

How to Work with a Client's Resistance

3 Skills That Dissolve a Client's Resistance

with Ruth Buczynski, PhD; Kelly McGonigal, PhD;
Bill O'Hanlon, LMFT; and Ron Siegel, PsyD

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Dr. Buczynski: How do we help clients who interpret their feelings of resistance as a sign to stop therapy?

According to Dr. Kelly McGonigal, this is a common experience, especially among certain personality types.

Here, Kelly offers a three-step action plan that can help refocus the treatment while disrupting resistance.

Dr. McGonigal: People think that they need to listen to that voice or that resistance as some kind of wisdom.

In all the courses and workshops I teach, where people are trying to make a change, I ask them to identify the resistance or reactance. Maybe we'll put a name to it, like who is this person who wants to block you from making the change – to actually share what the thoughts are, what the excuses are, or what the experience of resistance feels like.

Again, I want to do this so people start to see, "Oh, OK, this is what happens when I commit to something that might be difficult or that might require me to change in some way."

In terms of who is most likely to feel this kind of resistance, I have found that it is with people who really value autonomy – even when their decision has been freely chosen.

"Identify the resistance or reactance to share what the thoughts are, what the excuses are, or what the experience of resistance feels like."

I see this especially unfolding in a supportive context, like in therapy or in a class or you and your spouse have decided to make some change together.

As soon as that change is unfolding in any kind of supportive context, there are a lot of people who are so motivated by autonomy, that they actually experience social support as social control.

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No matter how positive the intention is behind that support, people start to feel like they're being judged – they're being criticized – they're being controlled – their freedoms are being taken away.

I'd like to share an exercise that I learned from the motivational

interviewing body of work about how someone who wants to support someone in making a change might begin to support the autonomy and side-step a little bit that kind of reactance that often comes up.

This exercise is called a three-step, brief action plan. It's often delivered in a therapeutic or medical context – a doctor who's trying to help a patient improve their health in some way.

It basically works like this. When you have a couple of minutes near the end of an appointment, you say, "By the way, I'm curious. Is there anything that you would like to do in the next couple of weeks that might support your health? Is there anything that you're thinking about?"

You can ask the question a lot of different ways, but the idea is the question has to be asked from a true sense of curiosity. You don't have an agenda. You're not hoping they're going to say something that you want them to do.

"Is there anything that you would like to do in the next couple of weeks that might support your health?"

It's very honestly asking: "Is there something that you're thinking about? Or something that you might want to do?" You want to see what comes up – you want to help the person articulate what that is.

In the second part of this brief action plan, you say, "What do you think are some obstacles? How strongly do you feel like you're actually going to be able to do this? Can you imagine any barriers that might come up?"

Now, you're actually priming the part of them who is going to be looking for the obstacles – the barriers.

It's like you're harnessing that reactance – it's not against you for suggesting they do something good for themselves, but against what their own barriers might be. What are those obstacles going to be?

"You can harness the sense of not wanting to be controlled."

You can actually harness the sense of not wanting to be controlled.

Somehow, you point it out – "What's going to get in your way?" People can get a little fired up about that and say, "Yeah, what might get in my way?"

The last part of the brief action plan is, "Is there anything you want me to do that would support you? Do you want to check it? Or is there someone else in your life that might do this with you?"

You just invite the possibility for some social *support* after you've tried to back away from the sense of social *control*.

I've found this approach, even if you're not doing it in a technical way, is an effective technique that one

might use.

It just helps you to learn to talk to people in this way: "What are you thinking about doing? What do you think might give you an experience of... or whatever it is people are working toward. What do you think might get in the way of that?"

And then finally to ask: "Do you want to check in about this in a couple of weeks? Is there some way I can support this?"

If you have an ongoing relationship with someone, then you can check in and simply do it by asking, "How's it going?"

Dr. Buczynski: You talk about how the support is sometimes instigating the desire for autonomy or the resistance, and many times, particularly with dieting, we encourage people to have a buddy, but I wonder if that's always a good idea.

Dr. McGonigal: I think it is almost always a good idea. But there are probably a lot of ways to do it and you need to think strategically about how you want to do it.

Often, I will definitely frame it as not somebody who is going to be controlling you, but as somebody who shares your goal, and now it's part of your job to support them.

It's like a peer-coaching – peer-mentoring kind of support... People always say they want a buddy or a support system for accountability, but in my experience of facilitating support buddies, people aren't actually looking for external accountability in the same way that we sometimes talk about it.

External accountability can very much trigger reactance or resistance, and when I assign people to be a support buddy,

first of all, I always ask if they want to – it's a totally autonomous choice if you want to participate.

Then there are always some people who end up ignoring their support buddy – they never answer emails.

