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Resistance is futile?
An existential-phenomenological exploration of
psychotherapists' experiences of 'encountering resistance'
in psychotherapy

Volume II

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*This thesis is submitted in fulfilment of the requirements
for the degree of PhD at the School of Psychotherapy
and Counselling at Regent's College London
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Part II

Researching resistance

Chapter 9

Researching resistance – Quantitative and qualitative approaches

Given the centrality of resistance, particularly to the psychoanalytic model, one would expect a significant amount of research attention to have been paid to this topic. However, empirical researchers have often noted the difficulty in translating psychoanalytic theories into operationalised concepts that can be submitted to investigation. Resistance would seem to be a good example of this, given the extremely broad definition of resistance as ‘factors impeding therapeutic progress’.

Given the great amount of research attention that has been paid to factors determining positive therapeutic results, it is possible that a great deal of research has been done on various factors that may be relevant to the topic of resistance without this link having been made. The review presented here is, however, restricted to those studies that have explicitly attempted to examine the topic of resistance. Both quantitative and qualitative research is reviewed and organised around a series of questions that may be seen as relevant to the topic of resistance. These are organised as follows:

1. Quantitative research

- 1.1. To what extent do therapists of different orientations recognise the phenomenon of resistance?
- 1.2. Can resistance be measured?
- 1.3. Do different theoretical orientations lead to observably different responses to resistance?
- 1.4. What is the effect of resistance on the process and outcome of therapy?

1.5. What variables are associated with an increase and decrease in resistance?

2. Qualitative research

2.1. How do clients describe the experience of resistance in therapy?

1. Quantitative research

1.1. To what extent do therapists of different orientations recognise the phenomenon of resistance?

Mahoney (1991) reports on the results of a national survey of US clinical psychologists and provides a partial answer to this question. One item in the survey measured strength of agreement with the statement ‘personal psychological development involves episodes of reluctance or resistance to change’. Average strength of agreement for psychologists of various theoretical orientations is presented in Table 1 below:

Orientation	Average strength of agreement
Psychoanalytic	74
Behavioural	59
Humanistic-existential	70
Eclectic	70
Cognitive	69

Table 1: US clinical psychologists’ acknowledgement of resistance to change.

Adapted from Mahoney (1991: 325).

Thus, from these results it would seem that the existence of the phenomenon of resistance is a less controversial matter than how to best interpret its meaning and significance. The literature search did not reveal any comparable data concerning UK psychologists or psychotherapists.

1.2. Can resistance be measured?

In Chapter 1 it was stated that the word resistance has, as one of its uses, outside of psychotherapy, that of ‘electrical resistance’. This is a technical term referring to the resistance of a substance to the flow of electricity through it. Such resistance is capable of being measured. Can the same be said of resistance within the domain of psychotherapy? The literature search revealed a relatively small number of such studies devoted to this question and these have yielded inconsistent and even contradictory results.

1.2.1. Graff and Luborsky (1977)

In this study, a post-session checklist was designed for completion by the analyst. Four psychoanalyses were studied, with each divided into 25 sequential sessions. Average ratings for each block of sessions were charted for items assessing transference and resistance. The authors reported a substantial decrease in analyst ratings of resistance in the two ‘relatively successful’ analyses, whereas this was not found in the two other analyses.

1.2.2. Luborsky et al. (1979)

These authors reported on a study that more closely examined the relation of resistance to transference interpretations presented to the analysand by the analyst.

The authors were interested in factors relevant to the timing and impact of transference interpretations. Three patients undergoing therapy were studied. A total of 250 words of patient speech occurring before transference interpretations and 250 words following transference interpretations were assessed on nine dimensions including resistance. Results indicated that following interpretations the patient whose therapy was regarded as unsuccessful showed an increase in resistance while for the 'moderately successful' and 'highly successful' patients resistance tended to decrease gradually.

1.2.3. Morgan et al. (1982)

The previous studies described used global therapist judgements, thereby opening themselves to a variety of methodological criticisms concerning reliability and validity. Morgan et al. (1982) constructed a seven-item 'resistance scale' that was based on 'patient behaviours that psychoanalytic theory and observations have designated as resistance' (1982: 398). For 20 patients, transcripts of 20-minute segments from two early and two late sessions were rated on the patient resistance scale. Despite the report of high inter-rater reliability scores for the scale, it was found that these scores were not significantly associated with outcome.

1.2.4. Speisman (1957 – described in Schuller et al., 1991)

In contrast to the low number of subjects used in the above studies, Speisman (1957) examined transcripts from the psychotherapy of 22 patients and also attempted a more precise definition of different forms of patient resistance. Speisman (1957) was concerned with examining the relationship between 'depth' of therapist interpretations and indications of resistance in patients' statements after them. 'Depth' was defined as

the disparity between the therapist's view of the patient's emotions and motivations and the patient's own awareness of these. Levels of interpretation were categorised as superficial, moderate and deep. Six categories of patient resistance were defined: 'exploration', 'superficiality', 'self-orientation', 'self-scrutiny', 'opposition' and 'blocking'.

Results were interpreted as indicated that deep interpretations led to the most resistance, and moderate and superficial interpretations to an intermediate level of resistance. Speisman also attempted to examine the reliability of judges' ratings and the construct validity of the resistance measures. The blocking category was found to have poor reliability, self-orientation was found to have poor validity and only the opposition category was found to be an independent construct, with exploration, self-scrutiny and superficiality seeming to measure a single aspect of resistance. It was concluded that the oppositional category would be the most useful one for further research.

1.2.5. Garduk and Haggard (1972)

These authors were again concerned with examining the effect of psychoanalytic interpretations on patient responses including resistance, which was defined as 'defensive and oppositional responses'. Four psychoanalytic treatments were studied and 15 interpretations per case were selected and then paired with a 'non-interpretation' from the same hour of therapy. Patients' responses during the 5 minutes following each intervention were examined for a variety of 'form' and 'content' qualities.

For the form variables it was found that patients responded significantly more slowly to interpretations than non-interpretations and talked significantly less in the 5 minutes after an interpretation than after a non-interpretation. For the content variables a greater degree of resistance, transference material, presence of affect, understanding and insight was found following interpretations. Schuller et al. (1991) note the somewhat confusing pattern of these findings in terms of psychoanalytic theory. Specifically, while affect, insight and transference material are expected consequences of interpretations, resistance is not – except where the interpretations are incorrect, poorly timed or where ‘exceptional patients’ are concerned.

1.2.6. Chamberlain et al. (1984)

Chamberlain et al. (1984) developed an observational system to measure client resistance in parent training therapy. Working from a behavioural perspective, these authors attempted to assess the extent to which resistance could be reliably measured on an event-by-event basis. Resistance was defined as client statements that block or impede the therapist’s efforts towards change. The resistance scale was developed from the authors’ own clinical experience and included five categories: (1) interruptions, (2) negative attitude (unwillingness to co-operate), (3) challenge/confront (e.g. challenge therapist’s qualifications), (4) own agenda (bringing up new topics, blocking therapist’s topic), and (5) not tracking (not listening).

Three observers assessed videotaped therapy sessions of the treatment of 27 families referred for child management problems. Resistance scores were found to co-vary with the phase of treatment (greater resistance in those phases where the therapist makes directives for behaviour change), probability of completing treatment (greater

resistance associated with drop-outs from therapy), source of referral (greater resistance from clients referred by an outside agency versus self-referred clients), and therapist ratings of treatment outcome (cases rated as being lower in resistance were rated as being more successful at the end of treatment). It was concluded that the construct validity of the system had found moderate support. Furthermore, it was argued that the observation system was a useful one that allowed for the quantitative assessment of client resistance.

1.2.7. Schuller et al. (1991)

Noting that previous studies have suffered both from low numbers of subjects and insufficient attention to the definition of resistance and its measurement using instruments that are both reliable and valid, these authors set out to construct an anchored scale to measure both the type and frequency of resistance. Following the categorisation schemata of Stone (1973) and Blatt and Erlich (1982) the resistance scale focused on the more observable 'tactical' resistances as well as the relatively circumscribed 'episodic' forms. In addition to assessing the inter-rater reliability of the 19-item resistance scale, this study attempted to examine the factorial structure of the scale to determine whether resistance is a unidimensional or multidimensional concept as well as to examine the relative frequency of the different resistance subtypes.

Subjects for the study were 20 patients described as the 10 most improved and the 10 least improved from a sample of 73. All patients received at least 25 sessions of psychoanalytically oriented therapy. Two early sessions from the therapy of each patient were selected for study. A transcript and audiotape of the 5 minutes of a

session that followed a selected therapist intervention (interpretation versus non-interpretation) were made. Judges then rated these using the resistance scale.

A factor analysis of the results provided support for the hypothesis of resistance as a multidimensional concept. Four resistance subtypes were identified: abrupt/shifting, flat/halting, oppositional and vague/doubting. More problematic was the finding of a low level of inter-rater reliability for many items on the scale, with the exception of the most clearly observable behavioural items (e.g. rapid speech). The assessment of the relative frequency of the resistance subtypes revealed the relative infrequency of the oppositional subtype, which contrasted with previous research. This study also reported no significant difference between resistance following interpretation and that following non-interpretation.

This study, while more adequate than its predecessors in terms of numbers of subjects and attention to more specific definition, also emphasises the difficulty in producing a reliable measure of resistance. The relation between psychoanalytic interpretations and resistance (however defined and measured) also remains problematic.

1.3. Do different theoretical orientations lead to observably different responses to resistance?

Despite the fact that authors who have sought to differentiate a particular therapeutic orientation have often appealed to the concept of resistance, and how this is understood and worked with in this new perspective, there is a dearth of research articles that have attempted to show this empirically.

Winter and Watson (1999) conducted a study with the intention of providing empirical support for differentiating the clinical approaches of personal-construct psychotherapists from cognitive-behavioural therapists. Transcripts of sessions of the two forms of therapy were blindly differentiated by leading proponents of the two therapies studied. Significant differences between the therapies were shown on the Vanderbilt Psychotherapy Process Scale, the Hill Counsellor Verbal Response Category System, the Toukmanian System of Levels of Client Processing and the Barratt-Lennard Relationship Inventory. To exemplify differences between the two therapies, their approach to the resistant client was considered. The CBT therapist was found to take a more 'pedagogical' approach to the issue of non-compliance and the PCP therapist was described as having taken a more exploratory stance.

However, the representativeness of this finding must be questioned because, in the whole study, only these two instances of resistance seem to have been highlighted. Furthermore, the form of client resistance was quite different between the two clients. Perhaps more troubling is the possibility that the CBT therapist could be described as showing poor CBT – at least as this would be defined by those more contemporary descriptions of CBT approaches to resistance identified in this review.

1.4. What is the effect of resistance on the process and outcome of therapy?

Because resistance is most frequently defined as a 'clinical concept' – i.e. as describing factors that impede therapeutic progress – the most obvious question for researchers must be, does resistance impede therapeutic process and outcome? Such a question is of course extremely broad, given the enormous range of factors that have been defined at various points as examples of resistance. The question also risks being

accused of circularity because the identification of the presence of resistance may depend on the simultaneous description of a therapeutic process as impeded or unsuccessful. Nevertheless, given the extensive interest in researching the question of therapeutic process and effectiveness, one would expect some consideration to be given to the question of resistance.

Orlinsky et al. (1994) have carried out an extensive review of the research on the psychotherapy process and outcome. They review evidence from research conducted between 1967 and 1992. Fifty research findings relevant to the effect of resistance and 'patient cooperation' were cited. They conclude that 69% of results indicate a positive association between patient cooperation and positive outcomes and between patient resistance and unfavourable outcomes. They also highlight 45 research findings that have bearing on the question of the impact of 'patient openness versus defensiveness' on outcome: 80% of the findings reviewed indicated a significant positive association between patient openness and outcome.

Greenberg et al. (1994) reviewed research focusing on the experiential psychotherapies. Here, experiential psychotherapies are taken to include client-centred therapy, gestalt therapy and 'process-experiential' therapy. These authors cite a number of studies that suggest that client resistance and reactance may interact with the 'directiveness' of different experiential therapies in terms of outcome. Studies suggest that clients with high reactance seem to do better in client-centred or non-directive therapies whereas clients with low reactance do better in gestalt therapy. Greenberg et al. (1994) conclude that a greater attention to 'hindering factors' is needed in experiential research.

Although the reviews cited seem to lend strong support to a notion of resistance as a negative factor with regard to outcome, Schaap et al. (1993) cite other evidence to suggest that it may not necessarily always be a 'bad' phenomenon. Twelve cases of 'controlled drinking' were studied and a relatively low level of resistant behaviour (defined as refusal, avoidance, criticism, provocation and resignation) was found. They found an increase in resistant behaviour in the last versus the first session and this was positively associated with outcome. That client resistance may be used in a positive fashion is also attested to in the research literature that has focused on the use of 'paradoxical' interventions with resistant or reactant clients. Orlinsky et al. (1994) state that the 'most impressive' record of effectiveness for therapeutic techniques has been found for 'paradoxical intention'. They cite 11 separate studies and two meta-analyses providing evidence for positive associations between the use of these strategies and positive outcomes.

1.5. What variables are associated with an increase and decrease in resistance?

A central empirical question is what variables lead to an increase or decrease of the occurrence of resistance in therapy? The literature search revealed a single study that explicitly addressed this issue. Bisese (1990) conducted an analogue study of therapist communication styles and patient resistance. Bisese (1990) also noted that while the question of resistance is an important one, there exist only clinical descriptions or theoretical articles on factors related to the variation in clients' resistant responses. Bisese (1990) described resistance as essentially 'problematic' and as patient responses that express reluctance or an 'oppositional' stance. Furthermore, it was

suggested that resistance might express a 'failure' to take advantage of the opportunity to learn from others.

In this study, two contrasting pairs of therapist verbal communication styles were covaried with three areas of communication loci and were studied in relation to subjects' choices of resistant or 'resonant' (non-resistant) patients' responses. The first pair of therapist communication styles was defined as 'disengaged' and 'engaged'. Bisese (1990) notes an apparent contradiction in the theoretical literature (from competing theoretical orientations) concerning the recommended communication style of the therapist in terms of its 'effectiveness'. A 'disengaged' style was described as one that contains neither emotional nor judgmental qualities and focuses on something beyond that which is explicitly contained in the patient's communication. Such a style has been promoted as leading to a creation in the patient of self-doubt, 'beneficial uncertainty' and an opportunity for a corrective learning experience. By contrast, an 'engaged' style was defined as one expressing both emotional involvement and a focus on the same content as expressed by the patient. Bisese (1990) hypothesised that the disengaged style would lead to less resistant responses than an engaged style.

The second pair of communication styles was defined as 'collaborative' and 'unidirectional'. A collaborative style was operationalised as statements by the therapist of the form: 'You and I have both observed ...' along with a request for the patient's opinion of the therapist's view or interpretation. By contrast, the unidirectional style was defined as equivalent to an 'authoritarian' style, expressed by the pronouncement: 'I can see that ...'. It was hypothesised that the collaborative

communication style would lead to less resistant responses than the unidirectional style. Bisese (1990) was not concerned with whether or not there was an overlap between the two contrasting pairs of communication style.

This study also sought to examine possible differences in patients' responses associated with parameters of the relationships involved in the therapists' communications. Three loci of relationships were examined: past or childhood relationship themes, current, out of treatment relationship themes and transference or patient-therapist relationship themes. No specific hypothesis was advanced as to the differential frequencies of resistant responses across these loci.

A primary objective of this study seemed to be the attempt to gain a relatively high degree of experimental control over the variables in question. Thus, the author deemed it necessary to 'sacrifice' the reality of actual therapy sessions and to focus instead on subjects who were vicariously influenced in their role of patient (that is, they were asked to imagine themselves in the role of patient). Thirty medical students observed videotape of a simulated psychotherapy session and were asked to make response choices in relation to 12 therapist communications. Subjects were presented with a segment of interaction and given two possible choices of patient response and were required to indicate which response they would make.

Contrary to the initial hypothesis, subjects chose fewer resistant responses after the engaged style of communication than after the disengaged style. Consistent with the second hypothesis, collaborative communications were followed by less resistant responses than were unidirectional communications. It was also found that

communications that were cast in terms of transference or therapist–patient relationships were generally followed by significantly lower resistant choices than were those relating to past and current relationship loci.

These results were interpreted as providing some support for client-centred approaches to the therapeutic relationship. It was also concluded that it is a viable project to take an experimental approach to the question of resistance. However, as also noted by Bisese (1990), the primary weakness of this study was the use of non-patients as subjects. Given that the study attempts to explore phenomena occurring as part of a relationship, the use of experimental subjects who do not take part in these relationships themselves is questionable. More generally, the requirement for tight operationalisation and control of variables creates a degree of distance between the experimental conditions and the ‘real world’ of complex therapeutic relationships that have a context, a history and continuation over time.

Given the emphasis on empirical investigation in cognitive and behavioural approaches, the absence of experimental investigations of resistance is particularly surprising. However, it may be the case that there are fields of psychological research relevant to the question of resistance in psychotherapy that do not use the term ‘resistance’ nor derive hypotheses from psychotherapeutic models.

As noted, behavioural and cognitive approaches have often tied the concept of resistance to that of ‘non-compliance’. Golden (1989) suggests that research in behavioural medicine on compliance to medical treatment may assist in the development of CBT strategies to increase compliance. The question of compliance

with medical treatments has been an area of ongoing concern in medicine. However, recent literature in this field has also challenged the usefulness of the concept of compliance.

Donovan and Blake (1992) state that, up until 1985, 4000 English language articles have been published concerning compliance with medical treatment. They also state that research has shown that between one-third and one-half of all patients are non-compliant and that the factors responsible for such findings are still controversial. Donovan and Blake (1992) question the validity of the concept of non-compliance itself. Non-compliance, they argue, has been historically portrayed as a form of 'deviance' or 'ignorance'. They state that an apparently 'irrational' act of non-compliance can be seen as being very rational from the patient's point of view. They found that patients carry out a 'cost-benefit' analysis of each treatment, weighing up the costs/risks of each treatment against the benefits as they see them. They suggest that efforts at increasing compliance may be misdirected and that effort instead should be directed towards the development of more open, cooperative doctor-patient relationships.

Roberson (1992) studied compliance with medical regimens in a sample of 23 rural African-Americans living with chronic health conditions. Findings indicated that patients and health professionals assume different definitions of compliance and have different treatment goals. Patients were found to define compliance in terms of apparent 'good health' and sought treatment approaches that were manageable, liveable and in their view effective. They were found to develop systems of self-management that were suited to their lifestyles, belief patterns and personal priorities.

Many of these patients would be labelled non-compliant by health professionals yet they saw themselves as ‘doing a pretty good job’.

One potentially more fruitful direction from within CBT is the research programme of Safran and his colleagues (Safran et al., 1990; Safran et al., 1994). These authors have suggested the concept of ‘therapeutic alliance rupture’ as a more adequate one than resistance. Their approach is to place a greater focus on the interpersonal nature of such ruptures and they have developed scales for studying such occurrences and a ‘task analysis’ of the resolution of such ruptures as an essential therapeutic process. Such a research programme has the advantage of avoiding conceptualising resistance as a property within the client and is in line with the increasing body of research that indicates that it is the quality of the therapeutic relationship that is the essence of psychotherapy.

A central feature of the current research programme is the use of qualitative methodology. What follows is a review of the qualitative research that has addressed the question of resistance.

2. Qualitative research

2.1. How do clients describe the experience of resistance in therapy?

McLeod (1990)

McLeod (1990) has noted the relative lack of research that has been devoted to an exploration of the client’s experience of the process of psychotherapy. McLeod

reviews the study by Lietaer and Neirinck (1987) which focused on clients' perceptions of what 'hindered' progress in therapy. Although not framed in terms of resistance, their findings have an obvious and direct relevance for this topic. These authors asked clients in client-centred therapy to write down immediately after each session their impressions of what may have hindered progress.

McLeod (1990) notes that three main types of hindering event were clarified. First, clients felt that progress was hindered when they did not cooperate with the therapist by being silent, talking superficially or by not talking about certain things. Second, they indicated problems in the therapeutic relationship, such as the therapist not being warm enough, confronting inappropriately or the therapist not accepting or valuing the client enough. Third, clients felt that progress was hindered when the therapist's interventions took them off their own 'track' or when the therapist made comments that 'did not feel right'.

These authors also examined therapists' experience of hindering events in therapy. It was found that therapists experienced their own failures in empathy as a contribution to what hindered the process of therapy. Additionally, therapists disclosed a concern that they had reacted inappropriately out of their own feelings. Finally, therapists described themselves as hindering therapy by being either too passive or too active.

Rennie (1994)

The study by Rennie (1994) was the single study identified by the search that presented a qualitative analysis of clients' experience of resistance in therapy. This report derived from a larger study of counselling clients' moment-to-moment

experience of a session. Clients' recollection was stimulated through replaying a tape of the session and then interviews were conducted focusing on their experience of the session. Interview transcripts were then subjected to a grounded theory form of analysis. In the overall study 12 clients reported on one counselling session. At the time of the study clients had been in counselling for periods ranging from 6 weeks to 2 years and were seen by counsellors that represented person-centred, gestalt, transactional-analytic, radical behaviouristic, rational-emotive and eclectic orientations. This study is thus the only attempt to date to qualitatively examine the experience of resistance across different forms of therapy rather than a single approach.

Rennie reports that 11 of the obtained protocols contained accounts of resistance. These accounts were divisible into three types:

1. resistance to a particular counsellor intervention in the context of an evidently good working relationship,
2. resistance to the counsellor's strategy in the context of an evidently good working relationship, and
3. resistance to aspects of the counsellor's general approach to counselling the client in the context of an evidently conflicted working relationship.

Three client accounts were categorised as showing the third type of resistance and were presented in this paper. These accounts were also described as those cases that were more likely to be experienced as being 'difficult' from the perspective of the counsellor.

Analysis of these transcripts revealed that at times these clients felt confused and incompetent when dealing with the counsellor's expectations and demands. Additionally, analysis showed that all these clients had definite views on the best plan for counselling and that at times the clients were actively involved in influencing the counsellor as well as being influenced by the counsellor. Rennie suggests that such 'hidden agendas' in part reflect the structure of the counselling relationship, particularly the constraints that clients experience against challenging the therapist's authority. All three of these clients were with counsellors that were experienced as active and dominant and who in one way or another had to be 'dealt with'.

Rennie's (1994) study is highly valuable in a number of respects. First, while the number of research participants reported on is low, nevertheless the study shows the ability of clients to become aware of and to describe phenomena of resistance. Second, the study describes resistance in a contextualised fashion, where it can be understood as relational phenomena and where both therapist and client are influenced by and influence each other.

From this reviewer's perspective, the primary limitation of the study is Rennie's apparently non-critical use of the psychoanalytic distinction between conscious (realistic) resistance and unconscious resistance. While Rennie does detect what he refers to as transference resistance (hence unconscious) in his participants' accounts, he remains focused on an analysis of the 'realistic resistances'. Nevertheless, in the context of the previous studies that have used empirical procedures that have yielded inconsistent results, Rennie's study is important in suggesting the viability and

potential fruitfulness of taking a qualitative approach to the study of resistance as an aspect of lived experience.

Summary

Taken as a whole, these research results indicate that the phenomenon of resistance is considered to be important by therapists from a variety of theoretical orientations. The attempts at developing measuring tools have met with the predictable difficulty of ensuring sufficiently high degrees of inter-rater reliability and content validity. Nevertheless, these studies have tended to support a view of the concept of resistance as being multidimensional rather than unidimensional.

Overall, research indicates that high degrees of client resistance are associated with poor therapeutic outcomes whereas lower degrees of resistance are associated with better outcomes. Indeed, given the extent to which the definition of resistance is confluent with the idea of 'less than expected progress', such results are hardly surprising. However, it was also found that not all research results support such a conclusion and the studies on 'paradoxical intention' support a view of the possibility of using client resistance in a positive fashion.

The study by Rennie (1994) suggests the viability of taking a qualitative approach to the study of resistance that explores the lived experience of both parties to the therapeutic encounter. Such qualitative methods may have the advantage of paying greater attention to the relational nature of the phenomenon of resistance that may be said to be missing from those studies that have attempted to study resistance as different variables located within the client.

As stated earlier, the concept of resistance can be seen to be intimately linked with the therapist's point of view, experience and intentions. If resistance is to be regarded as an 'experience-near' concept then it must be acknowledged that it is the therapist's experience that is brought into focus. Thus, an important research topic concerns the attempt at a qualitative investigation of therapists' lived experience of encountering resistance in therapy. That is, how do therapists describe the lived experience of encountering resistance in therapy? This question does not seem to have received sufficient attention to date. The next chapter outlines the rationale and methodology of this project.

Chapter 10

An existential-phenomenological exploration of therapists' experiences of 'encountering resistance' in psychotherapy

The previous chapters have provided evidence that resistance has been a concern of psychotherapists from a wide variety of orientations. Frequently a distinction has been made between resistance as a phenomenon and resistance as a technical concept used to explain a phenomenon. While such a distinction is crucial it is apparent that attention has primarily focused on resistance as an explanatory concept.

It was also argued that, from an existential-phenomenological perspective, the phenomenon of resistance crucially implicates the therapist and may be regarded as being co-constituted by both therapist and client. Thus, a central area of enquiry concerns the lived experience of encountering resistance from the perspective of the therapist.

The research described here focuses specifically on this issue and is an attempt at constructing a phenomenological description of therapists' lived experience of encountering resistance in therapy. Such a phenomenological study is necessary in order to more fully 'ground' an existential-phenomenological perspective on the phenomenon of resistance. In this study several aspects of the phenomenon of resistance were specifically focused on:

1. The therapist's experience of encountering client resistance,
2. The therapist's sense of what the client was experiencing,
3. The therapist's experiential response to encountering client resistance, and
4. The therapist's experience of encountering their own resistance (therapist resistance, counter-resistance and so on).

Thus, rather than focus only on the therapist's experience of the client, this research also attempted to capture as fully as possible the inter-relational aspects of the phenomenon and particularly therapists' involvement with it. The issue of 'therapist resistance' is regarded as being particularly crucial in this respect. As noted in the literature review, the issue of therapist resistance has been raised on a number of occasions by theorists of different orientations, although relatively little research has been directed towards the topic.

The research described here falls clearly within the qualitative/phenomenological paradigm. The aim of such research is the construction of phenomenological descriptions of the focus phenomenon. These descriptions focus in particular on participants' 'experienced meanings' instead of their overt behaviour (Polkinghorn, 1989). This is also not an attempt at a reductionistic analysis of the causes of the phenomenon. The adequacy of such descriptions must be assessed in terms of the degree to which they express and contain the richness, diversity and invariant elements of the focus phenomenon (Spinelli, 1997). The methods of investigation and analysis used in this research are described below.

Research method

In this thesis, an existential-phenomenological approach to psychotherapy has been described as emphasising the irreducible intersubjective nature of human existence. That is, psychological phenomena must always be understood as ‘relational’ phenomena- as phenomena arising from the ‘between’ of human relationships. Such a perspective has important consequences for how psychological phenomena may be most appropriately researched. Rather than attempt to construct the necessary conditions to achieve tight experimental control, the researcher, from an existential-phenomenological perspective, attempts to take an open ‘dialogical’ stance towards the phenomenon. Thus, rather than conducting an experiment on a series of experimental ‘subjects’, the researcher may engage in a series of open conversations with research ‘participants’. The data that emerges from such an approach and that is the focus for further analysis or interpretation is that which arises in the conversation or encounter itself.

Given the above considerations, in-depth, face-to-face interviewing was chosen as the most suitable research strategy for the present research. That is, the research was concerned with conducting open exploratory conversations with therapists concerning how they experience the phenomenon of resistance. To this end, participants were asked to reflect on their experience of working as a therapist and to describe a particularly clear or vivid example of working with a client where they experienced a phenomenon that might be understood as resistance. Four questions or topic areas were clarified before the interviews, but interviews were conducted on an open exploratory basis with the researcher following the lead of the research participant.

Research questions

The following is the protocol that was constructed to assist in orientating the research participants in the topic under study as well as acting as a prompt for the researcher to cover all aspects of the phenomena in question.

Introduction

‘What I am interested in exploring with you is your experience of encountering the phenomenon of resistance in therapy. In particular, rather than your theoretical position on the concept of resistance (that is, whether or not you use the term or think that it is a bad concept) I am interested in your lived experience of encountering resistance as a phenomenon in therapy.’

Question 1

‘Can you tell me about a particularly clear or vivid incident in your own experience where you encountered resistance when working with a client? What was this resistance? Can you describe how it appeared to you?’

Question 2

‘What is your sense of what the client was experiencing at the time the resistance was apparent?’

Question 3

‘Can you describe your own response to encountering this resistance? That is, what did it evoke for you at an experiential level?’

Question 4

‘Can you describe an incident in which you felt that you yourself were experiencing resistance during the process of working with a client? What was this resistance? How did you experience this? What did it mean for you?’

Question 5 – Reflection on the research encounter

Phenomenological research acknowledges that the research interview itself is best described as a meaningful encounter and as a process of disclosure. In this sense there is some resonance with therapeutic explorations (Colaizzi, 1978). To introduce a further degree of reflection into the research process, at the end of the interview participants were also asked whether or not the phenomenon of resistance was present for them during the interview process. While this exploration was typically brief and the results were not formally presented in the phenomenological descriptions, it was felt that such questions were relevant and useful in promoting a fuller immersion in and consideration of the meaningfulness of the phenomenon. A further discussion of this aspect of the interview process is presented following the phenomenological descriptions.

Research participants

Colaizzi (1978) states that the sufficient condition for the selection of research participants in phenomenological research is that they have experience with the investigated topic and articulateness. An additional objective of this research was to include participants from across different theoretical models rather than focusing on one particular theoretical model. Potential participants who had substantial experience as psychotherapists, in each case more than 10 years (experience with the

phenomenon), and who also had experience in teaching trainee therapists, or publications relevant to the research topic (articulateness), were approached by the researcher by telephone. These individuals were either known personally to the researcher, or were suggested to the researcher by colleagues.

In total, 12 psychotherapists agreed to participate in the study. Although the study was not intended to result in comparisons between groups, participants can be described in categories as follows:

Participant	Gender	Orientation
1	f	Psychoanalytic
2	f	Psychoanalytic
3	f	Cognitive-behavioural
4	m	Cognitive-behavioural
5	f	Humanistic
6	m	Humanistic
7	m	Jungian
8	f	Communicative/analytic
9	m	Dialectical behaviour
10	f	Systemic/solution focused
11	m	Integrative
12	f	Integrative

M= 5, F= 7

Table 2: Categorisation of research participants.

Ethical issues

After establishing that they were interested in participating in the study, participants were sent a letter that detailed the purpose of the research as well as an ethical consent form (Appendix 1). This letter and consent form were modelled after those recommended by Moustakas (1996) for phenomenological research.

