

How to Work with a Client's Resistance

How the Practitioner May Be Perpetuating Their Client's Resistance

Part 2: How to Work with the Resistance
That Gets Triggered Inside You, the Therapist

with Ruth Buczynski, PhD; Zindel Segal, PhD; Ron Siegel, PsyD;
Kelly McGonigal, PhD; and Joan Borysenko, PhD

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Part 2: How to Work with the Resistance That Gets Triggered Inside You, the Therapist

Dr. Buczynski: What happens when the practitioner becomes overly-invested in the outcome of treatment?

According to Dr. Zindel Segal, this is an important question you don't often find in the manuals.

So here, Zindel Segal offers some insight on how to address this, and a practical strategy to keep progress moving forward.

Dr. Segal: There are a number of ways of conceptualizing resistance – a number of different types of resistances.

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The first starting point of resistance is when you have a game plan, and the game plan gets waylaid.

What is the reaction that gets triggered in you, as the therapist who may have an investment or a commitment to that game plan being executed?

Your reaction can be trying *not* be too attached to the therapy going a certain way and being able to let go, be flexible, and say, "We can do it this way – and if this way doesn't work..."

It could be a way of triggering a reaction in you that says, "This is a patient who is defying me, who is challenging me in some way, and I'm the expert."

You can get angry. You can get demoralized. "I've heard that this patient has had multiple therapists and he/she is really not interested in engaging."

All of these are normal and natural ways of responding to resistance.

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There is a demand on therapists to increase their awareness in those moments, both in terms of the thoughts and feelings as well as the sensations in the body that might be clues that there is a reaction that is entering the mind.

How much of that does one want to work from in terms of addressing what is going on with the patient?

How much of that can one leave on the sidelines and look at the more adaptive and choice-full responses in that moment?

Now, some *therapies* set themselves up for certain kinds of resistances more than others.

Therapies like behavioral activation, cognitive therapy, even mindfulness-based cognitive therapy, where there are clear

invitations for homework, where there are clear ideas that a lot of the learning takes place outside the therapy hour – these can be set-ups for resistance.

People may end up doing very little about what gets asked, and then, when they come back to their session with the therapist, they'll report that not a lot is going on and that creates a problem.

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Those situations happen a lot — more frequently than people might believe.

Viewing the resistance as a separation between you and the client can be problematic – it's important to try to invite collaboration around the phenomenon without labeling it as resistance.

In MBCT, for example, a common idea is that whatever happens or doesn't happen is grist for the mill – an invitation to bring awareness to that phenomenon.

People may come back and say, "I was supposed to practice six times a week, and I wasn't able to do it at all."

When you hear that, as a therapist, it's like, "What do you think you're going to get out of this therapy if you don't practice at all?"

But you have to let those thoughts come and go and see whether you can generate in yourself a moment of curiosity to see what actually was this patient's experience.

You want to draw them into exploring their resistance with you without any leakage of judgment or leakage of disappointment – just saying, "OK, you're in this program, and this is what we talked about last week."

Now, this week you've come back and you said you just weren't able to do it. Let's roll up our sleeves and actually take a look at that – what's really happening?"

Then, you can follow with a series of questions: Was this just something that you totally forgot about? Did you plan on doing it but weren't able find the time? Did you start to do it and then bailed after the first five minutes

Sometimes people might surprise you and say they actually did two or three days of practice over the week, but it wasn't complete, so they're calling it nothing.

Perhaps there's a moment of surprise on the part of the client, when they're saying they did nothing, and they're expecting you to come back and say, "Oh, well, that's too bad." Or, "Can you redouble your efforts?"

But instead, you're coming from a place of curiosity – from a place of accepting how little they did or whatever they did, or whatever they're reporting that they did, and you're being equally curious — this is the tough part for therapists.

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You're being equally curious about that person's experience as you would about the person who comes back and says, "I did it every day, and it was wonderful, and my skills are growing."

It's important to have curiosity and evenhandedness, and especially in group treatments where other people are watching your reaction and your ability to connect with the people who are struggling, as much as with the other people.

This is one form of resistance around enactments that is very common but that can be approached from this perspective that all of these phenomena are grist for the mill.

There are other forms of resistance that are a little bit harder to work with, at least in my experience.

For example, this happens with people who have an ambivalent relationship to change, even though a path for change may be laid out for them in a very straightforward way.

I don't know how to say this without it sounding perhaps pejorative, but their sense of suffering is an important element of their self-understanding.

Even though the capacity for change might involve relinquishing some of their suffering, they're not sure that

they really want to do that – they identify with the suffering in relationships or a stance in which they know relationships through the lens of their own suffering.

“They might see the difficulties of staying with a partner who might be very critical, yet it’s very difficult for them to make changes.”

They might see the difficulties of staying with a partner who might be very critical or meager in terms of providing attention or affection, and yet it's very difficult for them to make changes at the relationship level.

I'm not talking abuse or anything more egregious – it's just a feeling of an ambivalence toward changing a role or relationship – those are more difficult.

Often, one can only get a flavor of that through the interaction or the enactment in the therapeutic relationship – to get a sense of how people, even though they may be provided with opportunities for change still find it hard to seize upon and act upon them.

Dr. Buczynski: As Zindel confirmed, one of the hardest parts of this work is having that equivalence.

We need to be as invested in a resistant client as we are with clients who are compliant.

For some additional thoughts on working with the practitioner's resistance, here's Dr. Ron Siegel, Dr. Kelly McGonigal, and Dr. Joan Borysenko.

Dr. Siegel: Psychotherapy is not like — oh, I don't know — carpentry or something. Not that it doesn't have its challenges, but, with carpentry, there is almost always a way forward, and almost always, if you're putting in an extra hour or two, you're going to get the desired result.

