

How Can I Defeat You? Let Me Count the Ways: Describing and Working With Client Resistance

David LeMire
Tom Edgar

In literature there are a number of articles that describe the difficulties of working with reluctant clients (Beier, 1952; Combs, 1971; Krumboltz, 1969). A concern to counselors is a rationale for client resistance, the purpose that resistance serves for our clients, and the ways in which our clients can attempt to “defeat” us as we function in our professional role. We are “defeated” when a client successfully maintains his or her manipulative pattern of discouraged behavior and mistaken goals.

What Happens When Resistance Occurs

The forms of client resistance are infinite, as are the personalities of our clients. A critical variable in the success of the counseling relationship is the therapist’s ability to deal constructively with this resistance. Resistance occurs when the therapeutic relationship fails. Failure in this sense refers to the inability or unwillingness of the client and the counselor to cooperate on constructive purposes and goals. Failure in the counseling relationship may, therefore, be due to poor counseling techniques (Manaster, 1978). From an Adlerian perspective, client resistance serves a distinct purpose: it is the means by which the client maintains his or her mistaken goal or neurotic symptom. This neurotic behavior has been selected by the client as a justification for avoiding the life tasks about which the client feels discouraged. Client resistance is not a conscious process; clients disguise their purposes from themselves as well as from us. Once we can bring these hidden purposes into conscious awareness, they can be critically examined. Are these really the client’s purposes? If these goals are being manifested in the counseling relationship, how are they influencing what is happening? Is the client having similar trouble in other areas of his or her life? Once these unconscious

David Lemire is a graduate student in the Counselor Education Department of Idaho State University.

Tom Edgar, Ed.D. is a Professor of Counselor Education at Idaho State University.

purposes are brought out into the open, they are neutralized or set aside. The task at hand is to come to agreement about mutually satisfying constructive goals for the therapeutic relationship.

Individuals who consult counselors generally feel extremely discouraged. They believe they have little or no ability to cope with the various life tasks, or they would not be coming to us for help. The problem of client resistance is worsened by the tendency individuals have to create "vertical relationships" with others. Vertical relationships are interactions characterized by the win/lose ethic: "I win, you lose." This mistaken value can be further complicated by the belief that we *must* win at any cost, to us and to the people with whom we interact. One of our obligations as counselors is to provide a *place* where the client can work at learning new skills and ways of thinking and thus overcome discouragement. It is the client's obligation to *do* the work. How can the counselor be defeated? There are a number of ways, though they are not presented in order of importance:

Seduction

The seduction goal exists on a continuum from seduction in an interpersonal relationship (getting one's way) to sexual seduction (for example, having sex with the counselor). As with the other ways of defeating a counselor, the primary purpose of seduction is passive control (Lemire, 1977b). Basically, seduction is an attempt by the client to neutralize (to wrest control from) the counselor by manipulating him or her into a social, rather than a professional, relationship. While a useful aspect of therapy belongs to friendship, a professional distance is required if the counselor is to remain effective (Lemire, 1976; Reisman & Yamokoski, 1974; Beier, 1966).

External Support

The second way clients can neutralize the effectiveness of a counselor is by drawing the therapist into their personal interactions outside the counseling session. In effect, the counselor is asked to "choose sides" and support the client in what is most likely some sort of power struggle. The counselor or therapist then becomes a pawn in the client's manipulative attempt to force a "win" at someone else's expense. Drawing the counselor into this sort of manipulative game can also be considered a very subtle form of the seductive control goal. From the client's point of view, he or she may be asking for help to defeat the "evil" ways of another person. Yet, it is most likely the counselor that would be defeated, if drawn into this type of interaction. The score for the win/lose ethic would be client, 1, counselor, 0.

Projection

The client can also use blame as a way of defeating the counselor. We frequently hear the complaint, "It's all *their* fault." Or we might hear, "I'm

helpless, a victim,” or some other expression of the noble martyr syndrome. We can choose to blame others, circumstances, or fate for what we think, feel, and do. Our clients are usually intelligent and could probably make up quite a long list of external reasons for the problems and tasks which occur in life. This list would be quite convincing if we did not know that there are no monsters, bogeymen, or spirits that go “bump” in the night. Clients must be shown that each of us has a great deal to do with the making of our own world.

Vagueness

The client can neutralize our effectiveness as counselors by choosing not to be specific about a problem, the task at hand, or life in general. The conversation may be pleasantly general and generally unrewarding. During the counseling session we may find ourselves asking, “Just what is the problem?” If there is no specific problem, there is nothing to work on. Few people are going to be willing to take a specific action in response to a vague feeling of frustration or discomfort.

A Lack of Trust and the Willingness to Risk

“I’ll try it,” the client may say, “but it won’t work.” This is the comment of an extremely discouraged person. The individual is not yet in touch with his or her own sense of power to choose. For these people, success may be more scary than failure. This is because success, in this context, would mean to the client that his or her whole set of discouraging assumptions about self and the world might not be true. And that would mean they *could* change and try something new, a new set of beliefs and behaviors that would perhaps be more effective than the old ones.

