

Resistance in Marital Therapy*

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This paper offers a conceptual approach as well as examples of resistance to marital therapy. It is aimed at beginning marital clinicians to provide an understanding of the natural existence of resistance to therapeutic change. A model which conceptualizes resistance based on two divergent emotions is presented. This model can aid the clinician in assessing each individual's willingness to improve throughout the process of therapy. The examples of marital resistance may aid clinicians to be more aware of the forms which resistance can take.

Although marital therapy has become a popular treatment form in the mental health profession, its potentials and limitations have not been well articulated in the literature (Prochaska and Prochaska, 1978). The beginning therapist might experience great difficulty in locating the clinical literature specific to issues in marital therapy. Until recently, issues pertaining to marital therapy have been submerged in the family therapy literature.

This article has been written to facilitate the learning of beginning therapists. An essential issue to marital therapy has been selected for discussion and review, that of resistance.

Overview of Resistance

Recent conceptual approaches to marital therapy report the influence of early childhood experiences and relationships on spousal relationship formation (Framo, 1976; Glick and Kessler, 1974; Boszormenyi-Nagy and Spark, 1973). A basic idea espoused is that individuals prefer the security of the relationship systems they formed as a child than to experience the anxiety of developing new ones which may be less painful. This idea is central to understanding the dynamics and implications related to resistance in the therapy process.

Resistance has been defined and described in a variety of ways depending on the therapist's approach to treatment (Goldstein, Heller and Sechrest, 1966). A working definition might include any phenomenon that arises to thwart or hinder the change process. This could include resistance to attempts to change behavior, to induce insight or elicit new feelings. The therapist must contend with the notion that couples can conceive

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of change as a form of deprivation rather than enhancement of their relationship (Searles, 1961). There may be a loss of some vitally needed interactions even if these interactions hurt the marital dyad.

Introduction to Resistance in Different Therapies

Resistance is common to all therapeutic approaches. The following material briefly reflects ideas which have been mentioned in the literature with regard to individual therapy, group therapy, and family systems therapy.

Individual theorists

Freud described resistance as the demonstration of a pathogenic process in the individual which opposes the attempt to bring the unconscious into consciousness (Freud, 1963). He warns the analyst to be continually suspicious of these processes and on guard against them, for they could interfere with the free association necessary for analysis. He also pointed out, that if the person can be helped to overcome his resistance to the therapy process, the patient can gain insight into powerful forces at work within him opposing any change in his condition.

Following Freud's lead, Horney (1950) described the role of resistance in her book on Character Analysis Therapy as a question of patient and analyst pulling actively in opposite directions. Both may talk in terms of evolution, growth, or development but they mean entirely different things. The analyst is thinking of the growth of the real self; the patient is thinking of perfecting his idealized self. According to Horney, the patient's pride is an obstructive force in therapy which shelters his real wishes for happiness and growth or even prevents him entering or remaining in therapy.

Group theorists

Resistance in groups has been no less noteworthy. Yalom (1970) depicts some of the major conceptualizations about it and highlights its expressions in group treatment. When a person refuses to examine his behavior or to allow the group to examine it, he engages in resistant action. Success of group therapy depends not only on the ability of the participants in the social microcosm of the group to experience an individual's habitual patterns of behavior but to examine and react to them. Many of the manifestations of individual resistance are found in groups, but these are augmented by the interpersonal dynamics which occur among the diversified personal characteristics, experiences and goals of both leader(s) and members. In modalities of groups, members resist the therapeutic processes and develop group dynamics which may retard the effectiveness of the group process. If these dynamics are not dealt with appropriately, they commonly result in breakdowns in communication or a potentially deep and continuing tension among group members.

Family Systems therapy

In relation to family systems therapy, resistance becomes an even more complex phenomenon. Family equilibrium, the notion wherein each member of the family system responds to the actions of the others so as to maintain the status quo is of vital concern. Jackson (1959) used the physical concept of homeostasis to describe the efforts of families to function with each other and with the outside world in order to achieve realistic or unrealistic goals and overcome actual or perceived threats. Change may be even more threatening to a family than it is to an individual because of the physical, emotional, economic and social needs which bond the members to each other. These may limit the individual member's ability to control his own change process. The therapist must deal with the entire system as a stable, sometimes "frozen" entity. Resistance to change can be



magnified in a well-established system that has functioned as a closed unit over years of mutual conditioning of the status quo. Whatever the dynamics which originally caused this type of system behavior, the intermittent reinforcement of its ability to fulfill or partially fulfill the needs of the family causes the system to be tenaciously maintained. Members are locked into a unity which can combine the energy, experience and in fact the whole human potential of its members in efforts to resist change.

