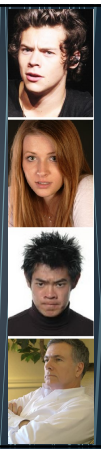
Therapy with Difficult Clients: Working with Anger and Resistance



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What is Therapy?

Therapy is essentially a cooperative endeavor aimed at achieving some good on the patient's behalf

- Failure in therapy is the result of a failure to establish a cooperative interaction
- Just as ethical conduct is the responsibility of the therapist (not the patient), establishing a cooperative interaction is the responsibility of the therapist (not the patient)
- Do not accuse the patient of being "resistant" unless this will somehow increase cooperative interaction
- Therapeutic problem solving remains balanced upon a fulcrum of trust and voluntary consent (i.e., there is nothing to resist)

Tailoring the Relationship

It is not enough to diagnosis symptoms. You must discern who it is you are working with and then use good judgment

- What is his/her reason for coming?
- What outcome does this person want?
- How much emotion can this person endure?
- How honest is the person likely to be?
- How much self-disclosure is he/she ready for?
- What is this person's attitude toward therapy?
- How submissive is the person likely to be?
- What does this person believe about the problem/solution?

Negative Expectations

People do not cooperate when they expect negative outcomes

- Strong emotional reactions build from failure to successfully negotiate one's needs in primary relationships, these can include: anger, fear, ambivalence, or confusion
- If there is a history a failure in therapy, or abuse, then this will need to be explored before anything else is done
- Make the covert overt, do not ignore signs of discomfort or distress. Try to discern as quickly as possible what negative expectations the patient may have

Biased Interpretations

Therapy needs to be the exception to what past experience has taught the patient to expect from others

- The more poorly a person is treated early in life, the smaller the collection of positive examples from which to make sense of other's actions
- Dodge: Violent school boys react no differently to provocation than "normal" boys, but they perceive hostile intent much more often
- Because the individual reacts defensively, thus failing to cooperate with others, the outcome is usually as bad as they expected it to be (the bias is self-perpetuating)

The Principle of Charity

The principle of charity states that we should always assume that for any given statement or action there is a good reason behind it.

- Avoid the Fundamental Attribution Error. Ask yourself, "What is the situational explanation for his/her behavior?"
- When in doubt, continue to collect more information, until you can understand & empathize with the client's resistance
- Model new behaviors: show clients how to give others the benefit of doubt and how to make allowances for less than perfect reactions from others
- "Have you ever made a similar mistake?" … "What did this person possibly not know about your situation?"

Anger

Purpose: defend resources, remove obstacles to our wellbeing, eliminate a threat

Anger interferes with empathetic ability and greatly diminishes openness to new ideas.

Victimization

There is no other animal as dangerous as a wounded one, especially when it sees itself as your victim

- A victim identity tends to foster chronic anger and absolute freedom from consciousness, "She knows she makes me angry!"
- Victim-oriented fantasies can have tremendous influence over others, "I knew how this fight would go even before I got home!"

People who desire to feel superior to others do not suffer modestly, their despair is grandiose

- The desire for greatness is easier to fulfill when going in a negative direction, this does not require skill or accomplishment, "No one has suffered as much as me."

Emotional Contagion

Angry feelings give rise to angry thoughts, leading to angry behaviour, which spreads angry feelings amongst others as a cycle of escalation starts to build

- Emotion occurs very quickly, before there is time to "think through" a situation. Similarly, survival mechanisms do not wait around for the contemplation of possible outcomes
- An avalanche of self-confirming events occurs before there is time to consider the possibility of having misinterpreted the other's intentions, pre-emptive strikes are met with counter attacks

Complementarity

Hostility automatically elicits hostility. Kindness elicits kindness

- These automatic responses can be over-ridden, but it requires conscious effort (and glucose)
- Affect attunement (matching anger in facial expression or tone) is not hostility. You can be angry that someone has suffered, which is kind. Hostility requires attack, judgment, condemnation or punishment of some sort.
- Matching anger: an angry tone paired with kind actions will eventually solicit a kind response

Anger & Domestic Violence

Counseling a violent individual, who refuses to admit to having a problem with anger, is not safe.

- It increases probability that she will be blamed for his behavior, and trapped in the abuse
- Behavior that is not confronted is implicitly condoned
- Practitioner is likely to be misquoted and his therapy used against her
- Safeguard: "I only work with individuals who view excessive anger, violence, or abuse as a problem."

