



Resistance in Psychotherapy

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IMHCA



CANALES
ASSOCIATES

Our frame

Part one

- Didactive part – theoretical and experiential parts.

Break (15 minutes)

Part two

- Group Demonstration.

Your part

- Experience, let yourself feel.
- Reflect about your **Self**.
- Consider your treatment model.
- Participate.



Conversation with a stone

Wislawa Szymborska



Today's challenge

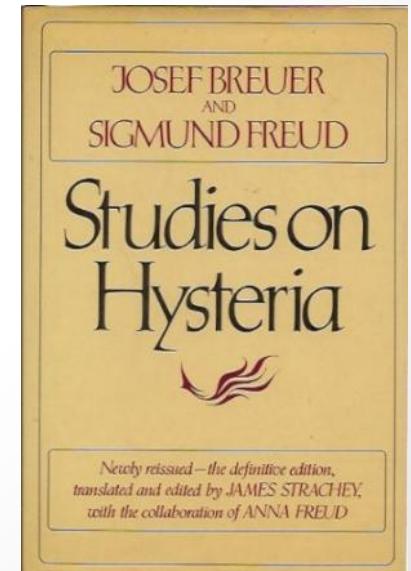




In the beginning...

- Elizabeth Von R. (24)
- Anxiety/Depression.
- Somatic complains.
- Tx = Fall 1892 – July 1893.
- 1895 publication.

“During this difficult period, I began to attach a more profound significance to the **resistance** which the patient showed in the reproduction of her recollections and I carefully noted those occasions in which it was especially striking.”



The evolution of Freud's thought...

(1897-1902) *Letters to Wilhelm Fleiss* –

resistance = immature coping style.

recommendation: be firm.

it was exhausting!



(1905) *The interpretation of dreams* –

force does not help at all.

there is hidden symbolism and meaning to resistance.

(1910) *Observations on wild analysis* –

“the pathological factor is not the patient's ignorance in itself, but the root of the ignorance in his inner resistances; it was they that called this ignorance

- into being, and they still maintain it now.”



Resistance is the work

(1912) *The dynamics of transference*

"Every step of treatment is accompanied by resistance; every single thought, every mental act of the patient must pay toll to the resistance and represents a compromise between the forces urging toward cure and those gathered to oppose it."

(1914) *Remembering, repeating and working through* – Exploration of repetition compulsion.

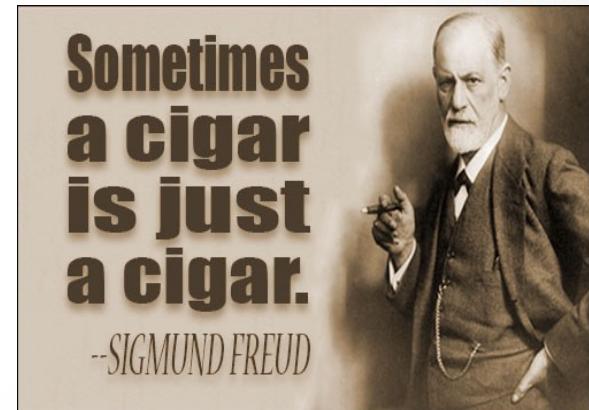
(1926) *Inhibitions, symptoms and anxiety* –

"We come to understand that overcoming these resistances is the only part of our work which gives us assurance that we have accomplished something with our patients. It is through the vehicle of resistance that the patient conveys his incapacity to engage consistently in spontaneous verbal communication."

Take away for most therapeutic models



- All processes in psychotherapy technique hinge on the increasing accurate evaluation of resistance.
- Resistance is linked to defense mechanisms.
- Of all resistances, **transference** is the richest.
- The therapist's own resistance will impact the work.



