A Case Illustration of Resistance from a Gestalt-Experiential Perspective

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The case of Victoria illustrates psychotherapy with a woman faced with a difficult and unexpected divorce. The authors present a summary of typical struggles faced by Victoria through three phases of therapy. The therapy focused initially on coping with the divorce, then moved to work on her career dissatisfaction, and finally to her efforts to develop a new relationship. The case presentation illustrates resistance as it manifested itself in both a behavioral manner and as in-session resistance to awareness of internal states. The behavioral mode of resistance is manifested by her inability to follow through on decisions made in therapy sessions and by her interruptions of ongoing therapy. A transcript of a typical in-session exchange illustrates the resistance to awareness. The authors also describe interventions intended to work with the resistance. © 2002 John Wiley & Sons, Inc. J Clin Psychol/In Session 58: 151–156, 2002.

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Both therapists are involved in clinical practice and in providing gestalt and experiential therapy training to other therapists. Although we are influenced strongly by traditional gestalt approaches, our work reflects a more constructivist point of view, an approach that emphasizes the need to understand emotional meaning. Our goal in working with emotional processes is to foster the expression of emotion, a path to access and alter dysfunc-

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tional schematic structures, taking into consideration the whole constellation of emotion, cognition, action tendencies, and motivation. (Greenberg, Rice, & Elliott, 1993).

We believe the principles of experiential modes of psychotherapy apply to a broad range of clients, crossing socioeconomic and cultural structures. We work to foster the client’s awareness at all times, fostering awareness of both internal states and of their interactive processes with others. Although resistance often connotes the external observation of a person’s reluctance, gestalt therapy views resistance as a struggle between a part of the self that desires change and a part of the self that is seeking to preserve and maintain psychological stability. From our point of view, what often looks like a simple reluctance to change may be an internal crisis, with the client struggling to maintain a sense of balance.

This client was seen by one of the authors (DE), while the other author offered consultation about the case on a regular basis.

Background

Victoria came into therapy when she was in her mid-thirties and her marriage was breaking up. She was a well-educated professional woman, fluent in a second language. She was employed in the profession for which she trained, but was somewhat disillusioned by the profession and by many of the people who worked in the field. However, she was very driven to succeed at her profession until she could find her way to a more satisfying career.

Victoria had been married for five years, with one son, age two. She considered herself to be in an ideal marriage and was anticipating that she would have more children until her husband decided to get a divorce. She was a practicing Christian in a mainstream denomination and taught Sunday school for her church. She was a devoted mother, and her child was bright and developing normally.

Her husband, also a professional, had been a man she admired greatly, and she had supported his moves to various parts of the country so that he could move through the ranks of his profession. She had dated two other men seriously before choosing her husband. She saw him as a bright and caring man and a devoted father during the years of their marriage, and she was devastated when he told her that he wanted out of the marriage. Confused and desperate to find a way to keep him in the relationship, she first attempted to persuade him to come to couples therapy so that they could figure out what had gone wrong. He attended three sessions, basically to say that he had made his decision, that he was divorcing her, and that there was nothing to talk about. He was unwilling to disclose why he made the decision to leave. After these initial sessions, when it became clear that the husband was not willing to enter into any counseling relationship, we continued with individual therapy for her.

