How to Work with a Client's Resistance

How Impaired Integration Provides the Map For Your Interventions

with Ruth Buczynski, PhD; Dan Siegel, MD;
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Dr. Buczynski: Dr. Dan Siegel sees resistance as a disruption to the brain's natural tendency toward integration.

So when Dan comes up against a client's reluctance, he instinctually looks for the hiccups in their neurobiological history.

Here, Dan shares a story of two clients who developed deep patterns of resistance, and how he helped them dislodge it.

> "In interpersonal neurobiology, we see the mind as a self-organizing emergent property that is both embodied and relational, and regulates the flow of energy and information."

Dr. D. Siegel: In interpersonal neurobiology, we see the mind as a self-organizing emergent property that is both embodied and relational and regulates the flow of energy and information.

Optimal self-organization comes from differentiating and linking.

Now, in this view, each of us has a mind that's both within the whole body, not just the brain, and within our relationships.

> "Each of us has a mind—not just the brain, but within our body and relationships."

I talk a lot about that in my next book *Mind*, and I wrote a lot about it in *The Developing Mind*.

Because we are, in this view, complex systems; there's a natural drive toward well-being.

So, reluctance or resistance is a block toward seeking a way to liberate this self-organizational move toward - which basically uses integration to optimize its flow.

From an interpersonal neurobiological point of view, the way we would approach your question about resistance is something like this: Each of us has an innate drive toward health.

Our view is that health comes from integration, whether that integration is in your brain and the connectome studies support that now, or from studies of psychopathology where everyone with a major psychiatric disorder that's been looked at so far has impaired integration in the brain, or whether it's experientially

induced or non-experientially induced.

In my view, all forms of psychotherapy — interpersonal neurobiology is not a form of therapy, but it informs therapy — that have been shown to work — and maybe the others have worked but just haven't been studied and they could be just as effective — are promoting integration *relationally* and promoting integration *neurologically*.

> "All forms of psychotherapy that have been shown to work are promoting integration ***relationally*** and ***neurologically***."

So, when a person has resistance or they're reluctant to seek the help they need, our view is that some aspect of their system is impeding the natural drive for differentiation and linkage.

Now, I'm trained as a biochemist and we always use this term called energy of activation.

When there are molecules that are hanging out and an enzyme is going to change their relationship with each other, you have to stick a certain amount of energy in, mess around with the current order and create a little disorder, and then settle into a different state that now has this increased energy.

I don't know if it's true, or if it's just my weird background as a biochemist, but I see resistance as meeting this energy of activation that takes a fixed system — either fixed in rigidity or fixed even in chaos — and saying: How do we introduce a certain energy pattern within that resistant system?

> "You need to have disorder in order to reorganize a complex system."

In terms of this energy of activation and a way to respond to your question of why people are resistant and what you do about it – from structure, you need to have disorder in order to reorganize a complex system.

The energy of activation needed can be small – it's when someone says, "Give me a therapist that's good – I'm going to go tomorrow."

Or it's when someone says, "No way. I'm not going."

Or they say, "I'm not going to do therapy. I'll do mindfulness – that's cool – the mindfulness revolution – I'll do it."

I'll give you an example of someone who had some resistance. It's an important example – this was a teacher that ran a program – a branch of meditation – but he was having difficulty in his personal life.

Publicly, he was revered as someone who could teach you – in this case he was teaching a form of mindfulness meditation.

He came for therapy in spite of his own reluctance. He had resisted it forever and now he was in his 50s. He was ending his third marriage, and I said, "Thank you for coming. I appreciate it.

What we try to do in therapy is find out how things are going – imagine what has happened developmentally to bring you to this place, and then try to bring into view where you might like to go."

"In therapy, we try to find out how things are going and then try to bring into view where you might like to go."

He agreed that made sense and I said, "In the first couple of sessions we're going to do what's called the adult attachment interview. I'm a scientist and trained in that inventory so I use it. It helps us get a picture of what your past was like."

He said, "I don't do that."

And I said, "What do you mean?"

He said, "I've been spending my whole adult life developing the art of being in the present. This is what I teach people. Don't you know that?"

"Yes, I know that."

"So, I don't go to the past."

"What if you imagine the way neuroplasticity works? Right now, you have certain configurations in your whole body including your brain that are synaptic shadows of events that happened before and are present now?"

He said, "Why do I have to talk about the past?"

I said, "Part of it is that we have this research instrument that allows us, in the present, to explore your feelings and recollections *in the present* – to see what arises and opens up in the present. Not doing that for all these decades, how has that been going for you?"