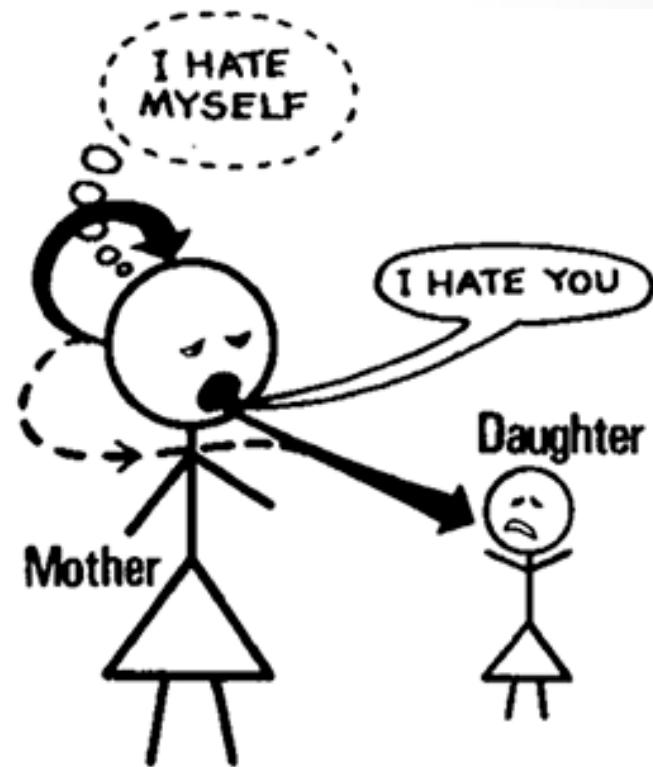
Improvements

(1936) *The Ego and the Mechanism of Defense*

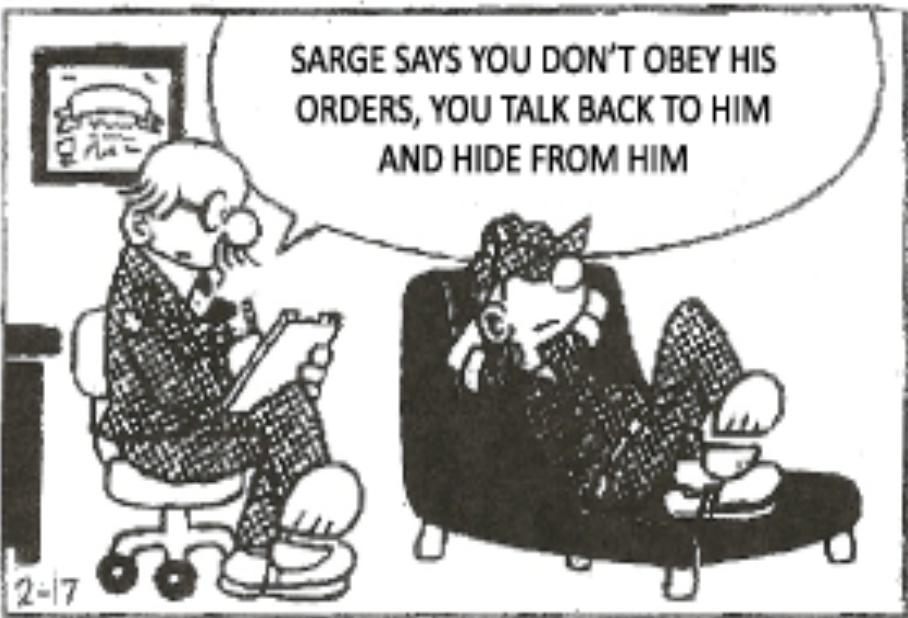
Anna Freud - defense mechanisms are helpful

Pre-Neurotic Defense -

- Denial
- Psychosis
- Delusions
- Fantasy
- Projections
- Splitting
- Passive-aggression
- Acting out
-



BETTE BAILEY

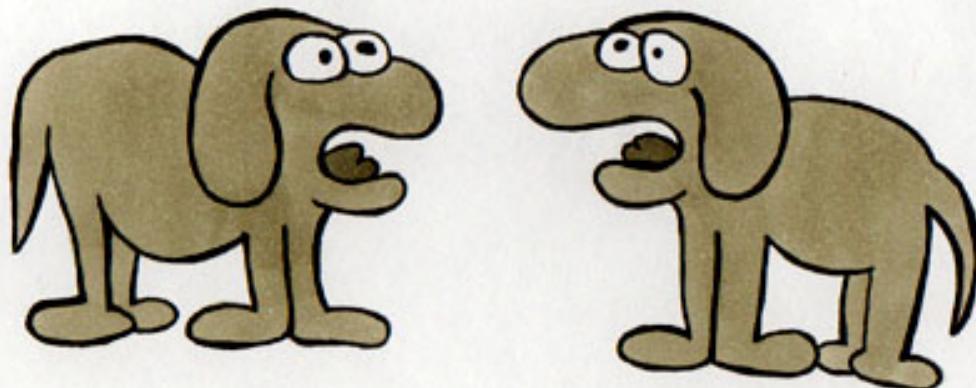


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I've never even
wanted to lick
my butt.

Nope.
Me neither.



DOGS IN DENIAL

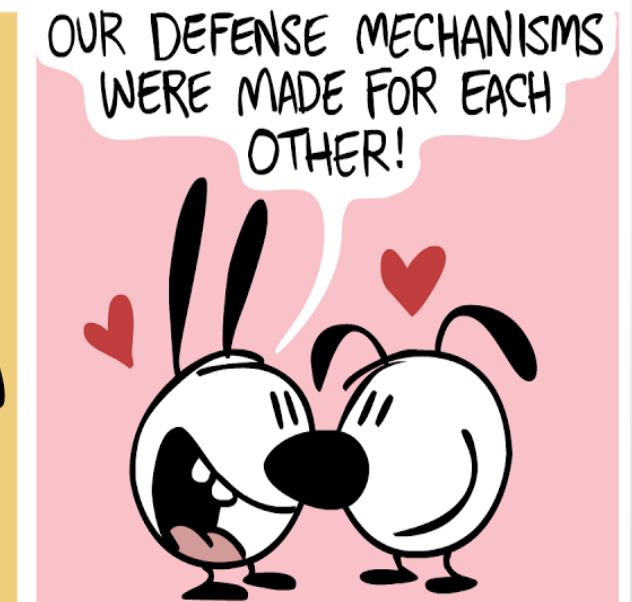
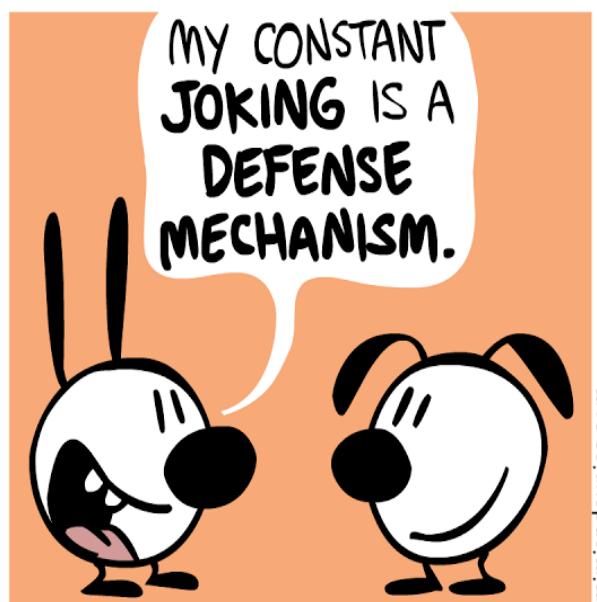
Neurotic Defenses -

Repression, suppression,
intellectualization, reaction
formation.



Mature Defenses -

Humor, sublimation, suppression,
altruism, anticipation.