Context

Her initial presenting problem was the break-up of the relationship. She was very anxious and desperate, clinging to anything that would offer hope that the marriage would not fall apart. At first, she wanted to use the therapy time to develop strategies that would rekindle the relationship or foster a change of heart on the part of her husband, in spite of the clear evidence that he had made an irrevocable decision about the marriage. At this phase, she manifested one of several conflicted positions about her life. On the one hand, she would acknowledge that her husband was now so angry and so much a stranger to her that she did not want to be in a relationship with him, but on the other hand, she could not find it within herself to let go of the relationship. Even when she discovered that her husband had developed a new relationship, she continued to find ways to involve him in her life.
The divorce proceedings became a long and protracted affair, with Victoria continuing to pursue a long list of demands. The divorce process kept them engaged in long, bitter arguments, often by phone and sometimes in person. Here, her conflict manifested itself again. Sometimes she would spend the session trying to decide whether or not one of her settlement requests was reasonable. She would vacillate between reacting to her husband’s anger toward her by pushing her own angry demands, while at other times she was more conciliatory so that she could be done with the divorce and get on with her life. Occasionally, when she left a session with a particular position staked out for herself, she would return with the whole issue turned inside out again, and would begin to cycle among a variety of points of view. She expressed the conflict by interrupting herself in mid-sentence and proposing an alternative viewpoint, only to counteract that viewpoint immediately. Sometimes, at this stage of therapy, it was difficult for the therapist to make any interventions because she spoke so rapidly, taking all possible sides in her internal debate simultaneously. She engaged in long internal debates about what to do, with little awareness of the emotional experience associated with the various positions. On those occasions, when the therapist was able to help her slow her rapid mental processing, she would get in touch with the part of her that was exhausted, saddened, and wounded by the divorce and wanted to settle. However, between sessions, she would once again force issues, make tough demands, and challenge all of his proposals.

After a period of months, during which the central focus was understanding what went wrong in the relationship and coming to terms with being divorced, a second issue began to emerge. She talked about how difficult her career had become for her, with its demands that she be aggressive and take advantage of any flaw in the competition’s position. She felt conflicted—on the one hand hating some of the things that her job demanded of her, but on the other hand drawn to the high-profile, fast-track life she led. Among other things, her employer expected her to take high-profile positions in state and local organizations. She again felt conflicted, throwing herself into committee work until she was exhausted, while resenting that she was not with her son as much as she want to be. Victoria also complained about being asked to do things for her employer that she believed might be unethical and was conflicted about what to do. She knew that she was dangerously over-extended, but for a number of months could not cut back on her commitments because she believed that her employer’s opinion of her would be lowered if she did. At the same time, she talked about the deep longing she had to parent other children, and that her happiest moments were with her son or when she was teaching Sunday school.

In the last phase of therapy, another conflictual issue arose. She had become friends with a divorced man who had a young daughter. The friendship had grown steadily and naturally, and they had become caretakers for each other’s children on a regular basis. After the divorce, Victoria was comforted to know that a man could like her and want to be friends with her. However, when the relationship started to become more serious, she became very conflicted. While Victoria and her boyfriend enjoyed each other’s company and liked doing many of the same things, she would not allow herself to be in love with him.

The two did have misunderstandings or conflicts, which had never happened in her perfect marriage, but her friend was willing to talk things out with her, to share his feelings, to try to understand her position. In many ways, this seemed a more promising relationship than her marriage. However, she lived in terror of making a bad choice because she previously had chosen a man who seemed to be the perfect partner, but who had turned on her and angrily divorced her. She doubted her own judgment and cycled between understanding how well she was treated and loved by her friend on the one hand, and the knowledge that there was some flaw, unseen by her, that would keep the relationship from working one the other hand. She constantly sought the opinions of her friends and family about this relationship, but seemed to take the other side, regardless of the opinion they expressed.
In the different phases of her therapy, a schematic structure she had developed in childhood slowly emerged: The emotional component was anxiety and fear of making a wrong turn that would cause her immense pain. The cognitive component was the need to make sure that everything was fail-safe before she proceeded and that there are no flaws in her position. There was also a belief that others knew what would best work for her. The motor-action tendency was to move very quickly, scanning all possible positions simultaneously, searching out all flaws in a position or idea. Sometimes she would talk so rapidly that she did not have time to support herself with a deep breath. Her motivation was to make sure that everyone (including the therapist) would always be okay with whatever position she took and that her decisions would not upset anyone.

