How to Work with a Client's Resistance

The Key Missing Element Often Misdiagnosed as a Lack of Motivation

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Dr. Buczynski: How do we help clients who can't seem to move the needle toward happiness?

Often, we can be inclined to think it's a motivational issue.

But according to Dr. Michael Yapko, we'd be wrong.

Here, Michael looks at the critical missing element that keeps many clients stuck in their resistance.

Dr. Yapko: Resistance is in the eye of the beholder. People sometimes want to keep things the same and they don't want to jump on board with doing things differently or being willing to experiment, so I like framing that as rigidity as opposed to resistance.

> "Resistance is in the eye of the beholder."

The view that resistance is a communication from the client is as valid as any other communication in helping to describe where the boundaries are of this client's experience – what they're willing to allow themselves/what they're not willing to allow themselves to do.

This polarity has existed in the field since the times of Freud and has essentially defined people's problems in either motivational terms or in skill-based terms.

The idea that resistance is a motivational issue – that people don't want to change or that people aren't motivated to change – has led to all kinds of formulations, like unconscious fear of success and unconscious fear of failure, and secondary gains that reinforce the person for staying the same.

I do not find those motivational issues particularly useful.

What I find in my work is that it's really *not* so much about the motivation. People typically have the motivation: they're not happy – they want things to change.

> "No amount of motivation is going to compensate for a lack of ability."

But motivation alone isn't enough. No amount of motivation is going to help you watch the sunset if you want to see the sunset and you face east. No amount of motivation is going to compensate for a lack of ability.

When I'm interviewing people, I'm really interested in their level of skill: Do

they even *know* what their next step is if they were going to do something?

Very often, either they don't know what the next step is, or they don't *like* what the next step is.

But more often, they don't know *what* the next step is. It isn't that people are resistant – it's that they're *not sure* what to do next**.**

> "It isn't that people are resistant—it's that they're ***not sure*** what to do next."

I'd like to talk about the role of expectancy in motivational issues and "resistance."

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There are different characteristics of attributions, but one of those characteristics is whether the attribution is stable or unstable, which speaks to whether the person views their adverse circumstances as either transient/ temporary or permanent.

When you have someone who has negative expectations, they think: *Why bother?*

Having specialized in treating depression for the last 40 years, I'm dealing with people who on the surface seem to be so unmotivated. They have an attitude of: Why bother? Why bother to go for help? Nobody's ever going to be able to help me. Why bother to do the homework that my therapist gives me – it's never going to make a difference.

Resistance may seem like a motivational issue, but it's more like a cognitive perspective, a viewpoint, a belief system that says *effort isn't going to pay off.*

So, there are a lot of different ways of thinking about resistance, but I guess by way of summary I'd say I'm less inclined to view resistance as a *personal* phenomenon and view it more as an *interpersonal* phenomenon: *Can I create, as a therapist, a context where this person is willing to stretch the boundaries of who they are and what they do?*

> "I'm less inclined to view resistance as a ***personal*** phenomenon and view it more as an ***interpersonal*** phenomenon."

Dr. Buczynski: Let's go back to the person, the depressed person that you were talking about, whose belief might be "effort isn't going to pay off." I just want to get a little clearer picture of how you conceptualize

that. Do you see that person as lacking skill?

Dr. Yapko: Yes. This is when a person doesn't have the ability to establish a realistic expectation – the person doesn't have the ability to establish a sequence for how to produce what they want.

"What goes hand in hand with depression is a phenomenon of thinking called ***global cognitive style***, or ***over-general thinking.***

In other words, what goes hand in hand with depression is a phenomenon of thinking called: *global cognitive style* or *over-general thinking.*

Here, the person will establish goals like: I just want to be happy. They don't have any sense for how to produce that happiness. There isn't any sequence to follow.

Their goal seems so unattainable because they don't know what the steps are to produce happiness and they become resistant to suggestions on what they can actually do to help themselves.

When you couple that with the helplessness that depressed people often feel, it just seems *so* big, *so* overwhelming, and *so* confusing that they just retreat into what they know even though it's miserable.

Then, it becomes one of the therapist's tasks: How can I break this into something doable?