So, at the end, we make that an exercise in resistance. I ask people, "What I'd like you to do now, if you are someone who signed up and then did not do this—you didn't answer the email or you didn't support your buddy—how did that process happen? How did the process of not doing it happen?"

"External accountability can trigger reactance or resistance."

People will often see what happened: "Suddenly, as soon as I said I was going to do it, I didn't have time for it – I didn't want to do it."

"It's important to be aware of *resistance*—it comes up in response to almost everything, even in having a support."

Sometimes it's easier for them to recognize the process of resistance in supporting a buddy as the same process of resistance unfolding in whatever the bigger change is that they wanted to make.

It's important to just be aware of *resistance* – it comes up in response to almost everything, even in having a support.

Dr. Buczynski: I appreciated that insight about clients who may interpret social support as social control.

Now, like Kelly, practitioner and author Bill O'Hanlon has also encountered resistance in his work.

But as we'll hear next, Bill often resolves these resistant feelings with two powerful techniques.

Mr. O'Hanlon: So, this guy comes in to see me. And he tells me that he's been referred by a friend of his who was one of my clients. And he lives four hours away. And his friend basically twisted his arm, saying, "Go and see this guy, because you're more messed up than I was." That was his line.

And so, his friend reluctantly comes to see me and says, "The reason I'm reluctant is I've tried everything. I've been in nine years of psychoanalysis. I've been in group therapy. I've been in couple's therapy. I've been in cognitive therapy. I've tried medications."

I mean, he gave me the whole list – the typical person who would be seen as resistant by most therapists at this point, because he had this big, thick case file. And he tried everything and nothing worked.

So, he said, "My problem is I have severe obsessive compulsive disorder. In fact, the guy who treated me for nine years, the psychoanalyst, had written a book on obsessive compulsive disorders, and he told me one time during treatment, I had the worst case of OCD he had ever seen."

And that didn't seem like a curse to him. He was a little competitive. He seemed so proud: "I had the worst case. He couldn't solve that, and he was the expert."

So, I withheld judgement whether it was the worst case that I had ever seen, but it was mostly obsessions. And from the moment he woke to the moment he went to sleep, he would have intrusive obsessions. I won't

go into all the details. But basically, they spoiled his life.

He couldn't enjoy things anymore because he would be so distracted by these sometimes terribly gross obsessions. And sometimes just overanalyzing obsessions would get in the way of conversations, enjoyment of a movie, or reading a book. He just couldn't get into it anymore.

And so I said, "I'd like to try hypnosis, because I think it would be good for this," based on what I knew about treatment.

And he said, "Oh, I've already tried hypnosis. I can't do it because I obsess about what the hypnotist is saying and I overanalyze their words, and I can't relax and go into trance. I've tried it."

And go, "Well, I have a different approach to hypnosis."

So, I do this approach to hypnosis and indeed, he has a lot of trouble at first. But then he seems to go into trance pretty well. And pretty soon, he goes into a really deep trance and a really good trance. And he comes out, and he says, "Wow. This is the first time in 20 years I haven't obsessed."

I go, "What?"

He goes, "I don't know how you did it, but I want to come back again."

So, he comes back again, and I start doing the trance the next time, and he just pops his eyes open while he's in the middle of the trance, and he says, "There. Do more of that." He said, "Forget trance. I realized the trance isn't helping me. That, what you just did is helping me."

I said, "Well, what I was doing was hypnosis."

He goes, "No, no. Not hypnosis. That."

And we went back and forth. And finally, he told me this thing –

He said, "What you're saying . . . Somehow, you surround every moment I'm trying to get rid of what's happening inside me. And how you're saying this, however you're saying it, the way you just said that, I can't do anything wrong." And he said, "I would drive six hours to get two minutes of that."

So, what I had said, different from what, again, most traditional hypnotists do – I say, "You can let your obsessions be there. You can be distracted."

And then I saw him start to tense up, and I say, "You can be tense and you can go into trance."

I just started to include everything he thought shouldn't be and couldn't be included. Everything he thought was wrong with him or that he was doing wrong, I just included it all by giving permission for it.

So, I have three methods of dissolving resistance, if you will.

Give permission.

And there are two kinds of permission: one is it's okay to, and the next is you don't have to.

So, it's okay to obsess, and you don't have to obsess. You can be listening and paying attention to what I'm saying, and you can be distracted, and you don't have to pay attention to what I'm saying.

So, two kinds of permissions: *it's okay to . . . ; you don't have to . . .*

And that's about feelings, thoughts, your being. It's not always about an action, because I wouldn't say, "You can kill yourself." – That's a permission I wouldn't give. It's a permission for destructive action. But any internal experience, thoughts, images, feelings, sensations, perception, who you are . . . giving permission for that, those two kinds of permissions.