Her schematic constellation was long standing. She recalled a memory from when she was about four years old. Her grandmother had become upset with her because she did not say good morning. Her father was brought in to scold her, and her father ended up in a rage, eventually hitting her mother, who was breast-feeding her brother. Soon after that, her father left the family. From that time on, she spent long days very upset and anxious if her mother was upset with her. She would not rest until she found some way to assure herself that she was again in her mother’s good graces.

In this phase of therapy, she sometimes struggled with her experience of abandonment by her father. During therapy, she had had some occasions to have contact with her father, meeting him once or twice when she traveled on business. These meetings and rare telephone calls always left her feeling empty. She perceived him as so caught up in his business and finances that he could not see her as she was. He dispensed a certain amount of business advice, but he never filled her need for a father.

Clinical Illustration of Resistance

In this section, we will illustrate two different modes of resistance in the work with Victoria. While we conceptualize them as a behavioral mode and an awareness mode, we understand that this is not a firm distinction because both have similar roots. In presenting clinical material, however, we find the distinction to be a useful organizing device. In the behavioral mode, Victoria arrived at healthy plans of action, only to have real difficulty in executing them. The behavioral mode also is illustrated by an on-again/off-again pattern of therapy. She would come to several sessions in a row and then not schedule her next session because she would not have her appointment book. She would promise to call when she had the book in hand, but it sometimes was weeks before she rescheduled. When she returned, it was often because the intensity of her distress had escalated and she seemed, for months, to use therapy as a relief-valve rather than to make substantial changes in her life.

The second mode of resistance is an in-session phenomenon in which she resisted becoming aware of and working with her own emotional experiences. We will illustrate this in an account of one therapy session.

Behavioral Mode of Resistance

When working in the first phase of therapy (dealing with the divorce), there were a number of sessions in which Victoria recounted telephone conversations with her husband in which he would be angry and abusive toward her. She felt wounded and devastated by these telephone calls. During the sessions, she would say that she needed to alter how she dealt with these calls because the present method left her in great pain. At the end of these sessions, she would leave with a resolution (i) not to initiate any telephone calls.
that were not absolute emergencies involving their son, and (ii) to hang up as soon as any conversation became a fight, or as soon as her husband began to be verbally abusive toward her. Nevertheless, she returned week after week with reports of either initiating telephone calls for issues that were not emergencies, or staying on the line when it turned into a fight or became abusive. Even on those occasions when she hung up, she frequently would call him right back and either continue the argument or leave a long conciliatory message on his answering machine. If she received a communication from his lawyer about the divorce, she was unable to leave the issue unresolved until she could formulate a response with her lawyer. Without consulting her lawyer, she would contact her husband; at that point, the situation usually went from bad to worse, resulting in his becoming enraged and verbally abusive. In the therapy sessions, she indicated that she understood how her behavior was getting her into trouble, that she was clear that she had to accept the divorce, and that the only way to avoid verbal abuse was not to talk to him at all. Her lawyer offered to respond to her husband for her when communication was necessary. While she saw this as good advice, it nonetheless took her months before she was able to act on it.

The basic intervention strategy on the part of the therapist for her behavioral resistance was to highlight the discrepancy between her desired and her actual behavior, frame it as an intrapersonal split or conflict between opposing parts of self, and invite her to participate in a therapeutic experiment where she could create a dialogue between the two parts of self (i.e., two-chair Gestalt work).

**Resistance to Awareness of Emotional Experience**

During the difficult period of coming to terms with the divorce, her in-session style remained relatively unchanged. She rushed into the office a few minutes late, beginning the session with a detailed and rapid-paced account of everything that happened to her during the past week. Only then would she slow down enough for the therapist to be able to develop a focus or goal for the session. She was almost totally preoccupied with the external events in her life, with little awareness of her internal states. For example, when she was attacking her husband in the divorce process, she usually denied that she had any anger toward him. In the beginning, it seemed as if she could not allow herself to become aware of her anger because that, in her mind, would ensure the termination of the relationship. When it became clear that there was no escape from divorce, she was able to acknowledge her anger and attend more to her internal states. The therapist invited her repeatedly to slow down her rapid mental processing. After two sessions, during which she vented her anger toward her husband in an empty-chair exercise, her actual interactions with him became less aggressive for an extended period of time.

