

Reluctance and Resistance: Challenges to Change In Psychotherapy

Mini Review

During the therapeutic process, clinicians encounter several challenges that decelerate, or cease the changing process of the clients as well as turning the change process of the clients in a less productive manner. Among these obstacles, client reluctance and resistance are two of the main challenges of the change process experienced by the clients. They are known as being quite common in clinical setting, found as negatively associated with client satisfaction and improvement, and positively associated with premature termination in psychotherapy [1]. Basically, Reluctance is defined as unwillingness or hesitancy to participate fully in the helping process because of reluctance to change, while resistance is about disagreement of the clients regarding the approach of changing process of the therapists. In this case, the clients may act as dissenters rather than collaborative partners to change. Although reluctance and resistance are two different terms by their definition, they are usually used interchangeably in clinical practice. However, the difference between reluctance and resistance is important to choose and apply the beneficial techniques for overcoming them during the change process. In this paper, client reluctance and resistance were extensively discussed, and strategies to overcome these two challenges complicating the client change were suggested. It is widely known that reluctance is usually about the unwillingness of the clients about seeking help, or continuing the therapeutic process [1,2]. In clinical setting, reluctance is defined as client hesitancy to become oriented in the therapeutic environment and meet the demands of the tasks requested by the therapeutic process [1,2]. Reluctant are usually offered for psychotherapy by the close others of them while they are unlikely to seek treatment by themselves [1]. One of the main reasons of reluctance includes beliefs of the clients preventing their approaching to psychotherapy in the first place, or their continuing to the sessions. These beliefs contain being labeled by the people, being despised by the society, emotional difficulty and pain that is expected to be experienced during the sessions, and perceived uselessness of psychotherapy [2]. Reluctance might be observed in the sessions by many overt as well as covert behaviors of clients during the sessions. To illustrate, the clients may come to the session significantly later than it was arranged, they may miss some sessions, they may talk merely safe or low-priority issues about their life, seem unsure of what they want, might be overly cooperative in order to block the communication in the session, might set unrealistic goals to use this unreality for not moving forward, they may fail to work hard to change their ongoing situation, and might be slow to take responsibility for themselves [2]. They may blame external factors, such as the other people, social settings, or existing systems in which they live, for the troubles that they experience in order to subtly express that it is not the clients themselves, but these external factors including problems that need to be changed. They may play games with their helpers by manipulating their therapist, such as not telling

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a significant part of the problem that is highly relevant for change process, or distorting the reality to mislead the therapist resulting in deceleration or pause in the changing process.

Resistance could be defined as the unwillingness of the change of the client due to his or her negative reaction to the therapeutic process triggered by the therapist [1-3]. In other words, some verbal and/or nonverbal expression of the therapist leads the client develop resistance. To illustrate, directive behavior of the therapists were found to lead a slight, yet significant increase in the client resistance [3]. Other therapist behavior leading client resistance for change might be illustrated as trying to investigate sensitive issues too early in the sessions, verbal or behavioral expression of judge, and lack of empathy that might result in client feelings of being misunderstood, not being understood, being mistreated, even being abused leading negative reaction to the therapist, and sometimes pretermination [2,3]. As a result, a client that has developed resistance to the therapy, to the therapist, or to the both, may engage in a power struggle resulting in blockage in the sessions, and even leaving the therapy prematurely. Although reluctant clients are observed in the clinical setting seldomly, almost all of the clients somehow show resistance during psychotherapy [1]. In order to overcome reluctance and resistance, and to work with the clients characterized with these challenges more easily, the therapists initially should be aware of the fact that there is a tendency to see difficult clients, reluctant and/or resistant clients, as bad clients for the change process while it is asserted that the therapist is usually responsible by being able to overcome the difficulties of the clients and work with them collaboratively [2-4]. In other words, if the therapists have a great difficulty in working with the challenges of clients such as their reluctance or resistance in the sessions, then it is possible that the therapists suffer from their own psychological processes, emotional reactions, or lack of experience in clinical setting [2-4]. Being aware of their own psychological structure might be significantly beneficial to avoid some unhelpful responses to the clients having reluctance and/or resistance, and manifesting more positive, productive reactions enhancing the

therapeutic relationship and easing the change process during the therapy. Such unhelpful responses that the therapists should avoid are accepting their guilt and trying to soothing their clients, expressing impatience and or hostility to their clients, passively waiting for the disappearance of reluctance and or resistance, lowering their expectations of themselves or of the clients, becoming warmer and more accepting by the hope that the clients will overcome reluctance and/or resistance by love, blaming their clients and engaging in a power struggle, allowing the clients to abuse themselves, lowering their expectations of the helping process, and giving up on the clients [2]. In addition, therapists must be aware of their own expectations from the clients which might be unrealistic such as "Every client must like me and trust me.", "Every unwilling client can be helped.", "No unwilling client can be helped.", "I have to succeed completely with every client.", and "I alone am responsible for what happens to this client.". [2]. On the contrary, the therapists are supposed to develop productive attitudes and behavior regarding reluctance and resistance. Specifically, the therapists should explore their own reluctance and resistance, perceive reluctance and resistance as normal to some degree, accept and work with the clients' reluctance and resistance in the helping process, see reluctance as a form of avoidance instead of the client's ill will unless the client acts in the opposite way, examining the quality of their interventions continuously, be realistic about their own personal as well as professional limits, help clients look for incentives to move beyond reluctance and resistance, and do not see themselves as the only helper in the clients' life [2]. Apart from adequate responses, tips that are specific to reluctance as well as resistance are mentioned in the literature. To deal with reluctance, the therapists should build a strong therapeutic relationship with the clients by representing

respect and empathy for the clients' problems as well as their reluctant behavior [2]. Specifically, therapists should not force the clients to talk about sensitive topics too early, nor they do not push their interpretations about the problems on their clients [1]. Besides, they should provide a structure of the therapy schedule regarding the content, process, and duration of the whole therapy as well as the individual sessions [1]. Considering resistance in psychotherapy, persuading the clients about the malfunctioning of their resistant actions, using paradoxical techniques to overcome resistant behavior instead of directly challenging them, and breaking the change process into small steps by setting tiny, intermediate goals to achieve the ultimate goal in the therapy might be helpful [1]. Using these techniques in an advanced manner, will probably enable psychotherapists to overcome the reluctance and/or resistance of the clients and helping them change themselves more easily [5].

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