

---

## The Counsellor as a Cause and Cure of Client Resistance

---

Alvin R. Mahrer

Lynn Murphy

Robin Gagnon

Normand Gingras

*University of Ottawa*

---

### Abstract

Three ways are proposed in which the counsellor may be seen as a major contributor to client resistance: (a) the counsellor wants the client to be and to behave in counsellor-imposed ways; (b) the counsellor actively constructs a complementary role that the client is to fulfill; and (c) the counsellor maintains an entrenched belief in the truth of "client resistance." Counsellor strategies are suggested to reduce each of these determinants and thereby move in the direction of significant reduction of counsellor-induced client resistance.

### Résumé

Cette étude avance qu'il existe au moins trois situations au cours desquelles le conseiller serait la cause principale de la résistance qui se manifeste chez le client: (a) lorsque le conseiller désire voir le client être-agir-réagir de façon prédéfinie; (b) lorsqu'il participe activement à l'élaboration d'un rôle complémentaire devant être assumé par le client; et (c) lorsqu'il adopte une croyance voulant que la «résistance du client» soit une réalité indéniable. L'étude propose alors différentes stratégies visant à réduire chacun de ces déterminants et ainsi diminuer de façon significative la résistance suscitée chez le client par le conseiller.

Client resistance is typically regarded as determined primarily by factors residing in the client, factors involving the client's personality characteristics, defense mechanisms, psychopathology, and psychodynamics. That is, determinants of client resistance are commonly accepted as characteristics and properties of the client. In addition, client resistance is also understood as a function of the counsellor-client relationship, although this is generally accepted as secondary to client factors (Seaburn, 1988; Strong & Matros, 1973; Watzlawick, Weakland & Fisch, 1974). Kottler (1992) and Langs (1981) are representative of those who identify a third source of determinants of client resistance, namely, the counsellor: "it is incumbent upon the therapist to ascertain his own contribution to each resistance before dealing with those sources which arise primarily within the patient" (Langs, 1981, p. 540).

The purpose of this article is to propose particular ways in which the counsellor may contribute to client resistance, and to suggest strategies the counsellor may use to reduce this source of client resistance. Rather than minimizing client factors and counsellor-client relationship factors, the aim is to illuminate particular ways in which the counsellor may also be understood as a significant source of client resistance, and therefore may be a significant avenue toward minimizing client resistance. Since

relatively little attention has been given to the counsellor contribution to client resistance, a provocative and rather extreme stance is taken with the intent of stimulating discussion of the issue.

#### WAYS COUNSELLORS MAY CAUSE CLIENT RESISTANCE

The literature on counsellor determinants of client resistance may be organized around three categories of dimensions.

##### *Counsellor Expectations and Demands*

The counsellor may set the stage for client resistance by imposing specific ways that the client is to be and to behave. Whether explicit or implicit, the counsellor may want the client to comply with varying demands, requests, or expectations, and resistance occurs to the extent that the client does not cooperate, conform, or acquiesce (Beitman, 1987; de Shazer, 1989). For example, with clients who are not especially drawn toward counselling, counsellors may want these clients to be motivated for sessions, to see the value in a course of sessions, and to remain until the client has benefited from the sessions. Resistance occurs to the extent that the client does not comply with these explicit expectations and demands (Mahrer, Howard & Boulet, 1991; Manthei & Matthews, 1982; Munjack & Oziel, 1978; West, 1975).

The counsellor's expectations and demands of the client to change can set the stage for resistance by establishing opposition between the one who wants the other to change and the client who is forced to acquiesce or resist. In this counsellor-imposed scenario, "resistance involves a resistance to the therapist's attempts to produce change in the client" (Kopp & Kivel, 1990, p. 142). The determinant is the counsellor's effort to initiate change in the client (cf. Shapiro, 1972). Even more specifically, the counsellor may impose particular ways that the client is to be and to become. The client is to be more assertive or less assertive, to get a job or to take care of the children, to spend more time with their spouse, or to be less clinging. What the counsellor wants may be called treatment plans or counselling goals, but when the client does not enthusiastically share the counsellor's plans and goals, that may be called resistance (cf. Bugental, 1987; Riordon, Matheny & Harris, 1978).

