trauma in his history; he

remembers feeling hurt by that but also, "I'll make a better picture."

And he tried *hard* to do better but he never got the approval that he wanted.

So, in our work together, when that memory came up, we paused right there, when he saw his mother's reaction. And he could hear her voice, as if it had just happened: "Oh, that's just scribbling." Those were the words of his mom.

We paused right there so that he could really feel the effect of that on his emotions and on his being, and it hurt him *so much*. And he started to cry and really express all that hurt and pain that he'd felt then but of course never expressed.

And, see, I think that's often the case; working with these attachment roots can be a very important step: that the client has the time and space within a good therapeutic alliance where they can feel the feelings that were *not* welcomed within the original attachment.

So, as he felt that and he cried, and his whole body softened, then I could actually talk to that little boy that still lived in him. It really is as if the child was still there.

**Dr. Buczynski:** What did you say to that little boy?

**Dr. Ogden:** Well, I said, "Let me say something to that little boy – and can you watch him and see what happens to him?"

So he, the adult client, agreed.

And he could see this little five-year-old child, and at first I said, "I know how much that hurt you," because that's just the empathic connection. And then I said, "I think you're good enough. I think you're fine. And I think that the picture that you made was a *great* picture."

And that little child could hear that.

It's so important to work with the child part – and the reason is because that's when the roots of these beliefs about ourselves took hold. You know, that's when they take hold in our body-mind and shape our body – and shape our way of being in the world.

So, for him he's like, "I'll do better. I'll try harder" – he could never

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*relax.*

And the earliest memory he could remember was that particular memory.

So, that started to shift that imprint of that attachment experience. I mean, it wasn't *over* but it was a beginning. The door was open to feel that he might be good enough.

And his body changed because his body softened; the hardness in his chest and the mobilization of trying harder all the time to be good enough, that started to melt a little bit.

And that would engender a different way of being with himself so the judgment and criticism started to melt away.

But I will say one more – could I say one more thing about that?

In my work, the important thing is that we find out how these negative beliefs are held in the body because if

“They have to find a *different* way of living in the body.

that doesn't change, the belief is never going to truly soften.

For this man, he held it in his mobilization in his chest and a hardening in his chest. So he learned; it started to soften, working with that little boy, but he also learned how to breathe in to the front part of his chest and soften it, how

to place his hands on his chest to soften that procedural learning.

So, other people would hold it in different ways: some people would raise their shoulders; some people *collapse* under that belief, “I'm never good enough” – their whole body just collapses and they feel like crap! They have to find a *different* way of living in the body.

So, that's critical because the body will bring back those implicit memories over and over and over again, and the explicit ones too. And there's research to show that.

“The body will bring back those implicit memories over and over and over again, and the explicit ones too.”

So, I feel it's critical for a client to shift how their body holds that belief.

**Dr. Buczynski:** Are you watching to see how their body responds when they share their earliest memory, or are you trying to get them to?

**Dr. Ogden:** Well, it's both. It's both. I want to find out, if a person has a wide enough window of tolerance and enough integrative capacity – like this man did. One of the first steps was to take that on, “I'm never

good enough;" take it on in your body.

And he was like, "I'm never good enough but I'm going to make it someday" and he really *mobilized*.

Some clients can't tolerate that, of course – they get too dysregulated. And he *noticed* how he mobilized.

I said, "It looks like you're tightening up," and he said, "Yes, my chest is tightening."

So, we both noticed it together.

And that was helpful because then, when we worked with this child part and he had those emotions and his body started to soften, he could really feel the difference and that contrast was really useful for him.

"Place your hand on your chest, take a breath, start to soften your body."

So, I notice it but I do want to get the clients to notice it because that's what empowering for them – because he can go home then and, during the week between therapy sessions, part of his homework was to *notice* when he started to go into that old way, that tightening, and find something: "Place your hand on your chest, take a breath, start to soften your body."

And that really will support a belief shift. It's so concrete, you know; he doesn't have to do a whole visualization of himself and go, "Okay, I'm good enough now. That was in the past, blah-blah-blah."

All he has to do is soften, for him, and do a little physical, something physical, to start to shift that procedural meaning.

**Dr. Buczynski:** And as he shifts, what is it that you think happens?

**Dr. Ogden:** The beliefs are held in the body and in the mind and in these habits, and as he shifts from the mobilization to the softening, that starts to affect his thoughts – the way he thinks, his emotions, the way he is in the world – and he's not mobilized to just try harder and try to be good enough; he's *softening*.

It's like a bottom-up approach that affects the upper levels of information processing as well.

If we think of the lower brain – like bottom-up – and we change the body itself, that starts to affect the emotions that are held there in the limbic system and the cognitions, the beliefs, the way we think.

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I'll do this with students; I'll have them take on something like this and just hold that for a while and notice how they think, how they feel, how they feel about other people, and then try a different posture, notice how you think, how you feel.

It's *profound*.

**Dr. Buczynski:** As Pat said, by working on the rigidity in the body we can foster greater flexibility in the brain.

For some interesting research behind the effect of physical activity on self-worth, we visit now with Dr. Kelly McGonigal.

**Dr. McGonigal:** I wanted to use this an opportunity to share some research that most people probably haven't heard of yet.

It's a relatively new insight about self-esteem and a sense of worthiness in the brain and how it's related to physical health. I loved that case study. That was really interesting. I think this is related.

And I wanted to first just share what the neuroscience insight is, which is about, if you're looking in the brain for basic self-esteem, self-worth, what do you see in adolescents and adults?

What you see is connectivity, increased connectivity, between parts of the center of the brain — the rewards system.

This little model I have is not actually designed to show the specific features, but it's basically in the middle of the brain — the rewards system, the striatum. And its projection is to the ventromedial prefrontal cortex to the brain, more like that.

What you see is increased functional and structural connectivity between the part of your brain that processes reward and positive motivation and the part of your brain that process your sense of self, the ventromedial prefrontal cortex.

And you see it not just in terms of these parts of the brain talking to each other more but an increased density of the white matter that is along the tracks of the neurons talking to one another.

So, this seems really important to feel like who you are is good enough. You need the part of your brain that experiences hope and positive motivation to be strongly connected to the part of the brain that thinks about yourself. And you can see changes in self-esteem reflected in changes in this connectivity also.

By the way, I should say narcissists show reduced connectivity. One of the new theories of narcissism is that the reward system isn't strongly connected enough to the sense of self. And narcissists are desperately trying to get, like, a hit of dopamine by trying to get people to acknowledge their worthiness. So, I thought that's real interesting too.

Anyway, so what does this have to do with physical activity?

Well, one of the things that seems to really damage this connection is inflammation, systemic inflammation. And this has been shown in both animals and in humans.

And if you reduce inflammation through physical exercise, you can strengthen this connection. We're really talking about exercise, not necessarily a posture of the body, but any sort of exercise, which has been demonstrated to reduce systemic inflammation — walking, tai chi, yoga, running, swimming, dancing. Basically, all of it has that effect on the body.

“You can build in a sense of self-worth in the structure of your brain by taking better care of your body.”

I think this research is so interesting and promising because it further points to the necessity of self-care for experiencing self-esteem because one could also make an argument for nutrition, not just physical activity — anything that's going to reduce inflammation. One could make an argument for sleep, which is probably going to reduce inflammation.

And it's fascinating that you can build in a sense of self-worth in the structure of your brain by taking better care of your body.

So, that's what I wanted to share.

**Dr. Buczynski:** While self-care is important, we're starting to learn more about the way it changes self-esteem.

In the next video, we'll look at how to help clients deal with an ingrained sense of not good enough.

I'll see you then.