Expressions of Resistance in Marital Therapy

Expressions of resistance are inherent to all therapeutic endeavors where change is a component of the process. Marital therapy elicits resistance from clients which may be similar to that of other therapeutic approaches or unique to the approach of marriage therapy. The following examples of particular resistances in marital therapy are offered to aid the therapist to recognize them and to be sensitive to their occurrence. Resistance in marital therapy may arise from one spouse, the couple or the therapist.

Individual resistance

1. *Maintaining a fatalistic attitude toward change.* A couple may enter marital therapy when one or both partners has a pessimistic attitude about a fruitful outcome. They do not apply themselves to the change process and make the excuse that it won't do any good because one spouse won't change. This is a subtle attempt to maintain the status quo.

2. *Allying with the therapist.* One mate may try to avoid his role in the marital concerns by assisting the therapist to aid the spouse. Often this mate attempts to be the co-therapist identifying what the spouse is contributing to the problems.

3. *Avoiding verbalizing genuine feelings.* It is common for one spouse to conceal his or her true feelings for fear of hurting the other spouse. To these individuals, a display of negative emotions could result in retaliation or rejection from their spouse.

4. *Shifting the focus of blame.* This style occurs when one mate attempts to shift the focus of therapy to the spouse. By keeping the focus on the spouse, an individual can deny his part in the marital problem and obstruct any reason for his change.

5. *Sharing feelings only with the therapist.* The therapist needs to be aware of how a couple talks with each other as well as to him. Because the therapist represents a neutral person who is non-judgmental and accepting, a mate may disclose inner feelings to the therapist while not revealing them to the spouse.

6. *Threatening to influence the therapy.* As insight is gained and change processes are initiated, one mate may resist the therapy by threatening to end the marriage.

7. *Denying progress or change in their spouse.* During the course of therapy a mate may claim little has happened and his/her spouse has not changed. This is an attempt to influence the change environment by altering the focus from the specific change direction to the area of inadequacies on the part of their spouse or the therapist.

Collusive resistance

1. *Withholding collusive secrets.* This style can occur when both partners deny the occurrence of past events such as extra-marital affairs, illegitimate children or previous marriages.

2. *Focusing away from the marital relationship.* Frequently couples enter therapy due to a symptomatic child. They may be unwilling to explore the influence of the marital relationship on the child or the state of the marital relationship.

3. *Lessening of emotional distance.* When couples first enter therapy there is usually an emotional distance between them. As the therapy progresses, the couple becomes closer. The therapist becomes more of an outsider to the newly formed marital

boundaries. The couple may then be close enough emotionally to collude to terminate therapy pre-maturely.

Therapist inspired resistance

1. *Allying with one spouse against another.* Due to issues such as the physical appearance of each mate, his personality or influences of the family of origin on the therapist, alliances may become fixed. The therapist may inadvertently ally with one spouse against the other. In such an instance, the spurned spouse may withdraw from therapy or make little progress.

2. *Acting as a secret bearer.* The therapist can become privy to information the other spouse doesn't know such as extra-marital affairs, financial dealings, hidden events in the past. As a secret bearer, the role of the therapist may become compromised as he does not fully explore appropriate feelings or issues with the other spouse.

Dynamics of Resistance

The therapist must be wary of resistance issues throughout the therapy process. In our opinion this creates to some extent an adversary role between the therapist and dyad. Some therapists may be uncomfortable with the role of adversary. Their psychological view of the nature of man may lead them to desire an egalitarian role with their clients. They may see their clients willing and able to better themselves without restraints. Self improvement may be desired by clients but difficult to effect due to their emotional reactions to the change process. According to Ellis (1979), clients like magical, easy solutions rather than the hard work and frustrations of the therapy process. The realities of resistance necessitate the therapist to be separate from the therapy process while being part of it. The therapist must continuously evaluate what is taking place as well as his or her role in the therapy.