In the moment-to-moment process of a session, the counsellor may want the client to explore a particular topic, respond in given ways to the counsellor's interventions, accept a particular perspective, undertake a specific program, or carry out a particular post-session behaviour. Resistance occurs ". . . when the client won't agree to do what the counsellor insists is necessary in order to get straightened out" (Vriend & Dyer, 1973, p. 242; cf. Munjack & Oziel, 1978). The counsellor's expectations and demands may also extend to the client's being aware of and exploring into instances of the client's resistance (Dewald, 1982).

These examples are representative of the many ways in which counsellor expectations and demands may function as determinants of client resistance to the degree that the client does not wish to comply with those expectations and demands.

### *Counsellor-Imposed Client Roles*

The counsellor-client relationship is generally accepted as a core ingredient of a helpful counselling process. However, this relationship can serve as a significant determinant of client resistance when the counsellor fulfills one role and expects the client to accept a complementary role. Specifically, the counsellor may be seen as causing resistance to the extent that the client does not comply with the counsellor-imposed role, prefers to fulfill some other role, or seeks to modify or withdraw from the counsellor-imposed client role (Mahrer, 1978; 1989a; 1989b; Mahrer & Gervaise, 1983; Strupp, 1975). There is little or no basis for client resistance when the client accepts and complies with the counsellor-imposed role, or when their mutual roles are conjointly established. On the other hand, the counsellor sets the stage for client resistance when the client is not prepared to accommodate to the assigned role.

For example, the counsellor may fulfill the role of the one who sets the contractual terms, and the client is to be the one who accepts the terms and strives to live up to the conditions of the contract (Munjack & Oziel, 1978), or the counsellor may be the behaviour change expert, with a reservoir of behaviour change programs, and the client is to fulfill the role of the subject who constructively complies with the assigned treatment program (Holland, 1965). Basch (1982) illuminates how client resistance can occur when the counsellor assumes the role of the one who controls the counselling process and assigns to the client the role of being compliant. The counsellor may enact the role of the reservoir of knowledge in intrapsychic forces, psychopathology, and intricate psychodynamics, and the client is to appreciate the counsellor's superior knowledge. Or the counsellor enacts the role of the wise one, with instructive parables, uplifting philosophical perspectives on one's problems and the ways of the world, and the client is to fulfill the role of the one who appreciates and benefits from the wisdom of the counsellor (cf. Ellis, 1985; Schlesinger, 1982).

Counsellors may fulfill subtly varying roles, and thereby impose complementary roles onto clients. A counsellor may carry out the role of the client's personal advocate, cheerleader, or supporter, and the client is to be the one who values the counsellor's highly personal advocacy. The counsellor may be the rare person who readily and willingly is on the client's side, looking at the world through the client's eyes, and the client is to cherish the opportunity to be with such a special person. With counsellors whose role is that of being with the clients in their distress

and turmoil, clients may be expected to be in such a state and to value such a companion. Some counsellors may enact the role of the best friend and buddy for clients who are lonely and crave such a true friend. When the counsellor is the one who bestows the gift of undivided attention, interest, and personal concern, the client is to be the one who needs and values such a precious gift. When the counsellor fulfills the role of the one who isolates, attacks, and frees the client of deep-seated psychopathologies, the client is to be the one with such intrapsychic psychopathologies and who becomes free of their inhibiting interferences (Lewis & Evans, 1986; Strupp, 1973).

It is not the sheer presence of these or other roles that contribute to client resistance. Rather, client resistance may be caused when counsellors impose these complementary roles onto clients who are unable or unwilling to accept the prescribed roles. Under these conditions, the counsellor has set the stage for client resistance.

#### *Counsellor-enhanced Belief in "Client Resistance"*

The counsellor may contribute to client resistance by holding to an entrenched belief in the concept of client resistance. When the counsellor believes that "resistance is an integral aspect of human nature" (Driscoll, 1984, p. 185), then the counsellor may see it in virtually every client, and always ready to manifest itself (cf. Ellis, 1985).

