

How to Work with a Client's Resistance

How to Release the Deep-Rooted Resistance
That's Blocking Your Client from Healing

Part 2: How to Reduce the Threat at the Core of Your Client's Resistance

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How to Work with a Client's Resistance: Sue Johnson, PhD and Kelly McGonigal, PhD

Part 2: How to educe the Threat at the Core of Your Client's Resistance

Dr. Buczynski: How do we help clients whose resistance is born out of a long history of fear?

Dr. Sue Johnson suggests that the answer lies in how you deal with the threat that triggers this fear.

To start, Sue suggests making this one important change to your approach.

Dr. Johnson: Resistance – this is a fascinating topic. What is a resistant client?

In the end, a resistant client is somebody who isn't where we want them to be.

EFT is an experiential humanistic therapy – it's Rogerian and systemic.

What do you do when somebody isn't where you want them to be? You back up and join them where they are and that's not always easy to do – we're human beings and we get irritated.

“What do you do when somebody isn't where you want them to be? You back up and join them where they are.”

I get impatient with my clients – it's like: Come on! Come on! Can't you see? All you have to do is take this one step.

And the client is like: No. I'm not going to take it.

And, as therapists, we think: I've just spent 40 minutes getting your partner all accepting, and now you won't turn and take and reach. – I get irritated.

But you have to back up and you have to join the resistance. You have to go in and say: “Could you help me right now? You've talked about how you long for your partner to be close. You long for her to come out from her room where she locks herself away in her depression and turn toward you.

Here she is right now she's turning toward you – she's telling you that she wants to talk about these fights and that she gets intimidated by you.

You're talking about how that's *very* difficult for you to hear – you hear that somehow you're not the person she wants. You're talking about how you don't know how to do this. I ask you to share it with her – she's

heard all the information. I ask you to share it with her and you say no. You're not comfortable with that. Could you help me?"

The client agrees – Yes – and then the therapist reflects what's going on – that's standard EFT – we always do that.

I will reflect what's going on in the present moment – the process – right here and right now.

I run the video again and the client says: Right, I understand.

I continue: "Somehow, it's too hard to talk to her – it's too hard to take the risk of actually turning and telling her how you feel and how her shutting you out makes you afraid, which is what you've talked about here with me. I understand that... I understand – you're not used to taking that kind of risk."

So, first of all I need to understand the resistance and I need to accept it as logical – I need to accept what the client is saying: I can't take one step forward here. This is too much.

I always assume it's about threat – it's about being afraid.

So, I go in as a good surrogate attachment figure and calm the person down.

"Resistance is about threat; it's about being

I reflect – I work with that feeling of threat – I talk about it – I slice the risk thinner, and I'll say to the client, "Could you turn and tell her, please, *I can talk to Sue about these things but it's just too hard for me right now to turn and share them with you. It's too hard.*"

"We always look for the threat in the resistance. We soothe it, and then we try to modify it by making the risk as small as possible."

Of course, when the client does that, he's turning and sharing himself with her but on a level that's comfortable for him.

We always look for the threat in the resistance and we soothe it, and then we try to modify it by making the risk as small as possible.

Never mind that's therapy – it's just what good mothers do with children. You get all ready for a lovely day at the lake. You have this image of your kid splashing around in the water, and the kid goes down to the beach and looks at the lake and starts to bawl his head off and won't go anywhere near it!

As therapists we try to tell the kid that it's just a lake – we try to reason with him, and we try to give him all the reasons why he should walk toward the lake.

If you look at a good mom, a mom goes in and assumes that the kid is struggling and off-balance emotionally and there's some sort of threat happening – the kid's getting overwhelmed.

The first thing the mother does is to soothe and reflect what's going on and she says, "Oh, it's just a lake. It's water. Let's look at the water. Look at the fishy. It's just water. We'll just sit and look at the water."

The mother calms down the kid and says, "Yes, it's scary." She doesn't say, "Oh, just get in the water." (Actually, I can remember, as a child, that *is* what I was told and that's why I never learned to swim! My resistance just got bigger and bigger!)

The mother says, "Mommy will put her toe in. Oh, look – the water's pretty. Mommy will put her toe in..."

Gradually, gradually, and gradually, the mother talks to the child, soothes the child, and helps the child just put a toe in.

Then she says, "Well done. That's fantastic – Jolly good – Amazing."

Validate and validate – and the child gets it: I'm OK. I'm confident. I can cope. The lake isn't that scary. I'm not alone.

This is the attachment model – how to deal with resistance – that John Bowlby, the father of attachment theory, and Carl Rogers talked about – both of them had a lot of similar views.

Rogers would have loved that John Bowlby said, "If you look at everything from an attachment point of view, an attachment privilege is how we deal with vulnerability and fear, and whether we're alone in dealing with it or not, or whether we can deal with it with other people."

Bowlby said, "If you look at things from an attachment point of view, everything that people do in situations where they are uncertain is perfectly reasonable."