The primary ethical question arising from this research concerns confidentiality of client information. Participants were asked to explicitly discuss client material. Thus the researcher contracted with participants to ensure that no possibly identifying information concerning clients would be included in any research report, presentation or publication. Thus complete transcripts of interviews are not included in this thesis.

Interview process

Interviews in each case were conducted in the participant's usual place of practice. After again introducing the topic participants were asked to reflect on their own experience and to talk about a particularly clear or vivid instance where they felt that they had encountered resistance. From this point the researcher attempted to follow the lead of the participant, asking questions designed to clarify the participant's lived experience. The research protocol was used as a reminder for the researcher to ensure that all aspects of the phenomenon were addressed. Interviews ranged in length from 45 minutes to 1 hour. Interviews were taped on a portable tape-recorder and microphone. Following the completion of interviews all tapes were fully transcribed.

Analysis of transcripts

Colaizzi's (1978) description of the steps for the analysis of phenomenological data was adopted in this research. The works of Polkinghorne (1989), Giorgi (1970), Spinelli (1989) and Moustakas (1996) were also consulted for alternative/additional descriptions of phenomenological research procedures. As Colaizzi (1978) has stated, there is no *one* standard procedure for conducting or analysing phenomenological data, and in each case the research proceeds according to the topic under investigation and the data collection methods chosen.

Step 1: Bracketing – identification of presuppositions

Arising as it does from philosophical phenomenology, the initial step in psychological-phenomenological research is an attempt by the researcher to identify his/her own preconceptions regarding the phenomenon under investigation such that, to some extent during the investigation, these preconceptions can be bracketed or set aside in order to allow for a clearer view of the phenomenon. Such a procedure is of course never final or complete (Spinelli, 1989).

Thus, I attempted through a writing exercise to identify and set aside as much as possible what I felt I ‘already knew’ about the phenomenon of resistance in order to be more fully open to an exploration of the participant’s experience. Below is a list of identified preconceptions:

1. Resistance is not a useful term – anything can be resistance,
2. Resistance is clients becoming angry with the therapist,
3. Resistance is client or therapist avoidance, evasion,
4. Resistance is usually due to something the therapist did or didn’t do,
5. Resistance can be worked with rather than against,
6. Resistance may really be anxiety or shame,
7. Resistance refers to the unconscious and by definition is hard to talk about (woolly),
8. Resistance is inevitable,
9. Resistance happens when the therapist has not sufficiently listened to the client,
10. Resistance is a breakdown of the therapeutic relationship,
11. Resistance is an impasse in the therapy – a block or obstacle,

12. Therapist resistance is theoretical dogmatism – not listening to the client,
13. Therapist resistance is wanting to change the client or wanting to push the client.

It is important to clarify that this exercise of ‘bracketing’ was not conducted with the objective of somehow attaining a ‘presuppositionless’ state where all previous knowledge and personal agendas are set aside. Primarily, the value of this step is that it allows for a greater degree of openness towards the experiences, attitudes and knowledge of the research participants. From my own experience of conducting this exercise, the most important thing that needed to be both clarified and ‘set to one side’ was my own critical concerns regarding the undesirability of the concept of resistance. Equally, it was not the aim of this research to somehow gain a completely unbiased representation of the research participants’ experiences free from any of my own interpretations of those experiences. Rather, I have viewed the research process as one of ‘dialogue’ where the ‘data’ arises from the conversation itself. This perspective seems to me to more fully acknowledge the existential-phenomenological emphasis on intersubjectivity.

Step 2: Analysis of transcripts and construction of a descriptive statement

Following Colaizzi (1978), the following steps were conducted in the analysis of the typed transcripts from the interviews.

1. Each transcript was read through in order to acquire a ‘general sense’ of each interview.
2. The researcher returned to each transcript to extract ‘significant statements’ pertaining to the phenomenon of encountering resistance. Repetitions were

eliminated. Specific client-related statements were transformed from their client specificity to a more general formulation.

3. An attempt was made to 'formulate meanings' of each significant statement without introducing meanings not implicitly contained in the original transcripts.
4. The above was repeated for each transcript and the collected formulated meanings were organised into 'individual descriptive statements'.
5. The original transcripts were then re-read with reference to the individual descriptive statements to ensure that there was not anything in the original transcripts not accounted for in the individual descriptive statements.
6. The results obtained were then integrated into a general descriptive statement.

Results

As was stated earlier, phenomenological research requires the researcher to identify and 'bracket' preconceptions and theoretically derived views regarding the phenomenon under investigation. It can be seen that the process of this research also asked the research participants to attempt some degree of bracketing before describing their experience of the phenomenon. In particular, participants were asked to set aside their theoretical view of the concept of resistance, whether or not they held to such an explanatory concept, to focus more fully on their experience. Before presenting the general descriptive statement, therefore, it is of interest to describe what it was that participants indicated that they needed to set aside in order to engage in the phenomenological exploration.

Of the 12 participants only three indicated an endorsement of resistance as a useful concept. Interestingly, these participants identified themselves as cognitive-

behavioural, integrative and humanistic. The remaining participants indicated varying degrees of difficulty or indeed 'resistance to' the concept of resistance. One participant (participant 11, an integrative therapist, as described in table 2) strongly indicated that, for her, resistance was a term that only had a meaning within a psychoanalytic discourse and could not be used validly outside of that discourse. Furthermore she clarified that the term did not point towards anything meaningful in terms of her own experience. The term was described as being highly problematic and pejorative.

"It is only within psychoanalytic language that you would use the term... It's male, it's white, it's 'mastering', it's 'subduing', resistance, and if we think about what resistance means politically, it usually means opposition to a superior force. So it is an extremely value laden word that carries with it imperialist, euro-centric, white, heterosexist assumptions." (11)

From my own perspective, this interview was valuable in clarifying a clear stance that disputes the validity of the concept of resistance. However, as it was not subsequently possible to discuss lived experiences of encountering resistance in psychotherapy in this interview, something of a dilemma of how to best to include the results of this interview in the study, presented itself to me. Following Colaizzi's (1978) discussion of the criteria for selecting participants, it may have been viable to delete the results of this interview from the analysis. However, it was concluded that ignoring this data may itself express a potentially unhelpful instance of being-closed to the phenomena as they are presented. Given this, it may be more faithful to the phenomena to find some way of adequately describing and representing this more strongly felt rejection

of the concept of resistance. Thus, while the descriptive statement below was constructed from the remaining 11 interviews, that one participant regarded the phenomenon as non-existent is also reflected in this initial statement. The extent to which this participant's experience has been adequately described was also included in the validation process. The experience of this interview is also something that I will return to under the heading of 'the resistances of the researcher'.

For the remaining 11 participants, the phenomenon of resistance was seen as being very commonly encountered during the course of therapy and was even seen as being central to the process. The term resistance was felt to be potentially problematic because of its pejorative connotations and the implication that therapists should attempt to 'overcome' resistance. It was frequently mentioned that resistance served a necessary protective function and that this must be respected. Equally there was a sense of the 'validity' of resistance – that it may reflect the client's valid sense of the potential dangers of entering therapy and that resistance could here be understood in the sense of 'political resistance', where this means withstanding and opposing invasion.

"It's quite a valid mistrust of the whole operation, the whole enterprise, rather, of the therapy. I would say that the reason why people don't want to be helped is that their particular genius, their particular individuality, that which distinguishes them from other people, lies in the symptoms. So, basically, you're potentially damaging the client's individuality, and so on." (7)

There was some struggle with the possibility of alternative terms to capture the phenomenon without pejorative implications. Alternative suggestions included ‘opposition’, ‘sabotage’ and ‘therapeutic rupture or misalignment’.

Phenomenological descriptions

As noted earlier, the primary ethical issue arising from this research was identified as that of ensuring client and participant confidentiality. Several participants expressed to me, both during the interviews and subsequently, their anxieties and concerns regarding this issue. In responding to this very valid concern, the approach that was initially taken to presenting the descriptions was to present the themes, as I had interpreted them, without extended examples taken from the interviews. As will be discussed, participants then took part in a validation process of these themes. However, this method can be seen to result in a significant limitation on the transparency and reliability of the phenomenological descriptions. Elliott, Fischer and Rennie (1999), in their discussion of guidelines for presenting qualitative research, state that the inclusion of grounded examples is important in promoting the possibility of readers coming to alternative understandings of the meaning of the data. Thus, I have included in the phenomenological descriptions presented here, a number of direct quotations from research participants that, from my interpretation, provide an expression of the themes identified. These quotations do not, however, violate my agreement concerning confidentiality and do not constitute fully fleshed-out examples. These are therefore necessarily brief and are clearly devoid of any information that could potentially identify either client or participant. The value of these quotations, however, is that they may allow for a greater inclusion and expression of the voices of the research participants. At the end of each quotation, the participant’s number is

given from table 2 in brackets. The issue of the reliability of these results, and the limitations on this, will be returned to later in this chapter.

Phenomenological descriptions of ‘encountering client resistance’

A lack of ‘flow’

Encountering resistance is an experience of a ‘lack of flow’ in the encounter with the client. This lack of flow may be a sustained experience of the therapeutic relationship over time or it may be experienced as a sudden ‘disruption’ to the therapeutic encounter.

“A sense of almost being in step and having a flowing kind of mutual conversation and then just reaching an impasse” (10)

“Well, I guess the way one would pick it up experientially was... this kind of a lack of flow in the encounter.” (11)

Encountering a mismatch

Encountering client resistance is meeting an apparent mismatch or contradiction in the manner in which the client presents or interacts with the therapist. A wide range of interactions between therapist and client express an apparent contradiction between, on the one hand, the client wanting to engage fully in the therapeutic process, to enter into open communication, disclosure and emotional contact with the therapist and to change aspects of behaviour, relationships and experiences outside the therapy, and, on the other hand, avoiding doing so.

“ I suppose it’s maybe that she was offering me mixed messages, to which I was unable to respond. There was a mismatch... she was kind of pretending to want therapy, maybe, but maybe really wanting something else.” (11)

“There was this huge discrepancy... I always felt I wasn’t sure she was telling me the truth.” (4)

Avoidance, shifting focus

Clients may be experienced as avoiding focusing on particular phenomena or as being ‘difficult to focus’. Clients are experienced as frequently shifting the focus of the conversation from one topic to another or focusing on the emotional needs and experience of the therapist to the exclusion of their own needs and experience.

“Her constant line on the analysis was that we should be talking about something else. She would often say to me: you keep bringing it back to theme A, and I want to talk about theme B. And, I swear to you, when we talked about theme B she would say, you know, the same thing in reverse.” (7)

“Every-time he got close to it he would draw back again, and every-time he got near it he said he would not go into it. We got rather stuck in the therapy.” (6)

“There is a general problem in focusing her, and she is a bit resistant to being focused too much. She’s brilliant at talking, and getting you to talk about you. I can almost feel myself fall into it.” (9)

‘Being-closed’

Clients may be perceived as ‘hard to reach’ or as expressing an intangible quality of being-closed. This closed-ness may be expressed bodily in the therapeutic encounter where the client is seen to ‘turn away from’ the therapist, as expressed in eye contact, bodily posture and silence. Clients are perceived as ‘not taking in’ the therapist’s presence and statements, and as having ‘closed down’. Clients are experienced as having distanced themselves from emotional contact with the therapist.

“ I thought the conversation was going to go somewhere and then it’s been closed-up... kind of closing down the possibility of dialogue.” (10)

“She closes down, you can see her jaw set, and she can seem very resistant- ‘no, I am not going to let this thing in’.” (5)

Being-‘blocked’

Encountering closed-ness may also be experienced as ‘a wall coming up’ or a ‘door being slammed’. Encountering a wall may be perceived as something the client encounters ‘internally’, where they are perceived as drawing back from or avoiding contact with an emotional experience. A wall may also be perceived as having arisen between therapist and client. Here, the client is perceived as more actively ‘blocking’ the therapist/therapist’s interventions. This may be encountered as a sudden burst of anger/hostility towards the therapist and may be perceived by the therapist as ‘strong’ and ‘defensive’. The therapist’s statements and the person of the therapist are pushed away/attacked or dismissed. Encountering such a wall may occur suddenly and may be seen as a response to a specific statement of the therapist, or it may be encountered

over a longer period of time such that it becomes seen as an important defining feature of that relationship – the relationship is experienced as ‘difficult’.

“ On one occasion I can remember, you know, having a conversation that I felt quite connected and then getting to a point where it just felt as though a door had been slammed...although kind of moments before it felt like a kind of balanced dialogue.”

(10)

“I think her mood just switched just like that and she became sort of defensive and aggressive... and a wall came up in our communication. It was quite difficult for me, the resistance was quite strong.” (3)

Changing the ‘frame’

In a variety of ways clients may be experienced as attempting to alter the agreed-on contractual arrangements or ‘frame’ factors: coming late, missing appointments, asking for more time or not paying the fee are common examples.

“They bring themselves here, and then they find for some reason they cancel their first appointment, they’re late, or they got on the wrong bus, and when you take that up with them initially, you would read into the situation that there is something holding them back, there is something getting in the way.” (1)

“A client arrived quite late for a session, and in arriving late... apologised but then went on to ask, or to say could he have more time, because he had some important

things to talk about given that he had arrived late... I guess that could be construed as a form of resistance.. I don't talk about it in those terms, but initially it could be construed in that way... you know, 'bloody sod is being difficult!'" (8)

'Sabotage'

Resistance may be perceived as having been encountered where the manner in which the client is within the relationship is perceived by the therapist as not conforming to the therapist's conception of the client's 'role' within the therapy – the client is perceived as 'not playing the therapy game'. The client may be perceived as 'sabotaging' the therapy (e.g. not completing homework), or attempting to turn the therapeutic relationship into something else (such as a friendship or mother–child relationship), or behaving in a fashion that is thought to be aimed at producing an unstated 'payoff'.

"She has never done a piece of homework that I set for her, and I've tried to bring it up, to talk about it, and she just doesn't do it, so I call it sabotage, I suppose you could call it resistance." (3)

"The more I tried to use a cognitive behavioural approach... for example, look at the thoughts you are having...the more we seemed to be getting absolutely no-where, going around and around in circles... I would consider this a resistance as she was not falling in line with the expectations of the therapy." (4)

‘Resonance’

Resistance, both as an episodic event and as an ongoing quality of the therapeutic relationship, is seen as often expressive of the client’s consistent mode of relating both with ‘self’ and with his/her wider field of relationships. As such, resistance was also viewed as potentially informative, important, to be expected and potentially useful for the process of therapy.

Phenomenological descriptions of clients’ experiences

Mismatch in image of therapist

A contradiction or mismatch was described in terms of therapists’ sense of how they are experienced by the client. A client may experience the therapist as warm, accepting, non-judgmental and empathic and then a ‘switch’ may occur such that the therapist is experienced as cold, rejecting, judgmental and threatening.

“First she was looking at me as if she wanted to speak, looking at me as if I were a benign figure with whom she wanted to communicate... then I would be talked to as if I were very dangerous, as if I were going to jump to the wrong conclusions, be very judgemental, maybe throw her out.” (2)

Such an experience of the therapist, at times provoked by an intervention that, on reflection, is seen as too challenging and as having ‘pressed a button’, is also often seen as being resonant with the client’s experience of earlier important relationships.

Where resistance was described as an ‘internal’ phenomenon, clients were described as being ‘up against something in themselves’ that they experience as hard to think about. They are surprised at the intensity of their own opposition to the therapy/therapist. Along with this is the experience of hopelessness and desperation at being powerless to change this experience.

Where resistance was described as relational phenomena, two primary forms of client experience were described: anxiety and anger.

Anxiety

Anxiety was described as being experienced by clients where they found the process of therapy leading to painful or disturbing emotional experiences that they felt unready for or unable to deal with. The anxiety may express the anticipation of experiencing emotions that may be overwhelming and may lead to a catastrophic outcome – they may ‘lose control’. Alternatively, there may be anxiety that the therapist will end the therapy, will judge and criticise them, will abandon them and that they will lose the relationship with the therapist. Anxiety was also described as expressing clients’ experience of being ‘intruded upon’ by therapists’ challenges and questions.

Where resistance was described as expressing aspects of the client’s sense of identity – those aspects of the client’s definition of self that could not be questioned – anxiety was described as expressing the client’s experience of: ‘who will I be if I change?’ Such an anxiety was described as being like ‘peering into an abyss’ and may be an experience where clients find it difficult to ‘think their way through’. In this sense

resistance was thought to have a 'protective function'. Thus, clients' anxiety was described as being based on an experience of the process of therapy as being inherently threatening. This was despite the presence of clients' desire to engage in therapy and to achieve change. Clients' awareness of the potentially threatening nature of therapy was described as being expressed by their apparent suspiciousness of the therapy and the therapist. In this sense this resistance was described as being protective.

"It was terribly frightening for her. Who will she have to be if she is well?" (3)

"To 'have her own needs' means to be entirely different... it means not being her... she doesn't know who she is if she is not this person. So there is a kind of retreat, a kind of preservation of her current way of being. I think at that point, my sense is that she's kind of peering over, you know, into the abyss. The resistance is captured by that moment when she says 'I don't know who I am', that 'I'm not the person I am' She can't think her way out of that, its just impossible for her" (9)

Anger

Clients were also described as experiencing anger, humiliation and rage towards the therapist. This was felt to be connected to the experience of perceiving the therapist as not fully hearing, understanding, acknowledging or validating their emotional distress or experiences of self and other. Clients were described as perceiving the therapist as inadequate or as not meeting their expectations of who the therapist should be and how the therapy should be.

“ So this is in no way to blame the patient, but I would think there was evidence of the patient being angry with me. She would say it in such a tone of voice that sounded like I had been very inadequate in my provisions...I always had it wrong.” (2)

“I think it was sort of a mixture of anxiety and angry rejection and perhaps a sense that I hadn’t, I wasn’t in tune with her needs and feelings.” (11)

‘Payoff’

Where resistance was described as aiming towards an unstated ‘payoff’ in the therapeutic relationship, clients were described as experiencing pleasure at frustrating the therapist and the therapy. There was a sense, however, that ‘under’ or ‘behind’ this were the more important experiences of anger and anxiety.

“There was a huge payoff in illness behaviour, it goes on, she can’t just be well, that’s too much to give up, that is too frightening and so she sabotages.” (3)

Phenomenological descriptions of therapists’ responses to encountering client resistance

‘Anger’

Where resistance was encountered as an important characteristic of the therapeutic relationship over time, therapists described experiencing an increasing degree of frustration, irritation, anger and dislike towards the client. This anger was felt, at times, to be expressed in the encounter with clients through the type of questions or

challenges made by the therapist. It was felt that these statements expressed a 'hostile edge', were coercive, and contained an implicit disapproval of clients or disbelief of clients' statements, or expressed a sense that the therapist 'knows better' or *is* better than the client. There was also the desire to give more direct expression to the experience of anger and an anticipated satisfaction in doing so; however, there was also a holding back from doing so.

Through reflection, therapists had the sense that their anger had arisen in response to clients' manner of being in the relationship or in their wider field of relationships. This presented an unwanted challenge to aspects of therapists' values and beliefs about themselves and the world, as well as more specifically their sense of being a 'good therapist'.

"To be honest, she has the capacity to really infuriate me, and that's my response to her resistance." (3)

"Well, as it went on and on it became more and more frustrating, 'hang on, here we go again, this is all so predictable, going over and over again over a period of weeks and months, and then I got very fed up with it." (6)

"I think, that's if you want people to be honest about their work, I think that's always there when something doesn't go according to plan... however much we don't want to go down that kind of road... that we somehow are better than the client or know better, or are healthier, even if one is committed not, as I said being in that position, I think its very hard to get away from." (8)

‘Dismissed and attacked’

Encountering client resistance as hostility and anger, therapists experienced themselves as having been attacked (‘It felt as if I had been physically assaulted’) and dismissed or unacknowledged by the client both as a therapist and as a person. Rarely, therapists described experiencing fear in response to a sense of the possibility of aggression from the client.

“When I said the session was ended she wouldn’t move and then eventually she would get up and look and I can only say it was like looking at someone with daggers in her eyes. She would stand at the door and look back and there was a look of absolute hatred it was like daggers, I would absolutely feel physically assaulted in a way.” (2)

“I’ve been scared once or twice by people being very aggressive...um... as though their expectations of what was going to go on are so radically different from what actually happens that even what seems to me to be very gentle appropriate, respectful questioning gets a kind of ‘who do you think you are to...’” (10)

‘Self criticism – Role violation’

Experiencing anger and dislike towards their client, therapists experienced themselves as violating their own role expectations concerning what it meant ‘to be a therapist’. Therapists described feeling self-critical and dissatisfied with themselves as having ‘fallen short’. Therapists described themselves as having departed from their ‘therapeutic values’ and becoming coercive or pursuing the client with the sense that it is the right thing to do.

"I started to notice that I was getting hostile with her, and suddenly a bell went on... 'bloody hell, that was really quite an attacking question...that's a slap her down kind of question!...and I thought, 'this is not what therapists are meant to do'" (4)

"It's the sense of having abandoned therapeutic values. Maybe it's that tendency to feel that what's important is not is what is being addressed that ought to be addressed. And then of course you do get into this pursuit game... there is a sort of professional super-ego that says: I mustn't let the client get away with this, because I know that it is in the client's best interests to pursue the topic. It happens all the time... bye-bye good modern therapy... it's almost unavoidable... the therapist who wanted to live with 'not knowing' is engaged in trying to communicate a certain point of view to the client... it's so much more exciting to pursue! And I admit I do it!" (7)

'Dilemma'

Therapists experienced themselves as being 'pulled in two directions' and being 'torn' or as experiencing a 'dilemma'. For example, on the one hand, there was the desire to give more direct expression to anger or disapproval and to challenge the client more fully. On the other hand, there was the sense that the 'correct' therapeutic response was to engage with the client without the experience of anger or disapproval. Therapists experienced themselves and the relationship as being 'stuck' and as ineffective and the relationship was experienced as 'difficult'.

"She annoys me... I wish I didn't feel emotive, I wish I didn't have that feeling, why do I need to hear she is doing well?, that's not what our job is about! There is a

feeling of thinking ‘ I work hard in these session! Stop saying you’re not better!’ I think it is understandable that I feel that way, but I wish I didn’t.” (3)

“I find myself sitting there feeling a little bit stuck, I’m torn between thinking maybe she is right to be doing that, but maybe it’s completely ridiculous, maybe I’m wrong in my formulation anyway. So again, I sit with dilemmas.” (5)

‘Disengagement’

Therapists experienced themselves as disengaged from clients, as out of contact with the ‘here and now’ of the encounter. They described experiencing boredom and sleepiness and as spending time attempting to think things through and to ‘recover their position’ as therapist and to ‘get back on track’. Therapists described experiencing it as difficult to think about what was happening and that their thinking was in some way ineffective. Further self-criticism was then experienced, expressing the belief ‘I am not being a good therapist here’ and ‘I should do something more’.

“Sometimes when she is ‘rabbiting on’ I do lose contact, and I feel a little bored, and then I go into my head ‘should I say this or that?’ So I am actually not in touch with her. And I think if we are drifting off and being bored or whatever we should do something, and that’s when I don’t feel good about what I do. I feel I should do something greater than just feel ‘Oh God!’” (5)

‘Confusion and disorientation’

Therapists described an experience of confusion and disorientation – a state in which they found it difficult to think clearly about what was happening and how they should respond.

“Things were not going smoothly according to plan, you just felt you didn’t quite know what was going on so I suppose the essence of the experience would be initially a sort of confusional disorientation.” (11)

‘Resonance’

Reflecting on these experiences, therapists at times described them as ‘counter-transferential’ or as resonating with the therapist’s experience of themselves in other relationships.

It was also stated that the theoretical model held by the therapist was useful in helping to manage these experiences, even though they were painful, disturbing or unnerving. From a theoretical perspective, such experiences were to be expected and were potentially useful.

Alternatively, where client resistance was encountered as a specific event in the interaction – where the client drew back from a painful inner emotional experience – the therapist experienced himself as relaxed and accepting of the client and experienced himself as congruent with his/her understanding of what it meant to be a therapist.

“When he does that I simply tag it, and I say ‘I notice that again you have avoided your pain, I’m just drawing your attention to what you are doing’. That’s how we have got on so far, maybe he will open up one day or maybe he won’t. The client does what the client is ready to do, and it’s none of my business what he is ready to do. I’m just there to help when he is ready to do it.” (6)

Phenomenological descriptions of encountering therapist resistance

Therapist resistance was described as a ‘tricky complex issue’ and also as an important and frequent phenomenon.

‘Avoidance’

Therapist resistance was described as an avoidance of fulfilling the therapeutic role – of what it means to do therapy and be a therapist. Therapist resistance was described as the therapist avoiding (with or without awareness) certain issues, phenomena or topics that the therapist himself or herself experienced as ‘emotionally sensitive’ or threatening. The range of such issues could be large: sex, death, aggression, and spirituality.

Therapist resistance was also described as an ‘inevitable’ phenomenon of the therapist departing from their therapeutic values: the therapist who has a philosophical commitment to not coercing or pursuing a client finds himself or herself doing just that.

“Times when I feel reluctant to do what I feel I ought to do... and I feel as if I have avoided something.” (5)

“I eventually did get to the question that I would usually want to ask anyone else in those circumstances... um... but I kind of ‘footle’ around it for so long that... um... I almost disqualify my asking the question.” (10)

‘Anger’

Therapists described experiencing anger and disapproval towards clients. This ranged from mild irritation at certain aspects of clients’ manner of being and disapproval and criticism of clients’ choices and behaviour outside of the therapy, to murderous thoughts and feelings. Anger and hostility towards clients were thought to be expressed through the type of questions and statements made by the therapist. These were felt to express disapproval and criticism. At times, strong feelings of anger and hostility were experienced as difficult to contain and as disturbing. Anger towards clients was thought to have arisen where clients’ manner of being had presented an unwanted challenge to aspects of the therapist’s beliefs and values regarding self as therapist as well as self–other relationships more widely.

“Sometimes I did say things rather abruptly, there was a certain hostile edge to the way I put things to her, it wasn’t outwardly hostile, but it was just as bad as that sometimes, things would sort of come out of my mouth, I would stop it sometimes.” (2)

“The therapeutic process should be an unconditional platform... so resistance in my case always comes from that suddenly not being the case, suddenly not being unconditional...I felt there was a breach of moral conduct and I have personally high

moral codes, again my personal stuff was causing the resistance there, I didn't like what he was doing, again that shouldn't necessarily have been there, but it was." (3)

'Anxiety'

Avoiding doing what was thought to be necessary or appropriate according to therapists' models of therapy was also felt to be expressive of the experience of anxiety. Therapists described experiencing anxiety that following a certain intervention may result in the client experiencing an increasing level of emotional distress or disturbance. In addition, therapists experienced anxiety that they would not be able to cope with the level of emotional distress that the client may experience.

Anxiety was also described as being experienced where the therapist wished to avoid losing the relationship with the client. The client had expressed the desire to end therapy, but the therapist had come to value the relationship and felt 'attached' to the client and experienced anxiety at the prospect of losing the relationship and at the same time feeling that this may be the therapeutically correct outcome.

"That was a fear... that you know, it (my question) might just intensify this distance that I was trying to reach across.. oh yeah, enormous anxiety! (laughs)... I can still hear the anxiety in my voice." (10)

"There were lots of resistances that felt like... were mine. That related to our ending, that related to my own having endings outside of the therapy. Um, that related to his vulnerability as well, but there was a lot of stuff and I was feeling quite vulnerable and it was a very difficult time." (8)

‘Giving up’

Therapists described experiencing themselves as having given up attempting to ‘do therapy’. This was expressed by not fully listening to the client, as having personally/emotionally withdrawn from the relationship – being absent, and as having cut off any empathic responses to the client and any possibility of being emotionally affected by the client. Therapists described feeling hopeless and that the therapy had become stuck. Therapists described experiencing themselves as de-skilled and wanting to escape from the encounter.

“I was just longing to escape really (laughs) the sense of wanting to run away was part of that encounter.” (10)

“You can potentially emotionally withdraw from them. The emotions they trigger in you can then become acute for you, even though it may look ok from a behavioural point of view. You decide that you don’t want to be influenced directly by them emotionally.” (9)

“I knew I was giving up, sitting back and thinking ‘I don’t want to do this anymore’” (2)

‘Dilemma’

Experiencing anger, anxiety and giving up led also to the experience of ‘dilemma’ or being torn or pulled in different directions. Therapists described experiencing confusion in attempting to distinguish their ‘personal’ reactions which were somehow blocking or getting in the way of functioning as a therapist from different possibilities

of ‘moving on’ in what may be regarded as an appropriate direction according to a theoretical model – ‘What am I to do? What should I do?’

“I’m aware of feeling irritated... ‘God, here we go!’ Its feeling anxious and irritated and called upon to do something...but.. ‘what shall I do?’” (1)

“at times of anxiety and stress and anger and the usual high emotions ... you cannot interact, you cannot engage because you have to objectify, you have to see them as... you don’t actually see them. Maybe later when I calm down and I think ‘oh yeah, yeah, yeah!’ but even then sometimes I think ‘Bugger it!’” (8)

‘Self-criticism’

Therapists described experiencing self-critical judgements of their own experience as well as their behaviour in the therapeutic relationship. They described experiencing themselves and their thinking processes as being ineffective and as having ‘fallen short’ of their own expectations.

“I don’t feel that what is going on in my head when I am seeing her is very effective!”

(1)

‘Resonance’

Again, therapists described an experience of resonance between some of their own experiences of resistance and their experiences in other relationships outside of therapy. At times this was described as counter-transference but it was also felt that this term did not fully capture these experiences.

Again, while these experiences were described as at times difficult, disturbing and painful, there was also the notion that such experiences are to be expected in therapy, that the therapist's theoretical model can assist in making sense of these and that therefore such experiences are a potentially valuable source of information.

"She stirred up a great deal in me, it's true, but in a way that was all right, because it helped me to understand a lot" (2)

"I think we have all had the experience of being stuck... or ...um, needing, needing to find ways to describe something. It's just that I think thinking of it in more systemic terms, or more collaborative terms, um... is what I find helps me to get unstuck, or at least not to feel completely disabled by it." (10)

"I think the minute you see it as a resistance, even though in some ways you do, it's inevitable that you do... the fact that one is committed to attempting to not do that is very important and has been helpful to me as a personal therapist." (8)

Additionally, there was the description of the necessity of the therapist providing some resistance to the client through the creation of a secure therapeutic contract or frame. These ground rules may resist what the client wants from the relationship in the service of 'more adequate' therapy.

