Invitations to Engagement: Redefining Client “Resistance”

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This means clinicians must be trained to cooperate with people.
Redefining Resistance

(a) people’s natural protective mechanisms or realistic desire to be cautious and go slowly;

(b) a therapist error, i.e., an intervention that does not fit the clients’ situation;

(c) people that are demonstrating the extent of their fear and how it pervades their lives;

(d) shame that any reasonable person would find it difficult to step in to;
(e) people who have lived with systemic and institutional oppression

(f) people who have been historically invalidated for their ideas, genuine feelings, or attempts to have a voice;

(g) the lack of a collaborative relationship between the client and counselor.
HOW CAN THERAPIST AVOID THEIR OWN RESISTANCE

(a) create a cooperative relationship rather than an adversarial relationship;

(b) cooperation involves allowing clients the autonomy to decide what goals they want to work on;

(c) when the therapist’s and client’s focus are in agreement, cooperation occurs;

(d) the therapist’s frame for the intervention has to fit the client’s frame of what is happening
Professionally applied knowledge
(change occurs outside the conscious awareness
of the client, as with hypnotism). Professional knowledge
is applied when counsellors prescribe
interventions (like medications) or understandings.

Shared or co-developed knowledge
(change occurs in the client's conscious awareness).
Shared knowledge is exemplified by counsellors
who share professional knowledge and
process decisions with clients.
**KARL TOMM’S ETHICAL POSTURES**

**VERTICAL AXIS (CONTINUUM)**

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**Closing Space or Decreasing Options**

For “Pathology-based” approach toward clients; a client's options for how to move forward are decreased. Counsellors decrease clients' conversational options, for example, if they diagnose clients with mental disorders and follow standardized treatment plans.

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“Wellness-based” approach towards clients; a client’s options are increased. Counsellors who help clients engage in new ways of talking about their situation can be said to be increasing options.

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**Opening Space or Increasing Options**
KARL TOMM’S ETHICAL POSTURES

Closed Space or Decreasing Options

Secret Knowledge
Hierarchical Relationship

Opening Space or Increasing Options

Shared Knowledge
Collaborative Relationship

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KARL TOMM’S ETHICAL POSTURES
VIEW OF THE CLIENT

Closing Space or Decreasing Options

Resistant
Uncooperative

Wrong
Misguided

Secret Knowledge
Hierarchical Relationship

Naive
Unaware

Shared Knowledge
Collaborative Relationship

Oppressed
Constrained

Opening Space or Increasing Options

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KARL TOMM’S ETHICAL POSTURES
ROLE OF THE THERAPIST

Secret Knowledge
Hierarchical Relationship

Subtle Interventionist
Benevolent Trickery

Openning Space or Increasing Options

Out Maneuver
Manipulative
Trick

Educate
Direct
Confront

Shared Knowledge
Collaborative Relationship

Empower
Affirm

Closing Space or Decreasing Options

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KARL TOMM’S ETHICAL POSTURES
WHAT ARE YOUR TENDENCIES?

Closing Space or Decreasing Options

Secret Knowledge
Hierarchical Relationship

Opening Space or Increasing Options

Shared Knowledge
Collaborative Relationship

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KARL TOMM’S ETHICAL POSTURES
COUNSELING MODELS

Closing Space or Decreasing Options

Secret Knowledge
Psychoanalytic
Psychodynamic
Psychoeducation
REBT
DBT
Behavioral

Hierarchical Relationship

Gestalt
Person-Centered
Reality

Collaborative Relationship

Opening Space or Increasing Options

Narrative
Existential
Feminist F.T.

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KARL TOMM’S ETHICAL POSTURES
THERAPY MODELS

Closing Space or Decreasing Options

Whitaker
Psychoanalytic
Strategic?

Bowen
Structural
Satir
CBT

Secret Knowledge
Hierarchical Relationship

Milan
Peggy Papp (Greek Chorus)
Hypnotherapy
Strategic?

Narrative
Reflecting Teams
Feminist F.T.

Opening Space or Increasing Options

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* Desire for Independence and Self-Supervision
* Desire for maturity / To grow up
* Desire for self-control rather than being under the influence of adults
* Desire for self-respect - being oneself
* Desire for respectful relationships
CONGRUENT COUNSELOR’S ROLE

* Desire to assist adolescents to become independent, self-supervising, and responsible for their own actions
* Desire to understand the adolescent’s experience
QUESTIONS OF ENGAGEMENT

Has an adult ever asked you to follow rules that they themselves do not follow? What is it like for you? How do you handle situations like this?

Are there some rules that you are asked to follow that are harder than others? If so, which ones? What makes these rules more difficult?

Are there rules that you think are important to place on yourself?

Has anyone ever asked you to listen to them when you feel that they do not listen to you? What is this like?

Have you ever considered that anger could be handled in healthy ways? Do you think anger can be a healthy emotion? What are some of the ways that you handle angry feelings? Has there ever been a time when anger did not lead to trouble?
QUESTIONS OF ENGAGEMENT

What does respect look like to you? How do you know if someone is respecting you? Where did you learn about respect?

Are you a person that wants to act respectfully or disrespectfully toward others?

How do you go about handling disrespect in respectful ways? Have there been others in your life that have demonstrated ways of handling disrespect in respectful ways?

What type of person would you want to be when it comes to handling conflict or disrespect?