

How to Work with a Client's Resistance

How to Bring a Client Out of a Defensive State

with Ruth Buczynski, PhD; Bessel van der Kolk, MD;
Stephen Porges, PhD; and Ron Siegel, PsyD

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How to Bring a Client Out of a Defensive State

Dr. Buczynski: How do we work with a client's resistance when their body is in a heightened state of alert?

According to Dr. Bessel van der Kolk, we first have to acknowledge the important role of resistance.

And this becomes a bigger challenge when clients are also struggling with the effects of a past trauma.

Here, Bessel suggests a new angle on a bottom-up approach that can help clients calm their nervous system.

Dr. van der Kolk: The nature of trauma is that you don't want to relive it. You don't want to have the trauma. You don't want to talk about the trauma. You don't want to revisit it because it has messed you up, and is

over now.

"The nature of traumatic stress is an inability to revisit it. You can call that resistance, but I would call that a healthy way of trying to cope."

The nature of traumatic stress is an inability to revisit it – people will put up every possible barrier to re-traumatizing.

You can call that resistance, but I would call that a healthy way of trying to cope.

I had a good case this morning of a guy who is a Vietnam veteran, and he doesn't want to talk to anybody who doesn't have a maximum security clearance, because he would have to violate his security clearance by talking about what happened.

I happen to know that scene quite well because I've seen many guys like that. They were probably members of the death squad – there were a lot of death squads in Vietnam – US death squads... you have clearance and you're not allowed to talk.

So, his wife said to me, "Do you have maximum security clearance? My husband cannot talk to anybody without it."

I said, "Good. Thank you. I'll bring that up with him today."

People don't want to talk about how they were a member of the death squad.

Now, you have resistance, and you always go with the resistance. If people say you don't have security clearance – I cannot talk about it – I'll say, "What would happen if you violated the secrecy?"

"You have resistance—
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with the resistance."

How did this oath come about? Is this a mutual thing that they hold to their promises and you hold to yours, or is it a one-way street, and now you're like the Japanese soldier who is still defending the emperor 50 years after Japan has become Americanized at the end of the second World War?

This is how you go with it, and you're already over their defenses. This is very central in all the work that I do with these structures – all these defenses are there for a reason.

"All these defenses
come from a wish of
trying to protect."

They come from a wish of trying to protect themselves, but there's always the question of: What do you think would happen if... or what's the voice in your head that you hear if you violated this?

You want to get very interested in these internal prohibitions.

A very important part of healing the trauma is to learn to activate your autonomic nervous system in a way that you can calm down your brain stem and your limbic system so you can get your frontal lobes online – it's all bottom-up work.

If you cannot breathe and you breathe very shallowly, we cannot really target the trauma and you cannot get better.

A lot of people are afraid to breathe deeply.

You need to introduce them to slowly taking deep breaths. I say, "Let's see what happens if you blow a bubble. Let's see what happens if you make an 'O' sound."

And when they make that sound, they'll say, "I hated it."

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I'll say, "Good. That worked. Let's see what happens if you breathe and you make a movement like this – like in Chi Gong?"

"People are afraid to
breathe deeply."

They'll say, "Yeah, that's OK."

"Let's do it a little bit more..." Then we discover, and in the research, we see

the background – the reason people don't want to take a deep breath is that this keeps them uptight.

The moment they start feeling something, they get overwhelmed – so there's always a reason why people resist with certain things.

And I go with it – I go with resistance – I honor resistance and see that the resistance is part of how people have survived.

Then, I ask, "How long have you held your breath? How long have you made sure that you never talked about anything from fear of discovery? How long has this been going on? How old is that part of you that tells you...not to talk? How did this part of you come into being?"

I'm being deeply curious about it – *How did it help you to survive?*

I want to let them know that what they are doing is just part of their defense system . . . It's not bad – it is part of who you are – it is how people survive to where they are right now.

“What they’re doing is just part of their defense system . . . It’s not bad; it’s part of who you are; it’s how people survive where they are.”

I (and all therapists) get examples every day, because that's what trauma work is all about: people being afraid to go there and then learning to slowly breathe and open themselves up.

My book is filled with stories about just slowly getting people to allow their inner selves to feel what they feel.

Many times, people are very uptight in their bodies. When we brain scan them, we can see that the insula — the part of the brain that allows you to know what's going on in your body — has been shut down.

When you don't know what's going on in your body, you don't know what's good for you – you cannot take care of yourself if you have no relationship to what's underneath your skin.

So, I want them to be aware of their body.

We slowly help people to just be aware of their toes... their shoulders – I want them to increase their capacity to notice themselves. That is the work – that is our work.

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Dr. Buczynski: Bessel had a creative way of helping clients unlock a physiological resistance.

As he said, many patients may not even be aware of their own breathing patterns.

Dr. Stephen Porges continues this line of thinking around the nervous system.

Stephen says that there are two ways a client can present resistance.

And when this biological response gets triggered, this is how Stephen reverses it.

Dr. Porges: We think of resistance as a defensive strategy. Basically, I'm going to move resistance back to neuro-physiology.

You can see different modes of resistance matching each of these physiological states, so if we think of putting the person into a defensive state, and that's what resistance is, then they have two options, neurophysiologically.

"Think of resistance as a defensive strategy. If we put the person into a defensive state, they have two options, neurophysiologically."

