Resistance Revisited

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Abstract

It was a coincidence that I was asked to talk about "resistance" at Ground Rounds at the University of Texas, Department of Psychiatry, on the tenth anniversary of mailing the first version of "Death of Resistance" to a journal in 1979. Although the paper was subsequently rejected 17 times and revised six times, it was eventually published in Family Process *(de Shazer, 1984). I still insist that the concept of resistance was a bad idea for therapists to have in their heads.*

In 1978, after sitting behind the mirror and seeing our team (at the Brief Family Therapy Center)[1] work with clients advertised as "highly resistant" by the referring therapists and seeing these clients cooperate readily with us, we decided that a little conceptual violence was called for and thus we murdered resistance. Subsequently, in 1979, I wrote a paper entitled "The Death of Resistance" and I naively

[1] What else could a group of therapists, half "brief" therapists and half "family" therapists, call their institute?

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thought I was through with the whole concept when I mailed the paper in 1979. Of course I was not: I have been haunted by the ghost of resistance ever since. That paper went through 6 major revisions (without changing the basic idea or the title) and was firmly rejected by every journal in the field at least once before it was finally published by *Family Process* in 1984. Of course, in order to get it published, I put my thesis in rather theoretical terms: I could not say "I confess: I murdered it because it had outlived its usefulness."

From Metaphor to Fact

A funny thing happens to concepts over time. No matter how useful any concept might be at the start, eventually they all seem to become reified. Instead of remaining explanatory metaphors, they become facts. That is, rather than saying "it is as if the client is resisting change," once reified, people begin to say things like "the client is resisting" and eventually they begin to say that "resistance exists and must be sought out." At this point, the concept has outlived its usefulness and needs to be gotten rid of because, once reified, it can never again be a metaphor. Thus, our metaphorical murder of resistance.

It is clear, of course, that the concept or metaphor of resistance was part of a conceptual map, not part of some reality that is "out there." Resistance was a very peculiar concept. In essence, it meant that the therapist and client/patient had a fight and then, when the therapist won and resistance was overcome, the loser of the fight got to go home changed – which is really what the client came to therapy for in the first place. So losing was winning.

The concept of resistance was a bad idea: In fact, it is one of those ideas that actually handicap therapists. As therapists, we do not need an explanatory metaphor dealing with non-change or resistance to change. After all, according to clients and various theories, things seem to not change with little or no help from anyone. Clinically speaking, non-change does not need to be explained or even described but, since we are in the business

of change, the processes of change need to be described as clearly and simply as possible.

Indeed, what we need is some – hopefully few – clear and simple ideas about how to help our patients or clients make changes they will find satisfactory. What we need is a theory of how change develops within the therapeutic context. Change needs to be described in such a way that therapists understand what to do and how to do it. Obviously, such a theory of change-in-the-therapy- context needs to be built up out of a series of utterly simple and clear principles.

In theory construction "it's always a matter of the application of a series of utterly simple basic principles and the – enormous – difficulty is only one of applying these in the confusion our language creates . . . [Interestingly,] the difficulty in applying the simple basic principles shakes our confidence in the principles themselves" (Wittgenstein, 1975, p. 133).

Having murdered "resistance," we needed to get rid of the corpse,[2] which meant that we have to develop a new first principle, and in 1978 my colleagues and I developed a concept we called "cooperating" (de Shazer, 1980):

> Each family, individual, or couple shows a unique way of attempting to cooperate, and the therapist's job becomes, first, to describe that particular manner to himself that the family shows and, then, to cooperate with the client's way and, thus to promote change (de Shazer, 1982, pp. 9–10).

Subsequently, my colleagues and I have developed a full-fledged theory of how change develops within the therapeutic context (de Shazer, 1985, 1988b). We have worked hard at sticking to applying simple clear descriptions built on this simple basic principle. We have no remorse and have never given resistance another thought.

[2] The corpse included a related concept, Power, which died at the same time (de Shazer, 1986, 1988).

The Concept of Resistance

About the same time that *Family Process* (finally) agreed to publish "The Death of Resistance," Anderson and Stewart published a book called *Mastering Resistance* (1983). Their point of view could not be more different from mine. For them, almost anything that does not go exactly the way the therapist thinks it should go is a form of resistance. From their point of view, "throughout the course of treatment, therapists must deal with each member's multiple expressions of resistance to change while simultaneously being alert to the function of resistances for the family as a whole" (p. 2).

Here I would like to point to Einstein's idea that your theory determines what you see. As I see it, there is lot to be said for the idea that reality is the invention of beliefs. For instance, if, as Anderson and Stewart say, "there appears to be almost universal recognition that resistance exists" (p. 120) then, when a therapist looks for resistance in every knook and cranny he or she is sure to find it.[3] This is known as a self-fulfilling prophecy which means that even a "false" definition of the situation can lead to behaviors that change the false definition into a true one. A reign of error develops as the prophet points to the facts as proving that he was right from the start.

Clearly, predictions help to determine subsequent behavior. It is as if a prediction about one's behavior (and the behavior of others) in a specific situation leads to a script or a plan or a map or a vision of the behavioral sequences in that situation. Subsequently, when the imagined situation is at hand, the same vision will be used to guide one's behavior (Erickson, 1954; de Shazer, 1978; Sherman, Skov, Hervitz, & Stock, 1981).