Many counsellors may accept the axiom that "... resistance is unavoidable in the counselling process. . . . Assuming otherwise would be unrealistic and untenable" (Otani, 1989, p. 458; cf. Freud, 1916/1917; Ritchie, 1986). The truth of client resistance occurs as a clinical axiom in which clinicians simply assert that it exists (e.g., Anderson & Stewart, 1983). Accordingly, "when a therapist looks for resistance in every nook and cranny he or she is sure to find it" (de Shazer, 1989, p. 230). For example, Nelson (1975) and Redl (1966) assert that the resistance is virtually an inevitable and everpresent reaction to the counsellor's intention to help.

Once the counsellor is prepared to label and describe the client as resistant, then resistance exists. It is not merely a matter of accurate observation, for the counsellor may well be accurate, within the particular perspective that includes the truth of client resistance. Vriend and Dyer (1973) and Munjack and Oziel (1978) provide examples of client behaviours which may be seen as adaptive and functional from one perspective, or as conspicuous resistances when seen from another perspective.

These three ways in which counsellors may contribute to client resistance can be regarded as relatively common and as cutting across many counselling approaches. They may often remain inconspicuous because it is so easy to accept that counsellors do want clients to be and behave in particular ways, do provide complementary roles for clients to fulfill, and

do believe in the existence of client resistance. For counsellors who accept that these three factors may also serve as significant counsellor determinants of client resistance, we turn to what may be done to reduce the resistance.

#### WAYS TO "CURE" COUNSELLOR-CAUSED CLIENT RESISTANCE

One way of reducing the effects of these three counsellor-produced determinants of resistance is simply to caution counsellors to heighten their awareness of possible deleterious effects of counsellor-imposed expectations and demands, counsellor-imposed client roles, or counsellor-entrenched beliefs in "client resistance." However, we wish to go further, and to propose explicit ways counsellors may consider that might minimize the development of these determinants of client resistance. We want to emphasize that these are mere proposals in the spirit of inviting counsellors to consider these and other ways in which client resistance may be "cured" of what the counsellor contributes to the resistance.

##### *Emphasizing Client Readiness and Willingness*

Consider a model in which much of what the counsellor does is merely showing the client what to do. Somewhat similar to a coach or guide, the counsellor invites the client to carry out explicit steps that comprise the counselling process. It is the client who largely undertakes the working components of the counselling process, rather than the counsellor as the one who applies interventions in the treatment of the client. This approach means that the counsellor must be competent. If the counsellor is not adequately competent in showing the client what to do and how to do it, lack of movement or progress is attributed more to the counsellor than to the client's resistance (Lewis & Evans, 1986; Langs, 1981; 1982; Lazarus & Fay, 1982).

When the counsellor shows the client what to do, there is typically a symmetrical highlighting of the client's immediate level of readiness and willingness to proceed. The counsellor may show the client how to allow a feeling to deepen or how to locate a relevant earlier incident, or how to try out helpful ways of saying particular words directly to a key other person. However, it is the client who carries out the immediate step, and therefore the client's level of readiness and willingness becomes uppermost. It is the client who has the option and the choice to do it or not. If the client declines, the counsellor honors the client's choice. Carrying out the counselling process becomes a matter of continuously emphasizing the client's immediate readiness and willingness. Under these conditions, client readiness and willingness tend to occur as a sensitively fluctuating state. When it is slow, the counsellor may accept the immediate unwillingness in relation to a particular substep of the counselling

process, rather than as a general characteristic of the client, or something to be dealt with or gotten around (cf. Strean, 1985).

In effect, the client's "resistance" is significantly reduced when the counsellor places more emphasis on the client's readiness and willingness to carry out each little component of the process in the session (Mahrer, 1989b). Throughout the counselling process, the counsellor asks if the client is ready and willing, and genuinely honours the client's immediate choice. Resistance tends to give way when client readiness and willingness are given an important place in the moment-to-moment counselling process.

### *Counselling Follows a Single-Session Model*

Most approaches to counselling follow the model of an extended series of sessions. The series may be short or long, time-limited or open-ended, yet the presumption is that counselling generally consists of a series of sessions. The single-session model (Talmon, 1990) is based on the understanding that each session, even if this is the only one, is a complete mini-counselling experience. Counsellor and client are to accomplish as much as can be accomplished, as if this were the only session, and the working framework is that each session is conducted as if it were the only session.

