How to Work with a Client's Resistance

The Important Message You're Missing In Your Client's Resistance

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Dr. Buczynski: How do we help clients who selectively use resistance to avoid the difficult parts of therapy?

Dr. Steven Hayes had a client who was very engaged and present in the session.

But Steven started to notice that something was just slightly amiss.

Here, Steven recalls how he discovered his patient's resistance, and hares the exercise that helped him resolve it.

Dr. Hayes: Well, let me walk into a kind of resistance that I think people often see, where the client is willing to work with you in some areas and not in others. And you kind of know that there's something risky about that, that it doesn't fit together.

There was a client, an older guy, depressed but very analytical, very mindy, who we would say is just kind of the ACT slang. He wanted to turn therapy into a rulebook.

And he was very good at it, and in a way that you would look and say, "Wow, this is really cool" - because he could put things together, organize things. When you interacted with him he would always have a five-point plan and had always done the homework. He could remember the things that you'd said.

In the ACT work there's this combination of the acceptance and mindfulness work, this more spiritual sense, attentional flexibility. And then there's this focus on values and getting your behavioral link to it.

That second part can look a lot like problem-solving: "what's the problem, how are you going to do it, what should you do in broad behavior?"

And he was *brilliant* at laying out his values were and organizing his life differently. And it had a *big* effect.

You have to be *amazingly* impressed at the data on behavioral activation and depression. I mean, who would have thought, after all these years, that it even beats full-blown CBT to just focus on that?

And I believe those data in the dismantling studies that the late Neil Jacobson started, and then the whole wave of studies on behavioral activation.

Behavioral activation in a modern form isn't just doing pleasant events and things like that. It includes a little bit of this kind of emotional opening part. Neil was actually kind of a fellow traveler and was influenced by the ACT work I think. We discussed this protocol back in the day.

And I could see it in this guy's life - that when he really focused on getting his behavior going and linked to his values, it *did* produce a lot of progress.

But there's this other piece, this whole other side of opening up to emotions and noticing thoughts. And they're not simply "there".

People who don't understand ACT think about it almost in a dismissive way - like, "Thank you, mind, for that thought. Thank you, mind, for that thought." And if people want to make a cartoon out of ACT, that's a good way to do it.

Or they'll say "That's just an emotion." You know – "accept your emotions". This is *very* different, really, from what the essence of the work is.

"People who don't understand ACT think about it in a dismissive way."

Take the word *acceptance.* It comes from the Latin word that means *to receive.* And in the initial connotation, it was used when receiving a gift. You'd accept it.

We still say "will you accept this?" when we give people a gift. The kind of acceptance that we're interested in, and the kind of mindfulness awareness of thought we're interested in, is not the dismissive kind but the kind that receives the gift, that takes in what's inside it.

Now, sometimes there's not that much inside it. I have very loud tinnitus. The only thing that's inside this after I receive the gift of my ringing ears is: "Message to the future: don't listen to punk rock standing in front of very large speakers!"

(I was a punk rock fan - I still love trance - but if I go to a trance rave thing, I'm wearing earplugs, because these things are not safe.)

So sometimes emotions don't have much to tell you other than just features of your history, things that have happened, traumas you've experienced.

But often they have something really to say.

And what I asked this client to do is to slow down, when I noticed that he was skipping over the one half and

focusing on the other. In other words, he was resisting every time I took him back to this more emotional softer part, in a way that had a message that "there's something in there to learn; there's a voice in there to be heard."

"No, you don't turn your life over to your thoughts and feelings. But, yes, take the time to attend and receive the gift inside them."

No, you don't turn your life over to your thoughts and feelings. But yes, take the time to attend and receive the gift that's inside it. When I asked him to do that, I used the language of self-kindness. And I had an instinct that there were some older issues that went way back.

We did an exercise called "the little kid exercise" where we go back in our imagination and meet ourselves when we were much younger. And it's helpful because if you take the defusion exercises that are in ACT - if you want to make sure that you're not doing it dismissively – you should add "the little kid exercise".

I asked him to take these thoughts that he has that are vulnerable, self-critical, frightening, etc., and have them come out of the mouth of a very young boy in his voice.

In other words - really look at where some of these things started, as if you were there, sitting with an eight-year-old who was saying "I'm unlovable."

You would have heart, you'd want to give that kid a hug. You're not going to just say, "Have you done your homework?" You're not going to just shift to the behavioral side of things in trying to earn your keep by lining up what you do in the world of behavior with what you care about.

And so it softened him and kind of gave him a place to go with this sense of vulnerabilities, of doing the acceptance work and the defusion work. Not simply in the way of getting some distance but in a way of getting *with* the deeper message that's inside these vulnerabilities.