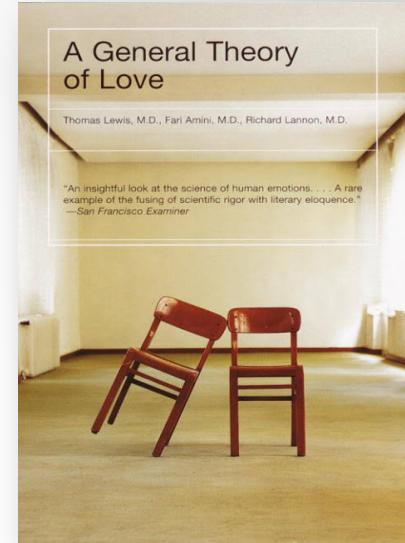
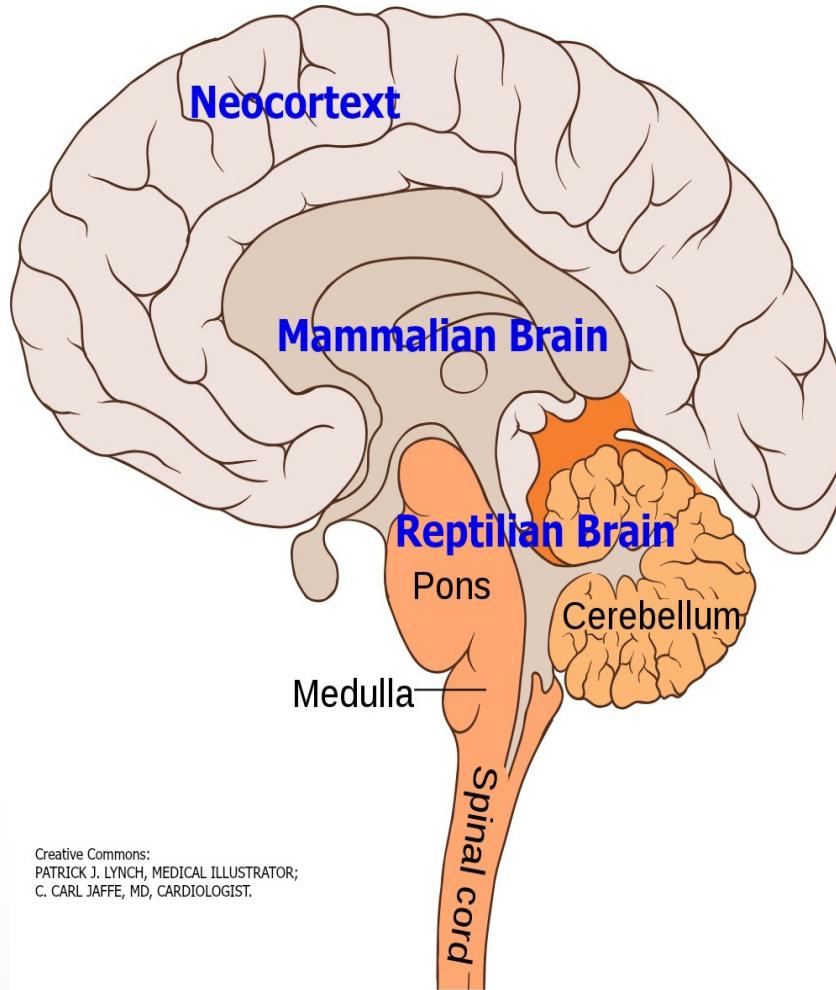
All resistances are relational

- Neurobiology and resistance.
 - Organic protective mechanism.
 - Outcome vs. process resistances.
 - Non-verbal/pre-verbal.
 - Enactments.
- Transference and counter-transference.
- Resistance to Truth.
- Promote Groups