By adopting this model, the emphasis in the initial session is to accomplish all that may be necessary to enable significant change in whatever the client brings, rather than an emphasizing assessment and evaluation, and laying the foundations for the series of subsequent sessions. The implicit message is that significant change can occur in this single session. At the end of the session, counsellor and client are free to make an appointment for another session if they wish, but each session is conducted as essentially a complete counselling experience. Similarly, each subsequent session is conducted within a working framework in which counselling starts and ends with that particular session, as if counselling were compressed into that single session. The opening, middle, and closing phases of counselling may occur in each single session, with the objective of enabling substantive change in whatever issues and concerns are present in the particular session.

By adopting the single-session model, counsellors avoid many of the components of client resistance that go with the model of counselling as an extended series of sessions. For example, the single-session model does not set the stage for counsellors wanting clients to be motivated for the full course of counselling, or to remain until counselling has attained longer-term goals and objectives. The single-session model does not accommodate the gradual development of roles which are shaped by the counsellor. Similarly, counsellors who follow the single-session model are

likely to be much less inclined toward an entrenched belief in the concept of inevitable, universal client resistance.

*Counsellor and Client as “Aligned,” Rather Than “Face-to-Face”*

Recent developments in existential counselling have included a significant departure from the prevalent stance in which the counsellor is essentially “face-to-face” with the client, each one attending predominantly to the other throughout most of the course of the session. Typically, the counsellor is attending mainly to the client, to the content of what the client is saying, to the nature of the relationship, to various aspects of the client. In a departure from this posture, existential counsellors (e.g., Havens, 1986; Mahrer, 1989a; 1989b; Margulies, 1984; May, 1989) propose a model in which the counsellor and client attend to some third centre, rather than mainly to one another. The client’s attention is to be mainly directed toward whatever the client is attending to, concerned with, or focused on at the moment. The counsellor is “aligned” with the client in that both counsellor and client are attending to essentially the same third centre of attention, rather than mainly to one another. The difference is one of degree. When counsellor and client are “aligned,” they are nevertheless aware of one another, and when counsellor and client are “face-to-face,” there is a measure of attention on some third centre of attention.

According to these existentialists, the roots of this “aligned” posture include what may be occurring in higher levels of empathy and in the classic psychoanalytic use of free association in which attention of both counsellor and client is poured mainly onto the client’s flow of associational material. When counsellor and client are “aligned,” and talk to one another, both are attending predominantly to the immediately present third focal centre of attention.

The state of being “aligned” tends to obviate much of the basis for counsellor-determined client resistance. Instead of being generally “face-to-face,” and increasing the likelihood of wanting the client to be and to behave in counsellor-imposed ways, the counsellor leaves much of these expectations and demands aside in being aligned with the client. In this posture, the counsellor is in much less of a position to fulfill some external role and to exert demands for the client to accept a prescribed role. When counsellor and client are aligned, the counsellor is much less in a position to act upon the basis of an entrenched belief in the truth of client resistance.

*The Theory of Personality and Counselling Need Not Include an Entrenched Belief in the Truth of Client Resistance*

Many theories of personality include concepts and constructs that are the basis for assertions that client resistance is necessary and universal. In

these theories of personality, resistance is accepted as an integral component of human nature, a fundamental characteristic of the intrapsychic relations among basic personality parts. However, not all theories of personality necessarily include such concepts and constructs. Furthermore, in the process of counselling, what many approaches would construe as evidence of client resistance may, in other approaches, be understood in terms of concepts and constructs other than those of client resistance (Munjack & Oziel, 1978; Vriend & Dyer, 1973). Theories of personality that do not include the conceptual foundation for resistance have qualitatively different ways of construing what other theories would identify as client resistance. For example, an experiential theory of personality and counselling (Mahrer, 1989a; 1989b) does not include personality components, constructs, or concepts of resistance, nor of the universal truth of resistance either within personality structure or the process of counselling. What some approaches would accept as evidence of client resistance would instead be understood in terms of underlying processes such as the experiencing of being tough, firm or strong, or the experiencing of self-protection, taking care of oneself, or the experiencing of being independent, autonomous, or on one's own. It is not necessarily true that all theories of human beings and counselling include an entrenched belief in the truth of client resistance.

