Meeting Resistance? Take Heart!

It happens. Sooner or later, virtually all clients/patients become resistant to our professional help. They forget appointments or their check book. They come late. They are silent for long pauses, as if they had nothing to say, or they chatter superficially. They may get sleepy, or want to answer their cell phone. When asked by us what they are feeling or thinking, they "don't know." They may argue against what we know to be useful or logical. They may complain that the sessions aren' helping them. Sometimes the resistances are more subtle, but in many different ways, our patients/clients eventually balk at doing the necessary work of therapy – work at which we are the experts and willing guides. We may grumble to ourselves or complain to colleagues: why is this or that client/patient being so difficult? We try our best, but it seems to fall on deaf ears. It's so frustrating when they fail to cooperate.

Actually, a patient/client's resistance, properly understood, points us toward a sore spot in the person's life that needs our therapeutic attention. Resistance is basically a person's defensive reaction when therapy starts to threaten the sense of safety that all defenses provide. We therapists are threatening to upset our client/patient's psychological equilibrium, even if it also has dysfunctional aspects that they present as symptoms. So "resistance analysis" is one modern term for what is actually at the core of our clinical work.

When resisting, our patients/clients can seem uncooperative, but they are just being predictably human. They don't want to leave their comfort zone because any other way of living *seems* full of danger, and sometimes even feels hopelessly beyond their capacities. The situation becomes touchy, delicate, sticky – and that's when we really earn our fee. We need to reassure while persisting, to coax while clarifying, to guide and motivate in all the sophisticated ways at our disposal –all to help the person tolerate a bit more anxiety during the process of building more strength. We cannot compel or criticize, in some mistaken attempt to *make* the person stop resisting, but only explore further and understand better the inner conflict that the resistance is revealing.

If a resistance becomes intractable, then we need our own consultation, to avoid a premature termination. We may even need to refer our client/patient to a different therapist, for a fresh start. In doing so, we would also need to observe our own attitude. Like the ghost of Hamlet's father on the wall of Elsinore castle, we should be "more in sorrow than in anger," resisting any inclination to condemn ourselves or blame the patient/client, and instead generate some compassion toward our own struggle, and for this still-unhappy human being.

Hopefully, however, we can sharpen our professional focus and continue with our resistance analysis. Over time, the client/patient may come to appreciate their resistance-defense as we already do: as their intuitive discovery of a way to limit the amount of upset they would have to endure. They can then view this development with sympathy, and understand it as a learned solution (involving feelings, thoughts, and behaviors) that once had survival benefit. At this point,

their old resistances become less urgent, and new ways of coping become first, conceivable, and then rewarding.

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