

How to Work with a Client's Resistance

One Change That Can Unravel a Client's Rigid Beliefs

with Ruth Buczynski, PhD; Kelly McGonigal, PhD;
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One Change That Can Unravel a Client's Rigid Beliefs

Dr. Buczynski: How do we work with a client's rigid beliefs?

I'm talking about beyond just resistance—these are clients who have developed a specific framework for how the world works.

Here, Dr. Kelly McGonigal shows how to open clients up to new perspectives by making this one key change in ourselves.

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Dr. McGonigal: The other category of resistance that I encounter has to do with wanting to cling to a worldview.

A lot of the work I do is asking people to change their mindset – whether it's cultivating greater compassion or self-compassion and empathy, or whether it's changing the way they relate to stress and difficult experiences.

It makes a lot of sense why we might have resistance when we're asked to change our mind – part of how we function in the world is we maintain a perspective on how the world works, who I am, what my role is, what I want to experience, and what I don't want to experience.

If we didn't have that mindset or framework, it would be really hard to just navigate our experiences.

Yet, at the same time, we know that most growth and transformation require us to be open to new ideas and new ways of thinking about ourselves, others, and the way that the world works.

In working with resistance, I have had to change my own relationship to it.

Part of that change involves coming to understand that working with your own resistance is necessary to the process of transformation.

For example, a teacher, or a guide, or a coach, or whatever the relationship is, might say to someone, "By the way, you might think of compassion as a weakness, but actually, it can be a strength," and that

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person might immediately agree and say something like, "Oh Kelly, I never thought of it that way before. I think you're right."

Now, that might feel really good in the moment, but that's *not* transformation happening. It might be bypass – people wanting to accomplish some sort of transformation without having to actually go through the process.

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I've had to learn to recognize that if I'm not experiencing pushback from people, I'm probably not on a right path.

For every type of content or theory that I teach, I've learned to recognize very familiar forms of resistance that will show up.

Now, I get a kind of inner delight when I recognize the resistance: "Oh, I know that resistance – it's the resistance about not wanting to believe that bad things can happen to good people."

Or, "That particular resistance is a deep belief that who you are is wrong and needs to be controlled and a fear about what it would mean if you gave up that belief. I know that one – I've seen that before."

When I have my own relationship with these different kinds of resistance – I can welcome them and help people explore their own resistance – then it feels as if resistance is part of the work to do rather than a barrier to what we're trying to do.

"Resistance is part of the work we do rather than a barrier to what we're trying to do."

I train facilitators in our compassion cultivation training program, and often teachers have this experience, too. Facilitators want their groups/sessions to go really well, and by that, they mean, they want it to feel good while they're doing it.

But what I've found is that you need to be willing to be uncomfortable – to be challenged and to make room for all of the emotions that come up when people are experiencing this flavor of resistance – and if that's not

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happening, then you are not really creating the context for transformation to unfold.

I'll just give you an example of a recent compassion class that I was teaching with physicians – and there was a lot of resistance to the idea of self-compassion.

One of the physicians was talking about why it felt so scary to contemplate having self-compassion, and she said, "I'm OK with this idea of compassion sometimes but I am not OK with unconditional compassion. There is something unacceptable about unconditional compassion."

I recognized that resistance, so we just had a conversation and I said, "So, what conditions would you like to place on your compassion?"

She was really surprised by that question – instead of debating and saying, "You're wrong – you need to have self-compassion," I was inviting her to explore what she was saying.

She said, "What do you mean by what conditions do I want to put on compassion?"

"You just said you didn't want unconditional compassion, so let's think about what conditions you would like to put on your compassion that would make it feel safe – that would make it feel acceptable."

And what came forward then was interesting and revealing—not the energy of the resistance, which you can get stuck engaging in or arguing with or pushing away – but she started to reveal the real *content* of the resistance.

She said that compassion needed to have standards, and I asked, "What kind of standards? What do you think compassion's normal relationship to standards might be?"

We really started to explore the beliefs and assumptions that were present.

In my experience, that's the only way to work with resistance – you start to chip away at the beliefs and assumptions present *right now*.

"The only way to work with resistance is to chip away at the beliefs and assumptions present *right now*."

You have to put them on the table, and often, people will navigate through their own beliefs/assumptions, because almost always, what they're bringing forward are seeds of suffering.