Even further, Mahrer's experiential theory does not accept the axiom of the central importance of construing something as client resistance and then exploring it, interpreting and understanding it, getting around it, uncovering its causes, and generally trying to minimize or ameliorate it. When, for example, traditional client resistance is instead understood as indicating an inner experiencing, the counselling process may enable the client to accept and to carry forward this inner experiencing into new ways of being and behaving (Mahrer, 1983; 1984). Rather than merely relabeling what other approaches regard as resistance, the experiential counselling process is understood as dealing with qualitatively different material, and using it for substantially different counselling aims and objectives.

In conclusion, for counsellors who are willing to consider that they may well contribute to client resistance in these three ways, our invitation is to be ready and willing to try out these proposals for minimizing or "curing" counsellor-caused client resistance. We are aware that some counsellors may be resistant to seeing these ways in which they may contribute to, or cause client resistance, and also to considering adoption of the proposed ways of reducing or curing these determinants of client resistance. Defensively, we may proclaim that our intention was merely to extend what others (e.g., Kottler, 1992; Langs, 1981) have suggested, namely that counsellors can and do contribute to client resistance. If, however, there is a basis for serious consideration of coun-



sellors as a significant “cause” and “cure” of these aspects of client resistance, then counsellors and researchers may well try out these proposed solutions to see if they work. If it is helpful for client resistance to be understood and reduced, perhaps it is also helpful for counsellor resistance to be understood and reduced.

### References

- Anderson, C. & Stewart, S. (1983). *Mastering resistance*. New York: Guilford.
- Basch, M. F. (1982). Dynamic psychotherapy and its frustrations. In P. L. Wachtel (ed.), *Resistance: Psychodynamic and behavioral approaches* (pp. 3-23). New York: Plenum.
- Beitman, B. D. (1987). *The structure of individual psychotherapy*. New York: Guilford.
- Bugental, J. F. T. (1987). *The art of the psychotherapist*. New York: Norton.
- de Shazer, S. (1989). Resistance revisited. *Contemporary Family Therapy*, 11, 227-33.
- Dewald, P. A. (1982). Psychoanalytic perspectives on resistance. In P. L. Wachtel (ed.), *Resistance: Psychodynamic and behavioral approaches* (pp. 45-68). New York: Plenum.
- Driscoll, R. (1984). *Pragmatic psychotherapy*. New York: Van Nostrand Reinhold.
- Ellis, A. (1985). *Overcoming resistance*. New York: Springer.
- Freud, S. (1916/1917). Introductory lectures on psychoanalysis. *The complete psychological works of Sigmund Freud* (Vol. 15). New York: Norton.
- Havens, L. L. (1986). *Making contact: Uses of language in psychotherapy*. Cambridge, MA: Harvard University Press.
- Holland, G. A. (1965). *Fundamentals of psychotherapy*. New York: Holt, Rinehart & Winston.
- Kopp, R. R. & Kivel, C. (1990). Traps and escapes: An Adlerian approach to understanding resistance and resolving impasses in psychotherapy. *Individual Psychology*, 46, 139-47.
- Kottler, J. A. (1992). *Compassionate therapy: Working with difficult clients*. San Francisco: Jossey-Bass.
- Langs, R. (1981). *Resistances and interventions*. New York: Jason Aronson.
- . (1982). *Psychotherapy: A basic text*. New York: Jason Aronson.
- Lazarus, A. A. & Fay, A. (1982). Resistance or rationalization? A cognitive-behavioral perspective. In P. L. Wachtel (ed.) *Resistance: Psychodynamic and behavioral approaches* (pp. 115-32). New York: Plenum.
- Lewis, W. A. & Evans, J. W. (1986). Resistance: A reconceptualization. *Psychotherapy*, 23, 426-33.
- Mahrer, A. R. (1978). The therapist-patient relationship: Conceptual analysis and a proposal for a paradigm-shift. *Psychotherapy: Theory, Research, and Practice*, 15, 201-15.
- . (1983). An existential-experiential view and operational perspective on passive-aggressiveness. In R. D. Parsons & R. J. Wicks (eds.) *Passive-aggressiveness: Theory and practice* (pp. 98-133). New York: Bruner-Mazel.
- . (1984). The care and feeding of abrasiveness. *The Psychotherapy Patient*, 1, 69-78.
- . (1989a). *Experiencing: A humanistic theory of psychology and psychiatry*. Ottawa, Ontario, Canada: University of Ottawa Press (original work published 1978).
- . (1989b). *How to do experiential psychotherapy: A manual for practitioners*. Ottawa, Ontario, Canada: University of Ottawa Press.
- Mahrer, A. R. & Gervaise, P. A. (1983). Impossible roles therapists must play. *Canadian Psychology*, 24, 81-87.
- Mahrer, A. R., Howard, M. T. & Boulet, D. B. (1991). A humanistic critique of psychoanalytic termination. *The Humanistic Psychologist*, 19, 331-48.
- Manthei, R. J. & Matthews, D. A. (1982). Helping the reluctant client to engage in counselling. *British Journal of Guidance and Counseling*, 10, 44-50.
- Margulies, A. (1984). Toward empathy: The uses of wonder. *American Journal of Psychiatry*, 138, 421-28.
- May, R. (1989). *The art of counselling*. New York: Gardner.