Evolution and resistance

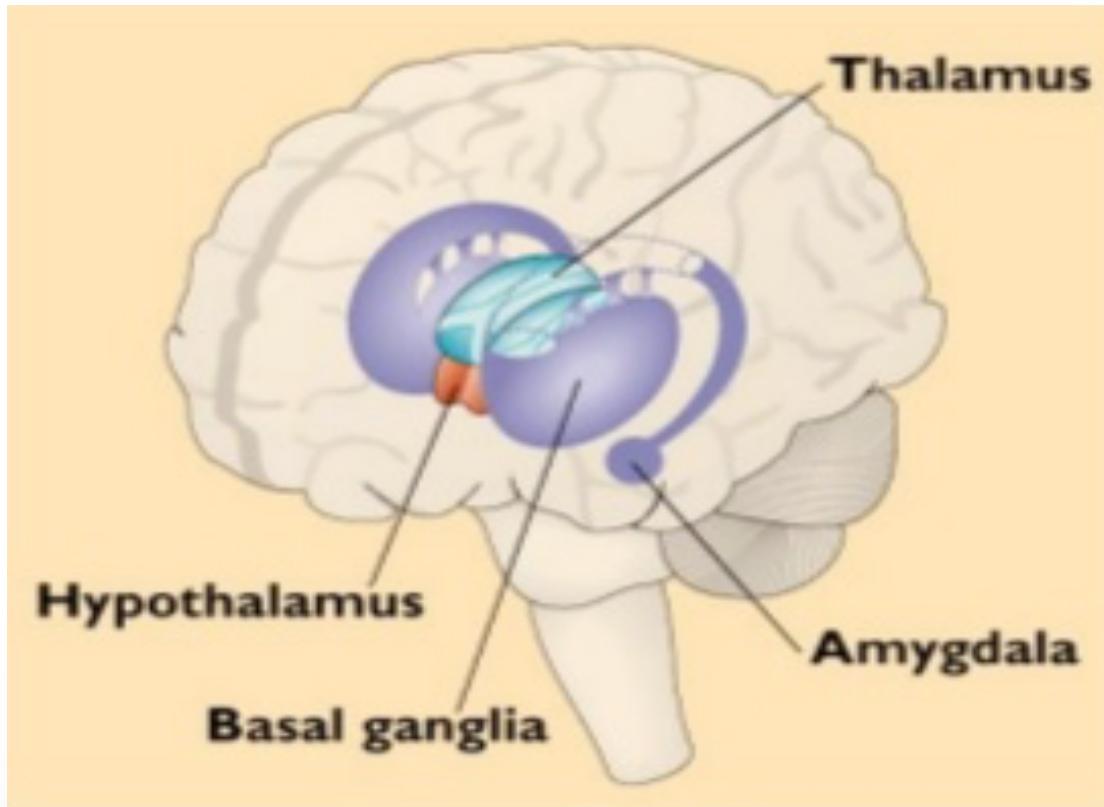
100 billion neurons



Reptilian activation

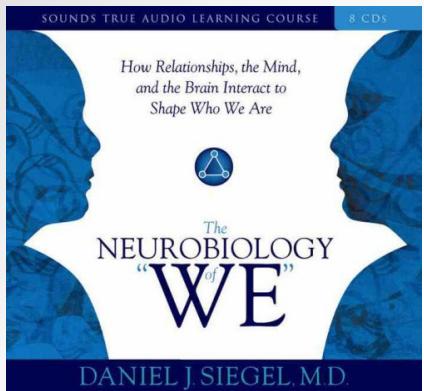


Mammalian brain



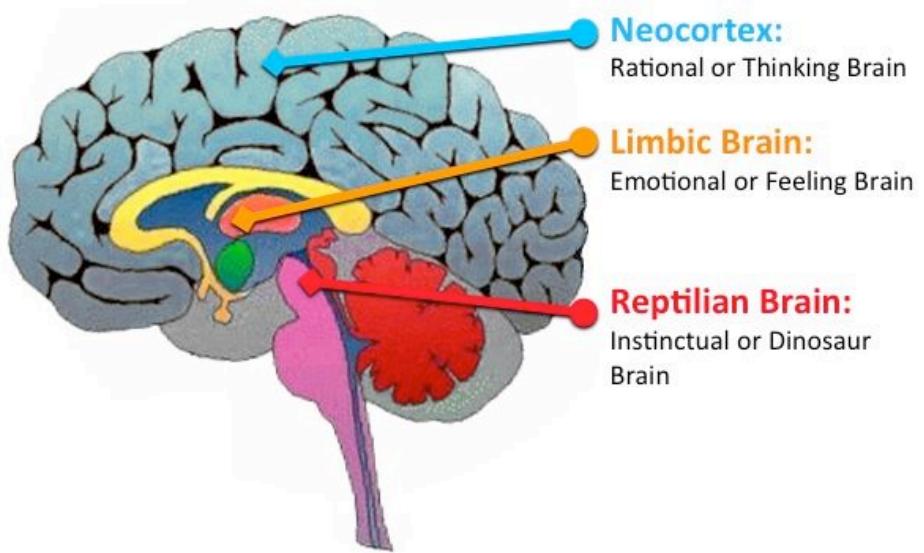
Still face exercise





Neo-cortex

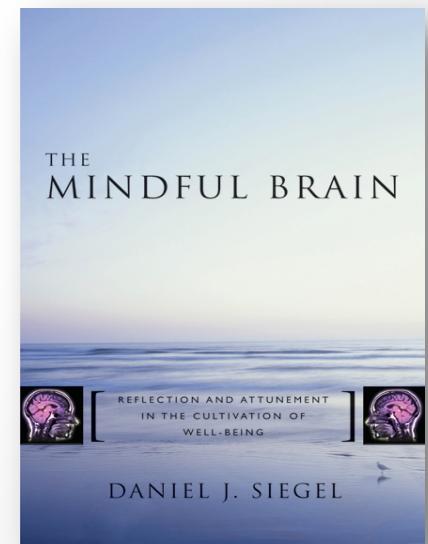
Human Brain

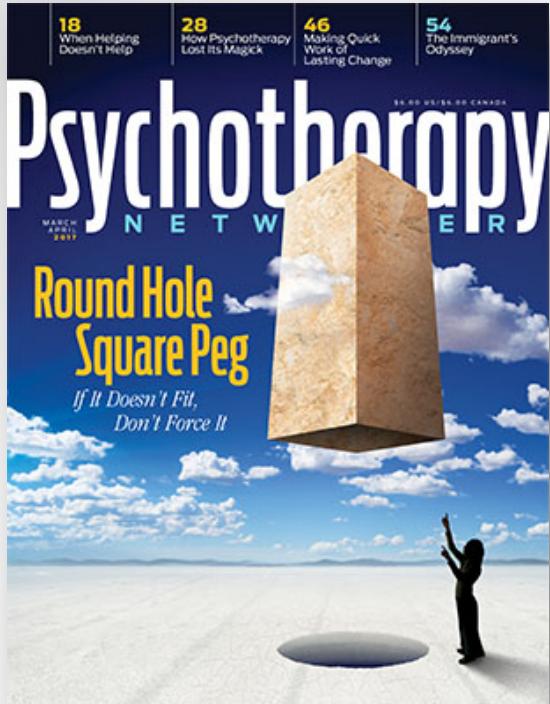


Middle Pre-frontal Cortex

1. Body Regulation
2. Attuned Communication
3. Emotional Balance/Affect Regulation
4. Response Flexibility
5. Empathy (Mind Sight)
6. Insight or self-knowing awareness
7. Fear Modulation/Fear Extinction

8. Intuition
9. Morality





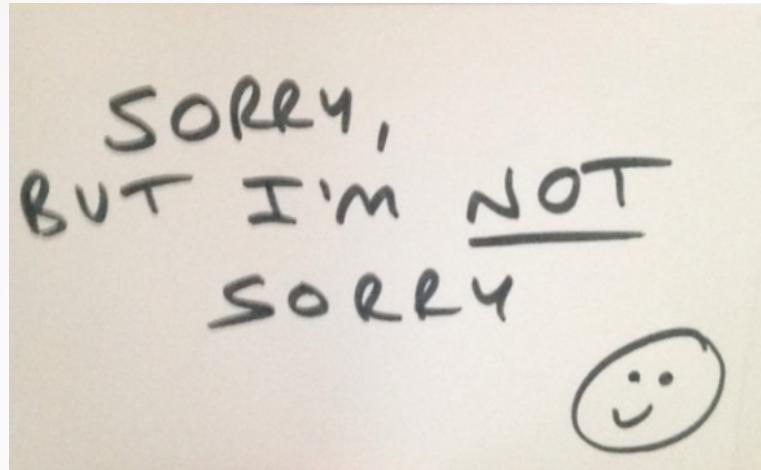
When helping doesn't help

David Burns
(Verbal resistances)

- Outcome resistance.
- Process resistance.
- Recommendation: Focus on why not to change.



