The authors present background on the gestalt-experiential understanding of resistance, conceptualized to be either resistance to awareness or resistance to contact. The authors discuss why they do not use the term resistance and describe the phenomena as a client’s self-protective attempt to avoid the anxiety necessitated by change. Such resistant behaviors occur outside a client’s awareness and often result in an ambivalence or conflict about change. The authors also describe using in-session experiments as a way to engage with the client in exploring such a state of ambivalence or conflict. Finally, they respond to the case studies presented elsewhere in this issue and propose intervention strategies consistent with the gestalt-experiential perspective. © 2002 John Wiley & Sons, Inc. J Clin Psychol/In Session 58: 175–183, 2002.

Keywords: resistance; gestalt; experiential; two-chair experiment; ambivalence

Our work is influenced by experiential/humanistic theories, especially gestalt theory and processes, in which we emphasize the need to identify the emotional meaning of an experience. We believe that change involves a client’s identification of goals for therapy and active participation in the therapy process, and we facilitate in-session experiences to help a client develop self-understanding and choose courses of action to reach identified goals. We also believe that a client’s interactions with others, including the therapist, provide important opportunities to understand patterns of relating to others and to reorganize existing patterns or to embrace new patterns.

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We view the client as having a series of experiences mediated by the desire to preserve what is familiar and the desire to seek out change, and the therapist’s task is to be empathic toward and understanding of all aspects of the client. We observe a client as having internal conflicts that sometimes affect interactions with others, including interactions with a therapist. Our task is to facilitate a client’s awareness of these internal conflicts and to facilitate shifts in cognition, affect, and behavior that may result from such awareness. Making life changes involves a series of events or experiences that occur both during and outside the therapy hour.

**What Is Resistance?**

We have some difficulty defining resistance because we do not use the term in describing our work with clients. We understand the term to refer to two phenomena that occur with some frequency: first, a person experiences an internal conflict involving two or more values, emotions, beliefs, or ways of relating to others; second, the person focuses on ways to protect the self while in such conflict. For example, a client might experience isolation and at the same time reject another person’s attempt to express affection. We understand such conflicted behavior to be a form of self-protection: a client will struggle to maintain some equilibrium while in conflict, rather like a tightrope walker who is still on the wire but tipping from one side to the other in order to avoid a fall. While in such a struggle, a client will be cautious about changes that threaten stability and will vacillate between maintaining the status quo and attempting new and more risky interactions and activities. We believe that our task is to focus on that internal struggle and assist the client in resolving it.

When we look to our theoretical framework to define resistance, we find that the experiential/humanistic approaches to psychotherapy do not agree on a definition. As far as we know, Carl Rogers does not refer to the concept of resistance. Instead, he encourages the therapist to bracket off any preconceived ideas, goals, or biases, and work with all aspects of the client’s presentation without labeling or judgment. In such an experiential/humanistic model, the therapist does not know better than the client. For example, a client might cry in a session about feelings of loneliness and, at the same time, report refusing a friend’s invitation to spend time together. The therapist responds by being curious about how the client understands both of those experiences. The therapist might say, “I notice that you are feeling very lonely today and that you needed to say ‘no’ to your friend last night. Can you tell me what that’s about?”

Early gestalt theory (Perls, Hefferline, & Goodman, 1951) conceptualized resistance as an unaware conflict within an individual, a permanent avoidance that limits the individual’s contact with self, a process commonly referred to as resistance to awareness. Other gestalt authors (Latner, 1986; Polster & Polster, 1973) have written more about the inability to exercise the aggressive action needed to interact with the environment and meet one’s needs, which is referred to as resistance to contact. Polster and Polster (1976) argued that the concept of resistance may be unnecessary or incompatible with a humanistic/experiential approach to therapy. They see internal conflict resulting not from some alien force that needs to be removed in order for the individual to function, but rather as a part of the individual that needs to be incorporated. The therapist’s task is “moving always with the actual experience, innocently witnessing the unfolding of fresh drama” (p. 262).

Our view is that resistance to awareness serves a self-protective function, keeping the client safe from the anxiety necessitated by change. The resistance often manifests itself as a state of ambivalence where one part of a person wants to change, while another part does not. We do agree with early gestalt theory that a client often will be unaware of
an internal conflict and how this conflict affects relationships with self and others. We believe that the work of the Polsters and others about disturbances in contact are actually a reflection of the ways resistance to awareness manifests itself in daily life. An individual will tend to protect him/herself from harm by avoiding unmanageable levels of anxiety. For example, one of us worked with a young client with clinical depression who felt lonely and isolated from other people. While she knew that she wanted more contact with her peers, she did not take advantage of opportunities for such contact. The part of her that held back was very frightened of being rejected by others, in the same way she had experienced rejection by her older sister. Holding back was an attempt to protect herself from more harm.