It is important to remember that resistance did not exist like a refrigerator exists and, therefore, there is no "truth" or

[3] After all, there might be an entry in the Guinness Book of Records for "the most resistance ever discovered by a therapist without a team in a single hour."

"falsity" to our definitions and descriptions of reality. There was no such thing as resistance, it was only a concept, and thus a figment of imagination.

Resistance comes from the therapist's head. In family therapy it is a common idea that the family who comes in *saying* they want to change, paradoxically, also does not want to change. The evidence for this so-called paradox is that when the therapist tells them to do something they will frequently not do it (this is known as "resistance-to-change"). However, the family members do not say they did not take the suggestion because they really do not want to change. They might give other reasons: The therapist is reading between the lines, which is always a dangerous hobby because there may be nothing there.

From one perspective, the family members – who do not do the task – can be seen as expressing resistance, plain and simple. But, this phenomenon can be seen differently. Simply, they did not do the task the therapist gave them to do; *and* they did not do it in *response* to something the therapist did. Perhaps, the intervention simply ran counter to the client's desires because it was too foreign to them. In some way or another, the suggestion simply did not *fit* for this family.

This leads to the idea that "resistance" was actually the result of therapeutic error. Well, that's certainly better than a view that blames the patient or client and/or the family as a whole. The therapist can use the clients' response to help her modify her own behavior. It is, after all, not their fault that the therapist did the wrong thing in attempting to help them change. However, attributing blame to either party of an interaction is theoretically unsound. Such a split between members of a system inevitably creates imaginary oppositions. But clinically, both therapists and clients are in it together and cooperation is what we want.

Remember, "resistance" was just a label used to describe some interactive events. But is this a theoretically necessary or even pragmatically useful concept? Can therapists (and their clients) get along without it? Suppose that, instead, we take clients' wanting to change "at face value."

Change

For many years now, my colleagues and I have read a lot of philosophy, both Eastern and Western. In both traditions there has long been a minority view that change is a continuous process – not an event. In fact, the Buddhists will say that stability is an illusion, a simple memory of the way things were at a specific moment in the past.

In contrast, the most common view in the therapy world is that the problems and complaints brought to therapists are "always happening." The parents will say that Jake always wets the bed or an individual might complain about "the voices in my head" or "I've been depressed for so long I cannot remember when it started." Even in theoretical terms, the problem is described as being embedded in a redundant pattern: it is the same damn thing over and over, or it is more of the same of something that is not working. Then therapists used the concept of resistance to "explain" how come problems continued in spite of the best interventions.

After the funeral for resistance[4], we needed to find new ways to do therapy. We soon discovered that – when asked in the right way or at the right time or something – 67% of our clients are able to describe times when the complaint is not happening but should be. We also discovered that—if asked in the right way – 67% of our clients tell us that things have changed for the better in the interval between their initial telephone call to us and the first session. Sometimes these differences will be exactly of the type they were seeking from therapy (Weiner-Davis, de Shazer, & Gingerich, 1987).

So, we received some encouragement for the idea that change is constant and some contradiction for the idea that problems or complaints "always" happen. Thus our new way to do therapy is based on talking about exceptions – times

[4] We buried it in my back yard under the tulip patch in keeping with traditions developed in murder mysteries. If one looks hard, one can see a weathered tombstone saying "Here lies Resistance/He was a good and useful fellow in his youth/R.I.P./1978."

when the complaint is unexpectedly absent and/or times in the future when the solution has developed.

We have found that the easiest way for therapists to cooperate with their clients is to find out what the clients are already doing when the complaint is absent (i.e., labeled "exceptions") and help them to do more of the same of something that works.

Of course we are not always successful in helping our clients invent exceptions to their complaint. In those cases we have found it useful to have the clients imagine what things will be like in the morning after the problem miraculously disappears. When they are able to describe the day after the miracle in detail, then we have found that asking them to "pretend there was a miracle" can be enough to prompt the development of a solution (de Shazer, 1988b).

Research

Since the death of resistance, our average number of sessions per case has declined from seven in 1979 to 4.5 in 1988[5] (Kiser, 1988). Our success rate has increased from 72.1% in 1979 (clients met their goal or made significant progress) to 80.37% in 1988.[6]

With four sessions or more, 61.29% say they also met a secondary goal; while with three sessions or less only 44.26% report achieving a secondary goal. Seventy-six percent reported "no new problems needing therapy" had developed and 67% reported improvement in other areas that they attributed to the therapy (Kiser, 1988).

[5] This average holds for the 1000 cases most recently completed.

[6] N = 163 randomly selected cases in which the therapist was either a member of the BFTC staff or a participant in the BFTC training program. They were contacted by neutral research assistants.

Conclusion

It seems that therapists and clients alike can go on quite well without the concept of resistance. Theoretically it has proved to be unnecessary and, in fact, pragmatically its absence, or rather the presence of the concept of cooperating, has proved useful. Therapy is much more fun for everyone when the topic of conversation is centered around the times when the complaint is unexpectedly absent, focusing on what it is that the clients are doing that is useful, effective, good for them, and fun.

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