He said, "I guess not so well."

I said and here's part of the answer to your question... And I don't even know how to put this into words, but it goes something like this...and this happens a lot – not just him.

> "He was using what Jack Kornfield would call a spiritual bypass—trying to get into a spiritual practice without actually doing the work."

Many people have different kinds of resistance and I'm giving his as an example – he was using what Jack Kornfield would call a spiritual bypass – trying to get into a spiritual practice without actually doing the work.

On the surface, it doesn't look like he's resistant, but he's massively resistant.

I'm sitting with the person, and I see myself as a node, a kind of bodily node in a larger system. The other person in front of me has a body, and they're a node in a larger system.

In this system that we're going to create together is the liberation of the innate drive toward integration, and the resistance to that is not being done necessarily on purpose – it's often out of fear or anxiety or terrible grief.

I look beyond the wall of resistance and see into that person's eyes and see into their whole system the deep desire that, in my experience, has never been killed, no matter what the trauma may have been – it is a longing to be freed.

I don't even know how to put words to this, but I just feel like I can resonate with that aspect of the person. I have a quantum view of this – there is a plane of possibility of energy patterns that are not stuck, in our terms, plateaus and peaks of resistance.

I look to that plane of possibility, and I speak to it indirectly – someone who is resistant won't want to hear any of this, and then I back off from pushing.

So, let's talk about Stuart… but in the case, by the way of the meditation teacher — massive, massive trauma in his childhood and he never wanted to talk about it.

> "He became an expert in the present moment so he didn't have to go to the past. But, the mind doesn't let you ignore what's happened in your life."

He became an expert in the present moment so he didn't have to go to the past. I understand that – we can all understand it, but the mind doesn't work that way – it doesn't let you ignore what's happened in your life. Liberation comes

when you say, "Bring it on."

For him, it worked beautifully although it was an incredibly painful, but important journey.

For Stuart, you can read about his case – he's the 92 year old and incredibly resistant. He told me that his family thought he was depressed. His wife had taken ill and to the hospital – and he came in.

I didn't think he was depressed, but I did the adult attachment interview with him, and as a litigating attorney — he was feisty all the way — but he did it. Clearly, he had an avoidant attachment history as a child and his wife affirmed that – his parents were very disconnected.

He had what's called dismissive attachment. When you look at the probable neurobiology of that, it means that he hadn't developed much of his nonverbal, more right hemisphere dominant mode, and his left hemispheres were very resistant to getting into the uncertainty and lack of control of his right hemisphere.

"... when there's a lot of resistance, I back off."

In Stuart's case — and you can see it step by step in all the details of the case — his resistance was really strong.

Based on my experience as a clinician and doing this for so many decades, when there's a lot of resistance, I actually back off.

In Stuart's case, he said something like, "A partner of mine at the law firm is dying, and I don't feel anything. In fact, people my whole life said: 'How do you feel?' … I don't even know what that question means."

So, I took a nonchalant attitude toward that… and said, "OK, whatever."

He said, "Don't you think I should know what that means?"

I said, "Do you want to know what it means?"

He said, "Maybe before I die I'd like to know what that means. It's not right that I've been with someone in my firm for over 50 years, and they're dying, and I feel nothing. There's something wrong about that."

I give him the overall view and said, "You're 92. It looks like you've had dismissive attachment as an adult and probably an avoidant attachment as a kid. It's not your fault, but probably half of your brain developed primarily, and it was great in law. Why would you want to change anything now? My, gosh! You're 92 and you've done fine."

He said, "Don't you think you could help me?"

"I don't know… do you really think you need help?"

"Yes, I think I do."

"By backing off rather than pushing, I gave him the space for his system to begin to reorganize where he could feel empowered to choose."

By backing off rather than shoving and pushing at him, I gave him the space for his system to begin to reorganize where he could feel empowered to choose.

Dr. Buczynski: As Dan said, giving clients that space can be so important for the client's healing.

Dan earlier brought up the idea of a spiritual bypass—where clients avoid the necessary work for healing.

For some further thoughts on this, let's hear from Dr. Kelly McGonigal and Dr. Joan Borysenko.

Dr. McGonigal: Often in the compassion trainings that we do, one of the exercise I lead people in, there's an instrument called the Fears of Compassion Scale that was developed to help people who are trying to cultivate greater compassion or self-compassion.

This comes from Paul Gilbert, and he has identified all these really common, deep-seated beliefs about why compassion for oneself or others can be dangerous or risky, or why you might be philosophically against compassion in certain circumstances.