Resistance in the interview process itself

Existential-phenomenological models of research emphasise that the interview process itself is a meaningful 'encounter' (Colaizzi, 1978). Thus, clarification of how

both participants experience the interview process may be a valuable source of information regarding the phenomenon under investigation. In the present research, some consideration was given to an exploration of the extent to which resistance was a phenomenon present in the interview process. In six of the interviews participants indicated that they could indeed identify aspects of their own experience that could be described as resistance. This was often felt to have some resonance with the descriptions of encountering resistance in therapy that were revealed during the interview process itself.

“Of course! As you know I was dying to cancel this. Of course it is very exposing, talking about how you work, it’s also taped and you have no control over it...oh yes... I could talk for another 15 minutes about all my resistance to that... I’m surprised how I’ve managed not to back out of it, because quick as a lick I could have rung you and said look, can we do it next Thursday but I’m glad I didn’t because this is how I feel now, I could do this again with you.” (1)

In several instances such resistance was experienced during or following the initial telephone call and before the actual interview took place. Others indicated that the interview process had focused on aspects of their past experience of being a therapist that were difficult and experienced a degree of ‘exposure’ during the exploration that involved some degree of anxiety.

The resistances of the researcher

Reflecting on my own experience as the interviewer during this process, I was struck with the experience of being able to describe a wide range of my own experiences in

terms of degrees of the presence or absence of resistance. Schafer's (1973) comment that 'resistance isn't everything but it is a way of looking at everything' seemed accurate here. Thus I experienced instances of 'being-closed' to certain aspects of what was revealed to me at varying times and on occasion there was a sense of a 'lack of flow' in the interview process itself. However, this was in most instances a fleeting phenomenon and the experience of the interviews was in almost all instances characterised for me as one of increasing openness and interest in what was being disclosed and an appreciation for the degree of openness the participants were willing to risk.

A particular instance, which for me seemed to capture the phenomenon of co-resistance, was the interview where the participant indicated that resistance was a term originating from 'white, male, imperialist' assumptions. Reflecting on this interview subsequently, I was aware of substantial points of agreement between myself and the participant concerning the problematic nature of the concept of resistance. However, being the only white male in the room at the time, I experienced this as a definite and unwanted challenge both to myself and my research project. Thus, the interview was experienced as a threat to my own project of uncovering the phenomenon of resistance because the existence of such a phenomenon and hence the basis to my work was being questioned. I experienced a desire to 'push' and argue with the participant, a desire that to a certain extent I acted on.

Following further reflection, I can see that this participant was also highlighting issues of gender, race and culture that I had chosen not to explore in my research. Thus, this participant had challenged me to look at issues that to the present time I have not

adequately explored and had thus provoked an experience of uncertainty and ‘not knowing’.

After this interview had ended, I experienced a degree of self-criticism that I had not been able to maintain a phenomenological stance throughout, and the interview felt to me to be ‘too intellectual’. It may be seen that I am here attempting to gain some value from this encounter by re-describing it in terms of my research agenda (in the same sense that a therapeutic ‘failure’ may be subject to analysis in terms of a theoretical point of view). Crucially, however, such an attempt is open to the critique that this can be seen to exclude the voice of the research participant and that my writing here is but a further expression of my own resistance. Thus, it is also necessary to state that my description of this encounter may not be accepted by this participant as capturing anything of her own experience of our encounter.

Step 3: Validation

The question of the validity of phenomenological descriptions is a particularly important one (Colaizzi, 1978). The approach to this issue taken here was one of attempting to engage in dialogue with the research participants about the results of the study and to allow for their comments and corrections to influence the final statements. Thus research participants themselves provided the crucial validity check. Following the construction of the general descriptive statement research, participants were contacted by mail and invited to participate in a process of validating both the individual descriptive statements and the general descriptive statement. Participants were sent a letter outlining the purpose of the validation process (Appendix 3). They were also sent a copy of the individual descriptive statement from their interview, a

copy of the general descriptive statement, and a copy of the interview transcript. A feedback form was also designed and sent to participants to aid in this process (Appendix 4).

On the feedback form participants were asked how well the individual descriptive statement represents their experience of encountering resistance. An 11-point bipolar scale was included, which ranged from 0 = not at all to 10 = very well, to enable participants to respond to this question in addition to space for written comments. Participants were also asked how well the general descriptive statement expressed their experience of encountering resistance. Again an 11-point bipolar scale was included with space for written comments. Finally, a third section was included for participants to indicate any other thoughts or comments they may have had about any aspect of the research.

It is important to clarify that the purpose of including the bipolar scales was not that of allowing for statistical comparison; rather, it was thought that such scales would help participants to indicate the degree to which each descriptive statement had captured their lived experience. Where a relatively low to average number was given, the participant may also have been prompted to explain this rating in writing.

Validation results – Scale ratings:

Question 1: How well does the individual descriptive statement represent your experience of encountering resistance?

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

not at all adequately very well

Participant	Rating
1	7
2	8
3	8
4	10
5	8
6	8
7	9
8	8
9	9
10	7
11	7
12	8 (mean = 8)

Table 3: Ratings of individual descriptive statements.

Question 2: How well does the general descriptive statement express your experience of the phenomena of encountering resistance?

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

not at all adequately very well

Participant	Rating
1	8
2	9
3	9
4	8
5	8
6	8
7	8
8	8
9	9
10	6
11	7 (mean = 8)

Table 4: Participant ratings of general descriptive statement.

Written comments

Written comments expressed a generally high degree of satisfaction that the individual and general descriptive statements had expressed participants' lived experience of encountering resistance. However, a number of comments indicated a sense that certain aspects of participants' lived experience needed greater emphasis:

1. The interviews had been designed to explore participants' lived experience through particularly clear or vivid examples. One participant commented that, in addition to such experiences, there are many more frequent and common experiences of 'milder' forms of client resistance that evoke little emotional response from the therapist. That is, resistance is not restricted to these clear and vivid experiences.
2. Several participants wished to re-emphasise that despite the 'difficult', provocative, emotionally charged nature of some of the experiences explored, nevertheless resistance is seen as something to be expected, to be worked with and something potentially greatly valuable in terms of the eventual positive outcome of the therapeutic encounter.

"The summary didn't quite capture the learning opportunities that the experience of powerful opposition in the patient and in myself provided me as a psychotherapist. The summary captures very well the difficulties and painfulness of both but, perhaps because of the greater focus on these, the summary does not include adequately my sense of being challenged to learn from these experiences (clinically, personally, theoretically) and thus ultimately, resolving the oppositional issues in a way that was

finally helpful to the patient and my ongoing psychoanalytic work. However, I think it is basically a good summary.” (2)

3. Several participants also wished to re-emphasise the importance of psychotherapeutic theory in terms of its use in assisting the therapist to understand and work with this phenomenon.

“I cope with resistance by drawing on psychological theory- when I encounter it I attempt to do some form of functional analysis/ formulation. This very much helps me reduce feelings of frustration.” (4)

Two participants also indicated that they enjoyed the experience of reading the descriptions and finding that other therapists had clearly had similar experiences to their own.

“I felt quite pleased that other therapists seem to have experienced the same sort of thing.” (5)

“I enjoyed reading the overall statement and finding that others shared some of my experience.” (2)

It was also stated that the interview process itself was a valuable and interesting experience:

“I found it interesting to talk about my clients. The experience did much to clarify my feelings and thoughts and was therefore quite useful. You were a very facilitative interviewer.” (5)

Further to these points of written feedback provided by participants, several points can be made about the results. Considering what was discussed and focused on during these interviews, it becomes apparent that participants were invited to, and indeed engaged in, a process of telling the researcher one or more ‘therapeutic stories’. Considering these descriptions as narratives, it becomes apparent that a further level of analysis is possible. What kind of stories did these participants tell? Although from the obtained descriptions it is immediately clear that these stories were of ‘difficulty’ and sometimes even of ‘failure’, what is perhaps less apparent is that the structure of these narratives were such that they also contained the implications of ‘an important lesson learned’, or ‘trouble and difficulty followed by resolution’. Indeed, these tales of resistance were most often ones where the engagement and clarification of the nature of the resistance led to an important positive change in the client, the therapist or the relationship. Even where the therapeutic encounter itself was felt to be in many ways unsuccessful, the therapist often felt that these incidences contained valuable lessons that have been important for them in subsequent work with clients. Two of the participants indicated that the experiences they discussed occurred early in their work as therapists. Often the encountering and thinking about resistance seems to have led to the therapist’s greater appreciation for the various ‘truths’ to be found in their theoretical model.

Limitations on reliability and validity

The issue of the validity of the constructed descriptions has been pursued in the philosophical framework of phenomenological research (Colaizzi, 1978). Through a process of dialogue and feedback the constructed descriptions have been modified to achieve a greater degree of adequacy in terms of the degree to which they capture and express the experience of participants. However, as noted earlier, a number of limitations on the reliability and validity of the results of this study may be noted. Firstly, 'grounded examples' were not included in the results presented to the participants for feedback. As stated, such examples were not included due to my wish to ensure a very high degree of confidentiality. One consequence of this is that, while confidentiality has indeed been maintained, participants were not given the opportunity to arrive at alternative or additional conceptualisations of the statements and examples that I had used as the basis for constructing my descriptions. As noted however, participants indicated a high degree of satisfaction with the phenomenological descriptions.

A range of alternative measures may also have been employed to increase the reliability and validity of the findings. This could have included the participation of a second researcher to independently read and interpret the results of the interviews. Alternatively, a focus group may have allowed for a greater degree of discussion and debate about the adequacy of the phenomenological descriptions.

While accepting the limitations identified above, it may be concluded that this study has been successful in constructing a phenomenological description of therapists' experiences of encountering resistance in therapy. These phenomenological

descriptions can also be seen to capture to some degree the contextual and inter-relational nature of the phenomenon. In terms of encountering client resistance, this was experienced particularly in terms of a 'lack of flow' in the encounter itself. Such a description was also noted in the literature review in a paper by Heard and Linehan (1999) from the perspective of dialectical behaviour therapy as being an important phenomenological indicator of the presence of 'therapy interfering behaviours'. In this study client resistance was also described in terms of 'being-closed' and 'being-blocked'. Such a 'lack of openness' in the encounter itself was noted in the literature review to be a principal concern of the existential-phenomenological model. A sense of 'mismatch' and 'contradiction' was also found to be important in this phenomenon. A question that arises for the existential-phenomenological interpretation of the phenomenon is the extent to which these aspects are adequately captured by the notion of 'self-deception'.

Dilemmas and directions for further research

Having achieved a degree of adequacy in the task of constructing phenomenological descriptions of psychotherapists' experiences of encountering resistance in therapy, a range of possibilities can be seen to present themselves in terms of directions for further research. The possibility of conducting similar phenomenological interviews with clients about their experiences of encountering resistance in psychotherapy presents itself clearly as a crucial area of research. Additionally, it may be possible to extend the current investigations through a focus group study of the experiences of existential psychotherapists. This may have the value of more fully supporting an existential-phenomenological perspective.

While both avenues, and in particular the investigation of client experiences, have their value and importance, my own particular interest is the issue of the extent to which the results already obtained may be felt to be adequate, or of value, to the wider field of psychotherapists. Thus, while I have experienced a degree of dilemma in choosing one particular way forward as well as a degree of dissatisfaction in not pursuing the two options identified above, I concluded that it was important to submit the results of the phenomenological study to the scrutiny and feedback of a much wider range of psychotherapists. This may be seen to be of particular relevance given the limitations on the reliability and validity of the results that have been noted.

A survey methodology is the most appropriate one for achieving the task identified above. Thus, the next chapter describes a survey study that was conducted with the principal aim of assessing the degree to which the obtained descriptions are felt to adequately capture and express the experience of the wider range of psychotherapists.

An additional objective of this study was to explore the attitudes and concerns regarding the topic of resistance among the wider range of psychotherapists. It was noted in the phenomenological study that the participants frequently had a variety of difficulties with the concept of resistance, while at the same time they recognised the importance and frequency of the phenomenon itself. It was also noted that one participant both rejected the concept of resistance as well as the notion that the term pointed to any actual phenomenon at all. These findings raised my interest in surveying the extent to which resistance, as both concept and phenomenon, is recognised, rejected, respected or 're-framed' by psychotherapists of different orientations. As noted in the research review, data concerning this are lacking in the UK context.

Chapter 11

A survey study of therapists’ experiences, attitudes and concerns regarding resistance in psychotherapy

This study was designed to achieve two objectives. The first was to assess the degree to which the descriptions developed in the qualitative study would be regarded as adequate by a broader sample of psychotherapists. This represents a further validation of this study and takes the validation process beyond the methods usually used in qualitative procedures. This step also allows for the use of simple quantitative methods of analysis. The study was also designed to collect further qualitative data in that participants were invited to give feedback in a fashion similar to the approach used in the validation process in the qualitative study. The second objective was to conduct an attitude survey concerning the phenomenon and concept of resistance.

Method

A stratified random sample of 500 registered psychotherapists were surveyed by post. Therapists’ names were randomly selected from the 1999 edition of the register of the United Kingdom Council for Psychotherapy. The register contains the names of more than 4500 psychotherapists that are listed according to membership organisations that are broadly categorised by theoretical orientation. The following table outlines the sample population selected for the study:

Orientation	Number
Psychoanalytic	100
CBT	100
Humanistic	100
Integrative	100
Systemic	100
Total	500

Table 5: Sample characteristics for survey study.

The phenomenological study had produced a set of descriptions that covered the following: 1) therapists’ experiences of encountering client resistance, 2) therapists’ response to encountering client resistance, 3) therapists’ ‘sense’ of what clients experienced, 4) therapists’ experience of their own resistance (‘therapist resistance’). Because item 3 was felt to involve a greater degree of speculation on the part of the participants, it was decided to discard this from the survey study. The survey study thus attempted to assess the degree of adequacy of the descriptions that covered the remaining three domains. The individual descriptions were further edited and shortened for the purposes of the study. The survey form presented six descriptions in each of the three domains. For each description, participants were requested to rate its adequacy in terms of how well it matched their own experience. An 11-point bipolar scale was provided for indicating the degree of adequacy, as illustrated below:

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

not at all

adequately

very well

At the end of each section participants were invited to provide written qualitative feedback concerning the descriptions and to make any additions to the descriptions (a copy of the survey form is in Appendix 5).

The attitude questionnaire contained five questions concerning participants' stance towards resistance. The questionnaire assessed respondents' stance towards resistance in the following areas: 1) Whether respondents agreed that the phenomenon of resistance was common in therapy, 2) Whether therapist resistance was a common phenomenon in therapy, 3) Whether resistance is in most instances due to therapist errors or poor technique, 4) Whether resistance is primarily self-protective in nature, 5) Whether resistance as a concept is an unhelpful term and should not be used.

Each item asked participants to indicate their attitude by circling 'Agree', 'Disagree' or 'Unsure'. As such, this section of the study used a forced-choice methodology. However, participants were also invited to provide written qualitative feedback concerning their stance towards resistance, and in particular were asked to indicate what term or terms they found more adequate or helpful in comparison with the term 'resistance' (a copy of the questionnaire is in Appendix 5).

Results

Response rate

A total of 124 questionnaires were returned by post. This represents a response rate of 24.8%. Of these, 10 respondents had completed only the attitude survey. Thus, response rate for total completed responses was 22.8%. This return rate, although low and thus limiting the extent to which the findings can be regarded as representative, is nevertheless broadly equivalent to the response rates that are reported for postal surveys of similar populations, such as clinical psychologists (e.g. Holmes and Offen, 1996; Garrett and Dent, 1997; Gabbay et al., 1999). Out of the total returned, 27 participants did not complete the section in which they were asked to indicate their

theoretical orientation. This represents 21.7% of the returned forms and again places a further limitation on the obtained results. The means and standard deviations were calculated separately for this group, which has been designated under orientation as ‘unknown’

Ratings of adequacy for descriptions – total means and standard deviations

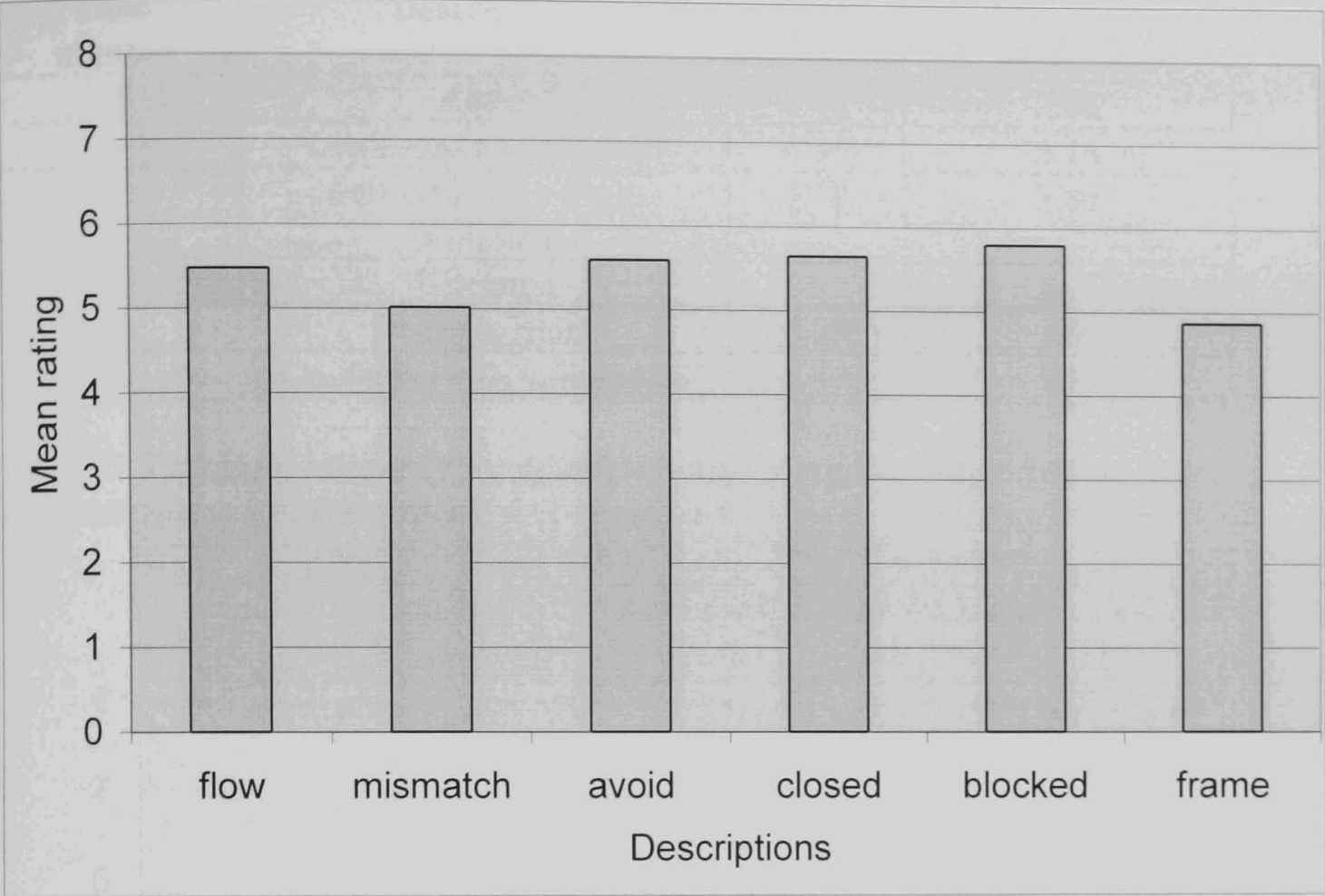
Descriptions of encountering client resistance

The means and standard deviations for the ratings for ‘encountering client resistance’ are presented in the table below.

Item number	Description	Mean	Standard deviation
1	Lack of flow	5.46	3.14
2	Encountering a mismatch	5.04	2.87
3	Avoidance/shifting focus	5.58	2.95
4	Being-closed	5.66	3.02
5	Being-blocked	5.76	3.09
6	Changing the frame	4.88	3.10

Table 6: Ratings of adequacy for descriptions of ‘client resistance’.

The above results are also represented graphically below (Graph 1). From this graph it may be concluded that if the mean rating is regarded as a sufficient indication of perceived adequacy, then overall the respondents have indicated that the descriptions match their own lived experience to an adequate degree.



Graph 1: Ratings of adequacy for descriptions of ‘client resistance’.

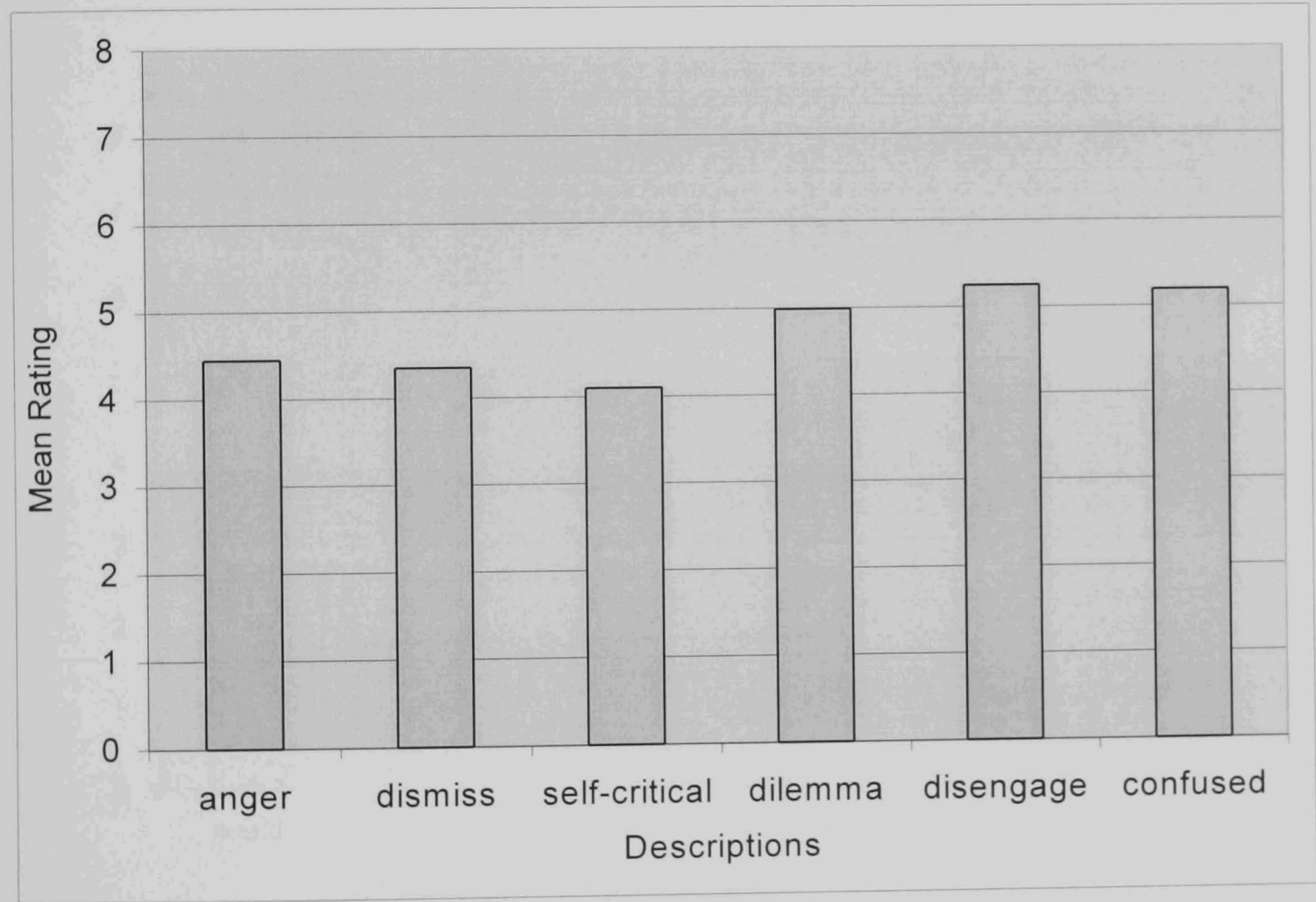
Consideration of the obtained standard deviations also reveals a considerable degree of variability in the ratings of adequacy. As can be seen, the description for ‘Frame’ has received the lowest mean rating. This may be explained by the low rating given to this description by systemic therapists. An analysis of these descriptions across orientations will follow.

Descriptions of therapists’ responses to encountering client resistance

The means and standard deviations for the ratings for therapists’ responses to encountering client resistance are presented in both the table and graph below:

Item number	Description	Mean	Standard deviation
7	Anger	4.42	2.98
8	Dismissed and attacked	4.33	3.14
9	Self-criticism – Role violation	4.10	2.86
10	Dilemma	5	3.14
11	Disengagement	5.23	3.05
12	Confusion – Disorientation	5.17	3.16

Table 7: Ratings of adequacy for descriptions of ‘therapists’ responses to encountering client resistance’.



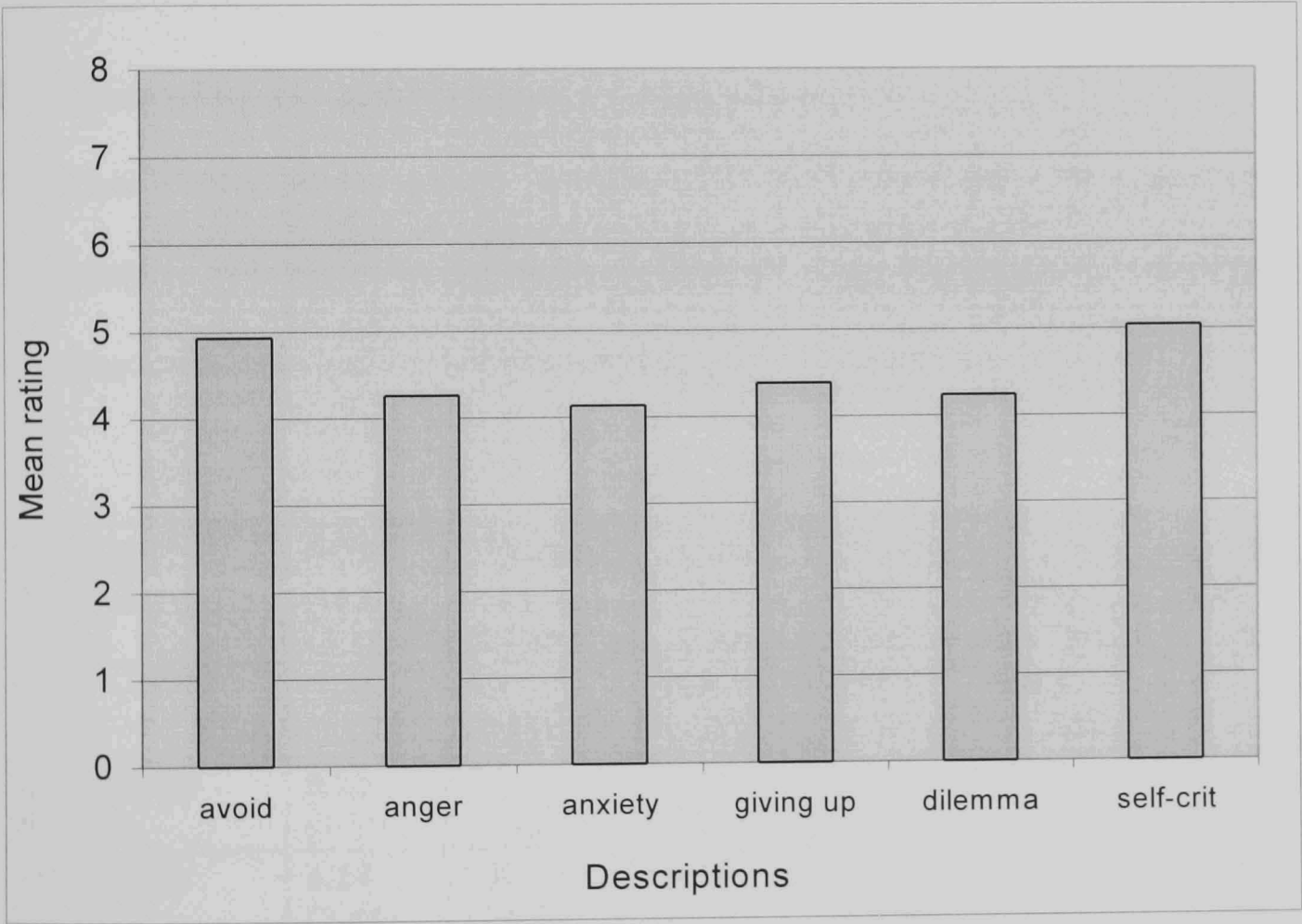
Graph 2: Ratings of adequacy for descriptions of ‘therapists’ responses to encountering client resistance’.

From graph 2 and table 7 it can be seen that while the descriptions of ‘dilemma’, ‘disengage’ and ‘confused’ reach the rating of adequate, the first three descriptions fall below this. Again, a consideration of differences between orientations will show a different pattern.

Descriptions of encountering therapist resistance

Item number	Description	Mean	Standard deviation
13	Avoidance	4.94	2.87
14	Anger	4.23	2.86
15	Anxiety	4.10	2.84
16	Giving up	4.41	3.18
17	Dilemma	4.27	2.79
18	Self-criticism	5.05	2.86

Table 8: Ratings of adequacy for descriptions of encountering ‘therapist resistance’.



Graph 3: Ratings of adequacy for descriptions of encountering ‘therapist resistance’.