We also do not use the term resistance in describing our work with clients because we believe the term is used more often than not by an observer of the client’s experience who is frustrated and judging the client’s experience negatively (Lauver, Holiman, & Kazama, 1982). We take the position that the term resistance often is used by a therapist to interpret a client’s behavior; such interpretations prevent the therapist from engaging in an exploration of the client’s reality. For example, a therapist might reach out to help a client who is conflicted about connecting with others, only to have the client reject the therapist’s attempt to be helpful. After experiencing this rejection, the therapist perceives the client as resistent. A client responds in the therapy situation in ways that are congruent with responses outside therapy. Using the term resistance to evaluate client behavior suggests the client is unable to articulate his/her own experience and places the therapist in the role of explaining the client’s experience to the client. The therapist is saying, “You are resisting me, and I know why.” Using the term in this negative way ignores the client’s need to protect the self, a crucial part of the client’s experience—that healthy attempt to stay on the tightrope rather than to fall.

Instead, we view the phenomena observed in such interactions as the client’s way of being in touch with his/her world, both internal and external, at a specific point in time. Everything in the client’s life is interrelated; nothing exists in isolation. The term resistance tends to be used to isolate particular aspects of functioning the therapist perceives are interfering with progress. If a client does not take action to reach identified goals between therapy sessions, then our task is to help the client become aware of how that decision occurred, to create a therapy environment where we have opportunities to collect important information about the struggle both to maintain and to change.

In sum, we believe resistance to be the client’s struggle to balance stability versus change. Resistance is the person’s self-protective attempt to avoid the anxiety that life change involves. Resistant clients often lack awareness of their own processes, and in therapy sessions, the resistance will manifest itself in the ways in which the client is in touch with his/her ongoing experience, including contact with the therapist.

Conceptualizing and Working with Resistance

In our case study about Victoria, we made brief reference to the importance of schematic change. We believe this concept is central to our approach to therapy and to our understanding of how change occurs in therapy. Early gestalt theory (Perls et al., 1951) posited that the expression of an emotional experience was important not because it created catharsis, but because it allows the formation of a new gestalt. We view the new gestalt as a schematic structure that includes affective, cognitive, motivational, and action components. Sometimes therapists who use experiential/gestalt approaches view catharsis as the goal and have neglected to focus on the development of new emotional meaning. New meaning is constructed from an interactive process between one’s immediate internal
emotional experience and one’s conscious symbolizing or understanding of that experience (Greenberg, Rice, & Elliott, 1993).

We use in-session experiments, such as the two-chair technique, as an essential tool to evoke and inform a client about schematic structures. The struggle between competing schematic structures most often operates outside the client’s awareness. The benefit of the experiment is to assist a client in becoming aware of thoughts, feelings, motivations, and action tendencies. When this material is available, a client is in a position to work toward operationalizing a new understanding of self and mobilizing energy to reach goals.

The experiment offers the client information about the different emotions, thoughts, behaviors, and action tendencies that are associated with each of the parts of self. We find when the client fully plays out the schematic structure imbedded in each side of the struggle, and when each side begins to attend to the feelings, motives, thinking of the other side, negotiation between parts of the self becomes possible. Negotiation and mutual understanding leads to one of two results: either the client begins to make changes in his/her life, or the client comes to a position of accepting the current situation and no longer pushes for change.

When change is desired but is not happening, more than one schematic structure may be operating simultaneously. That is, there is the part of the person that does want to change (possessing both the ability to change and the necessary information to make that change), and there is a part of the person that keeps the change from taking place. Arkowitz and Engle (1995) have taken the position that this is a “marker of ambivalence” and believe that it lends itself to a particular kind of experiment. That experiment is to invite the client to engage in a two-chair dialogue between the two parts of self.

We see the experiment as an efficient and productive manner of working with a client who reports not making a desired change. We believe that the experiment brings into conscious awareness material relevant to the client’s inability to change. By using the experiment, we shift the focus from the content of change to the process of change. When a client actively experiences the struggle and attends to the process involved in that struggle, he/she is in a position to make informed choices leading to resolution (see Daldrup, Beutler, Engle, & Greenberg, 1988, or Greenberg et al., 1993, for a more complete explanation of experiments and their use).

