Addressing Client Resistance: Recognizing and Processing In-Session Occurrences

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The practice of professional counseling seldom follows the prescribed approaches exactly as they are taught in most counselor training programs. Occasionally, despite a counselor's best efforts, some clients fail to act in their best interests and negatively respond to all counseling interventions. These clients are often called oppositional, reactionary, noncompliant, intractable, and unmotivated (Dowd, 1989). The behaviors displayed by these difficult clients are often collectively referred to as resistance. In clinical terms, resistance is defined as "a process of avoiding or diminishing the self-disclosing communication requested by the interviewer because of its capacity to make the interviewee uncomfortable or anxious" (Pope, 1979, p. 74). It is an active process that has the potential to become a fundamental obstacle to positive counseling outcomes. Resistance interferes with the counselor's perceived efficacy, impedes client motivation, and undermines the change process (Nystul, 2001). The purpose of this paper is to reframe the concept of resistance as a critical incident in the counseling process with the potential to positively affect counseling outcomes.

It is important for counselors to recognize the expectations clients have toward seeking counseling for the first time. For many, the counseling process might seem quite daunting. Unsure of what to expect,

clients are asked to enter into a working relationship built on trust and intimacy with an individual they have just met for the first time. They must be ready to explore personal issues they might not have shared previously with even their closest friends and family. For other clients, the choice to seek counseling help might not have been their own. They may have been coerced into treatment, and as a result they are not willing to fully commit themselves to the process. Given the unique dimensions of the counseling process it is only natural that some clients feel a sense of resistance toward the counseling process. Counselors would be wise to acknowledge this resistance as evidenced by the fact that over 400 theories of counseling and psychotherapy acknowledge resistance as a common therapeutic experience and client response. An understanding of how resistance is conceptualized in various theoretical frameworks may help the counselor better understand the reasons behind a client's difficult demeanor during the counseling process.

Early views of resistance focused on its role as an individual defense mechanism. As the dominant theoretical framework of the early 1900s, psychoanalysis was the first approach to include the term resistance. In psychoanalytic terms, resistance is the client's attempt to block or repress anxiety-provoking memories and insights from entering conscious awareness. Building on the psychoanalytic view, individual psychologists saw client resistance as a self-protective and adaptive process that functioned to preserve core attitudes about the self, others, and life. In both of these approaches resistance occurred at an unconscious cognitive level.

In contrast to these early approaches, behavioral theorists view resistance simply as client noncompliance. Behaviorists believe that a client exhibits resistant behaviors because he/she (a) lacks the necessary skills or knowledge needed to follow behavioral assignments, (b) have negative expectations or beliefs regarding their counseling outcomes, and (c) are subject to undesirable environmental conditions (Shelton & Levy, 1981). Ultimately, the client's resistance is seen as an obstruction or obstacle to successful goal attainment.

The 1940s and 1950s saw the development of the existential and client-centered approaches and subsequently the view of resistance changed. In these humanistic approaches, resistance is conceptualized as the avoidance of unpleasant or dangerous feelings that may become permanent blocks to awareness and impair holistic functioning. Clients are reluctant to engage in any process that might

negatively alter their life scripts. Allowing negative feelings to enter into consciousness could diminish an individual's self-efficacy and self-concept.

Modern theories approach client resistance from a systems perspective. The family systems theorists view resistance as an unconscious attempt to protect other family members by avoiding any disturbance to the delicate homeostatic balance of the system in which change and growth have unconsciously become associated with disloyalty, betrayal, and loss. Clients become reluctant to change their beliefs or behaviors for fear that doing so will negatively impact other family members. While these changes might be in their best interests, clients place the family's welfare ahead of their own.

Conceptualizing Resistant Behaviors

Despite the fact that the varying theories describe client resistance in different terms, there are many similarities in what are the qualities and characteristics of a resistant client. One of the first attempts to systematically examine client resistance, Otani (1989) classified resistant client behaviors into separate categories. These categories include several verbal and nonverbal client behaviors that are cognitive and behavioral in nature. The four categories described by Otani are response quantity, response content, response style, and logistic management.