From graph 3 and table 8, it would seem that of all the group of descriptions, those for encountering therapist resistance would seem to be the lowest. Only those for ‘avoidance’ and ‘self-criticism’ seem to reach adequacy, as this is defined in the scale. Of all the areas explored by this study it may be argued that this is the most potentially

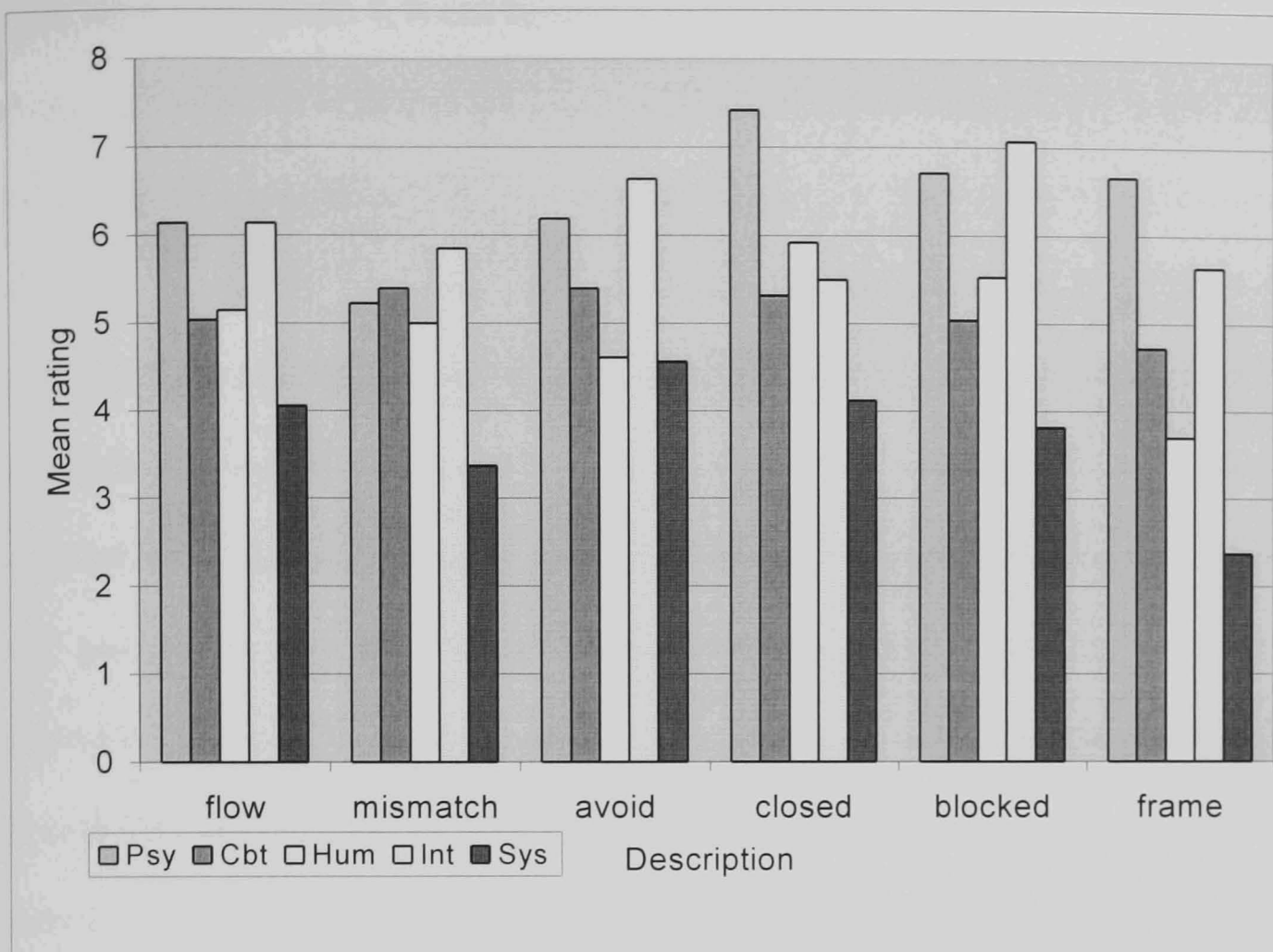
challenging for therapists to consider. It may be legitimate to conclude that the descriptions need to be modified substantially in order to improve their perceived adequacy, or that the notion of ‘therapist resistance’ does not sit well with respondents. Alternatively, it may be the case that therapists are less willing to endorse these descriptions in a survey that has not directly explored their own lived experience through contextualised examples and that they are more likely to endorse such descriptions in a methodology (such as a face-to-face interview) that promoted a more open exploratory stance.

Ratings of adequacy of descriptions by orientations

Presented below are summary statistics for the ratings of ‘client resistance’ differentiated by theoretical orientation of the respondents. The results for the category of ‘unknown orientation’ are not presented here (see Appendix 6).

Orientation	Flow	Mismatch	Avoid	Closed	Blocked	Frame
Psychoanalytic n = 25	6.14 (3.3)	5.23 (2.79)	6.19 (2.8)	7.42 (2.35)	6.71 (2.79)	6.66 (2.9)
CBT n = 21	5.04 (3.07)	5.4 (2.87)	5.4 (3.1)	5.32 (3.27)	5.04 (3.32)	4.72 (3.22)
Humanistic n = 13	5.15 (3.5)	5 (2.38)	4.61 (2.53)	5.92 (2.98)	5.53 (2.84)	3.69 (2.32)
Integrative n = 14	6.14 (2.41)	5.85 (2.65)	6.64 (2.76)	5.5 (2.62)	7.07 (1.77)	5.64 (2.34)
Systemic n = 16	4.06 (3.23)	3.37 (3.24)	4.56 (2.89)	4.12 (2.36)	3.81 (3.1)	2.37 (2.21)

Table 9: Mean ratings of adequacy for descriptions of ‘client resistance’ by orientation (with SDs in parentheses).



Graph 4: Mean ratings of adequacy for descriptions of encountering ‘client resistance’, by orientation.

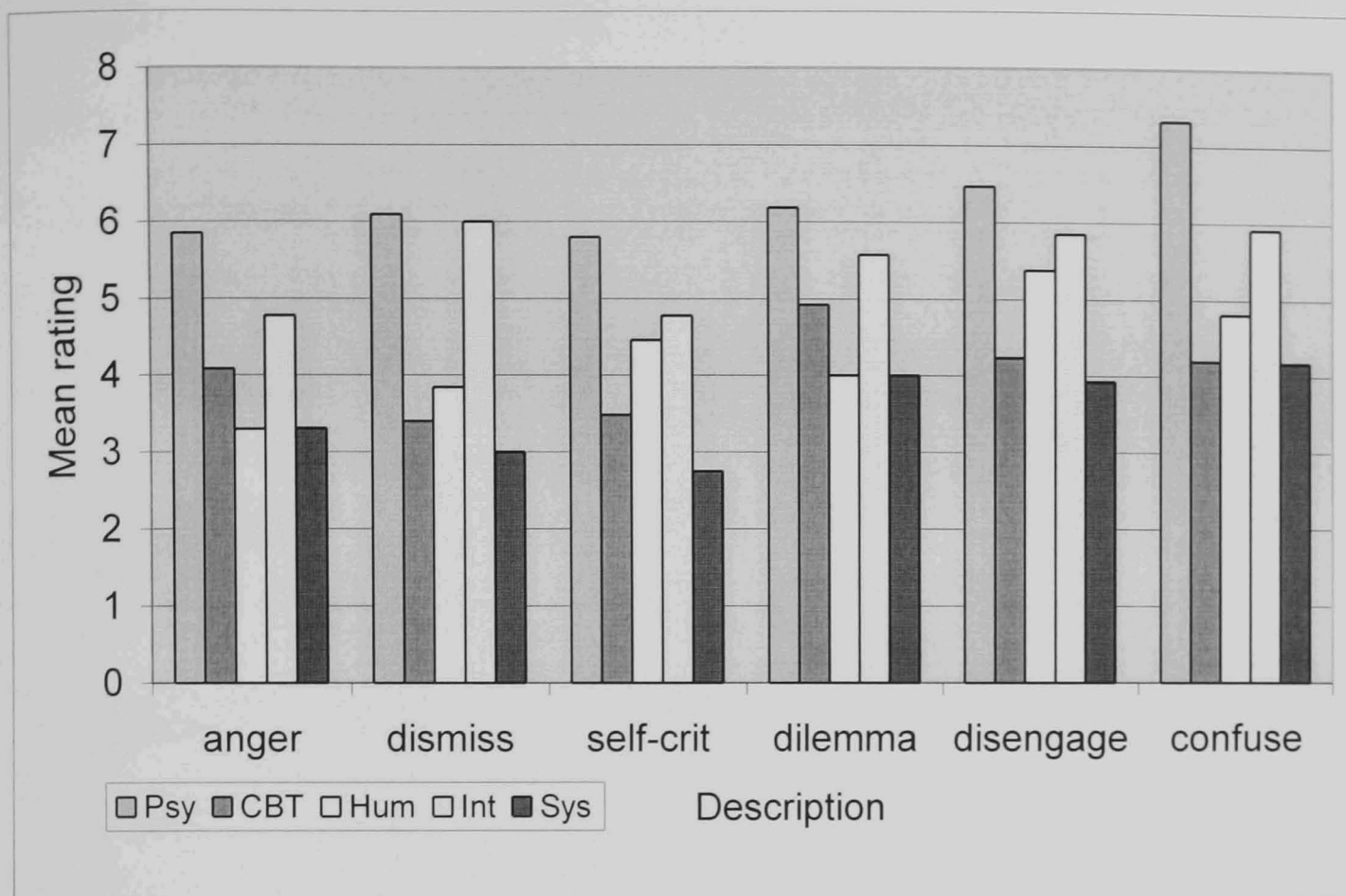
Comparison across theoretical orientation is limited to some extent by the relatively low numbers of respondents in each category. The clearest comparison is between psychoanalytic and systemic respondents, with psychoanalytic respondents giving the highest overall ratings of adequacy and systemic therapists the lowest. However, in the psychoanalytic group there are 25 respondents and for the systemic group there are only 16. It may, of course, be proposed that the lower response rate for systemic therapists (as well as for humanistic and integrative therapists) in comparison with psychoanalytic respondents is in itself significant and reflects a response of finding the topic of resistance in some way alien to their own lived concerns as therapists. As with any ‘silence’, however, this phenomenon of ‘no response’ may be open to a multitude of interpretations, only one of which is ‘resistance to the topic’.

From table 9 and graph 4, it can be seen that psychoanalytic respondents have overall given the highest mean ratings for the descriptions of encountering client resistance. In particular, the description for ‘being-closed’ is given the highest mean rating of adequacy. Integrative psychotherapists have likewise given mean ratings above 5 and gave the highest ratings for the description of ‘being-blocked’. Cognitive-behavioural psychotherapists gave average ratings that indicate that, overall, the descriptions were received as adequately expressing their own experience. The lowest rating provided by this group was that for ‘frame’. Humanistic respondents likewise rated these descriptions as broadly adequate, with their highest rating given to ‘being-closed’ and, as with CBT respondents, the lowest rating given to ‘frame’. Perhaps the most striking feature of the above results is the consistently lower average ratings given by the systemic respondents to these descriptions. As this pattern of results is repeated for the two other categories of description, this will be considered further below.

Therapists’ responses to client resistance

Orientation	Anger	Dismiss	Self-crit	Dilemma	Disengage	Confused
Psychoanalytic n = 25	5.85 (3.16)	6.09 (2.58)	5.8 (2.74)	6.19 (2.89)	6.47 (2.65)	7.33 (2.57)
CBT n = 21	4.08 (2.91)	3.4 (3.36)	3.48 (2.7)	4.92 (3.35)	4.24 (3.12)	4.2 (3.2)
Humanistic n = 13	3.3 (2.81)	3.84 (2.57)	4.46 (2.69)	4 (3.21)	5.38 (3.25)	4.81 (2.7)
Integrative n = 14	4.78 (2.29)	6 (2.25)	4.79 (2.54)	5.57 (3.1)	5.85 (2.62)	5.92 (3.09)
Systemic n = 16	3.31 (2.67)	3 (2.6)	2.75 (2.59)	4 (2.63)	3.93 (2.9)	4.18 (2.76)

Table 10: Mean ratings of adequacy for descriptions of ‘therapists’ responses’ by orientation (with SDs in parentheses).



Graph 5: Mean ratings of adequacy for descriptions of ‘therapists’ responses’ by orientation.

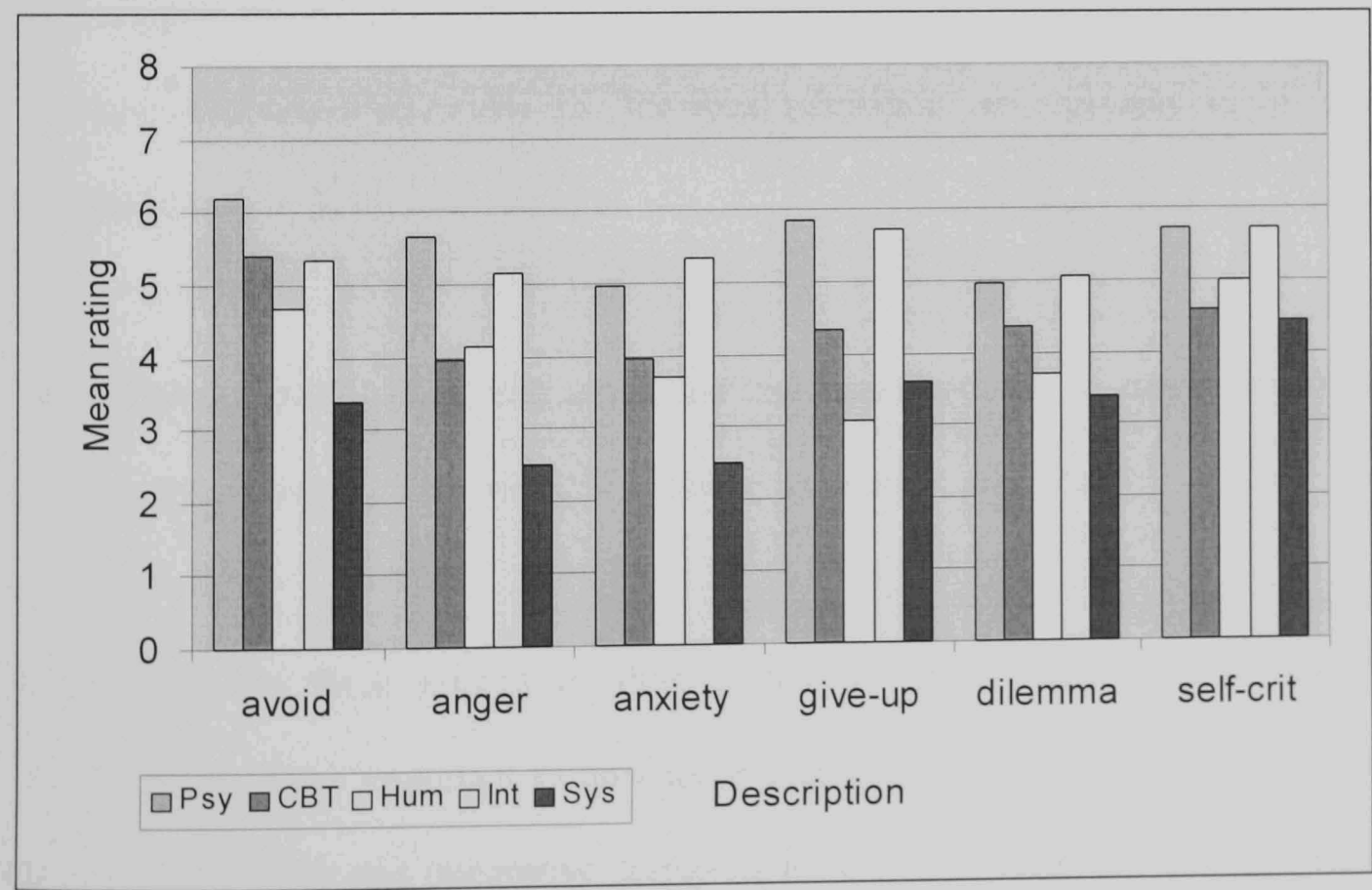
Again, these results show that psychoanalytic respondents have given the highest mean ratings for the descriptions of therapist response to client resistance. Here, the description of ‘confusion and disorientation’ is given the highest rating. Integrative therapists have also rated these descriptions as broadly adequate, with the highest rating given to ‘dismissed and attacked’, which captured the experience of in some way being ‘pushed away’ by the client. For humanistic therapists the description of ‘disengagement’ was given the highest mean rating. This description captured the experience of the therapist becoming disengaged from the ‘here and now’ of the therapeutic encounter. This description seems to fit well the emphasis given by humanistic writers such as Bugental (1987) to ‘presence’, and resistance as the lack of or avoidance of ‘presence’, both in the therapeutic encounter and in life more generally. For CBT therapists, the description of ‘avoidance’ was given the highest

mean rating, which perhaps reflects the emphasis in this model on a ‘task focus’ and the therapist’s ability to clearly define and implement specific procedures. Again, it is the systemic therapists who have given the lowest mean ratings, with only that of ‘self-criticism’ approaching adequacy.

Therapist resistance

Orientation	Avoid	Anger	Anxiety	Give-up	Dilemma	Self-crit
Psychoanalytic n = 25	6.19 (2.82)	5.66 (2.67)	4.95 (2.78)	5.85 (2.78)	4.95 (2.63)	5.71 (2.86)
CBT n = 21	5.4 (3.16)	3.96 (3.07)	3.96 (3.12)	4.32 (3.69)	4.36 (3.2)	4.6 (3.13)
Humanistic n = 13	4.69 (2.71)	4.15 (3.28)	3.69 (2.39)	3.07 (2.98)	3.69 (2.78)	5 (2.34)
Integrative n = 14	5.35 (3.2)	5.14 (2.38)	5.35 (2.43)	5.71 (2.92)	5.07 (2.92)	5.71 (2.81)
Systemic n = 16	3.37 (2.3)	2.5 (2.5)	2.5 (2.47)	3.62 (3.46)	3.37 (2.53)	4.43 (2.8)

Table 11: Mean ratings of adequacy for descriptions of ‘therapist resistance’ by orientation (with SDs in parentheses).



Graph 6: Mean ratings of adequacy for descriptions of ‘therapist resistance’ by orientation.

From table 11 and graph 6, it can be seen that overall this category of descriptions has been given the lowest average ratings across groups. For the psychoanalytic therapists, these descriptions were rated on average as broadly adequate, with the highest average rating given to 'avoidance'. 'Avoidance' was also the category rated by CBT respondents as adequate. Integrative therapists have again rated these descriptions as broadly adequate. Humanistic therapists rated the description of 'self-criticism/role violation' as reaching adequacy, whereas, as previously, systemic respondents gave the lowest overall mean ratings, with only that of 'self-criticism/role violation' approaching adequacy. It may be proposed that the lower mean ratings obtained by this category of descriptions may reflect the less common usage of the term 'therapist resistance' in the literature and perhaps some difficulty with this term.

An examination of the qualitative data included in the questionnaire responses adds some support for this proposition. Thus, one psychoanalytic respondent indicated that he recognised the descriptions of 'therapist resistance' as occurring in his own experience but he did not use the term.

"I certainly do feel self-critical, de-skilled and uncertain how to move forward at times as a therapist but I do not think of this as therapist resistance."

Considering the three groups of descriptions, it would seem that therapeutic orientation has been important in how these descriptions have been received. Thus, both psychoanalytic and integrative therapists have overall rated the descriptions as adequate. Resistance as a technical concept sits more easily in these frameworks. As is reflected in the literature review, CBT therapists also indicate an acknowledgement of

the experiences described and have broadly rated the descriptions as adequate or approaching adequacy. Lower ratings were provided by humanistic therapists and the lowest ratings were provided by systemic therapists. Again such a result reflects the findings of the literature review, with the humanistic model as a whole seeming to have something of an ambivalent stance towards resistance and current systemic work both historically being based on the attempt to avoid the use of isolating and ‘individualising’ concepts as well as currently being engaged in attempts to deconstruct issues of power and control in therapy.

Concerning all categories of descriptions, two CBT therapists indicated that they recognised the descriptions as fitting their lived experience but had difficulty labelling these as resistance (either client or therapist). As noted throughout, the lowest mean ratings for all descriptions were provided by systemic therapists. Two such respondents gave all the descriptions a rating of 0. However, they also indicated that they recognised all of the descriptions as occurring in their own experience but were unwilling to recognise these under the term ‘resistance’. Two further systemic respondents indicated that the descriptions would have been improved by contextualised examples.

Further clarification of the obtained results may be facilitated by a consideration of the results of the ‘attitude survey’ as well as a further consideration of the qualitative data.

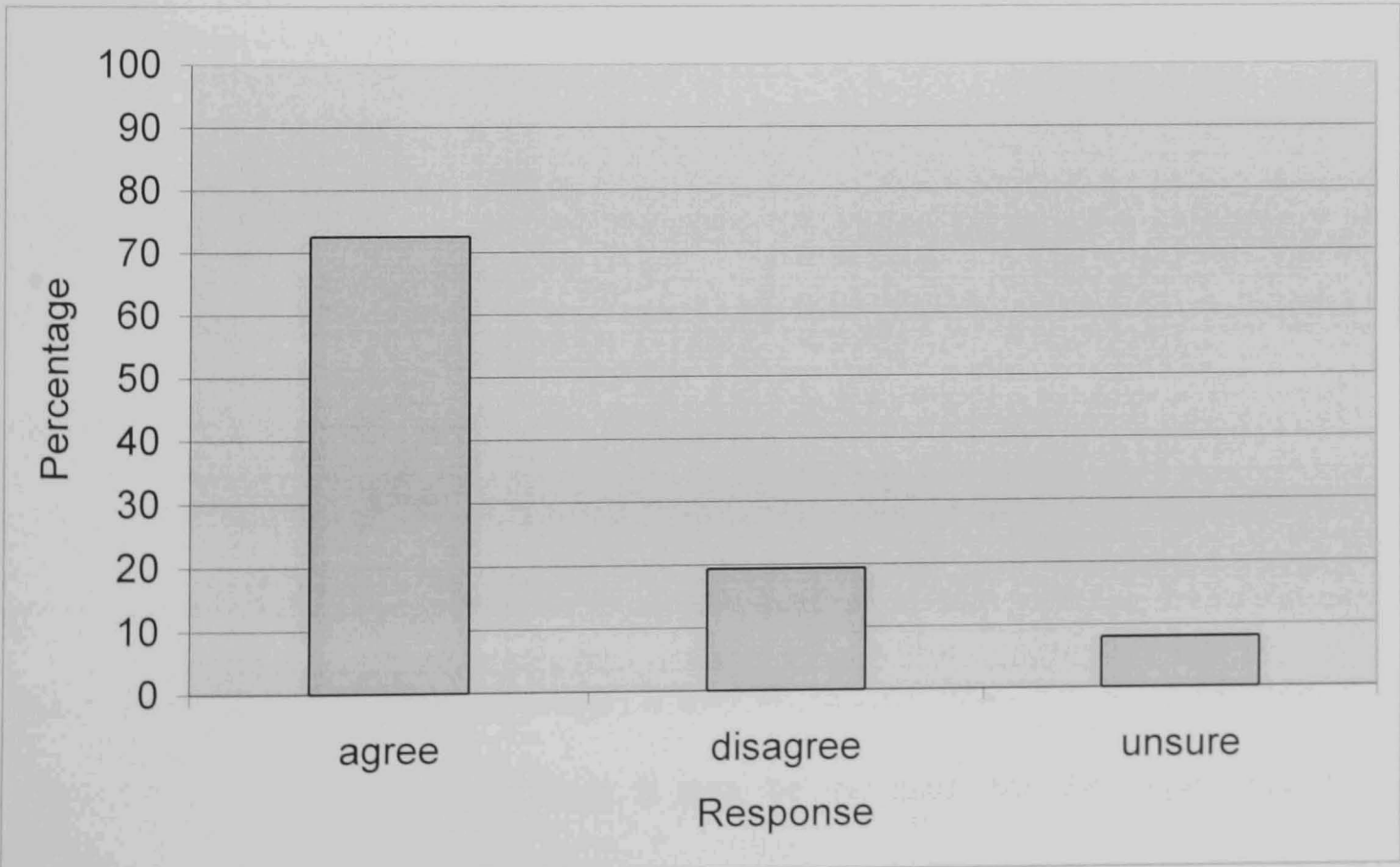
Survey results – Attitudes and concerns regarding resistance

In addition to the phenomenological descriptions, the questionnaire included a more general ‘attitude’ survey that was intended to assess further respondents’ stance towards and concerns regarding the topic of resistance. A total of 124 completed surveys was obtained and the results of the attitude survey are presented and discussed below.

Question 1: Encountering phenomena that may be termed ‘client resistance’ is common in the course of therapy in my experience.

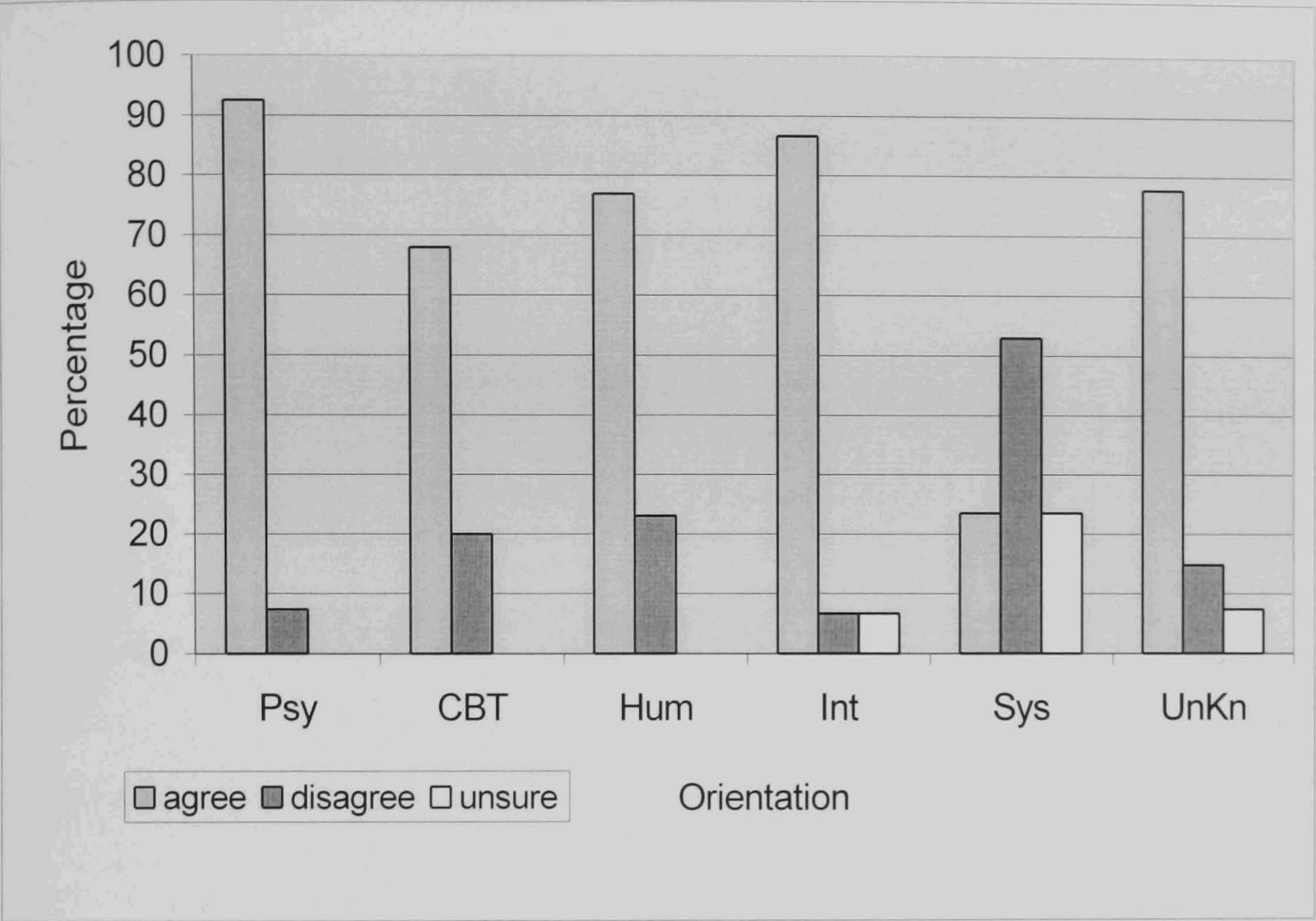
Orientation	Agree	Disagree	Unsure	Totals
Psychoanalytic	25	2	0	27
CBT	17	5	3	25
Humanistic	10	3	0	13
Integrative	13	1	1	15
Systemic	4	9	4	17
Unknown	21	4	2	27
Total	90	24	10	124

Table 12: Response frequencies by orientation: ‘Client resistance’.



Graph 7: Response percentages: ‘Client resistance’.

These results can also be differentiated by theoretical orientation of respondents:



Graph 8: Response percentages by orientation: ‘Client resistance’.

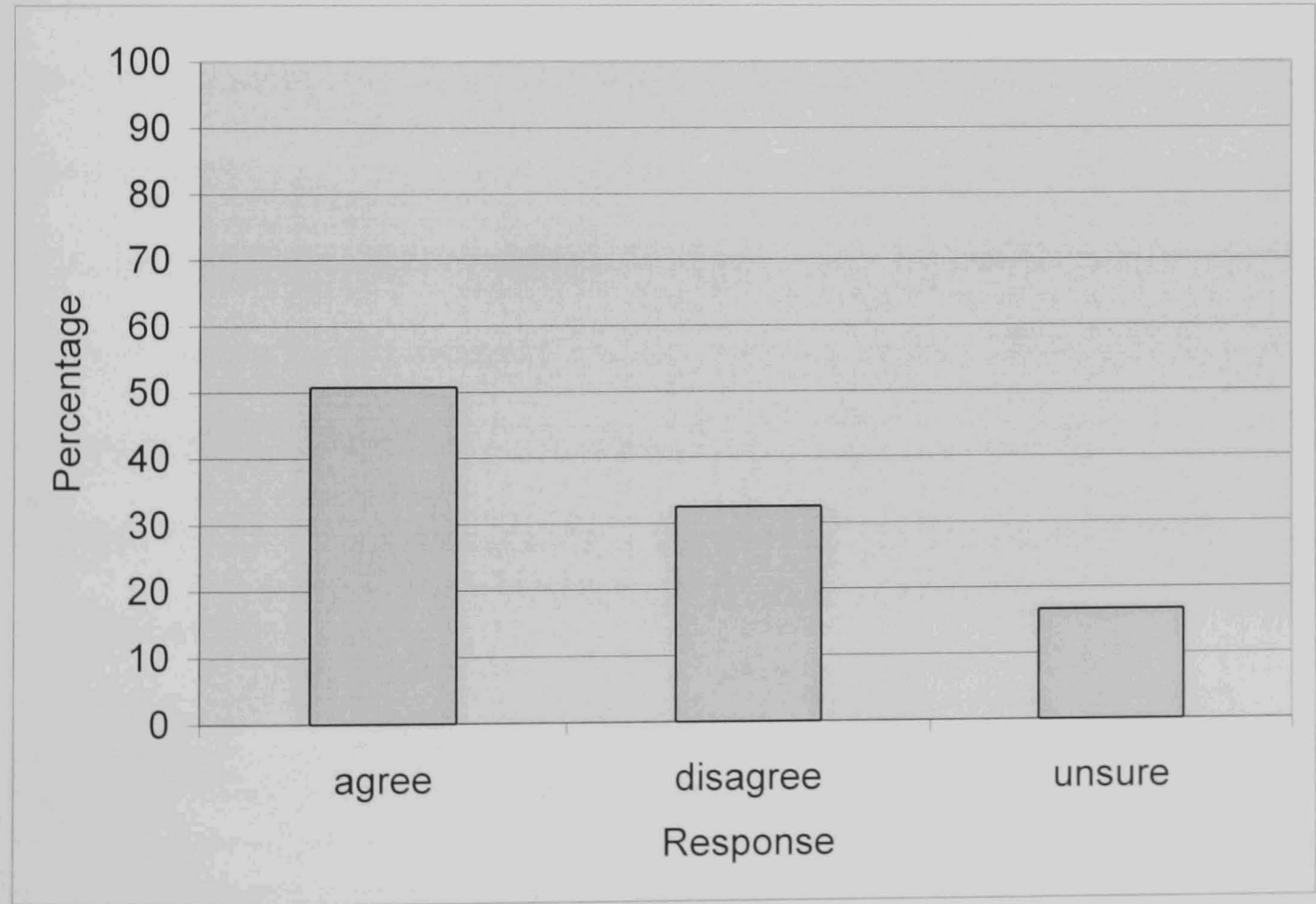
As graph 8 above clearly shows, the phenomenon of resistance is recognised by the greater percentage of all respondents, with the clear exception of systemic therapists. Just over 50% of these respondents indicated disagreement and 23% indicated that they were unsure. Of interest is that agreement was not total in the psychoanalytic group. In general, these results are consistent with the conclusions of the literature review and support a view of resistance as a phenomenon that is recognised across orientations. Further consideration is clearly needed of the systemic therapists. In reference to the initial interview study, it may be recalled that only one participant of this orientation was included. Thus, it may be the case that the experience and

concerns of this group has not been adequately expressed in the phenomenological descriptions. This would require further exploration.

