

# How to Work with a Client's Resistance

The Hidden Fear That May Be Driving Your Client's Resistance

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How to Work with a Client's Resistance: Laurel Parnell, PhD and Rick Hanson, PhD

## The Hidden Fear That May Be Driving Your Client's Resistance

**Dr. Buczynski:** How do we help clients who are motivated to get better, but resist doing the work?

Dr. Laurel Parnell says that this resistance can be less about the therapy and more about what comes after.

Here, Laurel shares how to approach the fear that some clients face when they envision change.

**Dr. Parnell:** I have trouble with the term "resistance" to begin with. It's like, what does that mean? It's such an old-fashioned term, in a way. It's like, resisting what? The therapy?

Very often what will come up in therapy are blocks of some kind. And those blocks could be that they're feeling fearful, that they don't know who'll they'll be if they get better, or as far as EMDR is concerned, it may be, "Wow, they're going into the unknown territory."

In some cases, it's they are getting better so fast. Who will I be? I'll lose the therapy and I'll lose the therapist if I get better.

EMDR is a therapy where people get better really fast, and very often, it can mean a change in the family system. A woman who was very dependent because she was raped as a young woman suddenly becomes stronger and independent, and then it affects her marriage, because her husband married this kind of quiet, dependent person.

Sometimes there's this sense of an invisible barrier to what comes after this. It's like, "Who will I be?" They can't conceptualize what it would be like to not have the problem that they've come in with.

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So, I'll explore what the blocking beliefs are, and what belief is blocking you here, and address it. Maybe they need reassurance from me. Maybe they need to create more safety through adding in more resourcing and strengthening in them, rather than throwing them in the deep end beyond their affect tolerance.

So, how do we make you feel safe? How do we strengthen you? Maybe they need more information about what we're doing. I'm

thinking more education.

Maybe they're not in a good place in their life to do the kind of work that they thought they wanted to do, and they're not quite ready. Then it becomes, "Okay, well what *can* you do? What are you ready for?"

I believe in a client-centered approach where I'm not working with the client, we're working together. So, what are the blocking beliefs? What has come up? What are they afraid of?

"I believe in a client-centered approach where I'm not working with the client, we're working together."

In addressing their concerns and their fears, very often, it's a blocking belief that comes up. It's like, "I need my anger," or, "Who will I be if I don't have this problem?" Or, they can't believe that they could be free of it.

I'm going to look at those blocking beliefs, address them if I can, and maybe even target them with the EMDR to work on what in the past is linked to them.

Very often in my consultation, I hear about therapists who are finding clients resistant to doing EMDR. In that case, I'll say, "okay, so, what's their hesitance? What are they concerned about?"

In a lot of cases with clients, I find it's this ambivalence. It's like they really want it, but it means they're going to have to experience painful feelings.

So I'll deal with it and say, "Okay. Do you want to do EMDR today?"

"Yes, but I'm scared."

"Okay, so let's create more safety for you being we go in and we do this work."

**Dr. Buczynski:** And if they said no?

**Dr. Parnell:** I'd say, "Okay. So, why not? What's up for you right now that you don't want to?"

"It's because I've got to give a big talk at work after this." Or, "I'm really exhausted," or, "This other thing is really up for me today."

I think what's helpful is listening to what they say, and really listening. If it's a valid reason, or if it's something that we could address – in which case we could, and help them move forward.

I think of it as a good parent. Some children will avoid everything. Anything that's a little bit painful, they'll

avoid. But a good parent kind of gives them the support to move a little bit beyond their comfort zone. You don't shove them past, but you just gently encourage them to go a little bit beyond their comfort zone. So, that's kind of where I am, trying to determine what that is.

So, I'll give you a few examples of this. And some of these are really painful. I've worked with parents who have lost children, parents whose children have died, parents whose children have committed suicide, and parents whose children have died from horrible diseases.

Very often, what they're stuck with is the idea of they're supposed to move on. People say, "Get on with your life. Move on."

Well, it's not about that. It's about helping them heal from where they can't get the images out of their mind, or where they feel guilty about something. There's something unresolved.

**"It was one of the most moving cases of my life; I thought this might be the one where it wasn't going to work, but it did."**

There was a father who came to see me because he was unable to move forward after the suicide of his teenage daughter. He was conflicted, and he blamed himself for her death. And he was obsessed. He was obsessed with how she did it and what happened. He was replaying it over and over again.

He wanted to move on but he also didn't. He was ambivalent about it. So, he did incredibly with EMDR. It was extraordinary. It was one of the most moving cases of my life, because I thought this might be one where it wasn't going to work, but it actually did.