Forgetfulness

This form of resistance can manifest itself in various ways, such as “forgetting” the topic of conversation or more direct forms such as not paying the therapist’s fees, missing appointments, being late, or not doing tasks or assignments. However, when the client resists in this way, she or he may be sending us a meta-message, “Please be careful. I’m vulnerable in this area.” At these times, our rapport with the client can be one of the most effective tools to deal with discouragement and fear of failing. This is the time to gently confront the client and soothe fears with understanding.

Fighting Back

Another choice the client has is to simply refuse to get better or do things differently. Thus, counselors can be defeated by the continued presence of the client’s symptomatic difficulty. In this case, “being on top” or “winning” would appear to be the most important thing to the client. The client might even say something like, “I think I’ll stay the way I am.” This, again, is the belief of an

extremely discouraged person—the person who sees him/herself as a failure, not as a success. “No movement” is an especially effective way to neutralize counselors who tend to become ego-involved in the client’s progress. In these instances, the counselor or therapist defines his or her self-worth in terms of the growth of the client. When this is the case, all the client has to do is say, “no progress” and the counselor becomes the failure.

Getting Better

Paradoxically, the client can defeat us by “getting better” as well as getting worse or doing nothing. This situation is termed the “flight into health” in which symptoms are lost momentarily, or the client begins to “feel better,” but no lasting change has occurred. If the counselor does not have a thorough grasp of the client’s situation, he is fooled and the client continues to suffer with his internal feelings of discouragement. All too soon the client returns to the more comfortable well-practiced neurotic habits and refuses to accept responsibility for his or her behavior.

Pessimism

In this instance the client believes that “I can’t get better” or “Nothing I do will make a difference.” These clients experience a magnified sense of powerlessness and impotence. It is difficult, indeed, to take the risk of trying something that *might* work better when we do not believe that *anything* works. This attitude can become the self-fulfilling prophecy in which every new attempt by the client to behave, think, or feel differently meets with predictable failure. Thus, the client provides him or herself with more evidence as to the insolubility of the problem. And if nothing will work, there is no point in trying.

Demanding a Guarantee

The client may attempt to defeat us by demanding a guarantee we cannot provide. This is the “I had better get better or you’re a failure” syndrome. This attitude is dysfunctional because *there are no guarantees*, other than the guarantee that we *do not have* any guarantees (Lemire, 1977). In working with a client who demands this sort of warranty, one of the ways we can counter his or her attempt to neutralize us is through the use of the contract (Montgomery & Montgomery, 1975). In a contract we can agree to work for a specified period of time on a specified problem or issue with *no guarantees*. At the end of the contractual period, if the client chooses to do so, a new contract can be negotiated for a different period of time.

Intellectualizing

Intellectualizing is an especially alluring form of defeat for counselors. Intellectualization becomes a tool of neutralization when the client uses it as a

way of defusing the therapeutic process. Some of the ways clients do this are by constantly talking, talking about superficialities, continuously changing the topic, or getting the counselor hooked on talking about his or her favorite activity or even the counseling approach. Yet intellectualizing has a positive aspect as well. As long as the client is communicating, he or she is attempting to make contact. This can be a beginning. One vital task of the counselor is to turn unproductive verbalization into a valuable interaction.

Feeling Feelings

In this form of resistance the client wants to “feel feelings” and *avoid* the problem or issue at hand. A good example of this would be wallowing in rage and resentment. Some individuals, after they work themselves into a frenzy, say that they “feel better.” This may be so. However, unless they have done something to think or act differently about the situation they dislike, what they are really doing is practicing negative emotions. Thus our assumption is that the client chooses his or her own feelings, a decision consistent with their attitude toward life and others. Feeling feelings is a form of resistance when the client’s purpose is to avoid coping with the problem at hand. Feeling feelings can be constructive when we choose to be authentic and our emotions are appropriate to a given situation. Feeling feelings is not desirable when it is used as a ploy to manipulate the counselor or other people.

Attack

Attack is a form of resistance in which the lamb turns on the wolf. In order to get the counselor on the defensive, the client may attack us personally, our way of counseling, or a particular behavior. The client does this in order to throw us off balance and off the track. Or we may be compared unfavorably to other people or counselors. “You’re not quite as good as my former counselor” is the sentence we may hear. We get punched. If we forget the purpose of this type of interaction and act unprofessionally, we then mobilize our defenses and by doing so are defeated.

Living in the Past or the Future

Living out of the present time reference becomes a form of resistance, and an effective one, when the client concentrates on past or future events. The past can have meaning if we are looking for a productive continuity with the present. However, a counselor can be defeated in the therapeutic relationship if the client is able to keep him or her away from the present. This “out-of-the-presentness” can be coupled with an unrealistic expectation or wishing, “I wish it was . . .,” or “I wish I were . . .” Wishing does not get us what we wish for; working toward our goals does. If we spend a lot of time wishing, we are probably wasting energy that could be used in making an active effort toward constructive rethinking and behavior change.