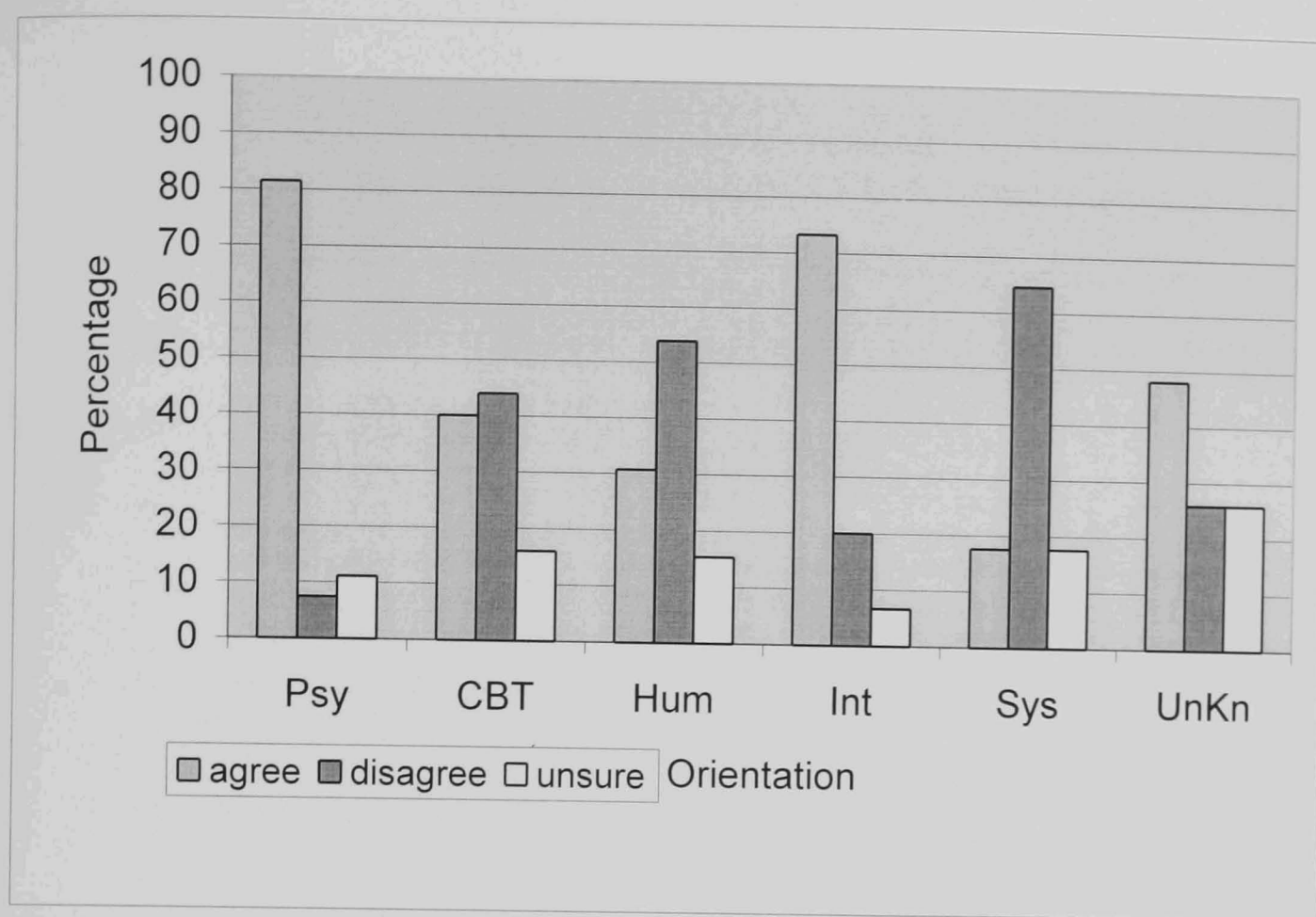
Question 2: Encountering phenomena that may be termed ‘therapist resistance’ is common in the course of therapy in my experience.

Orientation	Agree	Disagree	Unsure	Totals
Psychoanalytic	22	2	3	27
CBT	10	11	4	25
Humanistic	4	7	2	13
Integrative	11	3	1	14
Systemic	3	11	3	17
Unknown	13	7	7	27
Total	63	41	20	124

Table 13: Response frequencies by orientation: ‘Therapist resistance’.



Graph 9: Response percentages: ‘Therapist resistance’.



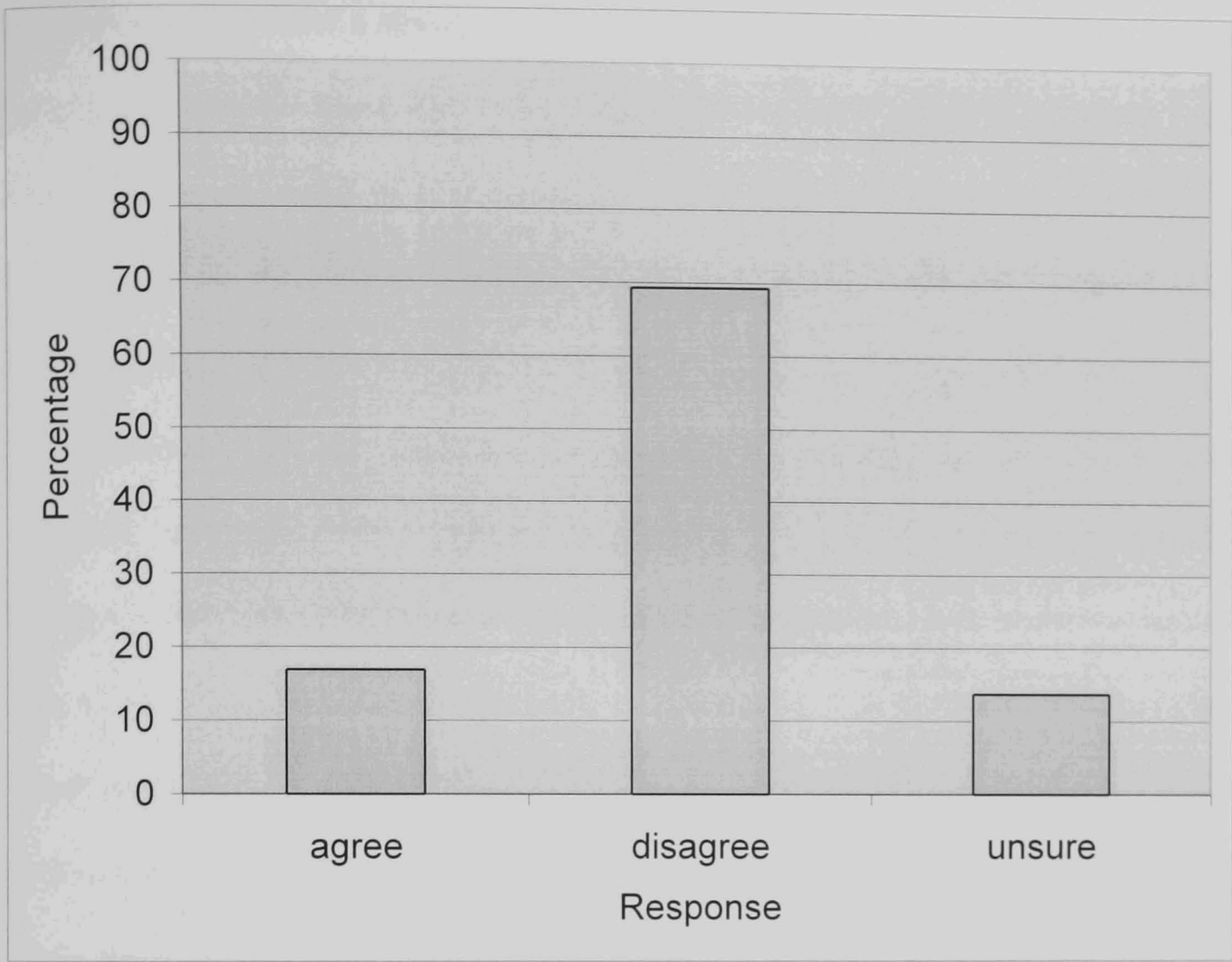
Graph 10: Response percentages by orientation: 'Therapist resistance'.

From the above it can be seen that the idea of 'therapist resistance' is one that is generally recognised by psychoanalytic and integrative therapists. However, the opposite pattern is found for the remaining orientations. Again, however, it is not unrecognised by all of the respondents in these groups. It can also be seen that this pattern of results seems consistent with the lower average ratings of adequacy given by these groups of respondents to the descriptions of therapist resistance.

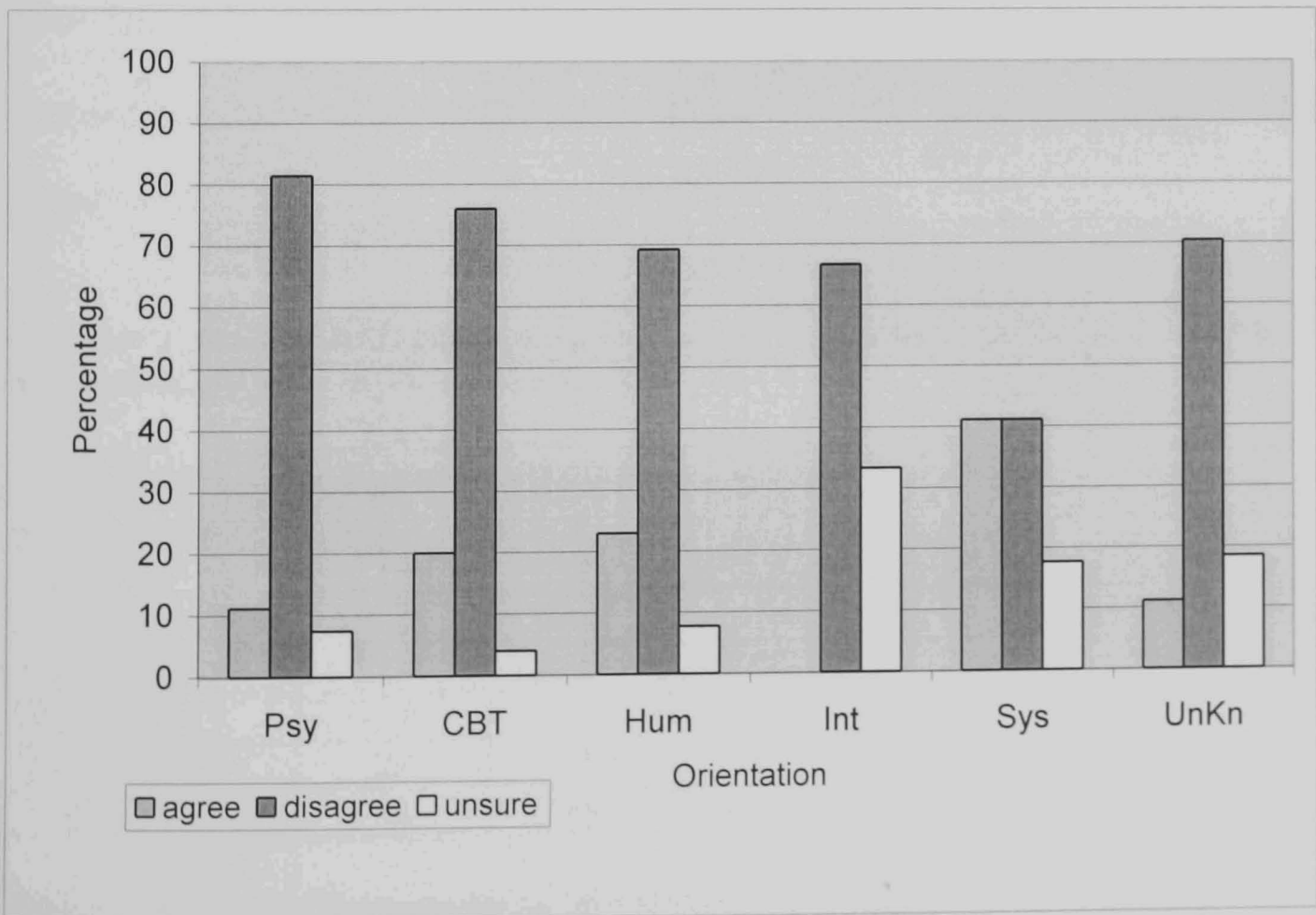
Question 3: Client resistance is in most instances the result of poor technique or therapist errors.

Orientation	Agree	Disagree	Unsure	Total
Psychoanalytic	3	22	2	27
CBT	5	19	1	25
Humanistic	3	9	1	13
Integrative	0	10	5	15
Systemic	7	7	3	17
Unknown	3	19	5	27
Total	21	86	17	124

Table 14: Response frequencies by orientation: 'Therapist errors'.



Graph 11: Response percentages: 'Therapist errors'.



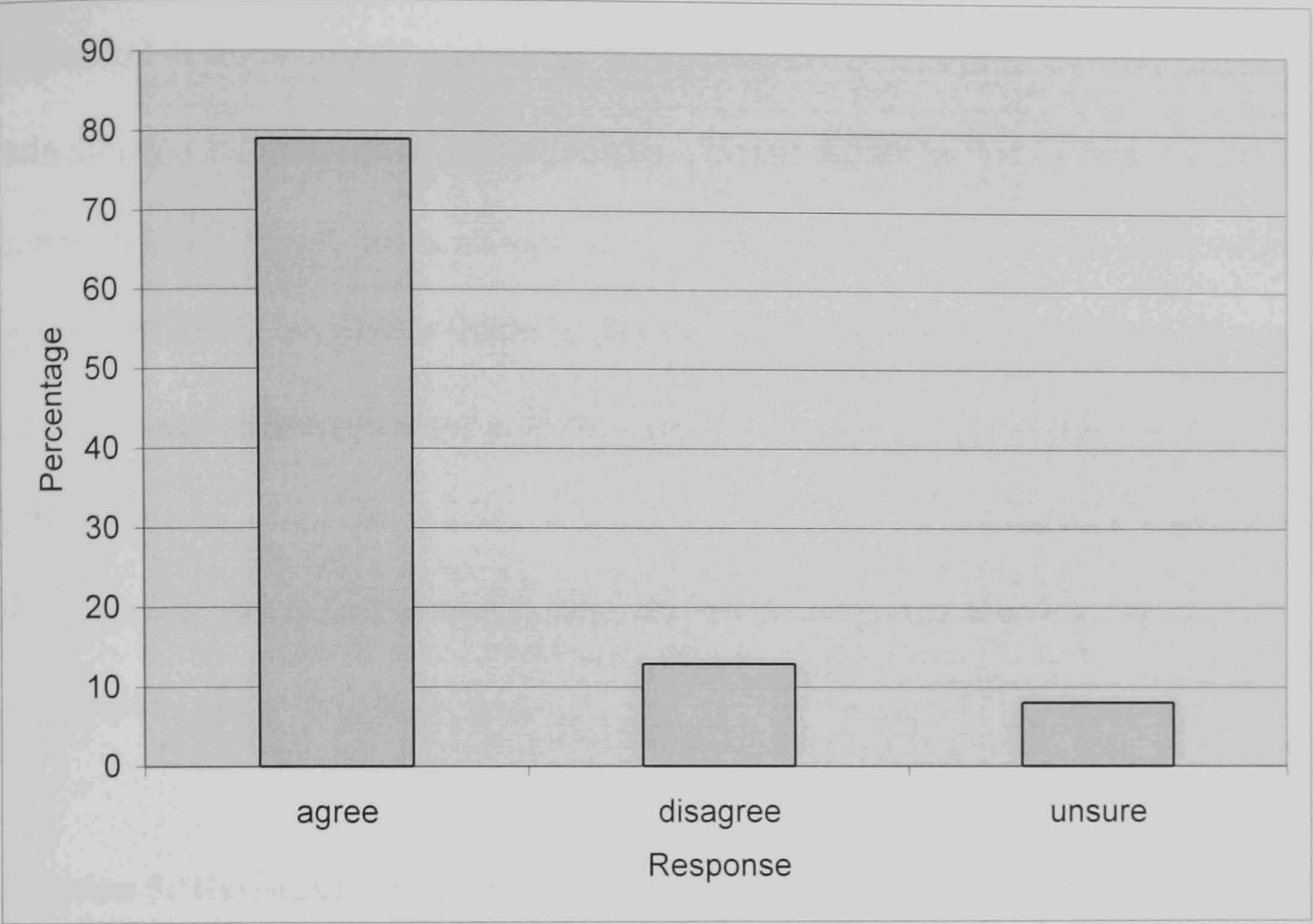
Graph 12: Response percentages by orientation: 'Therapist errors'.

The above results show a strong pattern, with all orientations, again with the notable exception of systemic therapists, disagreeing with the notion that client resistance is in most instances the result of poor technique or therapist errors. This is in contrast to some of the psychoanalytic literature stemming from the work of Winnicott and Kohut that has emphasised the therapist’s responsibility in evoking client resistance. It also contrasts with the literature in cognitive-behavioural therapy, which has repeatedly emphasised that poor or inappropriate techniques on the part of the therapist is the primary factor in the presence of resistance. Systemic therapists can be seen to be largely divided on this issue. Perhaps the forced-choice nature of the question has made it difficult for systemic therapists to express their opinion clearly on this item, as to both agree and disagree with the question seems to support a view of the phenomenon as important, which overall is precisely the view that systemic therapists seem to take issue with in this research. However, as was seen in the literature review, systemic theorists such as De Shazer (1984) and Haley (1990) have proposed that ‘one gets what one expects’, and in this sense the presence of resistance reflects an error of expectation on the part of the therapist.

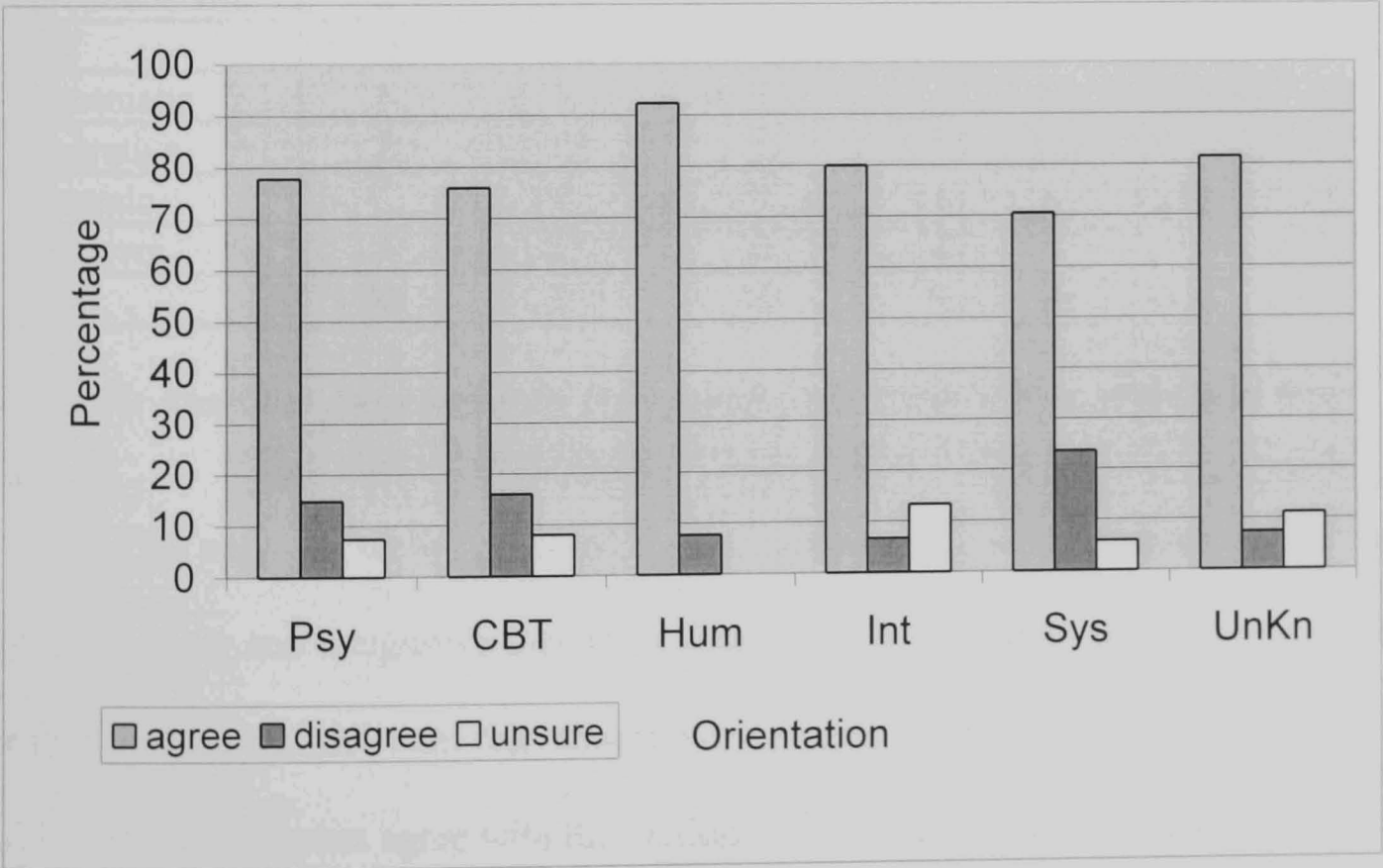
Question 4: Resistance is primarily self-protective in nature – it functions to help clients to maintain a stable sense of self.

Orientation	Agree	Disagree	Unsure	Total
Psychoanalytic	21	4	2	27
CBT	19	4	2	25
Humanistic	12	1	0	13
Integrative	12	1	2	15
Systemic	12	4	1	17
Unknown	22	2	3	27
Total	98	16	10	124

Table 15: Response frequencies by orientation: ‘Resistance as self-protective’.



Graph 13: Response percentages: ‘Resistance as self-protective’.



Graph 14: Response percentages by orientation: ‘Resistance as self-protective’.

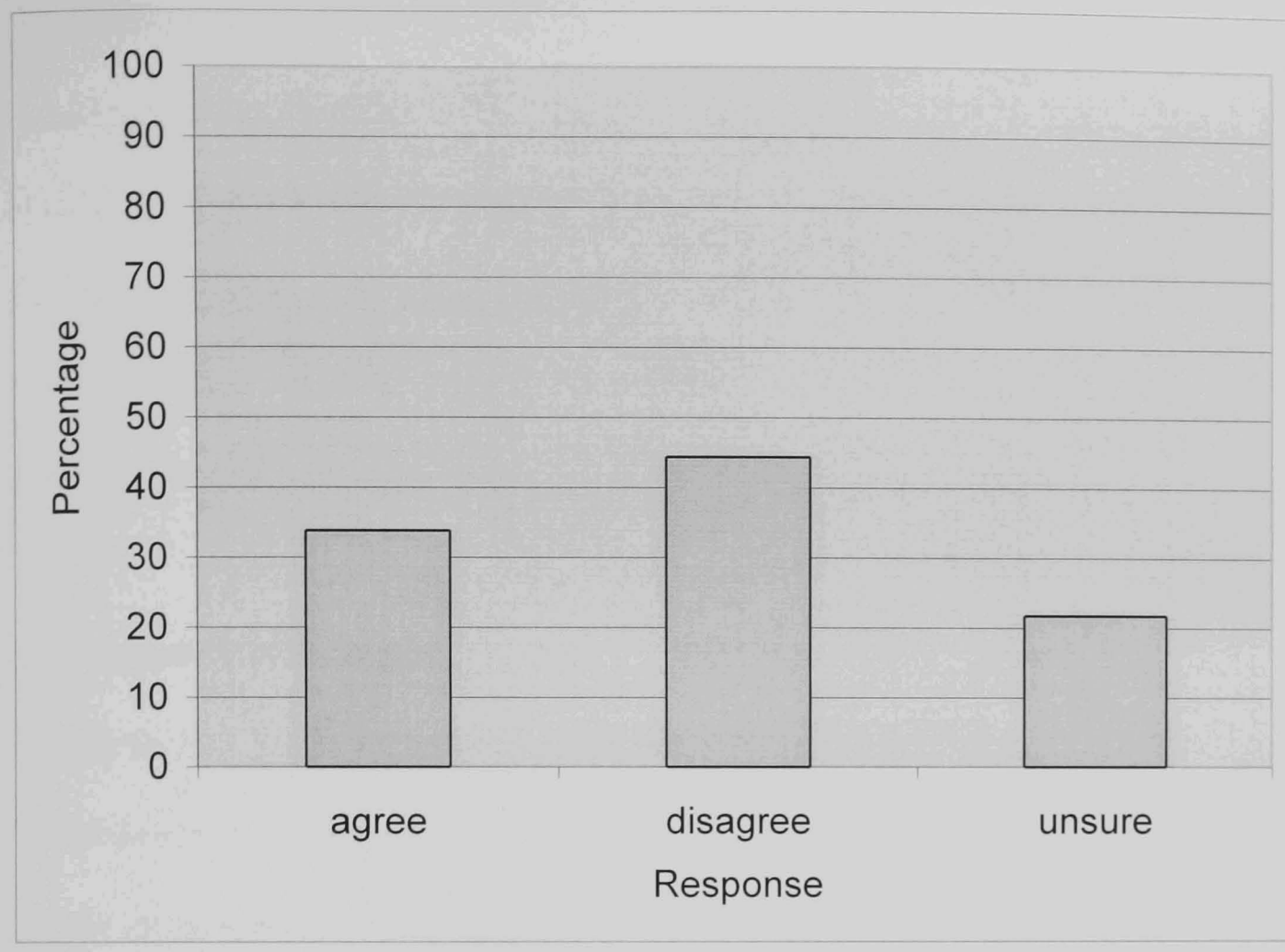
The above results show that across different theoretical perspectives resistance is understood in terms of self-protection. Here, resistance is believed to assist clients in maintaining a stable sense of self or identity. As was shown in Part I of this thesis. this notion can be found in contemporary psychoanalytic theories, in constructivist approaches and in integrative theories. Here as well the majority of systemic therapists have indicated their agreement with this notion. This may suggest that this aspect of ‘self-protection’ must be further emphasised in order to adequately capture the experience of systemic therapists, who are particularly concerned at the pejorative connotations of the term resistance.

Question 5:‘Resistance is a redundant or unhelpful term- it is better not to use it’.

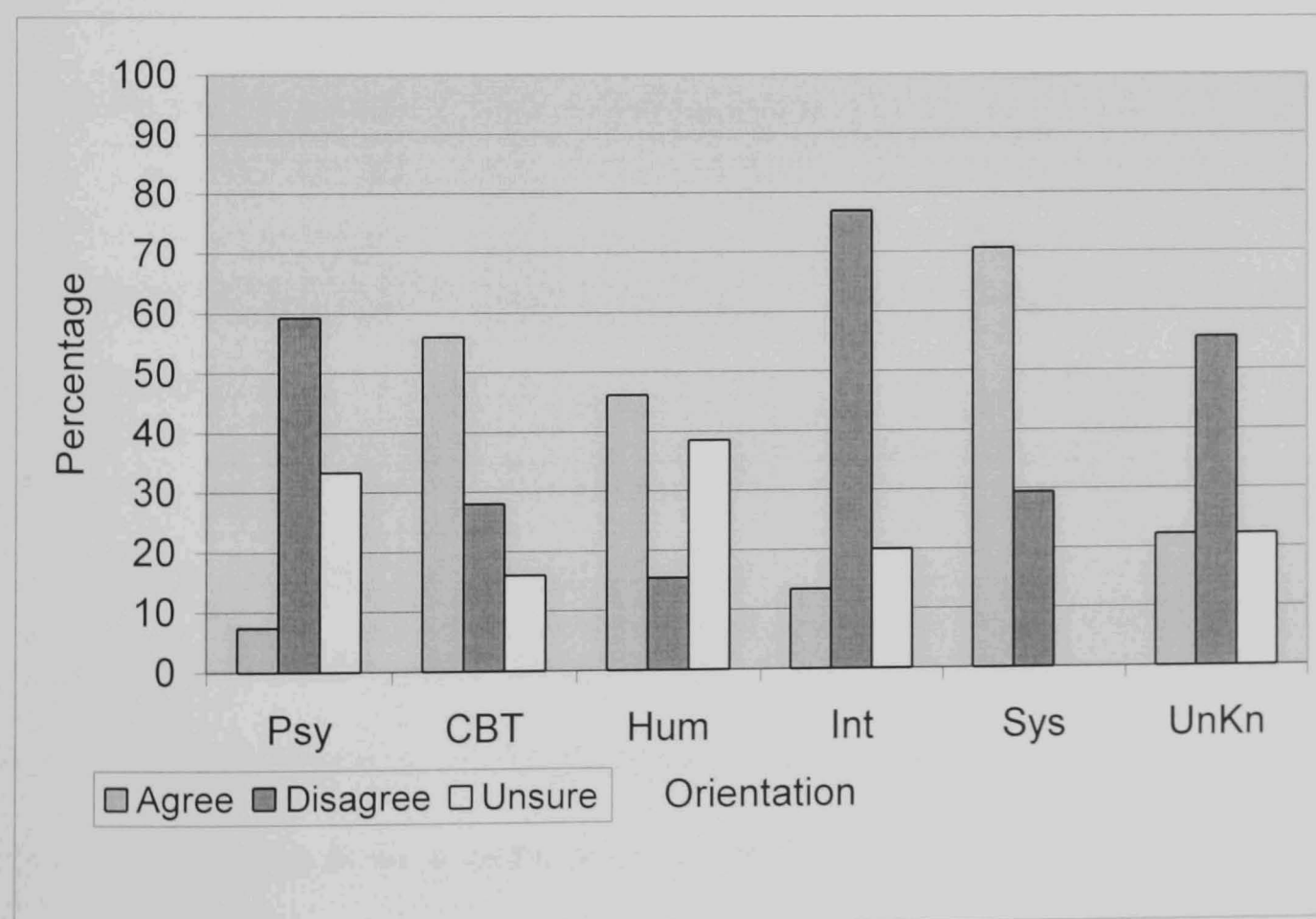
Orientation	Agree	Disagree	Unsure	Total
Psychoanalytic	2	16	9	27
CBT	14	7	4	25
Humanistic	6	2	5	13
Integrative	2	10	3	15
Systemic	12	5	0	17
Unknown	6	15	6	27
Total	98	16	10	124

Table 16: Response frequencies by orientation – ‘Resistance is an unhelpful term’.