- Munjack, D. J. & Oziel, L. J. (1978). Resistance in the behavioral treatment of sexual dysfunctions. *Journal of Sex and Marital Therapy*, 4, 122-38.
- Nelson, J. C. (1975). Dealing with resistance in social work practice. *Social Casework*, 56, 587-92.
- Otani, A. (1989). Client resistance in counseling: Its theoretical rationale and taxonomic classification. *Journal of Counseling and Development*, 67, 458-61.
- Redl, F. (1966). *When we deal with children*. New York: The Free Press.
- Riordan, R. J., Matheny, K. B. & Harris, C. W. (1978). Helping counselors minimize client reluctance. *Counselor Education and Supervision*, 2, 6-13.
- Ritchie, M. H. (1986). Counseling the involuntary client. *Journal of Counseling and Development*, 64, 516-18.
- Schlesinger, H. J. (1982). Resistance as process. In P. L. Wachtel (ed.), *Resistance: Psychodynamic and behavioral approaches* (pp. 25-44). New York: Plenum.
- Seaburn, D. B. (1988). Treating "resistant" behavior: Contributions of systems theory. *The Psychotherapy Patient*, 4, 51-60.
- Shapiro, R. J. (1972). Resistance revisited: The therapist as surrogate family. *American Journal of Psychotherapy*, 26, 112-22.
- Stream, H. S. (1985). *Resolving resistances in psychotherapy*. New York: John Wiley & Sons.
- Strong, S. R. & Matros, R. P. (1973). Change processes in counseling and psychotherapy. *Journal of Counseling Psychology*, 20, 25-37.
- Strupp, H. H. (1973). *Psychotherapy: Clinical, research, and theoretical issues*. New York: Jason Aronson.
- . (1975). On failing one's patient. *Psychotherapy: Theory, Research, and Practice*, 12, 39-41.
- Talmon, M. (1990). *Single session therapy*. San Francisco: Josey-Bass.
- Vriend, J. & Dyer, W. W. (1973). Counseling the reluctant client. *Journal of Counseling Psychology*, 20, 240-46.
- Watzlawick, P., Weakland, J. & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. New York: Norton.
- West, M. (1975). Building a relationship with the unmotivated client. *Psychotherapy*, 12, 48-51.

### *About the Authors*

Dr. Alvin R. Mahrer is Professor in the School of Psychology at the University of Ottawa. His research is on how to bring about significant changes in the counselling session. In 1992, he was the recipient of the University of Ottawa Award for Excellence in Research.

Ms. Lynn Murphy, Mr. Robin Gagnon, and Mr. Normand Gingras are members of the University of Ottawa Counselling Research Team, under the direction of the senior author.

Address correspondence to: Dr. Alvin R. Mahrer, School of Psychology, University of Ottawa, Ottawa, Ontario, Canada K1N 6N5.