He in fact had a painful history with very critical parents who were very busy and didn't seem to attend to him very much. This emerged as we walked into the places he didn't want to go.

So, I think of resistance as exactly what needs to happen. If you're seeing it right in front of you, it's not a problem to be solved - it's a signpost towards an issue. The reason people are resistant is there's work to do, and you wouldn't blame a client because they have work to do.

" The reason people are resistant is because there's work to do. You wouldn't blame a client because they have work to do."

So, when we say "Oh, I have a resistant client" and "It's their fault that therapy isn't progressing" or "Come back when you're ready" - if people are showing that kind of resistance, it's because it's *hard.* That's why they're coming to see you."

"Rejoice in the resistance in the sense that you have a guide toward something that's hard to turn towards."

So, rejoice in the resistance in the sense that you have a guide toward something that's hard to turn towards. And get a little less mindy, get a little more experiential. Take time to sit with the client. Bring compassion to your work and self-kindness towards the person who you're working with, and slow this thing down. If it requires silence, let the silence begin.

If it requires not knowing where you're going in therapy, good - then *you* have some emotions to open up to, not just your client. And, frankly, that's leveling.

That gets you on a more horizontal plane with your client, instead of going one up. The last thing you want to do with a resistant client is to go one up and to mentally start wagging a finger at him and thinking, "If I could just make him change, then we could start." No. Follow the signposts.

"The last thing you want to do with a resistant client is to go one up and mentally start wagging a finger at him."

Walk inside the resistance and assume there's things in there that are important and hard. And the fact that they're hard means it might be slow and there might be trapdoors. That's why you're trained. That's why you have models.

We do want to go into our therapy sessions with the full responsibility of the role that we have, assuming that we have the ability to respond. We may not have the knowledge - that's why we do research. Hopefully a couple hundred years from now all clinicians will have much better guides because we'll know a lot more.

"Walk inside the resistance and assume there's things in there that are important and hard."

But in the meantime, walk inside the resistance. Sit there and listen very carefully, and ask your clients to do the same and see if we can receive the gift that's offered, that's in there.

There's something in there to be accepted. Not in the sense of *tolerated* or *resigned to*, but in the sense of taking the gift that is there, even inside the painful moments - such as resistance.

Dr. Buczynski: As Steven said, clients often give us signs through their resistance, and it's up to us to follow.

Bill O'Hanlon can certainly relate to the type of client Steven described, as he'll share now.

And then we'll follow Bill with a research study from Dr. Kelly McGonigal.

Mr. O'Hanlon: I had a couple come in and I remember she was ready to get a divorce because he wasn't available emotionally and wasn't there for her emotionally. And he was an engineer and he was just very logical in his responses to her and it was not working out very well.

He was really sincere and wanted to be married and wanted her to be happy and him to be happy – and so I just went through his (you know, talking about using the resistance) I just went through his preferred mode and I said, "Okay, what do you do at work?

And he explained that he made these charts of systems, and he figured out where the bug or the problem in the system was and then he fixed it.

And I said, "So, make a chart of your marriage and where things go wrong." And he made a *great* chart – he brought it in. And she was *so* impressed that he'd done this work that she could see he *did* care about the marriage. So that was the first thing.

He identified one of the really rough spots is when he'd come home from work; he would want to do some organizing things when he went home from work – and she wanted a hug! And it drove her *crazy* because he *had* to do this other stuff before he would get to her, and by the time he'd get to her, she didn't want a hug anymore, she was so *mad* at him.

So he said, "There's one of our – there's a glitch in the system right there."

And I thought, "Okay." and so I talked to her: "What would you want?"

"I want a hug before he puts his stuff away and organizes everything."

"Okay. Great."

And so he agreed: "Okay, well, that's a glitch in the system. I'll try another thing here."

And he tried it – and it didn't work. And they came back and she said, "He just went like this – he just like hugged me and then went and did his stuff. It wasn't really – he wasn't really *there."*

So, I said, "Okay," and I said to her, "He's an engineer. What are the specs for a good hug? You need to write them out."

And then we decided – we had a lot of fun with this – it's "two hands on the back, at least 45 seconds of holding before you go off, and no talking – just a hug. And that's *minimal* specs. *Maximal* specs is she lets go first."

And he was just like *so excited,* taking notes on the specs of what a good hug was!

And basically we trained him up to do things that really worked – but through his engineering mindset, which just drove her *crazy* at first, she realized, "That's an asset if you use it and just don't make him wrong for it and not get so mad at him for it – but use it," because he was really sincere in wanting to learn; he was just a little nerdy and didn't know this stuff automatically.