If the client does not agree to do an experiment, we do not view that reaction as resistance. First of all, we value the client’s ability to say “no.” Instead, we are curious to know more about what motivates the client’s choice. On the one hand, it could be that we have explained the offer of the experiment badly and the client needs clarity about what we are asking. On the other hand, the client may have some prediction about doing the experiment, such as a belief that the experiment will evoke strong embarrassment. There are any number of factors that can underlie a decision to decline an invitation to an experiment. When those factors are understood by both the client and the therapist, they can work together to make new choices, either entering into the experiment or moving in a different direction.

The Case of Victoria

Earlier in this issue, we presented Victoria as exemplifying resistance; that is, she exhibited a series of intrapersonal struggles that fits the gestalt definitions of resistance. She was not aware of her desire to be a mother because she was focused on her career, yet experienced a conflict within herself that often was outside her awareness. From time to time, Victoria was ambivalent about continuing therapy and sometimes related to her
ex-husband and boyfriend in ways that did not allow her to get her needs met. We focused on her struggles involving both her desire to change and her difficulty in negotiating changes. We concentrated on helping her become more aware of all aspects of her internal struggles, often presenting in-session experiments to heighten that awareness. In addition, we concentrated on helping her become aware of how she interacts or makes contact with all parts of herself and with her environment so she can make more informed choices about what meets her needs and what does not.

We chose Victoria’s story for this discussion because she had great difficulty focusing on her own internal struggle and for a long time focused only on changing her husband’s mind, even though he made clear statements about his intention to divorce her. Even after the divorce, she continued to vacillate between wanting to focus on herself and get on with her life and attempting to keep her ex-husband engaged in her life. Her bringing the schema into awareness involved attending to her experience in a number of situations, including her career and a new relationship, and revisiting childhood experiences where she learned constantly to seek reassurance from her mother after her father left the family.

The difficulty Victoria experienced became evident during our therapeutic experiments. She was not aware of her range of emotions and, even when she was aware, had difficulty staying with her emotions long enough to resolve them. Because her difficulty in making changes manifested itself as a series of ambivalent experiences (e.g., attraction and repulsion regarding her job; interest in and fear about a new relationship), the therapy approached the ambivalence by offering two-chair experiments at appropriate times. In the experiment, she could give full voice to each part of her—for example, to the part of her that clung to the lost marriage, and the part that wanted to move ahead. These experiments assisted her to become more aware of the diversity of selves that make up her life, and of thoughts, feelings, and actions that belong to each self. Although change was slow and uneven, she did resolve each of the ambivalent states, letting go of her lost marriage, relocating with her new boyfriend to a new city where she chose to work only part time. Resolution grew out of a combination of in-session experiments and an ongoing new relationship where she had opportunities to relate to her boyfriend differently than she had related to her mother, her ex-husband, or her boss.

The Case of Brian

We believe that Newman’s insistence on convincing Brian to focus on two therapy goals prevented the therapist from listening to and understanding Brian’s experience. We will outline concrete alternatives that we might pursue in attempting to understand Brian’s needs, but we cannot facilitate that exploration unless we remain curious about Brian’s story and continually observe his ways of relating to others, including his therapist. We know that Brian came to see Newman because he lost his job and was depressed, and, after doing the assigned homework and finding a new job, he reported feeling much better. Three weeks later, Brian requested more assistance because the “job was not working out” and he was again feeling “depressed and hopeless.”

What we find missing in this case study is the therapist’s consistent attention to the client’s stated goal. We would ask Brian to describe how he imagines his situation would improve if therapy were helpful, and what he wants to change about his situation. Given the information we do have, we might expect that he would define his therapy goals as feeling less depressed, being satisfied with his job, and perhaps having a stronger connection with other people. He says, “I have an important decision to make now... I need
to know what to do now!” He is, however, in conflict with himself about making this decision: a rush to act seems to be in conflict with frustration and irritation, which spills over in his interactions with his therapist.

We would support Brian’s exploration of his internal struggle, adjusting the tone and direction of that exploration as Brian discovered and became aware of the different parts of this conflict. For example, we might ask for more information about “feeling much better” and “feeling hopeless.” We would want to know what thoughts and feelings cluster around these two experiences and how Brian views these two experiences.