Couples Counseling & Anger

Couples therapy is not safe or productive when there are dangerous repercussions at home for what is said in the office

- Couples therapy should always include at least one private meeting. "What is the other person doing that they do not want you to tell me?"
- If there is a frightened partner that does not seem willing to share information, or if divorce is likely, consider separate practitioners
- Refuse therapy for individuals who will not stop abusive behavior in the office

Negotiation vs Control

Teach clients how to negotiate personal needs without resorting to angry, coercive attempts at control

1. Start with a point of agreement: Responding defensively, or negating everything the other person says does not inspire cooperation
2. Make an offer: Good offers are appealing to the other person & involve effort or sacrifice at your end
3. Adjust expectations: Avoid all or nothing demands, be ready to compromise, aim for a win/win outcome (80/20 & 80/20)
4. Be Kind: Use encouragement rather than criticism for motivation, "You worked hard at that, thanks." (Reciprocity)

When Criticized

Respond to confrontation by momentarily taking the opponent's position

- Circumnavigation: "I am so glad you said that! You make a really great point…" (use pieces of the patient's statement to arrive at important conclusions)
- Negative Suggestion: "Maybe I was not as fair as I should have been, maybe I have not listened enough, or maybe I was expecting too much progress too quickly." (positive terms shift the attention to benevolent aspects of your behavior)
- Exposure: Make implied remarks explicit: "Are you implying that this is a waste of time? You can tell me what you are thinking?"

Emotional Process Work

Start with anger. You cannot modify an emotion without first welcoming it into the therapy room

- Do not stop with anger, process deeper, search for the emotion behind the anger, help him find ways to address needs that other emotions (such as fear or sadness) illuminate
- Be very careful when validating anger. There is the risk of justifying & increasing anger at home or work
- Warning: Only validate anger when using innocuous individuals, someone who cannot be attacked. Anger at a deceased parent, or anger at "the system" or anger at circumstance, rather than a specific person, is not as risky to validate

The Antidote to Anger

Create a sense of belonging, two people working toward a common goal, "I know he's got my back."

- Understanding: "You do not want ____ to occur. And so you are trying to _____ . How well is that working?"
- Encouragement: "You make a really good point! I am glad you said that." "I see you are working hard." (model a 5/1 ratio)
- Alliance: "I intend to help you with this by ___."
- Respect: "What do you think about this?" "What do you believe you need from therapy?"
- Gratitude: "What was the most helpful part of the session?" "What has your child done that you appreciate?"

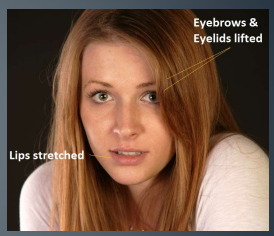
Relationship Repair

You must be able to deal with problems of blame, hyper-sensitivity to criticism, pride and narcissism in the office, and teach the client to repair the damage they have done outside the office

1. Make a confession that others will appreciate
2. Request forgiveness
3. Offer to set things right

Fear

Purpose: mobilize flight from overwhelming threats



Defensive behaviors such as denial, lying, minimization, projection or distraction are more likely to occur when the patient is feeling fearful or insecure

Pre-Therapy Orientation

A discussion about what to expect in therapy often reveals fears and misconceptions that inhibit full participation in therapy

- Fear requires advance thought about something terrible happening. If the patient looks fearful, ask what he or she was thinking on the way to therapy
- Ask the patient what he/she needs in order to feel comfortable during therapy
- Patients may fear being judged negatively, revealing embarrassing secrets, developing excessive dependency, or having to comply with demands for which he/she is not ready
- Define the situation as one in which the patient is an important contributor with power to say no, or to keep some things private

Communicate Positive Intention

State your positive intentions, in plain terms, throughout the course of treatment

- Many patients have had awful things done to them by people who were supposed to care. Do not assume that your positive intentions are known or understood
- Universal fears include fear of the unknown, fear of failure, and fear of rejection. During therapy, these may be need to be addressed with education, encouragement & acceptance
- Do not rush to judgment. Think slow, ask yourself constructive questions, "What does this person need to hear at this moment?"

Alliance Decreases Fear

Embrace the pronoun "we," be careful with over use of "I" & "You"

- "We all make mistakes. But we can still achieve a lot of good here in therapy, even if we do not do everything perfectly."
- "I have seen other clients struggle with this exact same problem. Working together, we made great progress." (You are not alone)
- "We can do therapy in a way that works best for you."
- In a group setting, create subgroups so that a defensive individual feels supported & understood

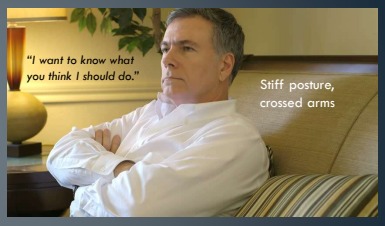
Activation of Secure Attachment

There is a primal comfort that comes from having access to a secure attachment figure

- Artwork depicting loving acts or framed quotes about compassion will alter behavior. These unconscious primes cause clients to be less defensive, more flexible in their thinking, and more open to taking risks
- Elicit at least one narrative account of receiving love or kindness, even if only from a pet or a brief interaction with a stranger.
- Share you own stories of how you gladly provide help when it is needed.