Someone wise once said that *a goal without steps is merely a wish* – and I definitely believe that.

The ability to help people develop realistic sequences is a lot of what goes on in therapy for me.

Here's the evidence: When you provide people with a doable sequence, when you provide a series of steps that they can actually follow, all within the realm of what their capabilities are as they keep on expanding their range of capabilities, people get better.

"When you provide people with a series of steps that they can actually follow, people keep on expanding their range or capabilities and can get better."

Dr. Buczynski: As Michael said, motivation can't always compensate for a lack of ability.

It's like that quote—*it's not enough to stare up the steps, we have to step up the stairs.*

Sometimes our clients just need to know exactly how to take that first step.

For some additional insight into this, let's visit now with Dr. Ron Siegel and Bill O'Hanlon.

Dr. Siegel: It's interesting that if we think that secretly or unconsciously I don't want to change, then there is a kind of moral overlay to that, or a kind of character criticism that's embedded in that. But if it's simply, "Oh, I simply never learned how to feel these feelings," or, "I never developed the skill to be able to assert myself in a given situation," then it becomes like, "Well, I didn't take the algebra course, so let's do the algebra course."

It makes these things much less about me, much less tied into our self-esteem issues, and really allows us to have the flexibility to approach it.

I actually do this a lot in reframing things because I realized a lot of my work involves trying to help people not to feel threatened on a self-esteem level by what we're talking about so that they can relax defenses and open up to something. And I think particularly about one fellow who I worked with for a while who managed his adolescence with a lot of drugs and alcohol.

"A lot of my work involves trying to help people not to feel threatened on a self-esteem level."

He grew up in a somewhat abusive background with not a lot of supports, not a lot of support for feeling feelings. Rather than acknowledge any sadness or fear, he drank a lot and did a lot of drugs. And now, as an adult, he realized that he had very little capacity to feel feeling.

As soon as a little bit of fear came up, he was driven to substances. A little bit of anger came up, driven to substances. A little bit of sadness, driven to substances. And of course, he was filled with a normal self-recrimination that happens to somebody who has a substance abuse problem.

By reframing it as, "Look, you never developed the skill to be able to feel sadness, never developed the skill to be able to feel anger and not act on it, and never developed the skill to be able to be with fear" – you reframe in a way that he *could* develop these skills. It took it out of the moral realm and took out of all of the self-recrimination, and he was able to start working on building those skills and actually started using mindfulness practices, which are one pathway toward building those kinds of affect-tolerance skills in order to do it.

"Reframe it—*Look, you never developed the skill to feel sadness, but you **can** develop these skills.*"

So, I think this reframe that really comes out of behavioral traditions can be enormously useful to us.

Mr. O'Hanlon: I had a client who was pretty troubled, and we were making progress in therapy, but every occasionally, this weird thing would happen. And I didn't know what it was about – I just knew something had triggered her troubled-ness.

In the middle of the therapy session, she would just curl up into a ball, kind of in a fetal position, and withdraw. And for 10 or 15 minutes, I couldn't get to her; I couldn't get any response from her. Then, she'd gradually come out of it.

This happened not every session but a fair amount.

And after a while, I discovered a pattern. We talked about it and she didn't know what was going on; she just knew that she freaked out every once in a while, and couldn't control it. I'd noticed a pattern that about five minutes after I told a story – which I do a lot in therapy, I tell lots of stories – that would happen.

Once I'd identified it, she said, "Yes. What I realize is that when you tell stories, they're always stories of somebody who has trouble and then they resolve it. And as soon as you tell that story, I think I'm not a good enough client because I may not resolve my troubles."

"What looks like resistance is really a great deal of valid information. Once we discovered that, it was the key to the therapy."

And that was *such* a great insight to me into her basic psychology and the pressure she put on herself. It became the very essence of the therapy that we did.

So, what looked like resistance was really a great deal of valid information and it took me a little while to get to it – and she didn't know it consciously, but once we discovered that, it was the key to the therapy.

Dr. Buczynski: As we heard, a lack of skills can hobble our clients' ability to get better.

In the next module, we'll look at different ways to work with willful clients.

I'll see you then.