"People will navigate through their own beliefs and assumptions because they're bringing forward seeds of suffering."

If you open the space for people to start to identify their resistance – their beliefs and assumptions – you don't need to argue as much as you need to just spread them out on the table: "What is like when you're operating from the assumption that..." and then whatever was behind that resistance comes out.

Dr. Buczynski: How did that turn out with her?

Dr. McGonigal: We had many conversations about it... What you often see with people when the process of resistance is working is that they actually become quiet and you see an embodiment of opening begin to happen.

When you're arguing, you lean in. In these conversations that explore, you see people sit back. Their gaze might lift, and there's softening as well as a silencing.

I remember very clearly observing that with this particular conversation, and I know from continued conversations that she, as well as the entire class, really opened more to the idea of acknowledging and taking care of their own suffering.

It was really important that she named the resistance, too, because it gave other people permission to recognize and name it – it even gave me permission to recognize and name it.

I remember finding it easier to see how even I was engaging in subtle ways of not practicing self-care because of the belief that other people were depending on me.

My resistance wasn't identical to her resistance, but because we'd engaged and explored as we had, I was able to see my own beliefs and perspectives that were getting in the way of practicing self-compassion.

Dr. Buczynski: Kelly shows how this type of work can have a boomerang effect—allowing Kelly to recognize her own areas of resistance.

For some further thoughts on working with rigid beliefs, let's visit now with Dr. Ron Siegel and Bill O'Hanlon.

“Because we'd engaged and explored, I was able to see my own beliefs and perspectives that were getting in the way of practicing self-compassion.”

Dr. Siegel: I find curiosity is enormously helpful and just the question of, "When did you first start thinking that way?" Or, "When did you first start seeing it that way or believing that?"

Simply asking that question starts to set it up as, "Oh, you mean this is a point of view rather than simply reality that we're all marinated in?" Just talking about that starts to loosen it.

And then that can be followed by zeroing in on the feelings that are associated with not living in accordance to the worldview so that, for example, if it's the worldview about "I've got to be a winner" in some realm or

another, what does it feel like to be a loser? What does it feel like when the disappointment happens? What does it feel like when it doesn't work out?

Or for the person who needs to see themselves as moral, what does it feel like when you feel like you haven't been such a good person?

Or the person who is uncomfortable with their sexuality or aggression, what does it feel like when you see yourself as having the wrong kind of sexual feeling or being too aggressive or not being aggressive enough? – Whatever it might be.

“If a person comes into contact with the emotion associated with the worldview, it leads to associations that unravel it.”

So often, if a person comes into contact with the emotion associated with the worldview, that leads to associations that unravel it. We start to see how the worldview got laid down, and there's usually a whole series of usually painful incidents that happened where I felt like I wasn't doing what I should do vis-à-vis that worldview. And this can be very, very helpful, I think, and very brief.

Mr. O'Hanlon: I have two methods or techniques I guess I use for this, and one is this simple question: “Can you remember a time when you believed something, firmly held it as true, and then you changed? You know, life changed, you changed, you went through another experience...”

I'll give an example of mine: I used to consider myself *shy*; I just didn't think I could talk in front of people – and here I am talking in front of you all, and I became a public speaker.

And if you would have asked me during that time when I believed that I was shy and I couldn't talk in front of a group of people, I would have told you that you were crazy, and that was just not possible. And then, years later, it seemed like, “Why was I so adamant about that? I do it all the time now – it's not *that* hard, once I got over that fear.”

So, I'm sure most people have an example like that in their life. So, this first thing is: “Tell me about a time when you used to have a point of view and then you changed it” – almost everybody has that.

The second one is one I borrowed from narrative therapy: it is externalization – so, “What does that belief tell you right now? What does that fear tell you right now?” – because usually this stuff comes out of fear, as we've heard.

And, “Do you *believe* it? And what does it promise you? What does that belief promise you it will do – protect you or make you happier or whatever? And is it working? Is it delivering the promise?”

So, externalizing that belief so it's not *you*. When you become identified with the belief it's really hard to change, because anytime we try and change or we try and change *you* or attack *you*, you have to defend it – but if it's out there, a little distant from you, it's a little easier to take a look at objectively and maybe kick off a change or alter it in some way.

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Dr. Buczynski: As Bill said, an important first step is creating some distance between the client and the belief.

In the next bonus, we'll look at ways to work with a willful client.

I'll see you then.