Whereas in therapy, not necessarily. Right?

We don't know who is going to get better and who isn't. Sometime our work comes down to being sort of like insulin maintenance where we're helpful, but it's not like the person is changing rapidly.

It's that they feel supported by us and that's helpful, but they continue to need it and a lot of change doesn't happen. And I think that's very hard for us narcissistically a lot and recognizing that and recognizing our own vulnerability about that, I think, is really important so that we don't get stuck into resisting resistance.

I think another set of feelings here that get triggered a lot for me anyway is doing clinical work shines a kind of light on our own lack of sanity.

I think of how often I've been working with somebody who is struggling with a problem that I'm struggling with myself. Maybe they're further along the path of working with it than I am. Maybe I'm looking at them saying, "Gee, I wouldn't have the guts to do what they've already done, and I wish I did." Or perhaps they're

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describing some problematic behavior, even common ones like eating too much junk food or feeling inadequate or feeling jealous or some self-esteem issue or something, and I realize, gosh, I'm still struggling with this stuff. I haven't worked it all through.

Not to mention when people come in with stories of illness, aging, and death, which, who among us is fully at home with that?

So I think a lot of times, the difficulty we have is because our own fallibility is really being threatened here, and our sense of our self as a therapist is being threatened.

Dr. McGonigal: So when I feel triggered by resistance in an encounter, in a teaching, in whatever is happening, or even my own resistance in another context, I treat it like a yoga pose.

And I just wanted to share what this is because I've found this so helpful.

When you're in a yoga pose and you are, say, trying to touch your toes, we know that physiologically, as you move in that direction, if you go a little too fast, there is a protective reflex that contracts the muscle fibers that you're trying to stretch. Because you actually have receptors that are detecting change in the length of your muscle fibers and in your joint capsules and even in your fascia. So, these are sensory receptors are detecting the rate of change.

"When you're in a yoga pose, if the rate of change is happening too fast, it signals this reflex that shuts down, and you often experience it as pain."

"This is exactly what happens in therapy or any process of change—if it's happening too fast, a protective reflex shows up and you want to get out of it because it doesn't feel safe."

And if the rate of change is happening too fast, it signals this wonderful, protective reflex that shuts it down, and you often experience it as pain. And that is how you know the reflex is happening. That sensation of stretch becomes uncomfortably intense, and it makes you want to come out of the pose.

And this is exactly what happens, I think, in therapy or in any process of change. If it's happening too fast, some sort of protective reflex shows up, and you want to get out of it because it doesn't

feel safe.

We know that if this is really a healing pose for you to do, there's benefit to being able to reach your toes. So, the way to get through that protective reflex is you breathe, and you let the quality of your breath begin to create a sense that what's happening right now is safe and okay.

And clinicians can do this as soon as they feel triggered by resistance: You start with the breath and you remember your intention. You breathe. You aren't running away. You aren't fighting it.

We also know, by the way, in a stretch, if you try to push through that reflex, it only contracts harder to defend further. So you breathe. And then you allow yourself to feel what's present.

And we know that that quality of attention, if you really let yourself feel the resistance, feel the sensation of stretch, that it often begins to become a little bit less painful, just the quality of attention to it.

It's like, "Okay. I can handle this." And you can do this when you feel triggered by a client's resistance. You're breathing with it. Like, "Okay. I didn't like how this felt. I was being triggered by it. But okay. This actually isn't so bad. I can work with this."

Dr. Borysenko: You don't want to be resistant to resistance because you're so frustrated with that person sitting in front of you.

I'll give you an example: I had a client – he was just so stuck. He was depressed and nothing worked in his life, and he couldn't hold a job, and all *kinds* of things like this.

And he came into a session one day stoned out of his mind, and I'm thinking, "What do I *do* with this? How do I respond to this?" because part of me wanted to stand up and screech, "If you ever come in here stoned again, it's the end! I will never see you. How can we make any progress?" And instead, I thought, "Well, I'll just ask him about it. I'll be curious."

And so I had to deal with my own frustration, shock, anger – "How could he come like stoned to our session?" – and instead try to make that switch to curiosity. And so that was interesting.

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I just asked, "That's really interesting, that you came here when you were stoned." And I said, "My first reaction was to tell you, 'I'm booting you out of here if you do that again,' but I thought better of it. And I'd

like to know *why* and what you get from being stoned, and how it serves you – and on the other hand how it may get in your way.”

“That was a pivotal session—and it came from my observing my own inner state and deciding to respond differently.”

And it actually opened up a tremendously productive line of communication in our life, and he didn't come to any more sessions stoned. But probably that was a pivotal session – and it came from my observing my own inner state and deciding to respond differently.

Dr. Buczynski: Having those different perspectives really shines a light on how the therapist's resistance can affect outcome.

And it's a reminder of how important it is to follow our clients' signals without judgment or conditions.

I hope you've enjoyed this series on resistance. And I really hope you were able to take something away from all these expert insights and approaches to working with this issue.

Please be sure to check out some of the bonuses that we've included in this program. I think they'll help further support the work you do with clients.

Enjoy this final thought from Dr. Kelly McGonigal, and thank you for being apart of this program.

I'll see you soon.

Dr. McGonigal: One reason I like the word resistance too is, when you think about it from a training point of view, if you're trying to train or strengthen anything, you need some resistance to work against.

When you lift weights, you're not lifting an empty barbell, you've got to load it up with some resistance, and that's how you become stronger. So, I think about resistance in that way—you want it, you need it, it's part of the process of transformation, and if you're willing to work with it, with a clear sense of what you're trying to choose or strengthen or train, then you're just leveraging the resistance in that direction.

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