In order to explore his internal struggle and identify any competing schemas, we initially might ask Brian if he were willing to explore the struggle between the part of him that wants to quit his job and the part of him that does not, exploring the thoughts and feelings of each side, because he has requested help directly in making a decision about work. During that initial experiment, we would observe how willing he is to engage with his own emotional experience, how he engages in the dialogue between the two possible decisions, and we would try to help him identify the feelings that accompany his thoughts about staying with or leaving the job. We suspect that fear and anger are involved in one or both sides of that struggle. We might speculate that he is afraid to keep the job or afraid to quit or afraid of making any decision. We might wonder if wanting to quit might be related to being angry with himself or someone at the new job, someone from a previous job, or someone who has been an authority figure to him in the past. Understanding his struggle, however, would depend on the dialogue itself, on what Brian says, rather than our interpretations of what he says. One of the difficulties Newman experiences is with language. Brian reacts to Newman’s words and would be better served by being encouraged to discover his own words to explore his internal process. During the experiment, we would try to assist Brian in negotiating an agreement with himself about how to resolve the conflict about his current job. At the end of the experiment, we would relate what he has learned to the situation at work and help him to develop a plan of action in regard to his current job. After we have more information about what Brian experiences in this internal struggle, and if Brian sees a reason to continue, we might engage in more experiments based on what we and Brian have learned so far.

For example, we might use the current work situation as a means to understand how Brian relates to himself and others in order to identify what he might want to change and to help him to develop a range of options in relating to others. We might engage with Brian in experiments growing out of the last interchange in the transcript. Brian seems to be expressing a schematic structure when he says, “I’m not going to stay in this job because you think I should.”

A third avenue of exploration might involve the specific experience of being depressed and hopeless. Those words suggest an important cluster of thoughts, feelings, and behaviors that may be vital to understanding the schema that guides Brian’s interactions with others. Through experiments during therapy sessions, as well as through homework assignments designed to help Brian increase his emotional range, he might develop skills and self-understanding that could alleviate his depression.

Any of these possible experiments would be useful only if we understand and accept what Brian is asking us to help him to do. We need to use his language and respond to his requests and follow him in a facilitating way in order to help him resolve the internal struggle that may be both anxiety-provoking and outside his current awareness. Following, facilitating, and increasing awareness of these conflicts we hope would help facilitate their resolution. By contrast, Newman tried to lead him and met with strong resistance. Of course, while we cannot say that our approach would be more useful to Brian, we would want to engage with him in understanding himself.
The Case of Julie

We appreciate Satten’s description of Julie’s internal conflict and his efforts to understand and respond to her experience. The case study suggests that he monitored that conflict as he worked with Julie; nevertheless, we conceptualize that internal conflict differently, and we would have worked with her internal struggle in a different way. We would suggest experiments to help break the existing emotional structure into separate emotional components and bring them into awareness, thereby creating an opportunity to reintegrate her experience into a new schematic network. We will describe three possible experiments, along with our rationale for suggesting those interventions.

First, Julie seems to experience continual tension between the part of her that is a competent adult and the part of her that holds on to being a child. Satten’s attention to this struggle seems to us to be on target, but we are not clear how Julie sees this conflict, or whether or not she believes it to be resolvable. Satten says at one point that Julie views being an assertive adult and being acceptable to others as mutually exclusive. If Julie did agree that she was willing to explore these two ways of being, we would suggest that we might explore together the conflict within herself. In this instance, we would invite her to participate in a two-chair experiment where she would create an open dialogue between the different parts of her (the adult and the child).

Our rationale for this is twofold. First, the two-chair enactment affords Julie a way to bring both schematic structures (one belonging to the adult self, the other to the child self) into full awareness. The experiment allows her to examine and reform the two contradictory schemas into a more useful one. Secondly, we believe that the experiment would afford her a methodology with which she could come to terms with the tension between responding to a situation as an adult or as a child. The experiment could teach her how to work with that struggle directly, both in session and between sessions. Her struggling with the issue might result in an aware cooperation between her adult self and child self. Her becoming more aware of when she is in her adult self or in her child self, and the daily circumstances that evoke each, also might assist her in giving up the dichotomous thinking that she has to be either adult or child. The experiment might help her to respect both parts of herself and to work out ways for both aspects of herself to be present in a specific situation.