Change is anxiety-provoking to most people. Dyads gain security in their current patterns of relationships no matter how painful they may be. Resistance to change and the adversary role of the therapist may be best clarified by viewing two emotional forces which occur simultaneously in each individual and vary at different levels of intensity. These emotional forces may be illustrated as in Figure 1.

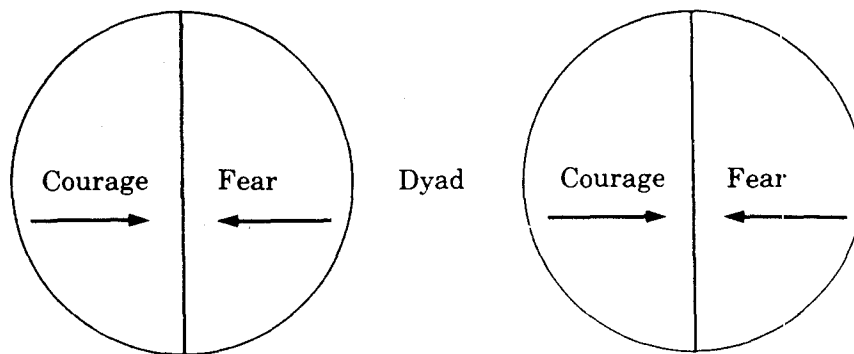


Figure 1. Emotional Forces In Resistance To Change

The therapist's task is to align himself with the courageous portion of each person to enable this facet to predominate. The therapist is the adversary to that part of the person which fears change and wishes to keep things as they are. This process is continuous throughout treatment. New issues, modifications in the relationship and understandings of deeper feelings can all trigger the reactions of fear of change in either or both

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individuals. The result may be a slowing of the therapeutic process or even the termination of the therapeutic relationship. For marital therapy to be successful, resistance to the change must be recognized and overcome.

Management of Marital Resistance

In counseling a couple, one must deal with both the fear and courage that each person experiences. The therapist should focus on supporting and reinforcing the courage in each one's personality and extinguishing or lessening the strength of each one's fear. Primary consideration must be to establish trust so that self-disclosure and exploration of one's self and of the relationship can occur. Empathy, genuineness, and positive regard on the part of the therapist can establish the kind of atmosphere where partners can feel safe in revealing the pain and problems involved in the relationship and in themselves. As the therapist's insight into the couple and their relationship grows he attempts to develop with them a dynamic understanding of specific issues involved in their problems. This can lead to changes in their perceptions, feelings, and behavior. When resistance develops, the therapist should see it as the individual's or couple's reaction to their vulnerability, an attempt to hide, avoid, or distort their fear. The clinician should invite the couple to explore the resistance as a means of identifying explicitly its cause, its progression and its impact on the therapy.

The couple may initiate a conspiracy of resistance against the therapist as they attempt to retard the removal of destructive elements of their relationship. The therapist must continue the task of supporting the courageous side of each one's personality by stroking and by reinforcing gains or possible gains. His adversary role with regards to each one's fear can be exercised by a direct confrontation of issues such as: discrepancies, breakdowns in communication, inappropriate negotiating and contracting or other means by which one or both partners attempt to hide from understanding themselves as persons and as persons in an intimate relationship. Such confrontations would touch also on the use of personal strengths and skills of the couple which they can employ as individuals and as a unit. The dyad can establish a marital system which can give valuable support to their aspirations and plans to improve themselves and their relationship. The system can be self-renewing if the couple is taught ways to become aware of and overcome their resistance to improving their daily on-going relational processes such as decision-making, goal-setting and conflict resolution.

Resistance may also occur as the result of the therapist's actions rather than the couple's. The clinician in an active or perceived alliance with one of the partners could create resistance in the other spouse that is difficult to overcome. Trust in the therapist's ability to be objective and open to the "outside" party may be lost. Therapists must avoid implying that one partner is more at fault than the other. They must avoid focusing more on one mate than the other and forming a therapeutic bond with one to the exclusion of the other. The therapist's own past family life experiences may cloud his perspective and influence personal reactions to each mate. The couple may sense the distorted perceptions of the therapist and doubt his understanding of them and their relationship and his acceptance of them.

Summary

This article was presented to address the needs of the beginning therapist. Resistance, an issue central to therapy, was selected for discussion. Examples were presented of expressions of individual, dyad and therapist-inspired forms of resistance in marital therapy. A model was developed based on two conflicting emotions related to the process of change. It is our hope that this presentation has provided neophyte marital