As can be seen in table 16 above and graphs 15 and 16 presented below, psychoanalytic and integrative therapists disagree with the notion that resistance is a redundant or unhelpful term that should not be used. By contrast, CBT, humanistic and systemic therapists agree with this notion, with some degree of uncertainty on the part of humanistic therapists which is again consistent with the literature review findings.



Graph 15: Response percentages: 'Resistance as an unhelpful term'.



Graph 16: Response percentages by orientation: 'Resistance as an unhelpful term'.

Qualitative data

In addition to the ‘forced-choice’ questions, respondents were also invited to present qualitative feedback and in particular to suggest terms other than resistance that they felt were in some way more adequate or preferable. These qualitative data are discussed below and categorised according to the theoretical orientation of the respondents.

Psychoanalytic therapists

As was shown, psychoanalytic therapists gave the strongest mean ratings of adequacy for the descriptions. According to the results of the attitude survey, they also tended to see the phenomenon of client resistance as commonly occurring and most did not believe that the term is redundant or unhelpful.

“As a theoretical concept it is useful in the right place.”

“I’m happy to use the term resistance and to think these descriptions are different ways in which clients can resist full awareness of their behaviour, feelings, etc.”

Nevertheless, alternatives to the term resistance were suggested, including ‘difficulty’, ‘defensiveness’, ‘maladaptive strategies’ and ‘hurts and misunderstandings that are usually the responsibility of the therapist’. Three respondents indicated that they regarded resistance to be a useful term in ‘the right place’ and that it is a negative attitude to the phenomenon of resistance that is more problematic than the concept itself. It was also asserted that resistance provides potentially valuable information about both the client’s and the therapist’s experience. There was also mention of the

potentially ‘problematic’ aspects of the term. It was suggested that the use of the term resistance may lead to clients feeling criticised by the therapist. Additionally, the term implies, in an unhelpful fashion, that the therapist has a clear idea of where the work ‘should’ be going.

“To me, it feels like the resistance actually lies in the use of the concept resistance since it implies that there is a place to go that you should be going there and somehow excuses not fully engaging with what is going on in the moment.”

Finally, it was stated that the phenomenological descriptions could also be understood theoretically in terms of transference and counter-transference.

Cognitive-behavioural therapists

CBT therapists were found to give a mean rating of ‘adequate’ to the descriptions of ‘client resistance’. Lower mean ratings were obtained for the descriptions of ‘therapist response’ and ‘therapist resistance’. From the attitude survey it was found that while the phenomenon of client resistance was acknowledged, more than 50% of the respondents felt that the concept of resistance was a redundant or unhelpful term that should not be used.

“All your examples are instances of where the therapist has work to do to understand the process- adding glib labels such as resistance would not be helpful.”

This is also reflected in the qualitative data where the term resistance was described as being ‘too woolly’ and lacking ‘operational definition’.

“It’s a woolly term- lacks an operational definition and perhaps too much is attributed to it when a different use of words would describe a predicament better in a specific instance.”

A variety of alternative terms were suggested, including ‘non-compliance’ and ‘therapist–client mismatch’ or ‘therapist inadequacy’.

“It may be apt to reframe towards the therapist not ‘matching’ the client, so reflecting a therapist’s problem, inadequacy.”

“If the client is unable to comply then either, 1. my assessment is wrong, 2. my target setting is wrong, 3. their motivation is wrong (insufficient)”

These terms again seem to be consistent with some of the CBT literature on the topic. Other terms suggested included ‘difficulty’, ‘dilemmas’, ‘problems’, ‘stuckness’ and ‘therapeutic stagnation’ and seem to resonate with aspects of the descriptions as they were presented. Also suggested was the constructivist view of resistance as expressive of client anxiety as well as the view that resistance expresses ‘difficulties in engagement’ or ‘partial involvement, estrangement or protective withdrawal’.

“Client resistance is a common experience but I regard this as the client experiencing threat. The client may have chosen the wrong therapist or may need more time to trust the therapist. If I experience negative feelings then either the client needs another therapist or I am misunderstanding the client.”

"I find the word resistance evokes a negative feeling when in fact it is a normal protective process utilised by clients until sufficient trust is built within the therapeutic relationship."

"I do not believe that the problems/difficulties experienced by either client or therapist can be covered by one definition. What could be useful are strategies to deal with 'therapist dilemmas' and 'problems that can arise during the course of the therapy'."

Humanistic therapists

As with CBT therapists, humanistic therapists were found to give a mean rating of 'adequate' for the descriptions of 'client resistance' and lower ratings for the descriptions of 'therapist response' and 'therapist resistance'. Humanistic therapists also indicated an acknowledgement of the phenomenon of client resistance and tended to strongly favour a 'self-protective' view of its significance. They also tended to see the term itself as unhelpful or redundant or to be unsure about this issue. This ambivalence was seen to exist in the humanistic literature itself. The qualitative data also tended to emphasise the notion of the term's being out of date, with a variety of humanistic terms being suggested as replacements. These included 'creative adjustment', 'interruption to contact', 'self-regulation', 'impasse' and 'incongruence'. Two respondents expressed a strong view that the term was greatly problematic and should be replaced by 'process descriptions' such as 'you are turning from me, you are not connecting with me, we have lost our bond' or 'I am pushing and you are moving away'. This seems to concern the use of the term in actual dialogue with clients.

Again, the notion of resistance as expressing a need for self-protection was mentioned.

"I work with resistance by acknowledging it and exploring the importance of the resistance to the client at the time- it's there for a reason- rather than pushing through."

"I prefer 'defensive' or 'self-protective', 'resistance' has pejorative overtones as if a client should go with the therapist's ideas, thoughts, direction and as if the therapist knows best."

Integrative therapists

The pattern of responses from integrative therapists was found to be broadly equivalent to that of psychoanalytic therapists. Indeed, a greater percentage of integrative therapists disagreed with the idea of resistance as an unhelpful or redundant term compared with the percentage for psychoanalytic therapists (again, such comparisons are limited because of the low response rate overall as well as the greater comparative response rate of psychoanalytic and CBT therapists compared with the other groups). Less qualitative feedback was provided by these respondents. The self-protective nature of the phenomenon (for both therapist and client) was again expressed. Alternatives suggested included 'coping mechanism', 'blocks', 'difficulties' and 'defences'.

"I see resistance as a normal part of the therapy process. I expect it to happen and regard it as a natural desire to cling to old beliefs and behaviours."

“To resist is in the main seen as negative when it is a valuable tool both for patient and therapist. A therapist must be very aware of the importance of respecting resistance.”

Systemic therapists

Systemic therapists were found to give the lowest mean ratings overall and to disagree with the notion of client resistance being a common phenomenon. They also strongly indicated a preference for an alternative term or terms. This was clearly expressed in the qualitative feedback.

“Resistance doesn’t exist for me at any meaningful level. Therefore I would be inclined to ask questions as to what belief/fear etc would be activated if we discussed ‘X’, what would be missed if we didn’t discuss ‘X’, how life may/may not change by a discussion of ‘X’ etc.”

Three respondents suggested the notion of a ‘lack of fit’ or a ‘difficulty in connecting or coordinating with the client’. Here, there is a strong implication that this is the responsibility of the therapist, but one respondent also indicated that such a lack of fit is ‘co-created by both therapist and client’. Following De Shazer’s (1984) paper it was suggested that ‘the unique way in which the client cooperates’ is also preferable. As with other therapists, the notion of self-protection in the face of client anxiety was also emphasised by two respondents. Further alternative terms included ‘stuckness’, ‘dilemma’ and ‘impasse’.

“Protectiveness, defence, client setting a different pace than the therapist, caution, different timing. Client resistance may be an indication to the therapist to go down a less destructive path.”

‘Ambivalence’ was suggested by two respondents, with one proposing that such an experience is an expression of ‘the human condition’. The above qualitative data are valuable in suggesting that while it is very clear that the systemic respondents on the whole find the term resistance to be both unhelpful and misleading, nevertheless there is a sense that the term points towards phenomena that are also felt to be important and tend to be centrally concerned with ‘difficulty’.

“The use of such terms within the context of relationships where there is an unequal balance of power can mask both the responsibility of the therapist and the vulnerability of the client.”

“I see resistance as normal in therapy. The therapist and the client need to find a way to talk about what is getting in the way, preventing moving on- this may come from the therapist’s beliefs or client beliefs. This process is an essential one in therapy.”

Unknown orientation

A relatively large group of respondents did not indicate their theoretical orientation. The qualitative data provided by this group tended to emphasise the notions of ‘self-protection’ (three responses) and ‘a lack of fit or engagement’ (three responses). It was also stated that ‘therapist resistance’ was equivalent to ‘counter-transference’ and that this is always a potentially valuable experience.

"I see resistance as an essential part of the relationship. I want to be able to recognise that it is part of the relationship."

"Resistance is not being able to get along side the client in his/her view of the world."

"I think resistance as a term is ok, but as you have set out, it has many different shades of meaning."

From the above it can be seen that across theoretical orientations the notions of 'therapist difficulty', 'stuckness', 'dilemma' and a 'lack of fit or coordination' were frequently proposed as alternative terms. Again, this suggests that while therapists from across differing theoretical perspectives have significant areas of concern about the concept of resistance, they nevertheless seem to be acknowledging the importance of the phenomenon to which the concept points. This will be taken up in the following chapter.

Dilemmas and limitations

It will be recalled that it was an aim of this research to ask of respondents that they initially set aside their concerns regarding resistance as a concept in order to more fully focus on their lived experience. It is possible that this step is a difficult one for respondents to take in a pen and paper questionnaire. Indeed, it was a feature of the interview study that some discussion and clarification was required during the process in order to help participants to take this step. An alternative methodology that could have been used was to have presented the descriptions to respondents without the term resistance being used. This would also have allowed them to indicate which term or terms they feel best captures their experience. The term resistance could have been presented as one option among several. The study as a whole could have been presented under the heading of ‘therapeutic difficulties’.

The use of numbered 11-point bipolar scales raises the possibility of using statistical tests concerning differences between orientations. There would also be the possibility of conducting a principal component factor analysis on the total group of scores. Such a procedure would be important if it was intended to use the phenomenological descriptions to construct some form of ‘resistance scale’. However, while the possibility of taking these steps was one that I held for a considerable period of time, this has not been done in the present research. The reasons for this are both practical and conceptual/philosophical. First, the low numbers of respondents in the study would clearly limit the generalisability of the obtained results. Second, and more importantly, the construction of a ‘resistance scale’ was not the objective of this research, and, as was seen in the research review, attempts to construct such scales have met with limited success. Third, this research has been conducted from an

existential-phenomenological perspective. The use of statistical tests that arise from an empirical/positivist standpoint is thus questionable because of the contrasting basic assumptions underlying these standpoints. The use of such tests would thus require some consideration of how these two sets of assumptions can be held at the same time. Thus, given that the question of the effect of theoretical orientation on the perceived adequacy of the descriptions is only a small aspect of this study, this interesting but complex issue has not been pursued.

The conclusions that have been drawn have been based on a consideration of the obtained means, standard deviations and the qualitative data provided by participants. Although it is possible to draw broad conclusions from the obtained results, they must be regarded as tentative. A greater number of respondents would be needed to add further weight to these conclusions.

A further limitation of this study may be understood as arising from the initial choices made about its design. That is, it may be noted that the survey has in fact canvassed only a fairly restricted range of theoretical orientations. My rationale for this was the same as that underlying the choice of theoretical models included in the literature review. That is, it was my intention to engage with what I regarded as the 'major schools' of psychotherapy. This strategy has the clear disadvantage of not including the voices and potential challenges of a range of other theoretical perspectives. It may also be seen that the sampling method is biased in that I have surveyed 100 practitioners from each orientation, which is not representative of the actual number of practitioners who are registered in each of these categories by the UKCP. This decision was based on my desire to have a sufficient number of responses from each

category. Proportional sampling may have threatened the possibility of a sufficient level of return from humanistic, integrative and systemic therapists.

What may also be obvious by its absence is the participation of existential psychotherapists in the survey. This absence reflects the earlier dilemmas I had identified concerning the possibility of conducting a further qualitative study with this group. This is a possibility that I had chosen to hold open, however, it is a possibility that that has not been actualised in this research.

Summary: Part II – Researching resistance

In Part II of this thesis the quantitative and qualitative studies that have examined the question of resistance have been reviewed. It was concluded that in comparison with the great amount of theoretical work that has been done, there is a relative lack of research studies. It was also concluded that quantitative approaches to this issue have produced inconsistent results. It was argued that a phenomenological approach to the question of resistance was highly appropriate in terms of an attempt to clarify the phenomenon of resistance as an aspect of lived-experience. A phenomenological study of therapists' lived-experience of encountering resistance in therapy was conducted and described. A survey study of therapists' experiences, attitudes and concerns regarding resistance was also conducted and described.

Part III of this thesis will consider the results obtained by both the phenomenological and the survey study in terms of how these may be further interpreted from an existential-phenomenological perspective. In Chapter 12, the acknowledgement of what may be contained in the term resistance will be discussed, as well as the struggle with the concept of resistance itself. A particular question that will be explored is 'what will the consequences for therapists be if they both acknowledge the phenomenon of resistance as a co-constituted relational phenomenon and abandon the technical concept of resistance as something that they are in a privileged or objective position to observe, interpret or overcome?'

Part III

Interpreting resistance

Chapter 12

Discussion: An existential-phenomenological interpretation of 'resistance'

Chapter 1 of this thesis began with the statement: “‘resistance’ is futile’. Subsequent chapters show that the concept of ‘resistance’ has been both problematic and enduring, and that it has been a topic of interest and debate across differing theoretical perspectives. Wide variations in meaning are attached to the concept, ranging from the identification of specific intra-psychic defence mechanisms (ego-psychology) or cognitive processes (cognitive therapy), to the description of an overall character style or way of being (Reich, 1933; Horney, 1956). ‘Resistance’ has, at times, been regarded as an episodic, if predictable and expected, interruption to an otherwise smooth intervention. Alternatively, theorists with a different leaning have regarded ‘resistance’ as a ‘given’ and as being present throughout the therapeutic process. The so-called silent or latent ‘resistances’ are significant in their tendency to go unobserved by both therapist and client.

The most significant development in the way in which ‘resistance’ is understood across different viewpoints has, perhaps, been a growing emphasis on the analyst’s or therapist’s contribution to, or participation in, the phenomenon of ‘resistance’. In this shift there is greater emphasis on the ‘meaningfulness’ of ‘resistance’, and that the phenomenon ‘makes sense’ and can be understood in terms of vital processes of self-protection or the maintenance of personal meaning structures (Mahoney, 1991). This is, however, not a universal perspective, and the description of ‘therapy as battle’ can

be seen to co-exist with perspectives that advance a careful exploration of a client's processes of maintaining meaning and identity.

Writers from differing theoretical perspectives have criticised and challenged the validity of the concept of 'resistance' (e.g. Lewis, 1987; Schafer, 1992; Fransella, 1993). It has been argued that the term is misleading, too all-inclusive and virtually meaningless, and that the concept supports potentially unhelpful and possibly abusive therapeutic practices. It has frequently been suggested that the concept be abandoned and replaced by alternatives.

Two broad levels of theorising can be identified:

- *'Why is it, and what makes it, difficult for people to achieve desired change?'* 'Resistance' is broadly understood in terms of 'resistance to change' and theoretical discussions are often at varying levels of abstraction. Each therapeutic model takes its own particular stand with regard to the fundamental variables responsible for obstacles or blockages to human change, and those variables responsible for the maintenance or persistence of a current 'stasis'. These assumptions include those of the 'solution-focused' and other viewpoints that consider that a focus on a lack of change is incorrect.
- *'How can we understand and respond to blockages, difficulties and dilemmas that occur in the therapeutic process?'* At this level of concern, 'resistance' is understood primarily as a technical concept designating those client or therapist behaviours or experiences identified by the therapist as 'counter-therapeutic'.

The two levels of discourse are, of course, frequently related, with those philosophical assumptions advanced to answer the first level of concern being expressed in a particular therapeutic model's position on the second level of concern.

In this thesis it is argued that the psychoanalytic understanding of the nature of 'resistance' is incompatible with an existential-phenomenological perspective. Psychoanalytic formulations transform a phenomenon of lived experience into a technical concept that suits the therapist's expert power base. The therapist is in the powerful and unassailable position of designating the 'true' meaning of the patient's experience and behaviour, as well as knowing what 'should' or needs to happen to effect a cure. As noted in the literature review, a number of psychoanalytical writers have criticised the use of psychoanalytic concepts in such a fashion (e.g. Renik, 1995; Levine, 1996). However, it is argued that a distinction may be drawn between the technical concept of 'resistance' (and the technical/therapeutic practice of 'analysing resistances') and the possibility of describing an intersubjective phenomenon of 'resistance'.

An existential-phenomenological perspective on 'resistance', as an aspect of the lived-experience of the therapeutic encounter, is considered both possible and potentially fruitful. Two studies to fully 'ground' and support such an existential-phenomenological perspective have been described.

This chapter is concerned with an exploration of how the results obtained may be further interpreted from an existential-phenomenological position. Additionally, the

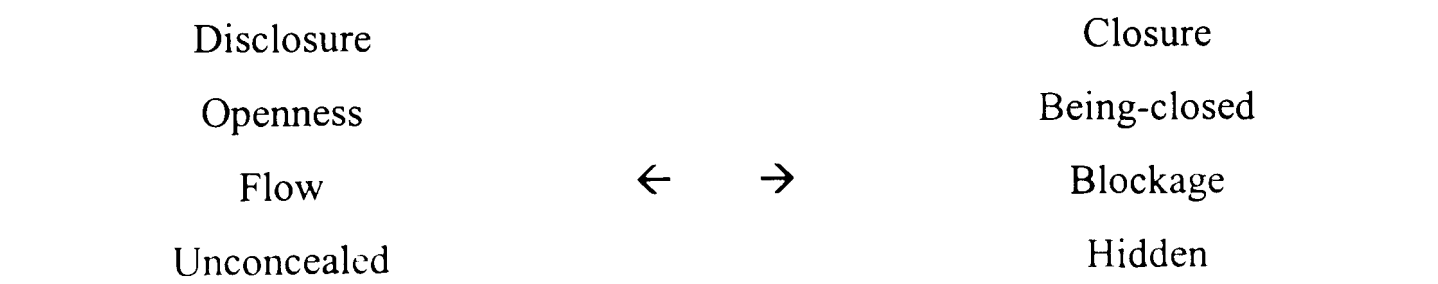
extent to which these results may contribute to further clarification of an existential-phenomenological approach to therapy is explored.

The phenomenon of ‘encountering “resistance”’

In contrast to an emphasis on ‘resistance’ as a technical/explanatory concept, an existential-phenomenological perspective regards ‘resistance’ as a phenomenon of lived experience. In this sense, ‘resistance’ is based on an ‘intentional’ structure – that is, ‘resistance’ must always refer to something, e.g. ‘resistance to change’.

‘Resistance’ as a phenomenon can be understood in terms of its original meaning of ‘withstanding’. That is, the phenomenon of ‘resistance’ is inherently an inter-relational phenomenon, arising from the intersubjective nature of human existence. The phenomenological investigation revealed that the experience of ‘encountering client resistance’ is, for the therapist, an experience of encountering a lack of ‘flow’, of ‘being-closed’ and of ‘being blocked’.

In these descriptions there is the sense of both a ‘lack’ and its consequent withdrawal, or a lack of access or contact with the experience of the other. It is instructive to ask what the opposite of these descriptions may be. The most apparent are the terms ‘openness’, ‘flow’ and ‘disclosure’. ‘Resistance’ can be described as one pole of a continuum or as one side of a polarity:



Existential-phenomenological psychotherapy has been described as a process of interdependent disclosure and clarification (Spinelli, 1994). If disclosure is understood as always existing along with 'resistance' as closure, then existential-phenomenological psychotherapy must be concerned as much with 'resistance' as with its opposite. As noted, Boss (1967), in his descriptions of Daseinsanalysis, draws on the philosophy of Heidegger and discusses the notion of truth as 'aletheia' or 'unconcealment'. Boss argues that aletheia presupposes concealment or hiddenness. Concealment and 'being-hidden' are always present. From this perspective, the 'problematical' aspects of the notion of 'resistance' are removed. Concealment and 'being-hidden' are as fundamentally present as openness and flow. Rather than being 'obstacles to be overcome' or 'barriers to be removed', concealment and 'being-hidden' may provide opportunities and possibilities for the emergence of meaning. In one sense, that which we may be open to and disclose freely, can be seen as arising from a figure/ground relationship with that to which we are closed or resist. Such meanings as may emerge from an exploration of resistance must necessarily be regarded as incomplete. Further meanings will always be possible and in an existential approach it is primarily the client's meanings and interpretations that are given priority. As Cohn (2002) notes therapeutic exploration in an existential approach involves an attempt at widening the context for understanding rather than a reductionistic analysis of hypothetical causal variables. Such a view supports Freud's essential insight into the meaningfulness of 'resistance' however it asserts that this meaningfulness remains with its intersubjective significance

An interesting consequence of considering the existence of a resistance/openness continuum is the notion that those relational phenomena falling in the middle range express degrees of both openness and being-closed. From an existential-phenomenological point of view, then, 'resistance' is concerned with closure, blocking and being-hidden. However, the phenomenological descriptions can also be interpreted as expressing the paradoxical nature of the phenomenon of 'resistance', and the phenomenon of 'closure, blocking and a lack of flow' is both disclosing and meaningful.

'Resistance' as 'self-deception' and 'repetition'

An important aspect of the phenomenological descriptions constructed is that of 'resonance'. The phenomenon of 'resistance' is described as having meaningful resonance for both the client and the therapist's way of being at other times and in other contexts. It may be recalled that a range of writers from other therapeutic orientations have used aspects of existential-phenomenological thought in order to enrich a revised perspective on the nature of resistance. Schafer (1973) and Craig (1995), for instance, have argued that the notion of 'repetition' is an important aspect of resistance. To what extent do the results of these studies support these descriptions by earlier writers? It may be argued that the description of 'resonance', obtained in the present research, is more adequate than that of repetition. The notion of repetition has the potential disadvantage of privileging the past over the present and distancing the therapist from the actuality of the present encounter. Similar arguments about the use of theoretical concepts to distance the therapist from potentially difficult and problematic aspects of the therapeutic encounter have been made by Shlien (1984),

Owen (1993) and Spinelli (1994), particularly in reference to the concept of transference. The notion of resonance has the advantage of suggesting the possibility of meaningful ramifications and connections without detracting from the potential meaningfulness of the current phenomenon.

Schafer (1973), Cannon (1991) and Craig (1995) have suggested that the phenomenon of resistance may also be understood in terms of 'self-deception'. The philosophy of Sartre is argued by these authors to be particularly revelatory in this respect. Do the results of the present study lend themselves to such an interpretation? Important aspects of the constructed phenomenological descriptions are the notions of 'mismatch', 'contradiction' and 'dilemma'. This includes both the descriptions of encountering client resistance as well as the descriptions of the client's experience, the therapist's response and therapist resistance. The notion of 'contradiction' seems to be an important aspect of Freud's early descriptions of resistance. Freud provides numerous examples of patients coming to him for treatment and earnestly and sincerely desiring cure. Contradiction and mismatch are soon encountered as the patient seemingly attempts a variety of methods to subvert or avoid the therapeutic work. In the current research the notions of 'sabotage' and 'changing the frame' seemed to further express this important sense of contradiction. However, does the notion of 'self-deception' add further meaning to these descriptions? It may be argued that this notion did not emerge in the present research and that it is doubtful that it would add further phenomenological depth to the results.

Sartre's (1958) descriptions of varieties of self-deception and bad faith are undoubtedly highly valuable for existential psychotherapy. However, there may be a

danger that ‘self-deception’ becomes used as yet one more dubious explanatory and pejorative concept, with all the same disadvantages as the technical concept of resistance. In particular, there is the danger that the term ‘self-deception’ will lead the therapist who has the experience of ‘encountering resistance’ to locate the ‘cause’ of this phenomenon inside the (deceiving) ‘self’ of the client. Thus, it may be argued that while the term has great importance and value in Sartrean-derived analyses, such a term may potentially hinder what clarification is possible of the phenomenon of resistance.

Contradiction and mismatch seem to belong in important respects to this phenomenon. Both terms express the sense of ‘tension’ that is given with the experience of encountering resistance. Both terms allow for a greater degree of contextual understanding where the tension and contradiction are seen to exist primarily in the between of the encounter itself.

Resistance: An ‘existence tension’

The results of the present research may be interpreted as expressing a view of the phenomenon of resistance as meaningful and paradoxically disclosing. As was shown in the literature review, classical psychoanalytic descriptions tended to view the therapeutic process in terms of a battle with ‘the resistance’. The goal of therapy crucially required an inevitable engagement with, and an overcoming of, the resistance. Such a description of the therapeutic process is of course inconsistent with an existential-phenomenological approach as well as most contemporary forms of psychoanalysis. Solution-focused therapists would tend to argue that ‘one gets what one expects’ (e.g. Haley, 1990) and thus encountering client resistance may represent

an error of expectation on the part of the therapist. An existential-phenomenological perspective would have some sympathy with such an argument.

Existential-phenomenological psychotherapy attempts to take an even more radical position than that of solution-focused models because it advocates the benefits of setting aside all preconceived agendas of achieving change, problem resolution (or solutions), education or cure. Using the phenomenological method, existential-phenomenological therapists attempt to achieve some degree of entry into the lived world of the client. However, even where such an attempt at setting aside assumptions and agendas of change has been adequately achieved, is the process of existential therapy one of 'therapy without resistance'? The phenomenological understanding of resistance as 'being-closed', 'being-blocked' and 'a lack of flow' would suggest that this is not the case. Resistance as a phenomenon may be no less present in existential-phenomenological therapy than it is in any other therapeutic process. Indeed, it may be argued that, phenomenologically, resistance is not restricted to the therapeutic encounter but is rather an aspect of inter-human relating.

'Closure/disclosure' may be described as one of a range of 'existence tensions', as Spinelli (2001), following earlier authors, has described this idea. Existence tensions for Spinelli (2001) are understood to be various universal polarities such as self/other, isolation/belonging, rational/emotive and so on. Existential therapy does not attempt to move a client from one position on any of these polarities towards another position that is regarded as inherently more 'healthy' or desirable. Rather the clarification of the client's lived experience of various existence tensions assists in the overall clarification of the client's current way of being-in-the-world.

The paradoxical aspect of this phenomenon is again revealed as we are now discussing the clarification of the possibilities disclosed by being-hidden and the disclosure of being-closed. However, the existence tension of closure/disclosure is one that must primarily be 'lived' in the therapeutic encounter. Clarification of the significance and meaning of these experiences, as the present research has indicated, may occur only after these moments of the encounter have ended.

As was also clearly apparent in the literature, for psychoanalytic practitioners the phenomenon of resistance is intimately connected to the theory of the unconscious. As was shown, from the publication of *The Ego and the Id* (Freud, 1923), the operation of the psychic force of resistance was in an important sense an unconscious function. The question of the unconscious has been a primary area of concern for existential-phenomenological psychotherapists. While some writers such as May (1983) accept the idea of an unconscious, most existential-phenomenological psychotherapists reject the Freudian understanding of a separate psychic location designated as 'the unconscious'. Theorists such as Cannon (1991), Spinelli (2001) and Cohn (1997) have argued that the theory of the unconscious is unnecessary and that the phenomena that the theory attempts to explain are more adequately understood in terms of the operation of consciousness. Sartre's (1958) distinction between pre-reflective and reflective consciousness, in particular, has been argued as providing a more adequate understanding for the phenomenon of unawareness.

The phenomenon of resistance, as it has been clarified in this research, contains in important respects the experience of 'the loss of clarity'. While psychoanalytic

theorists may interpret this in terms of the operation of the unconscious, from an existential-phenomenological point of view the loss of clarity belongs to the phenomenon itself and does not require a notion of an unconscious psychic process 'behind' the phenomenon. As will be further argued, as resistance is more adequately understood in terms of intersubjectivity, it is also an error to locate the origin of this phenomenon inside the psyche of one of the participants to the encounter.

Resistance: Known and unknown

Spinelli (1997) has written of the process of existential therapy as being an attempt at 'unknowing'. Within an existential-phenomenological framework the encountering of the existence tension of closure/disclosure may perhaps be regarded as requiring the willingness and ability of both therapist and client to remain in a position of unknowing or not-knowing. Merleau-Ponty (1962) has stated that the first lesson of the phenomenological reduction is the impossibility of a complete reduction. That is, the attempt to identify and to set aside preconceptions is never complete, only increasingly adequate. Furthermore, in any phenomenological exploration of another's experience there will always be aspects of the other's lived experience that will remain closed or hidden both from the therapist and from the client. No complete, final and authoritative description is possible. The lived experience of the other always resists total description.

These considerations may be taken to suggest that, from an existential-phenomenological point of view, resistance is an ever-present and inherent aspect of inter-human relating. Most respondents in the survey study rejected the notion that

resistance arises primarily because of errors of technique on the part of the therapist. Although this is in contrast with certain strands of contemporary psychotherapy theory, it may be suggested that this finding is consistent with a view of resistance as somehow being a 'given'.

The experience of the client

It has been argued that an important aspect of the phenomenon of encountering resistance is the closure or blocking of the experience of the other. During the course of the phenomenological interviews participants were asked to describe their sense of the client's experience. A number of participants pointed out that it was precisely this (the client's experience) that seemed somehow closed or hidden and a description of the client's experience therefore required some degree of speculation and construction. What was described is, of course, important for a fuller understanding of the nature of resistance.