The exercise I lead people in is, I ask them to read the statements aloud to try to connect to the feeling behind those statements. Like, "There are some people in this world who just don't deserve compassion." Or, "If I'm compassionate with myself, I fear that I will never be able to climb out of this pit of sadness."

That's not the exact wording, but that's the flavor of them.

And then in small groups, they talk about the ones they can resonate with, the fears that are still present for them in some way, or the obstacles or barriers, even though these are people who have chosen compassion.

Usually, in at least one group, there will be someone who says, *I am beyond all of this. I don't have any barriers to compassion. I have compassion for everyone.*

They would rather argue with the fears than, in a moment of vulnerability, say, *Sometimes I do fear that if I'm too compassionate, people will take advantage of me,* or whatever.

The way that I work with that — because often they're very loud about it too. You can hear them when

they're working in their small groups, and there's a very loud voice being like, "No. I have no fears of compassion" — is to ask questions like, "That's really interesting. What would it mean if you did? What's one in particular that you definitely don't have? What would it mean if you did? And what it be okay if you ever felt that way?"

The meeting in the way that Dan talked about, trying to really connect to the pain and also the potential and to try to shine that light of compassionate awareness and not to go at it too hard, because when someone is right in the middle of that, it's just like any other kind of resistance.

If you go at it, it's going to intensify, particularly if it's an identity threat. So that's how I work with it.

Dr. Buczynski: Thank you.

Dr. R. Siegel: If I may . . . I often work with it by taking advantage of the role of being either the teacher or the therapist — which is often the role that I'm in – and taking advantage of getting older. I've been at it for a while, so I can self-disclose a lot about all of my non-spiritual experiences, of which I have a limitless supply, every hour.

So, when the person tells me how advanced they are and how — oh, yeah, narcissistic concerns? Nah, they're way beyond that. Or anger? No, they're way beyond that. I'll say, "How do you do it? Because for me, this happens all the time, and it fact, it happened 10 minutes ago. It's happening right now as we discuss this."

> "When a person tells me how advanced they are, I'll say—*'How do you do it? Because for me, this happens all the time . . .'"*

I'll start doing this, and often, at the very least, out of compassion, they wind up actually digging in to think of, "Oh, yeah, maybe I can join him and not leave Ron hanging out here alone, looking like the only undeveloped person in the room." And then they'll start talking about their own stuff.

Dr. McGonigal: Yeah. Absolutely.

Hopefully, the whole point of that sort of exercise in public is usually, most people are quite able to do that. And then it becomes not just Ron but also all of these other amazing, compassionate people.

Dr. R. Siegel: We're in this together.

Dr. McGonigal: I agree. And I think it's so important to have role models that include all of these different dimensions of experience.

Dr. Borysenko: The idea of a spiritual bypass is really common these days, and it comes up quite a bit. I just want to talk about a client that I had and the way that I dealt with this, because you could also pathologize a spiritual bypass. And I think that's a mistake.

What we did – this was a woman whose business was in feng shui and hanging crystals, and she had made all this jewelry out of different kinds of crystals that was meant to bring in certain energies and ward off other energies.

And much like the example that Dan Siegel was talking about, she just thought you could deal with everything from an energetic point of view – but the problem was that her life really wasn't working very well in terms of relationships. She just couldn't hang on to a relationship.

"She thought you could deal with everything from an energetic point of view –but the problem was that her life really wasn't working very well in terms of relationships."

So the way we talked about this was to really look at all of the benefits that she had gotten for herself and given to other people through the spiritual work that she was doing through the feng shui, which she learned about balancing of energies.

We thought, *what a great kind of groundwork this was for her*. And now that there was the groundwork, the question was, what were the things that we were just talking about now? Maybe the unconscious things that might be blocking some of the energy that couldn't be seen.

Then we started to talk about*, what about the things from the past? Maybe you've put them out of your mind, and clearly, you've done a great deal of healing on the energetic level.*

By discussing this, she was able, as if it was her own idea, to get into some of the trauma from the past and begin to work with that – which is, of course, what really needed to happen.

"Giving her the sense of safety and the sense of affirmation from what she did was important."

But first, giving her the sense of safety and the sense of affirmation from what she did was important, and certainty not to pathologize by referring to it as a spiritual bypass.

Dr. Buczynski: That's a useful perspective about the danger of pathologizing a client's spiritual bypass.

In the next bonus, we'll look at how to approach resistance in relationships.

I'll see you then.