Common noticeable resistances



- Slips of tongue.
- Lateness.
- Absences.
- Silence.
- Premature termination.
- Very cooperative vs. uncooperative clients.
- Overly-talkative.
- Tentative or quiet.
- Overly emotional vs. intellectualizing.

Excuses,
excuses,
excuses...

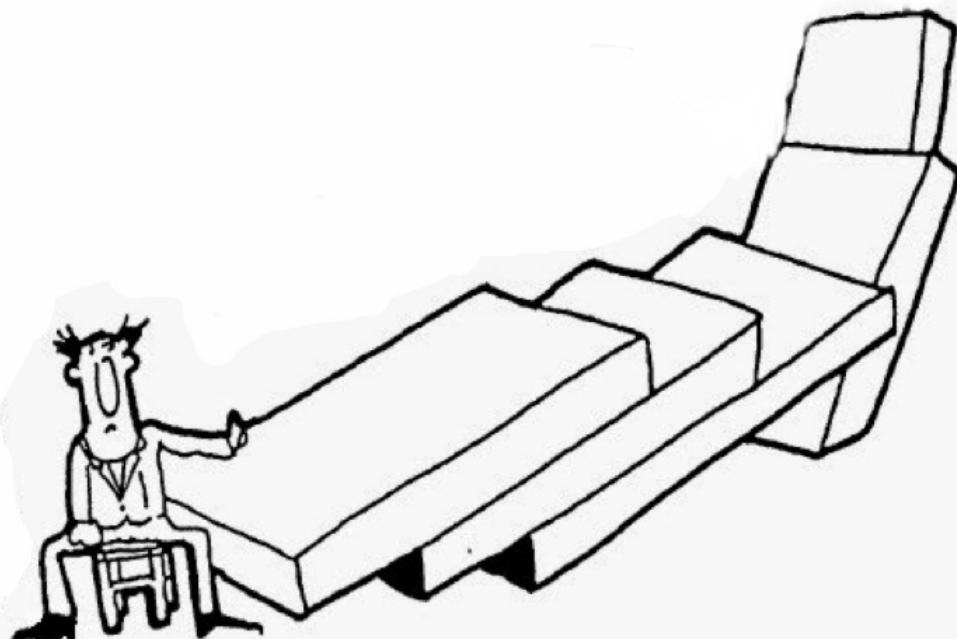
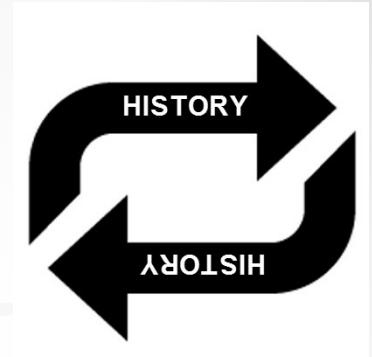


"And then it bit me: I'm salivating over a goddam bell."