Dr. McGonigal: This was a study that was done at York University in Canada. And they actually recorded 40 therapists with their clients over 15 sessions of CBT for each client. And they had the therapists themselves rate episodes of resistance. So when did they think resistance was present? And what did they think it was about? And the therapist's point of view was in the middle of it.

And they also had people who were observing the recordings identify episodes of resistance and intensity and what that was about. And they looked at those two different sets of ratings — the therapist and an outside observer — and then they correlated those ratings with outcomes, including the therapeutic alliance quality — so how strong was that relationship between the clinician and the client — whether or not they did their homework — because there was homework in CBT — and then even long-term outcomes, including post-treatment worry severity. So they were all in treatment for anxiety.

What they found is that although there was some correlation between the therapists' ratings and the observers' ratings, it was the ability for the observer to recognize when resistance was really there that predicted all of the outcomes — the therapeutic alliance, the post-treatment wellbeing, and the long-term post-treatment wellbeing.

The observers were able to see something there that the therapists themselves, being in the middle of it, were missing. The researchers conclude it's really important to enhance therapists efficiency in identifying important and often covert in-session clinical phenomena.

> "When you are a participant in the resistance, or you feel like you're the recipient of the resistance, you can't see it with a clarity that an outside observer would."

And of course, it's not covert. It's right there in the open. But when you're in the middle of it, and you have that focused intensity because you are a participant in the resistance or you feel like you're the recipient of the resistance, you can't see it with a clarity that an outside observer would.

So the thing that I appreciated and that seems maybe far off from what Steven Hayes was talking about, but I think he was really describing what we have to do when we encounter resistance. We need to slow way down. We need to practice some silence and really bring the absolute best quality of mindfulness we can to what's happening to give us the best chance of responding effectively and keeping the relationship strong.

Dr. Buczynski: As Steven said and Kelly reiterated, we become better guides for our clients when we fully open ourselves to the message of their resistance.

For one more take on a practitioner's emotional attunement, here's Dr. Ron Siegel.

Dr. Siegel: It's so interesting how new and innovative therapies come up with similar insights to the ones that traditional therapies have come up with. And in psychoanalysis, there's a lot of talk about *projective identification.*

> "***Protective identification*** is when a client is not able to fully embrace some feeling, they behave in a way to induce that feeling in the therapist."

Projective identification is this sort of purported mechanism that says if a client or a patient is experiencing something that is unconscious or they're not able to fully embrace or integrate or let in, what happens is they in some way behave in a way to induce that feeling in the therapist.

And they're inducing it in the therapist as a kind of experiment to see, "Let me see how the therapist handles this." So that if a client is having difficulty with, let's say, frustration, they'll induce frustration in the therapist to see how the therapist handles frustration.

And the idea in the psychoanalytic world is one should be attentive to all of these thoughts and feelings arise in ourselves because they're windows into what's happening in the other. They're windows into what's happening in the patient. And in fact, they are the patient's attempt to engender our help to help them work this through.

Now, you could also look at it as simply what happens in human beings, that when we're with another human being who is feeling something, through mirror neurons and the like, we resonate with it, and we feel in ourselves what they're feeling in themselves, even if they're not aware of feeling it in themselves.

I think of a clinical example of this.

I have a fellow I've worked with for some time who is in a pretty abusive relationship. I know so often in abusive relationships, it's some dominant male who is the abuser. In this case, I think it's his wife who is the abuser, not physically but very, very verbally abusive.

And he'll tell these stories, and I find myself feeling hurt. I find myself feeling angry. I find myself feeling, "I want to get away from her." But he's not feeling any of this stuff.

So I'm feeling it in me, and it becomes very interesting to figure out what do I do with this. And I've tried a lot of different experiments, often simply saying, "It's interesting. As you tell this, I wind up feeling this in me. I'm not sure if this is what you're feeling. But it's interesting that I'm feeling it in me," using that as a kind of opening to look at the phenomena.

And this is where our own therapy or our own mindfulness practice or our own inner contemplative work becomes so important. Because maybe I just have an issue with people like his wife, and it's really my issue and not his issue. In that case, this would not be very helpful for me to be going down this pathway.

> "When we're feeling something empathically that the client isn't feeling, our own emotional responses can be a really important tool."

So, I need to have a real sense of what my vulnerabilities are, what my trigger points are, so that I can figure out when I use this effectively or not. But absolutely, I think our own emotional responses, particularly when we're feeling something empathically that the client or patient isn't feeling, is a really important tool.

Dr. Buczynski: We've heard several takes on needing to open up to a client's messaging.

But what happens when that message is a rigid belief?

We'll get into that in the next bonus.

I'll see you then.