In the second phase of therapy, she often came into sessions in an exhausted, agitated state, complaining about her work. The following is a paraphrase of some typical interactions with the therapist during this time.

**CLIENT:** (pained face, with an edge of resentment to her voice) The demands of the job are too much. I’m constantly working 12-hour days, and it leaves me with almost no time with my son. But I need to get the work done . . . in fact, yesterday, I went in at seven in the morning so that I could meet a deadline.

**THERAPIST:** What do you feel when you think about not having time for your son?

**CLIENT:** I’m very upset about that. He’s a wonderful child, and I really enjoy being with him (momentary softening in the face and a genuine smile), but I can’t get my work done in any shorter time (face returns to a tight, pained expression). For some reason,
my boss checks my work more thoroughly than he does anyone else. But at the same
time, I feel good about my work because he’s promoting me for the most important
committees. I believe he’s trying to push my career forward.

therapist: I’m aware that for a moment your face changed when you spoke of your son.
You softened and looked happy, but you left me hanging. Tell me more about your
life with your son.

client: (face immediately softening and showing some tears) I’m really happy when
I’m with my son. I just love my time with him so much. He’s such a happy child, and
I love it when we go to the park, bake cookies, or see a Disney movie together.

therapist: And what happens to that feeling when you think about work?

client: I resent going to work. I only want to work part-time, but my boss gives me
attention . . . he wants me to do better so that I can move up. I want to be successful,
and this seems to be my chance. If I turn it down, it might not come again.

therapist: I’m struck by how much your face changes as you move from talking about
your son to talking about work. It’s an important conflict for you, and you seem to
rush past your tenderness about your son and move quickly back to your struggles
with work. Let me offer you a way to address this struggle and to acknowledge both
parts of yourself. Let me set up two chairs facing one another, and, if you are willing,
you can dialogue between those two parts of yourself . . . the part that loves the role
of mother, and the part that can’t resist the high-profile career.

This excerpt illustrates her resistance to awareness and full expression of her affec-
tive experience. It is a lack of awareness of her internal emotional states (resentment
toward her husband, tenderness toward her son, sometimes unaware of her exhaustion or
her sadness, and finally unaware of core needs, such as time to be a parent). Once she was
aware of her internal state, it was extremely difficult for her to stay with or contact that
emotional state long enough to understand the meaning that state could offer in her deci-
sion making. In order to seek external approval and strive to make it in a career that she
doesn’t like, she pushes out of awareness her desire to have time to be a mother, her pain
about not having another child, and her joy of being at home.

In the final phase of therapy, she struggled with her new relationship with Paul. She
reported that her time with him was satisfying, that they laughed easily together, that he
was very good with her son, and that his priorities are the same as hers—family and
children come first. She was attracted to him physically, but guarded against allowing
herself to fall in love with him. He, by this time, clearly had become attached to her and
very much wanted an intimate relationship with her. She continued to seek everyone’s
advice about him. Before she would allow herself to fall in love with him, she had to be
certain that he would not turn out to be a mistake in the way her husband had been. It was
extremely difficult for her to trust her own experience with this man.

After months of being a close friend, and more months of dating him, she seemed to
have lost her ability to stay in touch with how well things went when they were together
and how they had the ability to handle occasional conflicts. She was so vigilant for any
flaws in the relationship that she did not feel love for him. She emphasized the difference
between them in their educational levels—he had a college degree, but she had done
post-graduate work. She ruminated about how this gap might leave her bored with him at
some point, even though she had never yet been bored with him.

Select References/Recommended Readings

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