Like, it's okay to *be* gay. When a person finally gets that permission, either from a therapist or from society, where other people say, "You're not weird; you're not crazy; it's not bad," that would be a powerful permission.

And for years, society did not give that permission. Sometimes therapists did. And sometimes therapists were part of judging people and saying, "That's a craziness. That's an illness. That's a sickness, and you have to cure it." So, that's the opposite of permission.

And I think that creates resistance. A lot of those people who went to therapists in the '50s where they were trying to be cured of homosexuality, they were seen as resistant. And I think that's the therapist issue of judging the being of the person, who they are at core, whatever.

And gay is just one example. But many other examples, like it's okay to want something for yourself. It's okay to be frightened. And so, those are emotional or being kind of states. Whatever. Alright. So, permission is the

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"Permission is the first way that I dissolve resistance."

first way that I dissolve resistance if it shows up like that, giving those two kinds of permissions.

The second one is a little more complex, and it's a little more non-rational -- have two seemingly opposite feelings or states of being or thoughts at the same time.

Let me give you an example.

I had a couple that came to see me, and their child had been murdered as an adult. Their friends had all gathered around and supported them for a while. But, because it was a gruesome case and the legal case went on, they caught the person who did it, and terrible, terrible things were going on, their friends sort of, gradually, were either giving them the message, "Time to move on. We don't want to deal with this. It's too gruesome. It's too terrible. It's too grief-filled."

But they couldn't move on, because they were still in the middle it, both in the legal case and in the grief.

And around Christmas, their friends really all left them alone. And they sort of split off from their friends. And it was just the two of them. After a couple of years, they started to have trouble in their marriage, because they were relying on each other for every need to be met.

So, they came to see me, and one time, they were getting back out socially, and they said that their biggest fear was their friends would think they were over this. And they said, "You lose a kid; you never get over it."

And so they went to a party, and they found each other laughing. And on the way home, they talked about it, and they said, "Now our friends are going to think we've over it because they saw us laughing for the first time in a couple of years."

And I said, "Well, maybe you can just tell them, 'We'll never get over this. And we're moving on.'"

This were like, "Say that again."

They were really excited. They wanted to write it down, because they wanted to memorize that. It seemed like opposites. They'll never get over it, and they've moving on. Or even, they'll never get over it, and they're getting over it.

So, the second level of dissolving resistance is to allow, to give people permission to feel two seemingly opposite things.

They hate their partner; they love their partner. They forget what happened in their abuse; and they remember what happened in their abuse.

To be able to include these opposite things at the same moment is a powerful technique that I use to dissolve resistance.

“The second level of dissolving resistance is to give people permission to feel two seemingly opposite things.”

Dr. Buczynski: As Bill shared, when clients feel they have permission to have their resistance, it can lead to greater feelings of empowerment.

For another take on holding these kinds of ambivalent thoughts, here's Dr. Ron Siegel.

“To be able to include these opposite things at the same moment is a powerful technique.”

Dr. Siegel: I often do a little thing with audiences of asking therapists, "How many of you listen to NPR, National Public Radio?" For those of you from overseas — that's our kind of educational radio program. And a lot of the hands go up because therapists are educated, and they're curious people.

And then I ask, "Well, how many of you drive or aspire to drive a Hummer?" And very few hands go up. Once, I think, one hand went up. So we have our own ways of saying, "I'm this kind of person, not that kind of person."

To really embrace ambivalence means embracing, well, both in so many different ways: I'm a generous but also selfish person. I'm a smart person but also a foolish person. I'm a saint, and I'm a sinner.

And we see that all the world's great religious traditions have said, "You kind of do have to embrace both." You'll know better than I am, but it's something like, "Let he who is without sin cast the first stone," — right? — I think is in Christian traditions.

There's a wonderful poem by Thích Nhất Hạnh that this reminded me of, and I quickly looked it up to just quote one stanza.

It's called "Call Me by My True Names."

Just one stanza says —

“This is our task in embracing ambivalence: not only noticing our different feelings, but loosening our sense of who we are as being one kind of person or another.”

*I am the twelve-year-old girl,
Refugee on a small boat,
Who throws herself into the ocean
After being raped by a sea pirate.
And I am the pirate,
My heart not yet capable
Of seeing and loving.*

There are other stanzas too, but that gives you a flavor of it.

I think this is our task in embracing ambivalence: not only noticing our different feelings but loosening up our sense of our stories about who we are and being one kind of person or another.

Dr. Buczynski: Like Ron said, clients can find a sort of freedom by opening up to this kind of duality of thought.

In the next module, we'll look at how to approach the sub-personalities that often drive a person's resistance.

I'll see you then.