

## RESISTANCE

*Resistance* is a term used so loosely and often naively that it is difficult to know what others mean when they say it. Beginning therapists may use it ubiquitously to describe virtually anything the client does that makes them feel inadequate. Although behaviorists generally don't use the term, Davison (1973) mentions it as a substitute for "countercontrol," and it could describe, for example, a client who refused to do her assignment from the last session and is now crying rather than recommitting herself to the new behavior. Conversely, many therapists would view *not crying* as resistance and would assume that the client was unwilling to explore painful material. One neoanalyst (Hudson, 1978) sees resistance as identification by the client with the persona of the therapist. It depends, then, on what the definition of and goal for therapy is, to know what a given therapist means by saying a client is "resisting." (For a comprehensive review of some of the major contributions to the subject, see Streaun, 1985.)

For the purpose of this book, we will define resistance as an intrapsychic process marked by ambivalence about exploring and claiming little known feelings and motivations within one's self. The ambivalence is rooted in the conflict between urges toward growth and completeness on the one hand and fear of pain or punishment on the other.

Consider a client one of the authors had, whom we will call "Ann." Ann had been an abused child, beaten regularly by her father and relatively ignored by her mother. She came for therapy because she wanted to be more assertive with her husband rather than continue to acquiesce through fear of his displeasure. As she worked to improve her assertion skills, she simultaneously began to explore her fears of standing up for herself. She acknowledged that she almost never felt angry with him, even when intellectually she knew her needs were being discounted. What happened to the anger? She didn't know. As nearly as she could tell, she had never assumed that her feelings and needs *should* be considered. She did, however, admit to behavior that seemed to be superficially passive-aggressive and traced it back to childhood. Even with her father, whom she greatly feared, she had exhibited such behavior. Believing that perhaps under such behavior might lurk some justifiable, self-affirming anger, the therapist encouraged Ann to "dig a little deeper." Surely, in addition to all the fear toward her dad, there had to have been some anger. Ann experienced enormous anxiety at such a notion—anger toward her father was simply unthinkable!—and missed the next session. Only over a period of months was she able to slowly accept her early rage as justifiable and healthy. Why the resistance to such an appropriate feeling?

Consider what Ann must have been like at four or five years of age—

lonely, unsupported by her mother, and frightened of her father. Even when she tried very hard to second-guess her father and be "good," she received daily beatings. Simply thinking about expressing anger to him must have seemed terribly dangerous, especially since at that age admitting feelings is usually tantamount to acting on them. Small wonder, then, that Ann "resisted" experiencing anger as a child. By the time she entered therapy as an adult, she had been out of her parents' house for years, and her father had in fact died. Neither time nor death had been of much help, however, in erasing the old pattern of repressing anger—a pattern which had helped her survive as a child but which now was dysfunctional.

Ann's resistance exemplifies the way we see resistance operating generally. A pattern of coping with anxiety-provoking feelings—often originating in early childhood and an adaptive pattern at the time—continues into the present in a client's life and is demonstrated both in and out of the therapy session (Bauer and Kobos, 1987). Trying to strip away the resistance without dealing with the resulting fear can leave the client feeling overwhelmingly vulnerable and out of control. Good therapists do not assault resistance in an adversarial way; they "woo" the client, to use Roth's (1987) word, into trusting them enough to gradually expose the underlying feelings and motivations. That is a fearful process, for Ann, as it is for all of us, to venture into the hidden places within oneself. The Greek myth about Pandora's box captures the flavor of that apprehension.

In Ann's case, the fear was related to early associations of the expression of anger to the expectations of severe punishment. Similarly, someone shamed as a child for showing sadness or pain may be understandably reluctant to explore such feelings later in life. Other clients' fears may be less related to specific early episodes than to damage that they would incur on their self-image by admitting to what they would consider to be illegitimate feelings. In either case, the issue is often that the client does not feel *entitled* to certain feelings (Wile, 1984). Much of the therapeutic "working through" of resistance is thus dependent on the therapist's ability to help the client feel entitled to feelings and needs which the client had previously assumed must be denied.

Encouraging entitlement is not as simple as it sounds. The client is likely to sense the power of unexplored material and perhaps even overestimate such power (Langs, 1981) and look to you, the therapist, for reassurance that the fear will not be engulfing, the rage consuming, the pain shattering. Whether that reassurance is asked for overtly or not, your faith in the process will need to be somehow conveyed. Unless you have personally explored similar material within yourself, it is doubtful that you will be very persuasive with your client. We offer you the caution we have given our students: Never ask a client to do what you would not be willing to do yourself.

We want to underscore a point, which should be obvious by now. Clients do not demonstrate resistance out of irresponsibility, obstinacy, or dishonesty. They resist because they are ambivalent about change and self-exploration; they want greater freedom but fear the pain that might be necessary. As Singer (1970)

indicated, "Resistance reflects both the patient's disbelief in an alternative way of life, reflects his desperate holding on to familiar self-esteem-furthering operations and at the same time his intense fear that any other approach to living would be self-esteem shattering" (p. 235).

Rather than personalize their clients' resistance or be annoyed by it, beginning therapists should realize that without resistance they would probably be out of a job. If every client were perfectly ready to change and able to do it, if it were really that easy, there would be little need for psychotherapists. When we view client resistance as a signal of fear, that thus deserves our support and empathy, rather than as some annoying obstacle we must batter down, it becomes easier for us to do our job of continuing to maintain the therapeutic alliance while encouraging client self-exploration.

Bugental's (1978) definition of the therapeutic alliance is worth noting. He refers to it as "a bond between what is best and most dedicated in the therapist and what is most health-seeking and courageous in the client" (p. 72). Your ability to offer the best of yourself rather than withdrawing or becoming adversarial when you sense resistance is what inspires clients to persevere even when they are fearful. If you become impatient, you add to clients' sense of unentitlement, since you have now communicated to them that they do not have the right to their own fear!

True resistance, in short, is a process that takes place *within* the client. As Taft (1933/1973) explains eloquently, it is a reflection of the inherent ambivalence of the human being toward growth and individuation. To quote more fully (Taft, 1933/1973):

However speculative it may sound and however differently it may express itself in any particular case, the fact remains that always, at bottom, every serious blocking in a human life is the expression of an unsolved or rather unaccepted conflict between the will to become more and more individualized, to develop one's own quantum of life, and the reluctance to pursue wholeheartedly a course which is beyond control of the individual will and which inevitably leads to the annihilation of this dearly bought individuality. (pp. 284-285)