The survey study assessed the degree to which respondents agreed with a view of the phenomenon of resistance that emphasised its 'self-protective' significance. The great majority of respondents across theoretical orientations agreed with this notion. The notion of 'self-protection' was also emphasised by the participants in the phenomenological study. Along with this, clients were also described as experiencing anxiety. This anxiety was described as being potentially based on an anticipation of experiencing emotions that may be overwhelming and may lead to a catastrophic outcome – the experience of 'losing control'. Anxiety and self-protection were also described in terms of issues focusing on the client's sense of identity. Here anxiety was described as expressing the client's experience of 'who will I be if I change?'

This has been described by a number of existentially orientated therapists such as May et al. (1958) and Cannon (1991) as the experience of ‘existential anxiety’.

As was noted in the literature review, more recent contributions from constructivist theorists have also emphasised the notion of ‘self-protection’ and ‘identity maintenance’ processes. To the extent that these perspectives have influenced cognitive-behavioural therapists, there seems to have been a softening of the equating of resistance and non-compliance, along with the emphasis on compliance-enhancing techniques.

Participants in the phenomenological study also described anxiety as being experienced within the relationship with the therapist. That is, there may be anxiety over a possible loss of relationship with the therapist or the experience of being possibly criticised, judged and ‘intruded upon’ by the therapist’s challenges. Along with the experience of anxiety, participants described the experience of anger. This anger was described as ranging from irritation to overwhelming feelings of rage towards the therapist.

What is particularly striking in its absence from these results is the experience of ‘shame’. As was noted in the literature review, Lewis (1987) has proposed that almost all instances of apparent resistance are in fact instances of client shame. In the present study the experience of shame did not become explicit and, as such, these results do not provide support for Lewis’ argument. In the phenomenological descriptions of clients’ experiences, the possibility of clients feeling ‘humiliated’ was mentioned. In the descriptions of therapists’ responses, and therapist resistance, there was also the

experience of 'falling-short' and 'self-criticism'. Thus, it is possible that with further phenomenological clarification the experience of shame may have become explicit. Indeed, it may well be the case that it was such experiences of shame that were being blocked or hidden. However, it may also be argued that the present research suggests that the phenomenon of encountering resistance need not be 'reduced' or 'explained by' the phenomenon of shame and that the paradoxical disclosure of resistance as 'being-closed' is a meaningful phenomenon in its own right.

The experience of mismatch and contradiction again seems to be an important aspect of the descriptions of the client's experience. Here, the mismatch was described in terms of the therapist's sense of how he or she was being experienced by the client. Essentially, this seemed to involve a 'switch' between the polarities of good/bad, accepting/rejecting and so on. Perhaps along with this is also a mismatch between the therapist's sense of 'who and how I am being towards my client' and the client's experience of who and how the therapist is being. Again, this was felt to contain elements of resonance with other times and other contexts. At the time of encountering this, however, there was a sense of it being 'difficult to think about'.

In summary, a strong finding of the current study is that therapists from across differing orientations tend to view resistance in terms of the client's need for self-protection. Existential-phenomenological therapists who place an emphasis on the role of existential anxiety would also support such a view. In addition to this view of the necessity and inevitability of resistance/self-protection, existential-phenomenological psychotherapists, along with a variety of solution-focused/strategic therapists, may also stress the potentially 'positive' aspects of the phenomenon. Resistance seems to be frequently described in terms of 'what is absent' (as it has

been here as well). However, resistance may also be understood in terms of a positive disclosure of self-identity. Again this emphasises the paradoxical nature of the phenomenon. An act of self-protection may also be understood as a legitimate act of self-expression and self-definition. This bears some resemblance to Otto Rank's analysis of the meaning of resistance in terms of the patient's 'will' (Rank, 1936). Farber (2000) has also noted that in his 'Dora' case study Freud (1905) initially writes that he accepts the 'patient's will' as one of the inevitable limits of treatment. This notion of 'will' was, however, quickly abandoned.

As noted in the literature review, a variety of authors from differing orientations have emphasised the importance of focusing on 'what is present' rather than what is absent. Nevertheless, it is important to emphasise that the phenomenon of encountering resistance seems to inherently involve coming up against 'limitation'. That is, the therapists in the phenomenological study often reported that it was only after the session with the client was over, and in some cases only after a great deal of time had elapsed, that some degree of positive meaning could be gained with regard to the experience of encountering resistance. In this respect, the participants reported their experience of finding psychotherapeutic theory very valuable in terms of making some sense of, and hypothesising about, the client's experience.

Historically, the use of psychological theory to make sense of a disturbing encounter with resistance is perhaps nowhere more clearly expressed than in Freud's (1905) case description of his treatment with Dora. As Farber (2000) has noted, Freud's initial understanding of Dora's premature termination highlighted the 'inherent limitations' of psychological influence. This was then abandoned in favour of the notion of

transference. The ‘discovery’ of the importance of transference is the overriding positive outcome of this case study.

Resistance as an intersubjective phenomenon: Implicating the therapist

Existential-phenomenological psychotherapists have advanced the argument that psychological phenomena need to be understood as co-constituted and inter-relational (Spinelli, 1994). That is, rather than residing ‘within’ the psyche of the individual in any primary or fundamental fashion, such phenomena arise in the ‘between’ of inter-human relating. In psychotherapy, this understanding has led to the contention that those phenomena that arise, as well as those that do not arise, in the therapeutic encounter crucially implicate the being of the therapist as much as they do the being of the client. The being of the therapist is implicated in and co-constitutive of what arises in the therapeutic encounter (Spinelli, 1994). Strongly influenced by certain strands in existential-phenomenological thought, intersubjectivity theorists Stolorow et al. (1987) have argued that resistance is a phenomenon co-constituted by both the therapist and the client. It may also be recalled from Chapter 2 that a range of other psychoanalytic theorists have emphasised the involvement of the therapist in client resistance. The work of Lacan (1993) and Langs (1981) is particularly strong on this point. The results obtained in the present study may be interpreted in terms of such a contextual intersubjective perspective.

In the phenomenological study participants described a range of ‘difficult’ or even ‘disturbing’ experiences in response to encountering client resistance. Irritation and anger towards the client, of greatly varying degrees of intensity, was identified. This

experience was sometimes felt to be expressed towards clients in an unclarified, disowned fashion, particularly by forms of questioning and challenge that somehow expressed non-acceptance or even hostility towards the client. Once therapists had gained some distance from these experiences, it was felt that there may have been something in the client's way of being (either in the therapeutic relationship or in their wider field of relationships) that presented an unwanted challenge to aspects of the therapist's values and beliefs. Therapists also described being confused and disorientated and finding it difficult to think about what was happening. The sense of 'dilemma' seemed to be an important aspect of the therapist's experience. Here again, there was the experience of 'tension' – of being pulled in different directions and feeling 'stuck'.

Along with these experiences therapists had the sense of 'falling short' of their own self-expectations about what they should be doing. A disengagement from the encounter and at the same time a sense of needing to 'get back on track' was present. The clarification of the therapist's experience of 'falling short' raises the possibility of further interpreting this in terms of 'existential guilt'. It will be recalled that Boss (1967) argued that resistance could be understood in terms of a saying 'no' to the possibilities of existence and the inevitable consequence of this of existential guilt. The therapist's experience of 'falling short' may at times express perfectionistic standards concerning what is required in order to be 'a good therapist'. This may be more adequately understood as expressing 'neurotic guilt'.

A more contextualised, intersubjective understanding may be that, to the extent that encountering resistance expresses a co-constituted 'no' to the possibilities that are

present in the dialogic encounter, the therapist also co-participates in the inevitable existential guilt. In this sense, existential guilt is the inevitable, shared responsibility of falling short of the possibilities of encounter. The descriptions of existential guilt provided by Boss (1967) tend to emphasise the patient's existential guilt as it concerned their wider field of possibilities. The description presented here emphasises more fully the co-creation and co-participation of therapist and client in existential guilt. There was, however, in the phenomenological descriptions, the sense (constructed reflectively after the encounter had ended) of a degree of resonance with the therapist's experience in other times and other contexts. This therefore points to the potential relevance of Boss's description of existential guilt in terms of the therapist's stance towards the wider field of possibilities present in therapeutic encounters as well as in other relationships.

Further weight to the notion of resistance as co-constituted is provided by the phenomenological descriptions of 'therapist resistance'. For most participants, the notion required some initial clarification and thought. In the survey study the phenomenon of therapist resistance was endorsed by only just over 50% of respondents (primarily psychoanalytic and integrative). Nevertheless, participants in the phenomenological study did describe a range of experiences in response to this question that were rated overall by the survey respondents as adequate or approaching adequacy (again, a significant degree of variability in the degree to which these descriptions were regarded as adequate is evidenced by the relatively high standard deviations obtained in the study).

What is most striking about the descriptions obtained is the degree of similarity between them and the descriptions of 'therapist response to client resistance'. Indeed, it was noted that several participants had remarked that, 'upon reflection', their responses to client resistance could legitimately be understood as therapist resistance. The experience of 'avoidance' was felt to be particularly important in this area. Here, therapists described themselves as avoiding exploration of difficult or challenging areas with their clients. Again, this included a sense of 'dilemma', 'tension' and a 'disengagement' or 'giving up' in the encounter. Anger towards the client and towards the self (self-criticism) was again important, as was the sense of possible resonance. These experiences were also described as 'difficult to think about' as they were occurring.

Although many of these experiences were described as difficult and even disturbing, there was also frequent mention of the positive consequences of such experiences in deepening the therapist's understanding of the client's experience and difficulties, as well as deepening the therapist's understanding and appreciation of various aspects of psychotherapeutic theory (whether that be the 'reality' of transference and counter-transference and the need to be aware of this, or the importance of 'always' doing a behavioural functional analysis). As was also noted, the narratives presented by participants were most often in the form of 'difficulties overcome' and 'important lessons learned'. These emphasised the importance of the phenomenon of resistance in eventually leading to a positive outcome or at least to the acquisition of vital learning for the therapist. Again, however, such positive consequences are clearly 'after the event'. During the encounter itself there is rather the loss of clarity and the blocking of meaning.

An intersubjective description: 'Co-resistance'

The results obtained in both studies can be interpreted as providing some support for a notion of 'co-resistance'. Such a notion, which is not to be held as an explanatory technical concept, emphasises the co-participation of both therapist and client in the phenomenon of resistance. As was shown in the literature review, a number of, principally psychoanalytic, writers have advanced the concept of 'counter-resistance'. Other writers, such as the dialectical behaviourists Heard and Linehan (1999), have emphasised that resistance is not a phenomenon restricted to the client. However, the notion of counter-resistance has the disadvantage of implying that this is always a response to the client's initial resistance. Thus, again, resistance is located primarily with the client. A notion of co-resistance emphasises that this is a phenomenon of the 'between', an intersubjective phenomenon that implicates both participants. Additionally, the notion of co-resistance suggests that the phenomenon may exist in relationships other than explicitly therapeutic ones. That is, co-resistance may be a significant phenomenon in both the therapist's and the client's wider field of relationships. This would also suggest that the exploration of the possible meanings of co-resistance may need to focus beyond the immediacy of the therapeutic dialogue to include this much wider field of relationships.

It may be argued that such a notion of co-resistance is a potentially challenging one for therapists to accept, implicating as it does more than just their ability to perform therapeutic tasks in an efficient and professional manner.

It will be recalled that the behavioural writers Turkat and Meyer (1982) remarked that the range of possible behaviours that could be regarded as resistance is potentially

infinite. It was also apparent in the literature review that authors from across different theoretical orientations have tended to define the technical concept of resistance in terms of their notions of what constitutes the desired therapeutic path and outcome. The understanding of co-resistance presented here should not be taken to imply that all such so-called examples of resistance are ‘really’ examples of co-resistance. Furthermore, the existential-phenomenological understanding of co-resistance is not something that could be converted into a ‘scale’ purporting to measure the presence or absence of co-resistance in any objective sense. From an existential-phenomenological point of view, a great many of what are regarded as examples of resistance in other models of therapy are perhaps best seen as examples of pseudo-resistance. That is, these examples of client behaviour or experience are regarded as resistance only because of the therapist’s sedimented theoretical outlook. To the extent that these theoretical points of view interfere with the therapist’s ability to be open to the client’s experience, and to understand this experience from the client’s point of view, this may well contribute to instances of co-resistance, the primary responsibility for which lies with the therapist.

From an existential-phenomenological point of view, a technical operation of an ‘analysis of co-resistance’, in which the therapist objectively analyses the therapeutic interaction for the presence of such a phenomenon, is not desirable. Co-resistance, as an existence tension, is primarily a lived phenomenon rather than something that can be objectively analysed by the therapist. Indeed, the results of the present study may be interpreted as suggesting that the presence of co-resistance most frequently involves the therapist’s experience of difficulty in thinking and gaining clarity while this phenomenon is occurring.

It will also be recalled that the possibility of a therapist being calm, interested and focused when encountering client resistance was pointed out by one participant in the phenomenological study. While not denying the reality and frequency of such experiences, it may be argued that they do not fall within the description of co-resistance given here. In fact, it may be argued that what is primarily being described here is the therapist's comfort with the concept of resistance. That is, the concept of resistance may provide some reassurance for the therapist in assigning a meaning to the phenomenon that is encountered. This may also provide some reassurance as to the 'correctness' of the therapist's approach. From an existential-phenomenological point of view, such phenomena are not best understood as examples of resistance originating from within the client.

As will be discussed below, a more interesting question focuses on the consequence of the therapist letting go of any concept of resistance in such circumstances. Thus the existential-phenomenological perspective being advanced here may involve a great reduction in the range of experiences that are described as expressing resistance. The focus on co-resistance restricts its meaning to those instances in which there is a mutual participation in the phenomenon.

Existential-phenomenological therapists, it may be argued, are in a unique position to throw light on the phenomenon of co-resistance. Consideration of this needs some further clarification of the nature of the therapeutic relationship and the aims of existential-phenomenological psychotherapy.

Co-resistance and the 'desire' of the therapist

In contrast to those models that present psychotherapy as primarily concerned with cure, the provision of education, the facilitation of personal growth, or the acquisition of new skills, existential-phenomenological psychotherapy advocates an explicit attempt to set all such objectives aside. Instead, as Spinelli (1994, 1997) has described, existential-phenomenological psychotherapy urges therapists to attempt an entry into the lived world of the client. The client's world, their values, beliefs, assumptions and constructed sense of self and other, is to be explored and 'opened-up' through phenomenological description rather than analytic interpretation, rational disputation or educational directives. A consequence of holding a view of therapy as principally involving an attempt at encounter or 'meeting', is the need for the therapist to set aside a great deal of their own 'technical knowledge' and agenda of changing the client.

Working from an existential-phenomenological perspective, the therapist attempts some degree of 'entry' into the lived experience of the client. The form of clarification and challenge that is offered by the therapist is one that attempts to express an acceptance of the client's being-in-the-world as it is disclosed. It is not an attempt to alter the client's experience, behaviour or way of being in terms of a theoretical systems definition of 'health', 'rationality' or 'adaptation'. An adequate attempt at this form of therapeutic encounter requires the willingness and the ability of the therapist to set aside preconceived assumptions concerning how the client should or needs to change.

From this perspective, the technical concept of 'analysing resistances' and the behavioural concern with ensuring adequate compliance are inconsistent and may be (perhaps provocatively) regarded as examples of 'therapist resistance to encounter'. The existential therapist in fact attempts to avoid a position in which it is possible to categorise particular aspects of the client's experience or behaviour as serving the 'function' of resistance. Such an activity privileges the therapist's theoretically derived views as to the 'true' meaning of the client's experience as well as imposing a notion of what 'should' be happening or needs to happen in order to arrive at a satisfactory result.

However, as Spinelli (1994) has also noted, the attempt by the existential psychotherapist to achieve an adequate degree of entry into the client's world may be in a number of ways disturbing or challenging for the therapist. A number of factors may contribute towards this. First, in phenomenologically exploring a client's world it may be revealed that the therapist in fact shares with the client a range of sedimented assumptions and biases which if clarified and challenged may lead to disturbing experiences of anxiety for both participants. Alternatively, the client's world may be experienced as strange and disorientating for the therapist and may again present the therapist with a range of unwanted challenges to the manner in which the therapist has constructed and sedimented their own world.

Thus, while existential-phenomenological therapists attempt to set aside the goal of directly changing the client, nevertheless the experience of 'difficulty', 'stuckness' and 'co-resistance' remains a potential one. Perhaps, having divested themselves of the agenda of 'expert change agent', existential therapists are even more likely to

encounter challenging and disturbing experiences of co-resistance. The attempt at avoiding a theoretical outlook in which the origin of disturbing and challenging experiences in the therapeutic encounter are located within the client's psyche leaves the existential psychotherapist in a much more precarious, uncertain and open position. Gestalt therapist Hycner (1993) has suggested that the positive value of encountering resistance is that it reminds therapists of the inevitable limitations of their ability to be open and accepting of others. This experience then challenges therapists to increase their 'flexibility of being' in order to allow for increasing degrees of openness and acceptance. Such a position is consistent with an existential-phenomenological position.

'Openness', 'uncertainty' and 'unknowing' are thus words that describe the position that the existential therapist attempts to hold. However, it would also be inaccurate to assume that therefore the existential therapist is without an aim or a goal or even 'without desire'. Perhaps, temporarily, such moments are possible. However, from the descriptions of existential therapy given here it should be apparent that the goals of existential therapy include those of 'clarification' and 'opening-up'. The process of therapy is regarded as one of mutual disclosure whose primary focus remains on the exploration of the client's way of 'being-in-the-world'. The phenomenological description of co-resistance may be understood as referring to those inevitable moments of closure and blocking that occur with this process. These experiences themselves are paradoxically disclosing of the being of both therapist and client.

Following from and extending previous existential perspectives such as those of Boss (1967), Cannon (1991) and Craig (1995) we may describe co-resistance as:

One of a range of inevitable existence tensions inherent in the intersubjective nature of human existence – a paradoxical phenomenon occurring in the between of inter-human relating in which both tendencies towards disclosure and closure, being-open and being-hidden are embodied and lived together. Co-resistance is lived as the ‘holding back’ or blocking of the possibilities that may be present in the encounter. Such experiences may be lived as varieties of ‘tensions’ and ‘dilemmas’ and ‘difficulties’. At the same time as blocking or being-closed to relational possibilities, this phenomenon is disclosing of both participants’ current manner of being-with-each-other and being-in-the-world.

Personal construct psychotherapists Leitner and Dill-Standiford (1993) have suggested that resistance concerns the ‘inevitable struggle over human relatedness’. This statement can be seen as consistent with the existential-phenomenological description presented above.

It will be recalled that Craig (1995), along with a number of other existential psychotherapists, has linked the phenomenon of resistance to notions of authenticity and inauthenticity. Craig, following Boss (1967), regards resistance as expressive of inauthenticity. For these authors, existential psychotherapy has as its aim the facilitation of an actualisation of the client’s possibilities for existence and a movement towards authenticity. This chapter will now turn to a consideration of the question of authenticity/inauthenticity and how the present results may be regarded in the light of this.

Resistance, authenticity and the aims of existential therapy

It has been argued that in the existential-phenomenological perspective the phenomenon of resistance may be understood in terms of the possibility of 'being-closed' to aspects of existence and encounter. Resistance can be understood as a paradoxical phenomenon in that such 'being-closed' can also be seen as disclosing of an individual's manner of 'being-in-the-world'. The existential approach argues that resistance is not to be understood in terms of the operation of an inner psyche but rather in terms of being-in-the-world. Resistance as a phenomenon is fundamentally interpersonal and must be understood as occurring in 'the between'. From an existential perspective human beings can be seen as continually disclosing their manner of being-in-the-world even (and in fact more often than not) in how they attempt to cover up and avoid facing those aspects of existence that for a variety of reasons are experienced as unacceptable.

Existential therapy itself is primarily an attempt at disclosure and clarification rather than a direct attempt to alter the functioning of a hypothetical psyche, change maladaptive behaviour or thought patterns, or allow the means to 'self-actualisation'. Resistance is thus not something to be overcome in order for what is 'behind' or 'underneath' it to be revealed. The meanings of resistance are disclosed with the phenomenon itself.

It was also shown that in a variety of existential perspectives resistance has been connected to human freedom. Resistance has also been understood to be expressive of inauthenticity or bad faith, which may be broadly characterised as the inevitable tendency to deny, distort, or be-closed to unavoidable aspects of existence itself. Many

of the above existential writers have described the aim of existential therapy as facilitating the client's movement towards authenticity. This is not understood in terms of a state or a personality trait but rather in terms of an authentic way of living.

Hans Cohn (1997) has recently questioned the extent to which authenticity can be regarded as an aim of therapy. Cohn points out that the terms 'authentic' is derived from a Latin verb which originally meant 'to increase, promote, originate' and that 'authentic' itself is generally used to describe something as 'genuine'. Cohn argues that while questions about authenticity may be valid and capable of being decided in certain areas such as art, how is authenticity to be decided in regards to behaviour and being? That is, by what criteria can a therapist judge the degree or otherwise of a client's authenticity? Cohn notes that this difficulty can be ascertained in the work of R.D. Laing who in *The Divided Self* (1960) connected inauthenticity to a concept of the true and false self. For Laing, the true self was an authentic self and was described as: 'occupied in maintaining its identity and freedom by being transcendent, unembodied, and thus never to be grasped ... its aim is to be pure subject, without any objective existence' (Laing, 1960, in Cohn, 1997: 123).

The false self, by contrast, arises in compliance to the demands of others and serves a defensive function. As Cohn notes, the basic assumption is that what is true and real is prevented from being expressed. This is also highly similar to the interpretations given to authenticity by various humanistic writers who have described the process of psychotherapy in terms of promoting self-actualisation where the capacity for authenticity is regarded as an essential if not a defining aspect of this process.

Cohn follows Heidegger's use of the terms and argues that inauthenticity is itself an inevitable aspect of human being and is not something that can ever be completely overcome. Heidegger expresses this point clearly in *Being and Time*:

We would misunderstand the ontologico-existential structure of falling [inauthenticity] if we come to ascribe to it the sense of a bad and deplorable ontic property which, perhaps, more advanced stages of human culture might be able to rid themselves. (Heidegger, 1927, in Cohn, 1997: 127)

Cohn notes that all forms of psychotherapy have a tendency to set up norms of psychological health and wholeness. Resistance, in humanistic models of therapy, has tended to be seen as the obstacles standing in the way of such wholeness. Thus in existential therapy there is a danger that authenticity will be held as a norm for psychological health and would allow for an analysis of resistance as that which impedes the attainment of authenticity or that which maintains inauthenticity. Indeed, reviewing the various existential authors it would seem that at times they have not avoided this pitfall. As noted, this also seems to be the case with a number of humanistic authors who have connected notions of resistance to particular understandings of what the *content* of an authentic way of being should be.

As the historian of psychotherapy Cushman (1995) has argued, such models have tended to emphasise the desirability of an individualistic self with strong boundaries and needs for autonomy. Such a notion of the 'actualised self' can be seen as reflecting wider cultural values regarding what constitutes 'the good life' rather than any ahistorical scientifically or objectively determined conclusions of what 'real', 'actualised' and authentic selves need to be. Certainly, this highly individualistic

notion of the actualised self is in contrast with a Heideggerian emphasis on human being as being-in-the-world and a being-with-others.

However, as Golomb (1995) has argued, even if the notion of authenticity is understood in a variety of non-Heideggerian ways, as for example in the philosophies of Kierkegaard, Nietzsche, Sartre and Camus, it becomes problematic to define any clear descriptions of the nature of authenticity that could then be assessed as present, absent or indeed as being resisted by any individual. All of these philosophers tended to use fictional descriptions of characters expressing various aspects of authenticity rather than point to any living embodiment of authenticity.

An important aspect of the Heideggerian understanding of authenticity (at least in terms of how this has been understood by psychotherapists such as Boss) seems to be that of an 'openness to the possibilities of being'. If the notion of authenticity/inauthenticity is to be applied to the phenomenon of resistance, then perhaps it may be desirable, and phenomenologically accurate, to specify the meaning of 'possibility' in terms of the 'possibilities of relational encounter'. That is, the phenomenon of resistance as a closure/blocking/being-hidden can be interpreted in terms of a paradoxical closure to the possibilities of open meeting and dialogue that are present in the therapeutic relationship.

Most importantly, this understanding of the significance and meaning of co-resistance/inauthenticity is restricted to a descriptive-phenomenological one. That is, it precludes the possibility of a therapist taking up a privileged position of one who can identify and interpret a client's supposed lack of authenticity. Particular aspects of the

client's manner of being-in-the-world cannot be analysed in the fashion of an analysis of resistance-to-authenticity.

The adequate clarification of the meaning and significance of co-resistance in fact requires the therapist to set aside any assumptions of what an authentic way of being might look like. This argument might equally apply to humanistic models of resistance such as the one proposed by Bugental. Craig's (1995) existentially derived model is also intended to promote the ability of therapists to move clients in a direction of authenticity in a fashion that is resonant with notions of 'self-actualisation'.

It was noted in the literature review that the humanistic perspective as a whole seems to express something of an ambivalent attitude towards the notion of resistance. This ambivalence finds further expression in the present research. It is proposed that this ambivalence and struggle may be partly based on the illuminating potential of analyses of authenticity/inauthenticity versus the potential for these to become just another instrument in a long history of diagnostic instruments.

In summary, from an existential-phenomenological perspective, the phenomenon of resistance can be understood as a paradoxical, co-constituted, intersubjective phenomenon in which both tendencies towards disclosure and closure, openness and being-hidden are embodied and lived together. Such experiences may be challenging for therapists to encounter, implicating as they do their own being. Such experiences, often only in hindsight and reflection, may be seen to have aspects of resonance for both participants in regards to their being-in-the-world in other times and contexts.

The clarification of this phenomenon also leads to the need for a further consideration of the desirability of abandoning the technical concept of resistance.

Resistance is futile? – Abandoning the concept of resistance

The survey study asked respondents to indicate their agreement or disagreement with the notion that the term resistance is an unhelpful one that should be abandoned. The majority of psychoanalytic and integrative respondents disagreed with this statement. However, of interest is that just over 30% of psychoanalytic respondents indicated that they were unsure about this. The majority of cognitive-behavioural, humanistic and systemic respondents indicated agreement with the notion of abandoning the term. As was shown in the literature review, various writers from different orientations have at different times argued that the concept of resistance is misleading, unhelpful and should be abandoned. Its continuing use, as well as the interesting rise in the number of papers devoted to the topic in the 1980s and 1990s, calls for some interpretation.

In line with some of the arguments advanced by Schafer (1973, 1992), it might be proposed that the continuing use of the concept of resistance expresses the power of sedimented historical language. There also seems to have been a degree of ‘conceptual drift’ whereby a concept most at home in psychoanalytic discourse arises in other models that have competing and inconsistent theoretical frameworks.

It may be recalled that Lowental (2000), writing from within psychoanalysis, has argued that a de-emphasis on resistance represents itself a resistance to theory. If we

ignore the circularity of this argument, it may be worthwhile to ask (perhaps from an existential-phenomenological, constructivist, solution-focused or postmodern, narrative stance), what might be the positive value of such resistance to theory? Also, what is it that will be lost if we abandon the concept of resistance and what might be gained by such a move?

From an existential-phenomenological perspective the concept of resistance, along with other concepts that locate the origin of psychological phenomena 'within' the closed psyche of the individual, serves among other things a defensive function for the therapist. The concept of resistance allows therapists to distance themselves from the encounter with the clients and at the same time affirms and maintains their position of authority and expertise. As was shown in the phenomenological study, encountering resistance may at times be a challenging and unsettling experience for the therapist. The loss of the concept of resistance may thus be the loss of a defensive strategy. Thus, therapists, no less than clients who are encouraged to become aware of and drop a defensive strategy, may experience a degree of anxiety and a tendency towards avoidance.

From an existential-phenomenological perspective it is necessary to set aside any concept of resistance in order to more adequately be open to the experience of the other. This act of theoretical desedimentation may well be a threatening one for therapists to take, moving them as it does further towards the precarious position of 'unknowing' or 'not-knowing'. However, given that such a desedimentation of fixed positions towards self and other is precisely what therapy may be asking of clients, is it not necessary that therapists too are willing and able to take such steps?

As was shown in the literature review, the concept of resistance following its initial definition by Freud as ‘anything that interrupts the progress of treatment’ (Freud, 1900) has become linked to a wide range of questions. One important example of such questions is: ‘just what is it that makes it difficult for people to change?’ This is, of course, a question that all psychotherapeutic theories have attempted to answer. Existential therapists too, while abandoning the concept of resistance, have discussed the difficulties and challenges of change in terms of the inevitable anxiety-provoking aspects of human existence itself. The dilemmas and challenges of change, however, are described in terms of their intersubjective significance. Thus, the phenomenon of resistance exists in an intersubjective field of relationships.

Spinelli’s (2001) analysis of the sedimented self-structure focuses on the tendency of human beings to co-construct fixed, rigid and resistant narratives of ‘who I can be’ and ‘who I must not be’. Thus, in a fashion that is consistent with a range of constructivist theories, resistance, in existential-phenomenological therapy, may be understood in terms of its positive and affirming aspects. In this sense resistance is understood in the fashion of the body’s resistance against infections – that is, the life-affirming process of self-maintenance. Personal construct psychotherapist Fransella (1993) and systems theorist Hoffman (1992) prefer to speak of ‘persistence’ rather than resistance. Again, this focuses attention on the positive function of strategies that maintain identity and security and is congruent with an existential-phenomenological understanding.

As has also been noted, a further criticism of the concept of resistance is that it seems to focus attention on what is missing or not happening rather than on what is present

and is happening. Existential-phenomenology, by contrast, urges us to attend to what is happening and what is present. The concept of resistance seems to emphasise the absence of change. Existential writers have noted, however, that change is itself a given of human existence. Hoffman (1992), writing from a systemic perspective, has also emphasised this as well as the fact that it is often people's difficulty in accepting and accommodating to change that leads them to therapy. Given these considerations, it may also be proposed that resistance can be understood as referring to the polarity of stasis/change, which may be described as a further example of an inevitable 'existence tension'. It may be recalled that cognitive-behavioural writers Dryden and Trower (1989) have proposed using the term 'stasis' rather than resistance.

A number of more recent postmodern and deconstructionist writers have pursued further the path of attempting to find forms of practice and forms of theorising that do not defensively locate the cause of psychological problems in the interior of a closed-off psyche. While such efforts are attempts to overcome the tendency of theory to promote therapists' perceived power and expertise at the expense of the lived experience of clients, writers such as McLeod (1997) and Lerner (1999) have identified the continuing need to find ways of understanding 'difficulties' and 'stuckness' in the therapeutic process. Even solution-focused writers who do not conceptualise in terms of problems or resistance must encounter times when the process feels stuck (indeed, the proliferation of solution-focused texts that deal with the 'difficult customer' attests to this). Perhaps the existential-phenomenological study conducted here in which the phenomenon of encountering resistance has been defined as a paradoxically disclosing one concerned with the possibilities of being open/closed to inter-relational encounter may prove useful.