Response quantity resistance

Response quantity resistance is viewed as the client's noncompliance with the change process. This category consists of a class of behaviors whereby the client limits the amount of information communicated to the counselor. Silence and minimal talk are typical forms of resistance in this category. Otani (1989) identified such behaviors as frequent pauses, taciturnity, silence, and minimal talk as signs that the client may be engaging in this type of resistant behavior. By limiting the amount of information they give to the counselor, clients are able to control the counseling session and prevent the discussion of difficult or emotionally painful topics. This behavior is observed most frequently among involuntary clients, such as court-referred clients (Dyer & Vriend, 1988).

Response content resistance

Response content resistance is a client's attempt to restrict or control the type of information communicated to the counselor. This may manifest itself in several different forms. Often times, clients

engage in small talk about irrelevant topics, such as gossip or rumors. Clients may engage in intellectual talk by repeatedly using technical terms and abstract concepts during the counseling session. There may be an emotional display (e.g., anger outburst, crying) in reaction to a counseling topic. Clients may ask a series of meaningless questions about counseling techniques or theories that have no relevance to the issue currently being discussed. They also may ruminate about physical problems or past mistakes or show a preoccupation with past events. These forms of client resistance block the counselor-client communication by manipulating the kind of information to be shared with the counselor. As a result, counselors are unable to gain a firm grasp on the nature of the client's problems, making case conceptualization cumbersome.

Response style resistance

Response style resistance consists of client's idiosyncratic patterns, including client manipulation of the manner in which information is communicated to the counselor. Forms of response style resistance include discounting, limit setting, thought censoring/editing, externalization, counselor stroking, seductiveness, forgetting, last minute disclosure, and false promising. Clients employing this form of resistance try to dissuade the counselor from pushing too hard in certain areas. Their use of flattery toward the counselor is an attempt to "soften" the counselor, making them less likely to push a client in a direction he/she does not want to go. These responses are all concerned with the client's style of thinking and communicating, an important factor in the formulation of resistance (Ginter & Bonney, 1993).

Logistic management resistance

This category of resistance consists of behavior patterns clients engage in that violate the basics rules underlying the practice of counseling. The most common forms include poor appointment keeping, payment delay/refusal, and personal favor asking. The object is to avoid engaging the counselor in the counseling process by creating a distraction. These forms of resistance signify that the client may have a negative attitude towards the counselor or towards the counseling process. By ignoring, and in some cases outright defying, established counseling guidelines clients are creating a way for themselves to not participate in the therapeutic relationship.

Factors Contributing to Resistance

Resistance has traditionally been viewed as an inappropriate or unproductive activity on the part of the client (Cowan & Presbury, 2000). While this may be true in some situations, counselors-in-training need

to learn that resistance may originate outside the client. Any attempt to understand a client's resistance must take into account the fact that the client, the counselor, and the client's social environment all have the capability of enhancing resistance.

The client

Clients may be resistant to the counseling process because they have feelings of shame. There also may be a misalignment of goals. Counselors try to move their clients towards an acceptance of responsibility while clients may be more inclined to strive for evasion of responsibility (King, 1992). Clients simply may not be ready to move where their counselor is taking them. Some clients may be resistant because there is a purpose for their symptoms. The benefits of maintaining their dysfunctional beliefs or behaviors far outweigh the benefits of overcoming them. These clients may enjoy the support and attention they receive by having a mental health condition and may be hesitant to lose the associated benefits. In some cases clients may be resistant to change because change in and of itself is a frightening prospect. As human beings we are creatures of habit, and asking someone to change may lead to the development of resistant behaviors as a productive measure.

The counselor

Counselors, both consciously and unconsciously, contribute to client resistance. Counselors may have failed to establish rapport with their client. They may have misguided expectations of client behavior and client roles. The counselor may expect the client to respond in a particular way, and when they do not respond accordingly they assume the client is being resistant. The interventions and techniques used by counselors also may contribute to in-session resistance. Counselors need to be cognizant of the interventions they use, ensuring that they are appropriate for their client in the given moment. Similarly, counselors should only assign homework assignments that are relevant to the issue at hand and that are not too time consuming for the client.