One is mobilization, fight or flight, which would be highly activated, talking in script, mobilize, deflecting comments, and moving into different areas, not actually listening but producing sounds – that's the sympathetic nervous system.

In psychological terms, that's more linked with anxiety, or the body people would say, tightly-wrapped – you can see all the metaphors coming out.

It's the sympathetic nervous system as a defense mode.

Now, there might also be a resistance where people just go – they disappear – they don't hear. Again, this is recruiting part of a more sub-diaphragmatic shutting down, immobilization response.

If resistance is, in polyvagal terms, not allowing the social engagement system to interact with the therapist,

"In Polyvagal terms, if resistance is not allowing the social engagement system to interact with the therapist, then the person would be in one of two defensive modes."

then the person would be in one of these two defensive modes: a sympathetic mobilization, which we're very aware of in clinical and in social life, or as we see less frequently and in more severe cases, just space out. That's my best guess.

Dr. Buczynski: Any thoughts on working with it?

Dr. Porges: Again, you have to treat from an oblique perspective – just like the discussion about shame. Where shame was neurophysiologically driven, the defense states are neurophysiologically driven as well.

“Shame and the defensive states are neurophysiologically driven the same.”

How do you get people out of defense states?

You shift them into a different physiological state that is more social – more calming. You might use breathing techniques. You might use song.

When I do workshops, we do a very simple breathing exercise, and the exercise is to demonstrate to the participants of the workshop that physiological state affects the way we interact with other individuals.

I have them do long inhalations and short exhalations. I have them reverse it and then do short inhalations and long exhalations. I have them observe a person doing that and experience it.

When they do the long inhalations, they're turning off the vagus, the myelinated vagus, and they're literally getting their bodies into defensive states.

They start perceiving the person who is their observer as saying, “Am I doing something wrong – am I not doing the breathing correctly?” They start seeing all this critical aspect.

“Simple shifts in physiology trigger how we interact. They can use a voluntary behavior—how they breathe—to shift the physiology that they're in.”

But when they shift the breathing pattern, they start saying, “Oh, what an attractive person. I'd like to get to know that person.”

Simple shifts in physiology trigger how we interact, so we start talking about resistance.

We would say that, if we can get the physiological state shifted, then there might be some spontaneous interaction.

Dr. Buczynski: Would you try having them experiment with different ways of breathing?

Dr. Porges: Yes, and I would start getting them to understand that they can use a voluntary behavior, how they breathe, to shift the physiology that they're in.

Dr. Buczynski: Do you think that would work more with the person who responds more with the flight or the fight part of their defense mechanism?

Dr. Porges: Interesting question, because both fight and flight recruit similar physiology and both require increased metabolic output.

There's literally a common physiological system that is going to support fight or flight.

"Both fight and flight recruit similar physiology and require increased metabolic output."

The issue is not would it work with fight or flight, but would it work with people who dissociate and drift off.

If they do the latter, drift off, I would want them to get the sympathetic system on board a little bit by moving and then get them to breathing – we'd work in stages.

With either fight or flight, you want to get the person comfortable enough, and here's the critical part.

"People need to have the skillset to understand that they can shift physiological state through movement and breath . . . Movement and breath can be the mechanisms to give them more resilience."

People don't want to be calm – calmness carries with it the cues of immobilization, and if they were restrained or if they were abused, that calmness carries with it certain cues.

In a sense, they need to have the skillset to understand that they can shift physiological state through movement and through breath.

Movement and breath can be the mechanisms to give them more resilience, which we'll get to later, in terms of being able to deal with resistance and the features of resistance.

Dr. Buczynski: Stephen brought up an important reminder about why some clients may resist a calm regulated state.

For an interactive take on why this kind of neurobiological work is so important, let's go now to Dr. Ron Siegel.

Dr. Siegel: Whenever we try to not feel something, the way we don't feel, we have the experience of not feeling something is through some form of tightening or constriction.

We can do it right now. If you'll indulge me . . .

Close your eyes and generate a little bit of sadness. It doesn't have to be a big thing, but just something that is a little bit of sadness. I invite folks at home to do this, to just feel the sadness.

Now do whatever it takes to try to not feel that sad feeling. Get rid of that sad feeling. You can open your eyes again.

I don't know about you, but for me, I feel an actual tightening around the sadness as an attempt to push the sensation away. And I think this is what Reich called *character armor* when it happens habitually and unconsciously and gets called blockages in these other systems.

I think it's very much a part of our lives. Stephen Porges calls it the sympathetic response in contrast to the just going dead like the mouse caught in the cat's jaws, which we also do sometimes. That looks more like falling asleep or dissociating.

What all these folks have in common is noticing . . . Well, Freud may have said dreams were the railroad to the unconscious, but paying attention to these bodily sensations is another railroad to the unconscious.

“Dreams are the railroad to the unconscious . . . Paying attention to bodily sensations is another railroad to the unconscious.”

And finding ways to work with them — whether it's Pat Ogden trying, pushing the pillows and trying different postures, or having deep massages and bioenergetics, or doing yoga practices or chi gong movement — these are all things that address it on a physical level.

it seems to me that it really is an equally useful, if not sometimes more useful, channel for addressing these things, as is discussing it verbally as we do.

Dr. Buczynski: As we heard, our somatic approaches to resistance can be equally as important as our cognitive ones.

In the next module, we'll highlight three effective methods for dissolving a client's feelings of resistance.

I'll see you then.