He had been replaying her death on a daily basis. But after our work, he was no longer haunted by the images of how she killed herself. After we did the several sessions of EMDR, he was no longer playing the story.

But then he felt like, "Who will I be if I don't have this as the center of my life? Who would I be without this pain?"

He had guilt about moving on. We went in on that, and we reprocessed the guilt to give him a sense that it's okay to move on with your life.

Telling him that is very different from him experiencing that – but, he was able to do that.

In another case, it was another woman whose daughter had died of an awful disease when she was a young

girl, and it was many years afterward. She couldn't get over this.

There were all kinds of places where she couldn't forgive herself, and that's where she was blocked and resistant. I found the places and I addressed them with these interweaves with EMDR.

I had her imagine doing the things she had wished she had done and things that she wished she had said, and it unlocked it. Some other places where I asked a question, "I'm confused. Could you have known X, Y, and Z?"

She said, "No, I couldn't have known."

I said, "Go with that."

Some of these places unlocked it. She didn't believe she'd ever be able to move forward with it. After our session, she was able to distribute her daughter's ashes that she had been carrying around for years.

Another case where resistance came up was a woman who came in wanting to finally marry her longtime partner. They had been together for years. We worked on all the blocks to the getting married. It had nothing to do with their present day relationship.

Then she comes in, and she says, "Okay, I want to work on something else now."

Each time she'd come in, I'd say, "Do you have a wedding date? Do you have an engagement ring?" And she'd say, "No. I'm almost there. Almost there."

So, she comes in. And she says, "I want to work on something else."

I said, "Do you have a wedding date?"

She said, "No."

I said, "Okay. I just want to ask you something. I'm not going to force you to work on this, but you basically hired me to do this, and what's blocking it? What's still there?"

So, she went inside.

I said, "Just check up inside and see what's there."

And she checked up inside, and she said, "Oh, it has to do with money."

So, I said, "Okay. Is it about your partner? Or is it about something else?"

She said, "It's not about him. It's about something else."

So, then we used a technique that I call 'the bridging technique'. We traced it back in time. We found what it was connected to – which had to do with her parents fighting about money. We reprocessed that. We came back up to her situation with her partner now, and she said, "It's not about him. It's okay."

The next week, she came in with an engagement ring and a wedding date.

So, it was that little piece we needed. If I had said, "Okay. We can work on something else," I don't think she would have gotten there. It's an interesting little resistance, if you want. It's a block. It's almost like an invisible barrier that you can't see, but it's felt on a certain level.

**"It's a block. It's almost like an invisible barrier that you can't see, but it's felt on a certain level."**

**Dr. Buczynski:** Dealing with these invisible barriers is an important part of the therapeutic process.

But first, we have to recognize them.

As Laurel said, clients can often experience fear around the idea of getting better—of what they would then become.

Dr. Rick Hanson has also seen this kind of reluctance to positive growth.

And Rick says, in order to work with it, it requires a specific two-stage process.

**Dr. Hanson:** Resistance is a form of learned adaptation.

**"Resistance is a form of learned adaptation . . . It's important to honor the reasons for resistance."**

Thinking about resistance in this way is both accurate and useful, and much more positive when working with clients. It's not as if they are bad – there's a reason they are doing what they're doing.

It's important to honor the reasons for resistance – that's the beginning of maintaining a good therapeutic alliance with clients in going forward to help them.

I also think of resistance not just in terms of the function it serves, but rather, the ways in which people are often, and understandably so, worried or concerned about growing into the ways we're encouraging through

our therapy.

Part of them wants to grow, but other parts of them, based on their history, direct experiences, or what they saw in others or even imagined, doesn't.

“They worry—often unconsciously or barely semi-consciously— that if they actually grow, they'll get caught.”

They worry – often unconsciously or barely semi-consciously – that if they actually grow, including lowering their defenses, feeling happier or more loved, opening their heart to another person, or investing themselves emotionally in a relationship, they'll get caught.

They'll get caught visibly looking happy, or they'll stick their neck out to express or assert themselves more fully... and if they go down that road, that slippery slope based on getting a little better, then whack – something terrible will happen.

“In an odd way, people can be very anxious about feeling less anxious.”

That's what happened to them before, or they saw it happen to others, or they simply imagine that it could happen.

In an odd way, people can be very anxious about feeling less anxious, and they can get irritated at you when trying to help them become less angry.

Here's the last thing I'll say about resistance in terms of the brain and learning. As the nervous system evolved, there was this tradeoff between speed and adaptability.