The social environment

Sometimes resistance is fueled by sources outside of the counselor-client relationship. These sources may result from changes in the client's living situation (e.g., new address, marriage, divorce). Clients also may experience deliberate sabotage from others. Individuals in the client's social circle may find it advantageous to foster the client's current illness to promote their own gains. The sabotage could be an unintentional result of a client's interaction within their social circle. Friends and family may foster a

sense of dependency, which manifests itself in the client's refusal to explore or change their current thoughts or behaviors.

Addressing Resistance in Session

Client resistance is one of many clinical challenges counselors regularly face. Counselors should understand that resistance is a normal client reaction. Its presence in session should be expected and not come as a surprise. Once counselors become familiar with resistance and what it looks like they can begin to see it for its true therapeutic value. Client resistance usually signifies that a particularly distressing issue has been brought to the forefront for the client. This issue might be central to the work both counselor and client are trying to achieve. Rather than avoiding the issue, researchers suggest that client resistance should be addressed. Counselors need to employ a variety of strategies to productively use the client's resistance to move therapy forward. Newman (1994) highlights ten strategies proven to be effective in working with resistant clients. These strategies include:

- 1. Educating the client about resistance and how it should look.
- 2. Using the Socratic method of questioning to bring out the client.
- 3. Allowing the client to have choices and be an active director of the counseling process.
- 4. Fostering collaboration between counselor and client.
- 5. Brainstorming the pros and cons of continuing current behavior or changing.
- 6. Empathizing with the client and their reason for feeling resistant.
- 7. Discussing case conceptualization with the client.
- 8. Using a language that mirrors that of the client.
- 9. Maximizing the use of client self-direction.
- 10. Gently persisting when a client either is unable or unwilling to proceed.

By no means is this an exhaustive list of strategies. These strategies are presented to provide counselors with an excellent working skill set to use when faced with client resistance. Recognizing and accurately understanding client resistance are important factors in creating an environment conducive to client change. Often the processing of a client's resistant behavior becomes a major breakthrough in the counseling process. Clients begin to see that their defensiveness is simply preventing the counselor from helping them become mentally healthy. Through the recognition of various forms of client resistance, the understanding of the counselor's role in perpetuating resistance, and the working knowledge of various

counseling interventions, counselors can create a therapeutic environment that is inviting to the client and suitable for processing and working through resistance.

References

Cowan, E. W., & Presbury, J. H. (2000). Meeting client resistance and reactance with reverence. *Journal of Counseling and Development*, *78*, 411-429.

Dowd, E. T. (1989). Stasis and change in cognitive psychotherapy: Client resistance and reactance as mediating variables. In W. Dryden & P. Trower (Eds.). *Cognitive therapy: Stasis and change* (pp. 139-158). New York: Springer.

Dyer, W. W., & Vriend, J. (1988). *Counseling techniques that work*. American Association for Counseling and Development. Alexandria: VA.

Ginter, E. J., & Bonney, W. (1993). Freud, ESP, and interpersonal relationships: Projective identification and the Möbius interaction. *Journal of Mental Health Counseling*, *15*, 150-169.

King, S. M. (1992). Therapeutic utilization of client resistance. *Individual Psychology: Journal of Adlerian Theory, Research, and Practice, 48*, 165-174.

Newman, C. F. (1994). Understanding client resistance: Methods for enhancing motivation to change. *Cognitive and Behavioral Practice, 1,* 47-69.

Nystul, M. S. (2001). Overcoming resistance through individual psychology and problem solving. *Journal of Individual Psychology, 58*, 182-189.

Otani, A. (1989). Client resistance in counseling: Its theoretical rationale and taxonomic classification. *Journal of Counseling and Development*, 67, 458-461.

Pope, B. (1979). The mental health interview. New York: Pergamon.

Shelton, J. L., & Levy, R. L. (1981). *Behavioral assignments and treatment compliance*. Champaign, IL: Research Press.