Next, Julie presents an ongoing theme of her father’s rejection. In experiential therapy, we perceive lingering unresolved material with a significant person in the client’s life as a marker of unfinished business that leads to a possible in-session experiment (Daldrup et al., 1988; Greenberg et al., 1993). We would invite Julie to enter into an experiment where she would imagine her father being present in an empty chair. Instead of Julie’s speaking to the therapist about her father, she would be encouraged to speak directly to her father as if he were present. We find that such enactments generally bring out all the component emotions such as hate, longing, hurt, guilt, and so on, along with the autonomic reactions such as sweaty palms, change in heart rate, tightness in the chest, etc. In addition, the conceptual aspects of the interaction are highlighted, and Julie might say to her father, “I was a good little girl. Why did you abandon me?” Julie, through the experiment, may come to understand her father differently and be more accepting of her father, to see him as another adult with his own internal struggles rather than a parent she must please in order to survive. When she can see her father as an equal, she also can allow herself to experiment with being an adult, and saying to him, “I resent your abandoning me. Your doing that caused me great pain.”

Julie does make her anger toward her parents clear to the therapist, but the experience is never completed. We find that when clients can express directly the full force of
that anger in the experiment, they report a shift in experience. Julie’s anger resurfaces when she does not get a perfect evaluation from a supervisor. If Julie can work through her anger toward her father and understand the schema that underlies her reaction to him, she might have more options in reacting to another authority figure such as her supervisor. During the empty-chair enactment Julie might, in a brief period of time, form a restructured schema and find that this new sense of self has a lasting effect. We might not be able to understand how to help Julie to reach her goals without reenacting an experience that brings the schema into her awareness. Otherwise, we are guessing what might be going on rather than discovering what is going on.

Finally, it appears that Julie, at the end of therapy, is still manifesting much of the same struggle, and, from what is reported in the case study, does not seem to be aware of what she is doing. Our sense is that much of the struggle about terminating therapy might have been avoided if she had been given the tools to work directly on this ambivalence. She certainly seems to be aware of the struggle: the part of her that wants to demonstrate that she can make it on her own and the part that wants to stay in therapy. What she seems to be lacking is a method or process by which she can take steps directly to resolve the conflict between the different parts of herself. Our tendency is to invite Julie to engage in an in-session experiment that affords her the opportunity to learn by doing. It seems to us that Satten’s feedback to Julie is directed only at Julie’s cognitive process, while an experiment might provide the opportunity to elicit the full range of cognitive, affective, and behavioral responding. With the complete schematic structure in full view, Julie would be able to use all sources of information to make informed choices and to develop new emotional meaning. We would know that the schematic structure has changed when there were changes in how Julie thinks about herself. With a new understanding of herself, Julie might say to the therapist, “The child part of me would like to keep seeing you, but I know you have done what you can to help me. And if I need your help again, I’ll come back to see you.”

Therapist’s Reactions to Resistance

Like all other human beings, we look for rewards and appreciation and, in our role as therapists, place a high value on our successful attempts to promote changes in the lives of others. Like the novice therapist who complains, “I can’t get that client to make progress,” we may become frustrated when a client does not show up for an appointment, abruptly terminates therapy with no explanation, or repeatedly asks us to listen to his/her story without agreeing to establish goals for therapy. If we say to ourselves that the client is not “doing what we know is best,” we are having a normal human reaction, but our individual constructions of reality will severely limit our ability to interpret a client’s reality. On far too many occasions, we have believed we understood why a client was experiencing distress, only to clarify during an experiment that the client’s reality was different than we had supposed.

Our stance about the term resistance does not imply that all clients will make the changes they want to make or that we never have difficulty setting mutual goals with our clients. At times, we do struggle to resolve miscommunications between ourselves and our clients; however, we believe that our task in such situations is to continue to work towards understanding and to take responsibility for our own confusion and inability to see a situation objectively, rather than viewing the client as resistant to making changes or refusing our invitations to help. We expect such discontinuities to occur and seek out consultation from other therapists, making statements like, “I need help understanding
what's happening with this client,” or “I don’t think I’m on the same page with this client.” We do not say, “This client is being resistant.”

Conclusions

People do make creative adjustments to situations in their lives and may continue to do so beyond the time when the adjustment is useful. A client may create these adjustments without awareness, or at some point in the future, they may lose awareness of some aspects of that adjustment. Clients always are in contact with their environment in some fashion, but they may develop patterns of interactions with the environment that do not meet their needs, creating internal conditions that may bring them to see a therapist.

We believe that using the word resistance to describe experiences between a client and other people affects the outcome of the interactions: if the therapist conceptualizes the experience as an altercation where two people have opposing views, then the interaction will include adversarial exchanges. We view the client’s refusal to do something suggested by the therapist as an opportunity for the client and the therapist to learn important information about how the client functions and how the client uses self-support to be independent of the therapist.

Select References/Recommended Readings