Speed-jump first and ask questions later – has to do with automatic responses, which are not very adaptable, but they are quick. You're not obsessing and you're not Hamlet at the bridge, "To be or not to be..." or to wonder, "Do I run away from the saber toothed tiger..." It's like: boom – you've done it.

“Speed-jump first and ask questions later; it has to do with automatic responses, which are not very adaptable.”

On the other hand, those automatics responses which can be very much learned, especially when we're talking about trauma, are very often rigid and maladaptive to the more complex or different settings than

when first acquired.

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It takes seconds, for example, for the prefrontal cortex to really come online in a judicious, nuanced, complex way – to recognize the whole mosaic of

reality out there or in here, rather than just acting rapidly based on one flashing red light tile in the total mosaic.

There's this natural tension, and some people are more inclined toward automatic, rapid processing. Some people are more inclined toward slower, less efficient but more adaptable processing...all of that is just natural.

“In effect, we’re trying to help people unlearn the rigid, automatic processes that were adaptive and rooted in regions of the brain.”

We're trying to help people unlearn, in effect, some of the rigid, automatic processes that were adaptive and are rooted in regions of the brain.

As you go down the neural axis, you go into the subcortex and the brainstem – those regions have much less neuroplasticity. They are less amenable to change.

“One way to treat rigid, automatic processes is to join with the defense.”

Therefore, they need a lot of counter experiences – a lot of new lessons – if they are actually going to build new neural structure or alter functions in the basement, museum area, of the mind.

One way to treat rigid, automatic processes is to join with the defense, a classic psychoanalytic term.

Instead of resisting the defense or resisting the resistance or shaming a client with: "There you go again..." we can join the defense by saying: "What's good about how you're responding? What are the benefits of doing that? What are the payoffs?" It's a little tricky to use that word – better to say: "What are the rewards? What are the functions it serves? How does it help you?"

Then, we can explore the answers to those questions – it's like a jujitsu move and it's very effective.

For many people, it's actually the first time anyone has ever done that with them with regard to the way they are: "The way you are is great. It serves all kinds of good functions..." and that's stage one.

**Stage two** is to think about it a different way – to serve the same functions with a more effective, nuanced, and appropriate response, one less inclined to drive your partner or your children or your coworkers or your boss crazy and also less costly in terms of long-term wear and tear on your body-mind across a lifetime.

“Stage Two is to serve the same functions with a more effective, nuanced, and appropriate response.”



So, stage one is joining with the defense — understanding it, appreciating the functions, accepting it, and reducing the collateral damage of internal issues about the defense.

Often, that's what we deal with – the person is ashamed of being this way, or they're angry at themselves for being this way, or they don't want to admit to being resistant.

“We have to work through the shame and anger or avoidance, and get to the defense, their coping strategy.”

We have to work through the shame and anger or avoidance and get to the defense – to their coping strategy. If we don't do that, all our well-intended efforts are in vain . . .

That's one reason why a lot of cognitive behavioral therapy and other forms of therapy don't always work.

I'm not being critical of them, but they can be superficial if we just scout at the level of twigs and leaves and we don't get to the trunk and the root of the tree – the real source. We're just getting symptom substitution when we need to get to the root.

For many people, joining with the defense is fundamental. It puts us on solid ground and we can go forward into the exploration of what might be alternative ways of acting.

I'd like to add a word about a critically important step that I've tended to leave out and then it hasn't gone so well... and I can see others in our profession leaving this out as well...

It's not enough to name or teach the alternative coping strategy.

"What would it be like to count 10 before you say something?" Or,

"What would it be like to speak to yourself differently inside your own mind?" Or, "What would it be like to lean forward into that interaction with your partner rather than leaning back when your partner has some kind of unmet need or want?"

Just asking: "What would that be like...?" is not enough.

We need to associate that to some reward – some healthy, authentic reward. It could be a subtle reward, like an internal sense of relief or ease – that life actually goes along better when they act in this new way, or an external originating reward that another person is happier with them, praises them, and respects or appreciates them. They're more willing to be vulnerable or form a closer connection... to internalize these

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various rewards.

If we don't associate a reward with their new way of being – and I mean that term very broadly and in a wholesome sense – then the brain is going to tend to default to those old ways of being that were associated with the “reward” of avoiding expected pain.

We need to realize that we're competing – we don't want to underestimate the power of the dark side of the force.

Of all those acquired rewards, the brain is designed with a negativity bias: to *overlearn* from negative experiences.

If we're going to try to nudge this person into being different, we need to associate rewards with that different way.

**Dr. Buczynski:** Our negativity biases are so powerful—and they can keep our clients stuck in their suffering.

In the next module, we'll look at some practical ways to calm the nervous system when clients are in a defensive state.

I'll see you then.