Non-Verbal Resistance

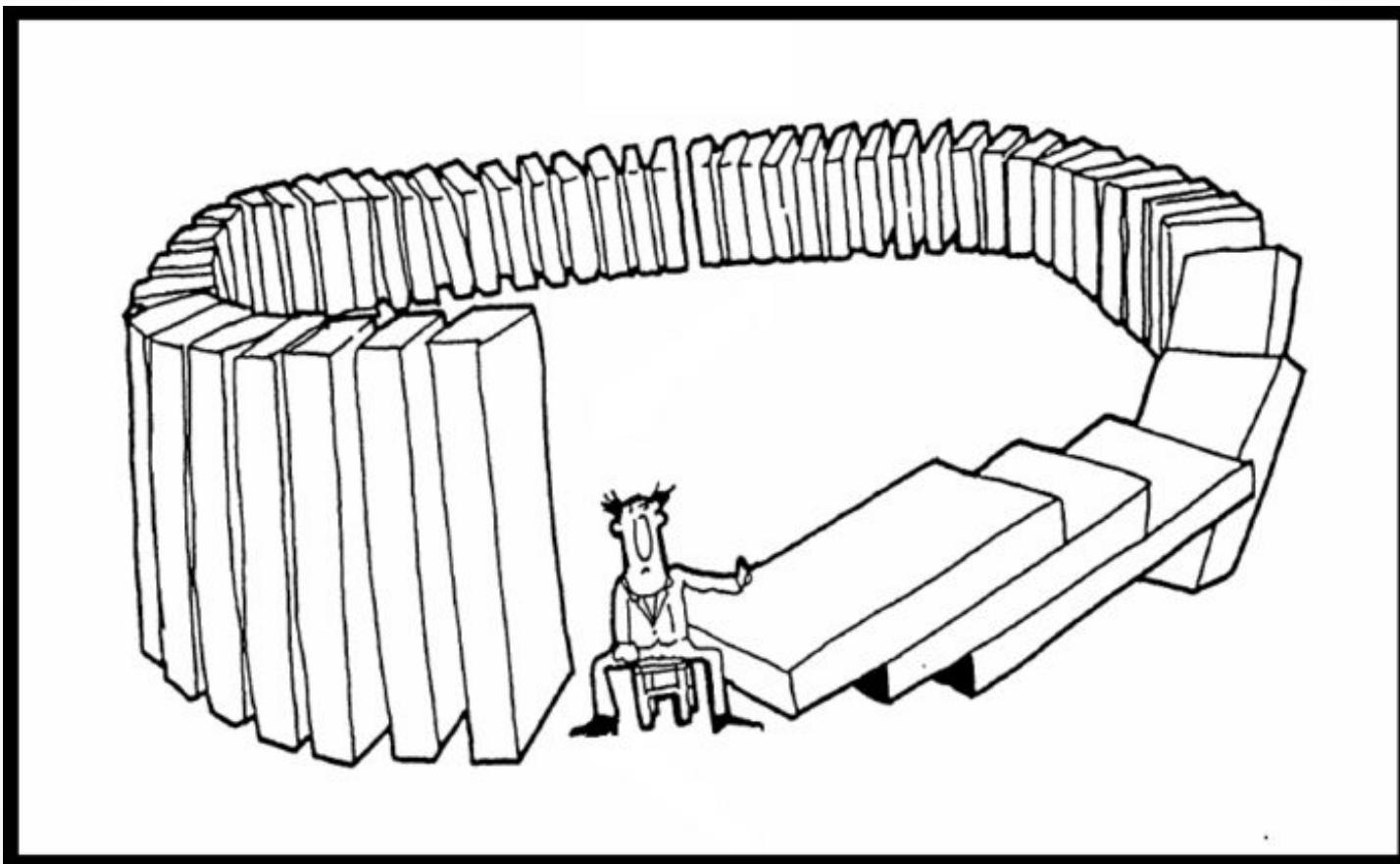


Enactments





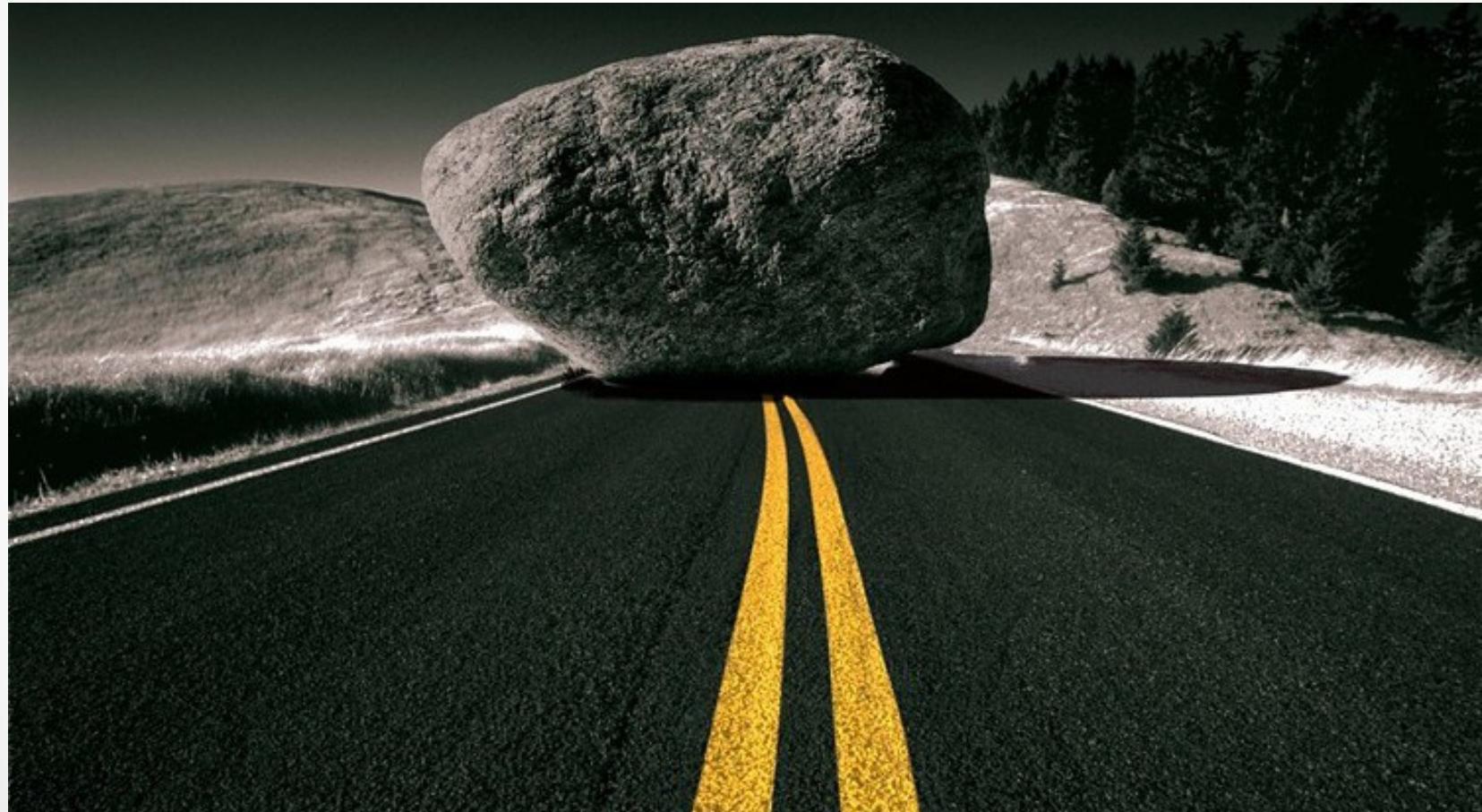
Enactments



I do to others what I would like to receive



We tend to make the obstacle in the way,
the way.



What do you eat for anxiety?



SIPNESS

Joining



Joining and mirroring



Transference

The core relational problem



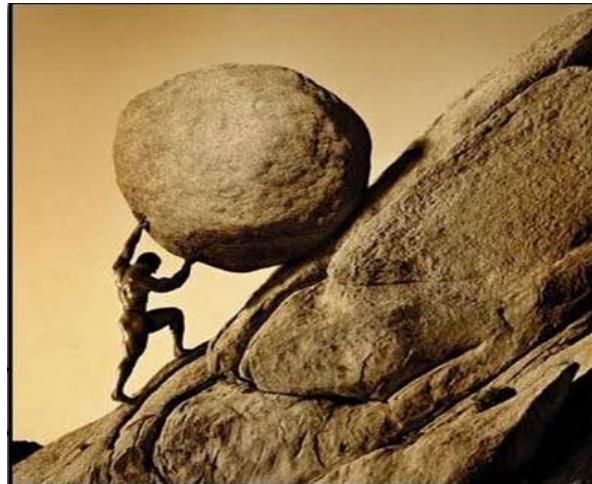


"Let's talk about this new obsession."

What is this person doing to me? Who am I to the client?