The phenomenon of resistance reveals itself here as just one of a range of existence tensions that can never be fully resolved but must instead be lived. The concept of resistance refers to this in an unclear way and in a fashion that has tended to emphasise the need for the therapist to use strategies to overcome such resistance. Such a concept of resistance may best be abandoned both in the practice of psychotherapy and in theoretical understandings of psychotherapy and psychopathology.

Participants in this research were also asked to indicate what term or terms may be preferable to resistance. From across theoretical orientations a wide range of terms was suggested. These included 'dilemma', 'stuckness', 'a lack of fit' and 'ambivalence'. Many of these terms primarily seem to re-emphasise notions of 'difficulty' and 'tension' that were expressed in the phenomenological descriptions.

A range of alternative theoretical constructs were also proposed that were consistent with the respondents' theoretical orientations. For example, gestalt respondents indicated a preference for terms such as 'creative adjustment', which attempt to express the notion of 'being fixed or rigid' in a non-pejorative fashion.

It has been proposed that a notion of 'co-resistance' may be useful if this is restricted to mean the identification of an intersubjective phenomenon and not an explanatory/technical concept. The usefulness of this term for existential-phenomenological therapists is that it emphasises the need for therapists to examine their own involvement in instances where the therapeutic process seems stuck. It also

emphasises the inevitability of such instances as well as the value of descriptively exploring these in terms of expressions of the existence tension of being-open/being-closed to possibilities of relational encounter. However, it also emphasises that the phenomenon is intimately concerned with 'limitation' – both the limitations of encounter and the inevitable limitations on a particular therapist's willingness and ability to be open and accepting towards clients.

From an existential-phenomenological point of view, it may not be desirable to have any global term to replace the technical concept of resistance. Certainly, concepts such as inauthenticity, if used as a diagnostic or explanatory device, run the risk of serving the same defensive needs as that of resistance.

Summary: Part III: Interpreting resistance

Part III of this thesis has sought to provide an existential-phenomenological interpretation of resistance in psychotherapy. It has been argued that the results of both the phenomenological study and the survey study may be interpreted from such a perspective and that resistance may be viewed as an 'existence tension'. Such a view of resistance was argued to emphasise its irreducible intersubjective nature. In order to emphasise fully the intersubjective nature of this phenomenon, it was argued that the term 'co-resistance' be used in an existential-phenomenological framework. Additionally, it was argued that an existential-phenomenological perspective on co-resistance crucially and unavoidably implicates the being of the therapist. As such, it was argued that the technical concept of resistance, as in the 'analysis of resistances', is inconsistent with an existential-phenomenological perspective.

Part IV of this thesis concludes with some overall arguments concerning the concept of resistance in psychotherapy as well as some suggested avenues of further research.

Part IV

Persisting with resistance

Chapter 13

Conclusions

This thesis has argued that the concept of resistance has been a highly enduring one in the field of psychotherapy. A wide range of issues, clinical phenomena, ‘technical’ problems and theoretical questions has been discussed with reference to the concept. Discussions of resistance have been found to occur not only within the various versions of psychoanalysis but also across a wide variety of other therapeutic orientations.

This thesis also showed that the concept of resistance has been frequently criticised, from a wide variety of theoretical standpoints, as unhelpful, misleading and potentially dangerous. Arguments have been advanced for abandoning the term altogether and replacing it with one or more, hopefully more adequate, terms.

The objective of this thesis has been to develop an existential-phenomenological perspective on resistance. It has been argued that although the concept of resistance is highly problematic and in important respects inconsistent with an existential-phenomenological perspective, nevertheless a perspective on resistance is possible when it is understood to mean an inter-relational, co-constituted phenomenon. A phenomenological study of therapists’ lived-experience of encountering resistance was conducted and described. Additionally, a survey of UK therapists’ lived-experience, attitudes and concerns regarding resistance in psychotherapy was conducted and reported on. What follows is a summary of the principal findings and arguments that have resulted from this research project:

1. In the existential-phenomenological perspective, a concern with broad issues of 'resistance to change' can be identified. That is, existential-phenomenological theorists have concerned themselves with the question 'just what is it that makes it difficult for people to achieve desired change?' This perspective understands the dilemmas and challenges of change in terms of clients facing and avoiding the fundamental 'givens' of existence itself. The notion of 'existential anxiety' has a particular relevance to questions surrounding resistance at this level. Spinelli's (1994, 2001) existential-phenomenological theory of the 'sedimented' and 'dissociated' self-structure was seen to have a particular relevance, and to provide a viable alternative to psychoanalytic understandings.

2. In an existential-phenomenological perspective, resistance cannot be maintained as a technical/explanatory concept. Resistance must be understood to refer only to an intersubjective, co-constituted phenomenon occurring in 'the between' of the therapeutic encounter.

3. This thesis has developed an existential-phenomenological perspective on the nature and significance of resistance in the therapeutic encounter. Given its intersubjective nature, it has been argued that it may be preferable to speak of 'co-resistance' rather than resistance. That is, co-resistance, in an existential-phenomenological perspective, is not to be principally located in the psyche of the client. The therapist does not have access to a privileged or authoritative position concerning the 'true' or actual meaning of co-resistance. Additionally, co-resistance is

a phenomenon that fundamentally implicates the being of the therapist just as it does that of the client.

4. Co-resistance may be described phenomenologically as: One of a range of inevitable existence tensions inherent in the intersubjective nature of human existence – a paradoxical phenomenon occurring in the between of inter-human relating in which both tendencies towards disclosure and closure, openness and hiddenness, are embodied and lived together. Co-resistance is lived as the ‘holding-back’ or ‘blocking’ of the possibilities that may be present in the encounter. Such experiences may be lived as varieties of ‘tensions’ and ‘dilemmas’ and ‘difficulties’. At the same time as blocking and being-closed to relational possibilities, this phenomenon is disclosing of both participants’ current manner of being-with-each-other and being-in-the-world.

5. Paradoxically, while frequently connected with experiences of difficulty, lack and blockage, co-resistance need not be understood ‘negatively’. As a variety of theorists, including Jung (1946), Rank (1936), Atwood and Stolorow (1984), Fransella (1993), Yalom (1980) and others, have discussed, resistance can be understood as a ‘positive’ expression of meaningful aspects of currently lived identity. Additionally, such expressions may be understood theoretically to reflect positive and necessary processes of the maintenance of personal meaning structures (Mahoney, 1991). From an existential-phenomenological perspective, co-resistance also contains ‘possibilities’ and is fundamentally disclosing of the being of both client and therapist.

6. Previous theorists who have used aspects of existential-phenomenological thought (e.g. Schafer, 1973; Craig, 1995) have argued that the phenomenon of resistance may be understood in terms of ‘repetition’, ‘self-deception’ and ‘inauthenticity’. It has been argued that the results of the current research do not support these positions. The linking of resistance with ‘inauthenticity’ has been argued to be highly problematic and as potentially reintroducing the negative connotations of the term resistance.

The above principal findings have been discussed in terms of how they may be further understood in an existential-phenomenological perspective and how they may also contribute to the further elaboration of this perspective in the field of psychotherapy. Possibilities for further research and enquiry will now be discussed.

Limitations and avenues for further enquiry

This research has attempted to construct an existential-phenomenological understanding of resistance. Starting from a position that is highly critical of traditional concepts of resistance within dominant theoretical perspectives, descriptions of encountering resistance have been sought that emphasise the intersubjective nature of this phenomenon. More specifically, the understanding of resistance that has been presented is one that *implicates* the therapist, rather than one that focuses primarily on intra-psychic phenomena occurring within the psyche of the client. The phenomenological study of psychotherapists’ experiences of encountering resistance revealed the extent to which therapists are implicated in the phenomenon and indeed may be seen to co-constitute the phenomenon of resistance. The survey study was conducted in order to further validate the phenomenological descriptions as well as reveal therapists’ concerns and attitudes regarding resistance. However, while

a thorough investigation of therapists' involvement with the phenomenon of co-resistance has been regarded as crucial in this research, it remains the case that a more fully intersubjective approach to this topic requires the further investigation and inclusion of clients' experiences and perspectives. While therapist's experiences have been studied in this research, this has been done from a perspective that seeks to weaken the possibility of therapists using a concept of resistance in a defensive fashion in order to maintain their own 'theoretical coherence' at the expense of client experiences and perspectives. Below, I outline a number of avenues for extending this research towards an increasingly adequate existential-phenomenological understanding of resistance.

Clients' experiences of co-resistance

The most important area for further research concerns phenomenological explorations of clients' experiences of encountering co-resistance. The research programme of Rennie (1994) has made some important contributions in this regard. Given the difficulty with the concept of resistance, however, it may be desirable to extend these investigations by focusing on experiences such as 'pushing the therapist away', 'protecting myself from the therapist's intrusion' and 'hiding or closing myself down'. A very interesting question that may be explored concerns clients' awareness and experience of therapist resistance. Such explorations are in line with an important strand of contemporary research on the client's experience of psychotherapy (e.g. Horvath and Greenberg, 1994). Ideally, phenomenological explorations could include the experiences of both parties in the therapeutic relationship. This may be seen as the optimal strategy as studying either clients' or therapists' experiences in isolation can be seen as attempting to understand an intersubjective phenomenon by focusing on

only one side of the relationship. There are of course a range of ethical and methodological dilemmas that would need to be faced in pursuing such a strategy.

It has also been argued that an existential-phenomenological perspective regards the phenomenon of co-resistance as not being restricted to the therapeutic relationship (although it clearly has specific significance in this context). This opens up the possibility of exploring the phenomenon of co-resistance in other types of relationships such as friendships. Staying close to the concerns of psychotherapists, an interesting area of possible exploration concerns the client's experience of encountering co-resistance in their wider field of relationships. For example, phenomenological research could focus on the experience of clients who have attempted to make significant changes in 'how I am and who I am with others', only to find that these changes are blocked or that these others present as 'being-closed' to these changes. Even more interesting may be an exploration of the experience of the partners of clients who have sought to make changes in their way of being but have found such changes unwanted or undesirable.

What might the value be of the concept of 'co-resistance' for such existential-phenomenological explorations? Its primary advantage may be the reminder and encouragement to maintain a descriptive focus on intersubjective lived-experience. Existential-phenomenological research of lived therapeutic encounters is highly important for the further development of this perspective. However, it would seem that part of the dilemma facing therapists in instances where co-resistance is encountered is the temptation to defensively take on a position of 'expert' who is in a position to declare what 'should' be happening. The shift from a

descriptive/phenomenological concept to a technical/explanatory concept is all too easy to make. As the radical constructivist writers Efran et al. (1990: 188) have stated: 'By definition, all concepts – even good ones – are hostile to changing experience. A concept, as long as it is in use, demands allegiance to itself'.

Whatever concept is found to be preferable, the results of the research described in this thesis may be argued to support the continuing need for therapists to pay attention to the phenomenon of resistance. The existential-phenomenological interpretation of resistance as an 'existence tension' may be of value for those theorists who wish to further develop their particular theoretical position on the phenomenon of resistance, even where the term resistance is replaced by one or more alternative terms. From such a perspective, it would be an insufficient response to simply dismiss the issue of resistance as irrelevant or somehow eliminated by non-psychoanalytic forms of theorising. The results of the research described in this thesis indicate the need to develop terminology that is sensitive to the range of issues that have been clarified. Such terminology may be developed within the overall theoretical assumptions of specific theoretical perspectives. To ignore such a phenomenon would leave an important gap in our theoretical understandings of the intersubjective nature of human existence.

Therapists' lived-experience and relationship to their theoretical models

Participants in both the phenomenological study and the survey study frequently stated that encountering resistance often resulted in a range of beneficial outcomes. In the phenomenological study, the narratives of resistance often had the structure of 'a difficulty overcome' or 'an important lesson learned'. In particular, it was found that,

in encountering resistance, therapists frequently came to a better appreciation of the various 'truths' to be found in their chosen theoretical model. This highlights the interesting area of therapists' relationships with their chosen theoretical model. An interesting area of further enquiry concerns therapists' relationships with their theoretical model during episodes of co-resistance, dilemma, impasse, failure and so on. As well as promoting a greater appreciation for and use of their theoretical model, does encountering such experiences also at times lead to questioning the value of the therapeutic model? Might such experiences also be connected to instances where a therapist adopts a new theoretical orientation? What is the lived experience of such a 'theoretical de-sedimentation and re-sedimentation'?

A recent text edited by Spinelli and Marshall (2001) explored the extent to which therapists of various orientations 'embody' their theoretical model. Such questions can be seen to fall within this general area of concern. An important area of further enquiry for existential-phenomenological therapists concerns the clarification of the dilemmas and challenges faced in attempting to embody a therapeutic stance based on 'unknowing'. A 'focus-group' qualitative methodology may be useful in exploring these questions, specifically focusing on the lived-experience of existential-phenomenological psychotherapists.

Final thoughts

In the introductory chapter of this thesis I discussed the manner in which the research topic had arisen out of my own experiences of being both a client of psychotherapy as well as a practitioner. Additionally, I discussed my experience of having changed from one theoretical perspective (cognitive behavioural) to another (existential). The

work undertaken in this research can be seen as reflecting this as well as itself constituting a new journey into the methods and perspectives of qualitative research.

By far the most rewarding aspects of this research have been the challenges experienced and insights gained during the process of dialogue in the phenomenological interviews. In regard to the challenges experienced, I consider these to have arisen from the importance and difficulty in entering into a stance of 'un-knowing' when engaging in phenomenological exploration. This is always a potentially anxiety provoking experience as one's own views and perspectives may be open to challenge. In this sense, such a research method gives rise to challenges that match those faced in doing therapy from an existential perspective. My view of the issue of resistance has changed substantially during the course of this research. Initially I began with a thoroughly critical stance that rejected the concept of resistance outright. Through this research, while I have maintained this critical stance towards the concept of resistance, I have come to a point of view that sees an important place for an intersubjective understanding of the phenomenon of co-resistance.

From my perspective, it was the reliance on the method of dialogue that has allowed for a fuller acknowledgement and appreciation of intersubjectivity. Thus, while I have examined the experience of encountering resistance from the perspective of the therapist, the fact that this was done through a process of dialogue allowed for a degree of entry into, and clarification of, the lived experience of this intersubjective phenomenon.

In most instances I experienced the interview participants as being willing to expose and explore a variety of experiences that were undoubtedly often difficult and anxiety provoking. As a practicing psychotherapist with less experience than these participants it was at times very reassuring to feel that these experiences are both common and potentially highly valuable! Reflecting on my current experience of being a psychotherapist, it is my sense that experiences of 'encountering resistance' are paradoxically far less common than previously, at least in terms of my talking to myself in terms of 'I feel stuck' in a frustrated or irritated manner. This is not to say that these experiences are somehow over with or 'overcome'! Rather, I believe, I hope, it is the case that I am currently more fascinated and challenged by the exploration of my own participation in such intersubjective experiences and more able and willing to stay in a position of 'un-knowing'. At least, a little more than previously!

It has also been interesting for me to reflect that, similar to the transition from cognitive behavioural therapist to existential therapist, this research expresses a shift from a more traditional quantitative research paradigm to a more qualitative one. However, it may well be more accurate to say that this thesis expresses the tension between these two ways of doing research as the survey study can be read as expressing the more traditional perspective. Thus, this thesis may well be read as expressing degrees of both openness and closed-ness (stasis and change) to the possibilities and limitations presented by both paradigms. Again, as Schafer (1973) suggests, resistance isn't everything but it may be a way of looking at everything.

Appendices

Appendix 1 Letter to co-researchers

Appendix 2 Participant release agreement

Appendix 3 Validation study

Appendix 4 Feedback form

Appendix 5 Survey form

Appendix 6 Means and standard deviations for ratings of descriptions-
unknown orientation

Appendix 1

Letter to co-researchers

Date:

Dear:

Thank you for your interest in participating in my research on the ‘experience of encountering resistance in psychotherapy’. I value the unique contribution that you can make to this project. The purpose of this letter is to clarify some of the things that we have already spoken about and to ask for your signature on the participation release form which you will find attached.

The research model that I am using is a phenomenological/qualitative one through which I am seeking comprehensive descriptions of your experience. In this way I am hoping to move towards answering my question “what is the experience of encountering resistance (both client and therapist resistance) in psychotherapy?” This will perhaps then lead on to further conceptual clarification of the concept ‘resistance’ and how it is being used in theories of psychotherapy.

Through your participation as a co-researcher I am hoping to understand the ‘essence’ of encountering resistance in psychotherapy. In exploring this I will ask you to recall specific episodes that you have experienced in your practice of psychotherapy that may assist in the clarification at an experiential level of what may be contained in the concept of ‘resistance’. I am seeking a vivid and comprehensive portrayal of what these experiences were like for you. I look forward to our conversation.

Thank you for your participation.

Yours sincerely,

Michael Worrell

Appendix 2

Participant release agreement

I have agreed to participate in a research study concerning the question: ‘what is the experience of encountering resistance in psychotherapy?’ I understand the purpose and nature of the study and am participating voluntarily. I grant permission for the data to be used in the process of completing a Ph.D. including a dissertation and any further publication. I understand that other than information concerning my gender, theoretical orientation and number of years in practice, any identifying personal information concerning myself and any clients that I may discuss during the research interview will be kept strictly confidential. Any possibly identifying information will be omitted or disguised for the purpose of writing up the research. I grant permission for the tape-recording of the interview.

Research participant/ date

Researcher/ date

Appendix 3

Validation study

Address

Date

Dear Participant

Thank you for your recent participation in an interview concerning '**Encountering resistance**'. You will find included in this letter four documents. The first document is a transcript of our interview which I thought you might like to have a record of. The second document is essentially a summary statement of your interview which I hope contains something of the 'essence' of your experience of encountering resistance. The third document is a summary statement which is designed to cover all twelve interviews that I conducted.

My next step is to conduct something of a 'validity check'. To do this I hope to gain some feedback from your self concerning how well you feel that both the summary of your interview and the overall summary contain and express your experience of the phenomena. In other words- have I missed anything important?

With regards to the overall statement it is not so important that you may notice contradictions or that you may disagree with some aspect or statement. What I am concerned with is whether or not your experience is adequately described and represented. The fourth document is a feedback form designed to assist in giving feedback. I would be very grateful if you could spare the time to give me some feedback and return the form in the self addressed envelope.

Thanks again for your help!

Yours sincerely,

Michael Worrell

Appendix 4

Feedback Form

Name:

Question 1. Individual interview summary

How well does the interview summary represent your experience of encountering resistance?

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 (please circle)

not at all adequately very well

Comments:

Question 2: How well does the overall statement express your experience of encountering resistance?

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
not at all adequately very well (please circle)

Comments:

Question 3. In reading these statements is there anything else that occurs to you regarding your experience of the phenomenon of encountering resistance that has not been fully captured and expressed? Please also give any other thoughts or comments you would like to make.

Appendix 5

Survey Study Form

What is Resistance?

Dear Colleague,

I am a UKCP registered Psychotherapist. As part of a **Ph.D. in Psychotherapy** I am conducting research into the concept of Resistance. I have taken your name from the UKCP register and I am hoping you may spare a little time to help me with my research.

Resistance is a concept that clearly belongs within Classical Psychoanalysis. Yet many other theories also describe the phenomenon of resistance sometimes without using the word as such. For some the concept itself is problematic and should be avoided. Yet, *what is the experience of encountering resistance in therapy?* How is this to be described? Not only 'client resistance' but also 'therapist resistance' (what has sometimes been called 'counter-resistance').

After conducting some in-depth interviews with experienced therapists of different orientations I have constructed a number of descriptions which are an attempt to describe the essential elements of encountering resistance. The descriptions cover three areas:

1. The experience of encountering client resistance
2. The therapist's response to client resistance
3. The experience of 'therapist resistance' or 'counter-resistance'

I am interested in finding out from you how well these descriptions match your own experience (even where you prefer not to use a concept of resistance) In order to assess this I would like you to read these descriptions and indicate on the scales included how well the descriptions match your experience. It may be helpful prior to reading these descriptions to reflect upon your own lived experience of working with your clients. Please also include any comments you have on how the descriptions could be changed or improved.

Finally there is a very short questionnaire asking you about how you think about resistance as a concept. Please return your survey form in the stamped addressed envelope provided.

I greatly appreciate the time you are taking to assist me in this research

Yours Sincerely,

Michael Worrell

Please indicate on the 11 point scales how well the descriptions match your own lived experience

1. Description of Therapists' experiences of encountering client resistance

A Lack of 'Flow'

Encountering resistance is an experience of a 'lack of flow' in the encounter with the client. This lack of flow may be a sustained experience of the therapeutic relationship over time or it may be experienced as a sudden 'disruption' to the therapeutic encounter.

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

not at all adequately very well

Encountering a mis-match

Encountering client resistance is meeting an apparent mis-match or contradiction in the manner in which the client presents or interacts with the therapist. A wide range of interactions between therapist and client express an apparent contradiction between on the one hand the client wanting to engage fully in the therapeutic process, to enter into open communication, disclosure and emotional contact with the therapist and to change aspects of behaviour, relationships and experiences outside the therapy and on the other hand avoiding doing so.

0.....1.....2.....3.....4.....5.....6.....7.....8.....9....10
not at all adequately very well

Avoidance, shifting focus

Clients may be experienced as avoiding focusing on particular phenomena or as being 'difficult to focus'. Clients are experienced as frequently shifting the focus of the conversation from one topic to another or focusing on the emotional needs and experience of the therapist to the exclusion of their own needs and experience.

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
not at all adequately very well

'Being closed'

Clients may be perceived as 'hard to reach' or as expressing an intangible quality of being closed. This may be expressed bodily in the therapeutic encounter where the client is seen to 'turn away from' the therapist as expressed in eye-contact, bodily posture and silence. Clients are perceived as 'not taking in' the therapists presence, statements, and as having 'closed down' Clients are experienced as having distanced themselves from emotional contact with the therapist

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
not at all adequately very well

Being 'Blocked'

Therapists also described experiencing 'a wall coming up' or a 'door being slammed'. Encountering a wall may be perceived as something the client encounters 'internally' where they are perceived as drawing back from or avoiding contact with an emotional experience. A wall may also be perceived as having arisen between therapist and client. Here the client is perceived as more actively 'blocking' the therapist/therapists interventions. This may be encountered as a sudden burst of anger/hostility towards the therapist and may be perceived by the therapist as 'strong' and 'defensive'. The therapist's statements and the person of the therapist are pushed away/ attacked or dismissed. Encountering such a wall may occur suddenly, and seen as a response to a specific statement of the therapist or may be encountered over a longer period of time such that it becomes seen as an important defining feature of that relationship- the relationship is experienced as 'difficult'.

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
not at all adequately very well

Changing the 'frame'

In a variety of ways clients may be experienced as attempting to alter the agreed upon contractual arrangements or 'frame' factors: coming late, missing appointments, asking for more time, not paying the fee, failing to complete homework, are common examples. The manner in which the client is within the relationship is perceived by the therapist as not conforming with the therapists conception of the clients 'role' within the therapy- the client is perceived as 'not playing the therapy game'. The client may be perceived as 'sabotaging' the therapy

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
not at all adequately very well

Comments and additions to the above:

2. Description of therapists' responses to encountering client resistance

'Anger'

Where resistance was encountered as an important characteristic of the therapeutic relationship over time, therapists described experiencing an increasing degree of frustration, irritation, anger and dislike towards the client. This anger was felt at times to be expressed in the encounter with the client through the type of questions or challenges made by the therapist. It was felt that these statements expressed a 'hostile edge', were coercive, and contained an implicit disapproval of the client or disbelief of the client's statements or expressed a sense that the therapist 'knows better' or *is* better than the client. There was also the desire to give more direct expression to the experience of anger and an anticipated satisfaction in doing so, however, there was also a holding back from doing so. Through reflection, therapists had the sense that their anger had arisen in response to the client's manner of being within the relationship or in their wider field of relationships. This presented an unwanted challenge to aspects of the therapist's values and beliefs about themselves and the world as well as more specifically their sense of being a 'good therapist'.

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
not at all adequately very well

'Dismissed and attacked'

Encountering client resistance as hostility and anger therapists experienced themselves as having been attacked and dismissed or unacknowledged by the client both as a therapist and as a person. Rarely, therapists described experiencing fear in response to a sense of the possibility of aggression from the client.

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
not at all adequately very well

'Self criticism- Role violation'

Experiencing anger and dislike towards their client, therapists experienced themselves as violating their own role expectations concerning what it meant 'to be a therapist'. Therapist's described feeling self-critical and dissatisfied with themselves as having fallen short. Therapists described themselves as having departed from their 'therapeutic values' and becoming coercive or pursuing the client with the sense that it is the right thing to do.

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
not at all adequately very well

'Dilemma'

Therapists experienced themselves as being ‘pulled in two directions’ as being ‘torn’ or as experiencing a ‘dilemma’. On the one hand, there was the desire to give more direct expression to anger or disapproval and to challenge the client more fully. On the other hand there was the sense that the ‘correct’ therapeutic response was to engage with the client without the experience of anger or disapproval. Therapists experienced themselves and the relationship as being ‘*stuck*’ and ineffective and the relationship was experienced as ‘*difficult*’.

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
not at all adequately very well

'Disengagement'

Therapists experienced themselves as disengaged from the client, as out of contact with the 'here and now' of the encounter. They described experiencing boredom and sleepiness and as spending time attempting to think things through and to 'recover their position' as therapist and to 'get back on track'. However, therapists described experiencing their thinking as often ineffective and that it was difficult to think about what was happening. Further self-criticism was then experienced expressing the belief 'I am not being a good therapist here' and 'I should do something more.'

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
not at all adequately very well

‘Confusion and Disorientation’

Therapists described an experience of confusion and disorientation. A state in which they found it difficult to think clearly about what was happening and how they should respond.

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

not at all adequately very well

Comments and additions to the above:

3. Descriptions of encountering therapist resistance

'Avoidance'

Therapist resistance was described as an avoidance of fulfilling the therapeutic role of what it means to do therapy and be a therapist. Therapist resistance was described as the therapist avoiding (with or without awareness) certain issues, phenomena or topics that the therapist him/herself experienced as 'emotionally sensitive' or threatening. The range of such issues could be large: sex, death, aggression, spirituality etc

Therapist resistance was also described as an ‘inevitable’ phenomenon of the therapist departing from their therapeutic values e.g: the therapist who has a philosophical commitment to not coercing or pursuing a client finds himself doing just that.

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
not at all adequately very well

'Anger'

Therapists described experiencing anger and disapproval towards clients. This ranged from mild irritation at certain aspects of the clients manner of being, disapproval and criticism of the clients choices and behaviour outside of the therapy, to very strong angry thoughts and feelings. Anger and hostility towards the client was thought to be expressed via the type of questions and statements made by the therapist. These were felt to express disapproval and criticism. At times strong feelings of anger and hostility were experienced as difficult to contain and as disturbing. Anger towards the client was thought to have arisen where the clients manner of being had presented an unwanted challenge to aspects of the therapists beliefs and values regarding self as therapist as well as self-other relationships more widely.

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
not at all adequately very well

'Anxiety'

Avoiding doing what was thought to be necessary or appropriate according to the therapist's model of therapy was also felt to be expressive of the experience of anxiety. Therapists described experiencing anxiety that following a certain intervention may result in the client experiencing an increasing level of emotional distress or disturbance. In addition therapists experienced anxiety that they would not be able to cope with the level of emotional distress that the client may experience. Anxiety was also described as being experienced where the therapist wished to avoid losing the relationship with the client. The client had expressed the desire to end therapy however the therapist had come to value the relationship and felt 'attached' to the client and experienced anxiety at the prospect of losing the relationship and at the same time feeling that this may be the therapeutically correct outcome.

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
not at all adequately very well

'Giving up'

Therapists described experiencing themselves as having given up attempting to ‘do therapy’. This was expressed by not fully listening to the client, as having personally/emotionally withdrawn from the relationship- being absent, and as having cut off any empathic responses to the client and any possibility of being emotionally effected by the client. Therapists described feeling hopeless and that the therapy had become stuck. Therapists described experiencing themselves as de-skilled and wanting to escape from the encounter.

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10

not at all adequately not at all

'Dilemma'

Experiencing anger, anxiety and giving up led also to the experience of 'dilemma' or being torn or pulled in different directions. Therapists described experiencing confusion in attempting to distinguish their 'personal' reactions which were somehow blocking or getting in the way of functioning as a therapist from different possibilities of 'moving on' in what may be regarded as an appropriate direction according to a theoretical model- 'what am I to do? What should I do?'

[illegible]

'Self criticism'

Therapists described experiencing self critical judgments of their own experience as well as their behaviour within the therapeutic relationship. They described experiencing themselves and their thinking processes as being ineffective and as having 'fallen short' of their own expectations.

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
not at all adequately very well

Comments and additions:

A Short Questionnaire on resistance

What is your theoretical orientation? :

Please circle your responses to each of the following items. Please feel free to make comments as well.

1) Encountering phenomena that may be termed ‘resistance’ is common in the course of therapy from my experience:

AGREE DISAGREE UNSURE

2) Encountering phenomena that may be termed ‘therapist resistance’ is common in my experience of being a therapist:

AGREE DISAGREE UNSURE

3) Client resistance is in most instances the result of poor technique or therapist errors

AGREE DISAGREE UNSURE

4) ‘Resistance’ is primarily self protective in nature- it functions to help clients maintain a stable sense of self

AGREE DISAGREE UNSURE

5) Resistance is a redundant or unhelpful term- it is better not to use it

AGREE* DISAGREE UNSURE*

*what term or terms do you find more helpful or adequate? :

Appendix 6

Means and standard deviations for ratings of adequacy of descriptions- unknown theoretical orientation.

Table 17: Ratings of descriptions for ‘encountering client resistance’.

	Flow	mismatch	Avoid	Closed	Blocked	Frame
Mean	6.0	5.16	5.84	5.48	6.32	5.36
SD	2.16	2.63	3.3	1.5	2.71	4.04

Table 18: Ratings of descriptions for ‘therapists’ responses to encountering client resistance’.

	Anger	Dismiss	Self-critical	Dilemma	Disengaged	Confused
Mean	4.68	3.96	3.6	4.96	5.6	4.72
SD	3.86	4.08	3.40	3.31	3.86	3.09

Table 19: Ratings of descriptions for ‘encountering therapist resistance’.

	Avoid	Anger	Anxiety	Give-up	Dilemma	Self-critical
Mean	4.36	3.96	4.08	3.76	4.04	5.00
SD	2.06	2.75	3.10	2.94	2.62	3.74

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