The Fast Ball

The client can also defeat us by speaking of trivialities during the major part of the counseling session and then throw us a “fast ball” during the last few minutes of the time we have scheduled for that person. At that point the client begins to discuss the real issue, knowing full well that the counselor may have other commitments or obligations when the counseling period is supposed to end. This maneuver puts counselors between the famous “rock and a hard place” if we fall into it.

The Curve

A final way we can be neutralized as counselors is by having the client decide to get “sick” or change symptoms. By using another baseball analogy, we can call this ploy the “curve.” Getting sick is an effective way of displacing responsibility. If a person is sick, how, then, can we reasonably expect them to do what they have said they would do or be responsible for themselves? We don’t. This belief applies to both physical and mental “illnesses.” If the client changes his or her symptom or problematic behavior, then we start over. The curve can be a two-part communication. The first part of the communication can be an attempt to neutralize the counselor’s effectiveness. The second part of the communication could be that the client is trying to let us know how vulnerable he or she may feel about the situation. This second metacommunication can be called a *try*. The client is trying to tell us something of which she/he has only a limited awareness. These metacommunications are, at least, an effort and indicate less than complete discouragement.

Counseling Confrontation

One of the best ways to deal with client resistance is to confront it directly—to present our view of what is going on and our interpretation of the client’s possible purposes as they relate to his or her life goals. This approach has been called the “counseling confrontation” (Feit, 1977). The counseling confrontation is an objective, accepting questioning of the purposes of a particular behavior or idea. And confronting resistance effectively may be a critical factor in successful counseling.

Humor

We can also use humor to dull the sharp edge of what might be an otherwise unpleasant confrontation. It is possible to have fun during the counseling session. When something is funny we usually laugh and hope that our clients can laugh with us. An event or situation that is initially interpreted as terrible may be quite amusing on reinspection. It is not terrible to have fun. And there is some evidence (O’Connell, 1960) that humor can serve a valuable adaptive function.

Antisuggestion

Finally, resistance can be countered with antisuggestion. Antisuggestion is asking the client to try to do whatever it is they say they do not want to do. One example would be crying. In this case the antisuggestion might be coupled with a questioning and challenging of the belief, on the part of men for example, that men ought not to cry. Why not? Is it really so terrible? How can a man crying be such a bad thing? What irrational belief precedes the clients feeling that it is bad for men to cry?

It is not within the scope of this article to discuss all the ways of countering client resistance. Additional suggestions can be found in Vriend and Dyer (1973).

Conclusion

The client may approach the counselor with no small degree of ambivalence. They want our help, but they may be apprehensive about asking for it. The client may see us as a helping friend, an omniscient authority, or both. If the client has the last perception, then she/he may be looking for a big tree to fall—an authority figure to topple. We could become the most experienced and competent “foe” the client could possibly defeat. If we let this happen they “win” and we lose.

References

- Beier, E. G. Client-centered therapy and the involuntary client. *Journal of Consulting Psychology*, 1952, 16, 332-337.
- Beier, E. G. *The silent language of psychotherapy*. Chicago: Aldine Publishing Company, 1966.
- Combs, A. W., et al. *Helping relationships: Basic concepts for the helping professions*. Boston: Allyn & Bacon, 1971.
- Feit, S. Department of Counselor Education, Idaho State University. Personal communication, 1977.
- Krumboltz, J. D., & Thorsen, C. E. *Behavioral counseling: Cases and techniques*. New York: Holt, Rinehart & Winston, 1969.
- Lemire, D. The internal sentences of the mistaken goals of adults. *Rational Living*, in press (1977a).
- Lemire, D. When friendship turns into therapy: Some parameters. *Idaho Guidance News and Views*, January 1976, 17(2), 8-9.
- Lemire, D. An R.E.T. guarantee. *Rational Living*, in press (1977b).
- Manaster, G. J. (Ed.) *Journal of Individual Psychology*. Personal communication, 1978.

- Montgomery, A. F., & Montgomery, D. J. Contractual psychotherapy: Guidelines and strategies for change. *Psychotherapy: Theory, Research and Practice*, Winter 1975, 12(4), 348-352.
- O'Connell, W. E. The adaptive functions of wit and humor. *Journal of Abnormal and Social Psychology*, 1960, 61(2), 263-270.
- Reisman, J. M., & Yamokoski, T. Psychotherapy and friendship: An analysis of the communication of friends. *Journal of Counseling Psychology*, 1974, 21(4), 269-273.
- Vriend, J., & Dyer, W. W. Counseling the reluctant client. *Journal of Counseling Psychology*, 1973, 20(3), 240-246.