“We don’t try to cure the patient of what happened to them. We try to cure them of what they now do to themselves and others in order to cope with what happened to them.”

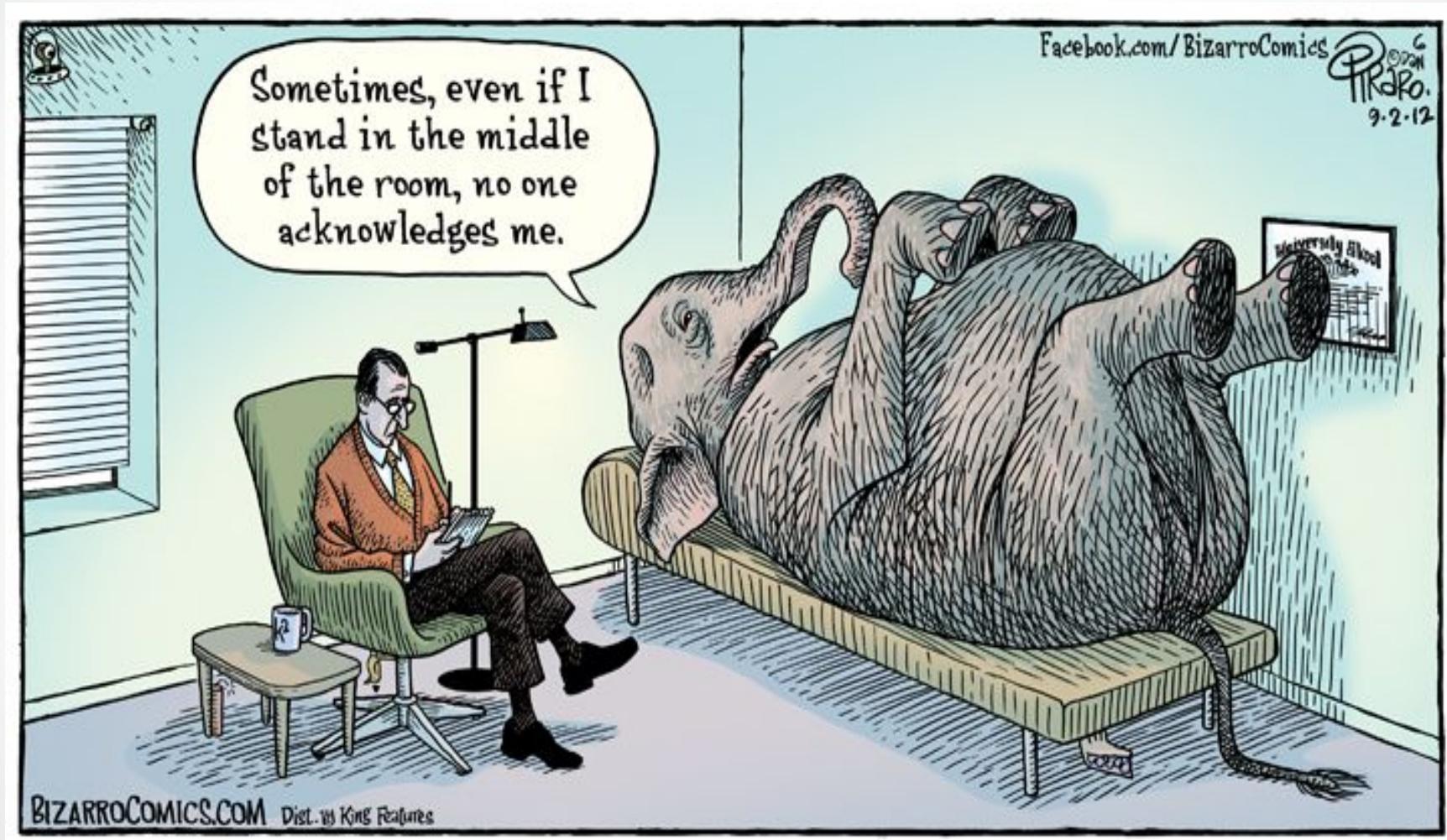
Bromberg (1996) *Standing in the spaces*



Everything you need to know about a client is in his or her resistance.

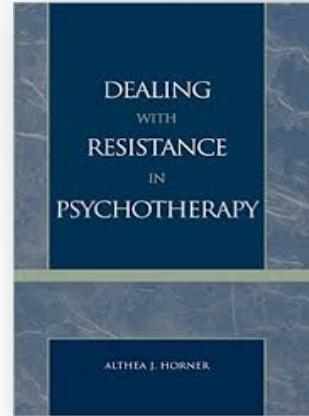
Lou Ormont (2001) **The technique of group treatment**

Message to the therapist



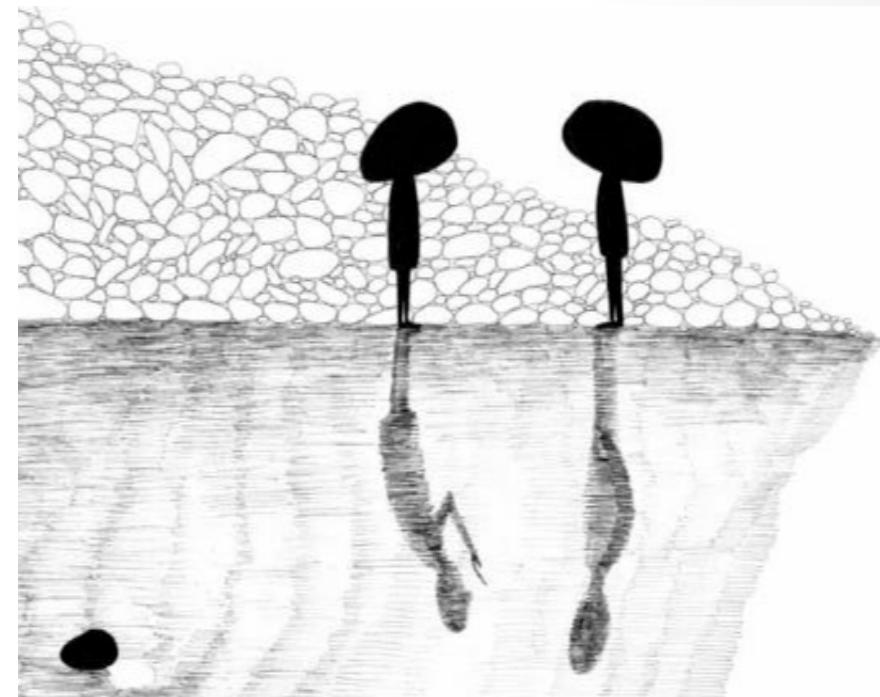


Who does what to whom?