Ambivalence

Purpose: Eliminate cognitive dissonance



Listen to the client's stated intentions to understand how he wants to be perceived. Then watch his behavior to understand what he is willing to do.

Ambivalence

Clinical ambivalence is a discrepancy between deliberate intention and automatic behaviors, resulting in self-contradictory actions

- Ambivalence is often an approach/avoid conflict that remains hidden beneath conscious awareness
- The patient may be highly ambivalent about a large number of things, including: trusting others, making changes to behavior, or whether or not to remain in therapy
- Outside the office: "Give me an example of when that happened." (Full narrative accounts are needed to "see" the unconscious agenda)
- During therapy: "How do you feel about doing ___?" (does the facial expression match the stated feeling, head nods)

Externalizing the Ambivalence

Conflict between people is less disconcerting than dissonance within the same mind

- Do not take the wrong side of self-conflict, ambivalent clients will counter-balance any side you take
- Be slow to judgment, encourage the client to elaborate on both sides of an argument
- Accept the patient's argument while pointing out contradictory behavior, "There is something I do not understand, …"

Test Commitment

When ambivalence is denied, analyzing behavior will not help. Instead, test commitment to what is recognized.

- "Are you certain that you fully believe that?"
- "Was there ever a time that you felt differently?"
- "Have you ever given advice to someone in your position? What was the advice?"
- "If you were to pick from 0-100%, what percentage of confidence do you have in this position?"

Doing Both

Use role-play to increase understanding for both sides of the issue. Do both, rather than just one or the other.

- Empty Chair: "Have a conversation with that other part of yourself."
- Time Progression: Imagine yourself in the future, see yourself doing one thing, then see yourself doing the other
- Doing Both: If the patient wishes to have therapy fail and he wishes to have it succeed, then start with opportunities for failure and end with at least one opportunity for success

Freedom of Choice

Do not force-feed help/solutions/advice.

- Create curiosity: "I wonder when these changes will start to take effect." "I wonder what day this will happen."
- Seek invitations: "I can think of something that would help, do you want to know what it is?" "Can I have your permission to confront you on that point?"
- Withhold: "I do not think you should make progress too quickly." "Are you certain that you want to hear what I have to say? You may prefer to figure it out for yourself."

Confusion

Purpose: Reorientation of thought, action, & emotion

Watch the movements of the eyes and face, making certain the patient does not look confused

Miscommunication

Sometimes the patient wants to cooperate with therapy but does not understand what he is supposed to do

- Start therapy by making your expectations clear, do not use vague statements or technical jargon
- All suggestions should be brief, precise, and stated using the vocabulary of the patient
- Solicit feedback as you share your opinions or ideas, you might be surprised to learn what the patient thinks you are saying
- The primary solution for any problem with communication is to test your assumptions while asking lots of questions

Providing Direction

Pure empathetic listening is not helpful, process work must be combined with accountability for all actions

- Client (speaking to a Rogerian therapist), "I told her what you said, that the fight was all her fault."
- Practitioner, "If I continue to listen to all the reasons you have for feeling angry, your anger will most likely get worse. Is that what you want?"
- Practitioner, "If she was in my office, right now, I would ask her to consider what she needs to change about herself. Because you are the person I am talking to, I need you to consider your side of the problem."

Subjective Value of Language

Avoid unfamiliar language or the use of adversarial terms

- Adversarial: Perpetrator, Abuser, or Batterer
  Fair & Accurate: "You cussed and screamed at her. That is a form of emotional abuse."
- Unfamiliar: "A recapitulation of childhood events."
  Familiar: You hurt others the way you were hurt."
- Avoid: Religious terms, political terms, or reference to social class (words that alienate certain groups)

Expanding Emotional Repertoire

Retrospective analysis of recent events creates an outside perspective

- Retrospection is preparation for future events
- Learning is less likely to take place when we do not stop to take account of our emotional responses (Introspection)
- Retrospection & Introspection are not automatic. They require effortful processing, either in social dialogue, or while journaling, or meditation (fMRI studies: changes in neural density can be seen after three months)

Conclusion

- The therapy relationship should always be built on a solid base of trust and voluntary consent
- The practitioner who assumes a rigid, authoritarian, coercive, or insensitive stance toward the patient will understandably encounter problems with the alliance
- The expert practitioner approaches the patient's reality with a spirit of discovery, curiosity and respect
- When the practitioner is flexible, caring, and open-minded, there is a greater likelihood of a stronger alliance and successful therapy outcomes