As an EFT therapist, your job is to go in and find how it's perfectly reasonable.

The veteran, who is driving everyone insane, including all the military psychiatrists, will not talk about his war experiences. He's not sleeping, he's got full-blown PTSD – he's *totally* fixated on an apparent but rather strange, what he calls infidelity his wife is supposed to have committed 25 years ago.

I don't think there was any infidelity, but she can't prove that to him

"As an EFT therapist, your job is to go in and find how it's perfectly reasonable."

– she went out for coffee with somebody and then this guy came to the house to give her some assignments – and her husband wasn't there.

He's built this up – talk about resistant – he's there and I'm just ready to pop him after three sessions. All he will do is scream at his wife and accuse her, and if I try to stop him, he gets angry at me – he's defeating everybody.

I have to stop and think: What would an EFT therapist do – I'm supposed to know that! What would an EFT therapist do? I can't persuade him out of it. I can't explain him out of it. I can't even soothe him. How do I make sense of this?

Finally, I always go back to attachment and say, "Even though you're angry at her right now and you keep telling her that you're just hung up on this hurt that you had years and years ago – that you've never resolved – basically, what you're always telling me is she's the only thing that makes you feel safe. There isn't any safety in your world right now but she's the closest thing to a lifeline."

And he says, "Yes, that's right."

Then I say, "I understand. I think I understand. Your world is full of demons and devils right now and you've become obsessed with the *only* safety you have, which is your wife. Your brain, which is desperate to find some safety, checks out that lifeline and tries to remember if there's any moment when she wasn't safe. Is that it?"

He agrees and I say, "Right, and your brain comes up with this hurt that you experienced all these years ago that you've never been able to resolve and your brain says, *There you are – she's not safe either!* You're desperately trying to get her to prove that she's safe – you're trying to resolve this because otherwise you have no lifeline. Am I getting it right?"

"We go straight into his loneliness, and his terror that there's no one to count on. We go into that and he stops getting so angry."

He says, "Yes, you're getting it. You're getting it."

We stay there and I say, "What's going to happen if you can't somehow resolve this?" and he says, "Then I'm alone and the demons will come for me."

Then everything changes – we go straight into that. We go straight into his loneliness – his terror that he can't even count on her – there's no one to count on. We go into that and he stops getting so angry.

As the therapist, I need to find the logic in his resistance. I needed to make sense of it – not just give him a big fat explanation, but to move into his emotions and help him start to move past his anger.

“As the therapist, I need to find the logic in his resistance.”

Dr. Buczynski: As Sue shared, when we validate a client's feelings, it can help bring their resistance down.

And this can open up new pathways for healing.

Dr. Kelly McGonigal returns now for another take on Sue's ideas.

**“When a lot of resistance is coming up, I invite the group—
Let's hear from people who have taken some first steps in this direction.”**

Dr. McGonigal: Because I work in groups, often what I get to do is, when a lot of resistance is coming up like, "No, no, no. I can't forgive this person," or something like that, I just invite the group, "Let's just hear from people who have taken some first steps in this direction. Who had an experience this week where you were feeling a lot of conflict with someone, and you chose to say to yourself, 'Just like me, this person wants to be happy and

free from suffering'? Did anyone have that experience? And describe what that was like."

And I feel like that is very similar, but in a way, it's even better. It's more applicable to adults than the way that a mother might do it in a very soothing way. But it really comes back to this idea of autonomy. Like, "Okay, I'm not going to argue with you. But let's just get some other possibilities out."

And then after that, if there is a lot of resistance, I often say that in the compassion intervention that we do, at week five is where everything explodes, because that's when people finally are trying to truly broaden and deepen their compassion towards difficult people. And that's when everyone comes in, and they're like, "No, no, no. I swore up and down I love compassion. I want to be more compassionate. No. It's not happening now."

And we often have to have a conversation about, "That is totally fine. You are in charge of your own compassion. The circle can be this small or this small or however big you want it to be. Let's have a conversation about willingness. Who do you want in that circle of compassion who is not there now? And tell me about that."

And it's like that dipping your toe in the water. Nobody says you have to go drown yourself, but what's the smallest change?

Marsha Linehan used this language, "Where is the willingness? Where can willingness meet willfulness so that you're not getting into a battle with the willfulness, but you're just testing where the willingness is?"

I often will use the word willing. I'll say, "What are you willing to do?" Or, "Where is willingness present?" as a way of drawing attention to the fact that people are resisting. Because I think it's useful for people to begin to have that meta-perspective that resistance is something that comes up when you're making a desired change. And then allow them to shift their attention to where willingness might be present.

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Dr. Buczynski: As Kelly said, shifting the focus to areas of willingness rather than unwillingness can make all the difference.

In the next module, we'll look at how to work with a client's self-judgments that turn into *blocking beliefs*.

I'll see you then.