What I have to do or be like to:

- feel safe.
- connect with the other.
- feel good about myself.
- have my wishes come true.
- be sure my fears don't come true.



It is hard work!

I think you may
have a 'Narcissistic
Personality Disorder.'

I bet I'm the only
person in the world
who's got it.



Counter-Transference



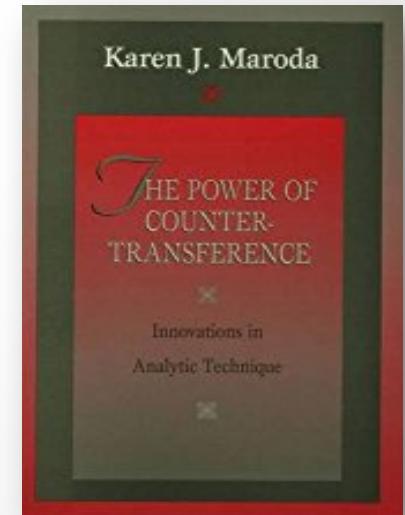
"I'm still not clear on how my neurosis is your parents' fault."

Sources of counter-transference

Hyman \, Leslie Rosenthal, Jeff Hudson



- The need to be healed (often repressed)
- The need not to feel hate.
- The need to be liked.
- The need to be right.
- Minor needs: the desire to be good, nice, soothing, have the perfect family, over-identify with clients, therapeutic zeal.



Counter-transference

“It appalls me to think of how much deep change I have prevented or delayed in patients in a certain classification category by my personal need to interpret. If only we can wait, the patient arrives at understanding creatively and with immense joy, and I now enjoy this joy more than I used to enjoy the sense of having been clever. I think I interpret mainly to let the patient know the limits of my understanding.”



*The use of an object and relating through identification –
D.W. Winnicott (1968)*

Self-Reflection

- Who are your easier clients?
- Who are your harder clients?
- Who do you refuse to see?
- Who are you as a client?
- How about your selection of therapists?
 - Do you ever get to talk about your transference to him or her?
 - Do you ever process your relationship?
- How does your treatment orientation relate to your resistances?
- What are your defenses, inclinations as a clinician?
- What is your community of self-care/support?



RESISTANCE, REBELLION
AND REFUSAL IN GROUPS
THE 3 RS



RICHARD M. BILLOW

New International Library of Group Analysis

KARNAC

The truth must dazzle gradually
or every man be blind.

Psychotherapy is not about cure but about developing the capacity to suffer-and-enjoy truth.

**The therapist anxiety and resistance to group therapy,
IJGP 2001**

Resistance signifies proximity to unarticulated truths in the here-and-now therapeutic situation.

On resistance, IJGP (2010)

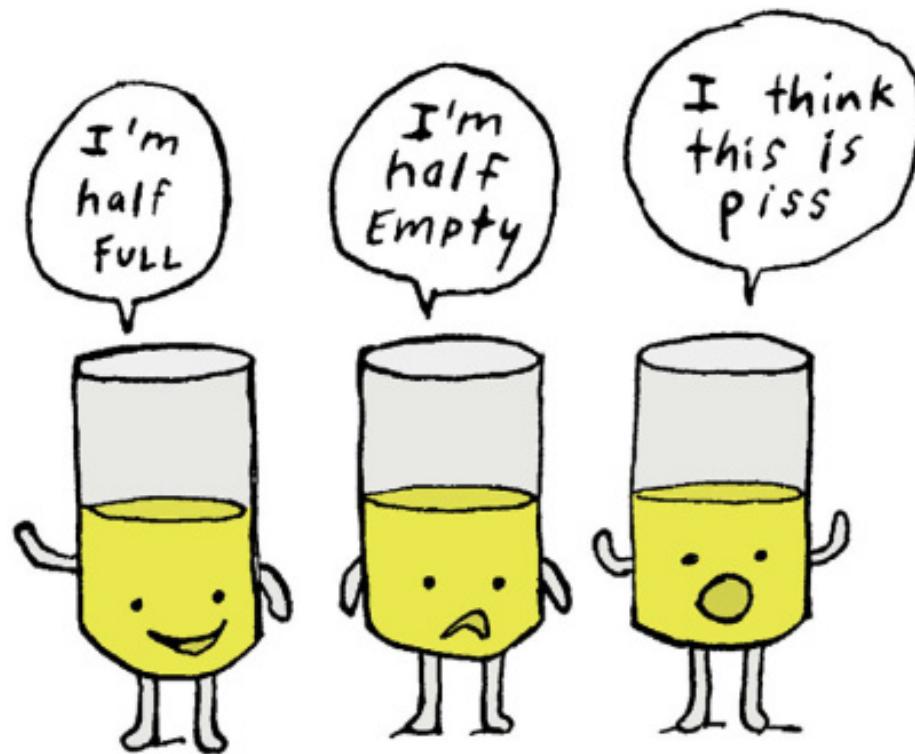


Resistance?



*"I don't want to remember her like this. I want to remember
her for the mean thing she said in 1981."*

Truth can be painful!



Resistances in group



- We set up people to be in relationships
- We let them be themselves.
- We study their resistances and observe their fears.
 - Resistances to intimacy: fact seeking, fault finding, setting conditions for closeness, diverting, story telling.
 - Monopolizing, scapegoating, instigation of dissension, the need to eliminate siblings, the need to exhibit oneself.
- We intervene and foster better relationships.

Resistance and systemic oppression

