Resistance is futile?
An existential-phenomenological exploration of psychotherapists' experiences of 'encountering resistance' in psychotherapy

Volume I

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Declaration

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Abstract

This thesis develops an existential-phenomenological understanding of resistance in psychotherapy. It is argued that the concept of resistance is both one of the most problematic, as well as one of the most enduring, concepts within psychotherapy. An in-depth, critical literature review is presented on the various meanings and significances given to resistance across different theoretical perspectives. It is shown that while resistance as a concept belongs centrally within the psychoanalytic perspective, nevertheless, substantial interest and debate about resistance is present within other perspectives. From an existential-phenomenological perspective, the concept of resistance, where this is understood to refer to an unconscious intra-psychic force, is impermissible. However, it is argued that when the concept of resistance is distinguished from the intersubjective phenomenon of resistance, an existential-phenomenological perspective is both possible and desirable. Within the process of psychotherapy, resistance may be understood as a co-constituted 'being-closed' to the possibilities of relational encounter. Resistance may be understood as one of a range of 'existence tensions'. This view greatly implicates the being of the therapist in this phenomenon. In order to more fully 'ground' such a perspective, a phenomenological investigation of therapists' experiences of 'encountering resistance' in psychotherapy was conducted. The results of this investigation were submitted to a further validation process in a survey study of UK psychotherapists from a range of theoretical perspectives. Additionally, this survey study explored therapists' attitudes and concerns regarding resistance in psychotherapy. The results of both of these studies are further interpreted from an existential-phenomenological perspective. It is argued that a consideration of the meaning and significance of resistance assists in the further development of an existential-phenomenological approach to psychotherapy. Furthermore, it is argued that an existential-phenomenological perspective on resistance clarifies a phenomenon that is also relevant and important for other models of psychotherapy.

Part I
Theories of resistance

Chapter 1

Introduction – 'Resistance is futile'?

At the time of my writing this opening chapter, it is reported by the *Guardian* newspaper that heavily armoured and technologically advanced US planes are flying over Afghan cities, tuning into local radio stations to broadcast propaganda messages. Among these is the message that 'Resistance is futile'. In the long-running science-fiction TV serial *Star Trek* and its spin-offs there is a race of beings who are part organic and part machine. Their mission is to assimilate the technological and biological distinctiveness of other species into their 'collective'. They introduce themselves to others with the greeting 'resistance is futile!'. As the story progresses, of course, resistance is usually anything but futile and is, in fact, the main substance of the plot. Contemplating both of the above at the gym during an exercise session, I noticed the reassuring yet challenging message on the control board of my stationary bike: 'resistance will automatically adjust to keep heart rate within target range'.

In psychotherapeutic discourse the term 'resistance' is most often regarded as a 'technical concept' (Milman and Goldman, 1987). The meaning of a technical concept of resistance is heavily linked to a therapeutic model's view on the nature of psychic disturbance, the technical strategies of the therapist and the goals of ameliorative change. Resistance as a concept is, of course, most centrally located in, and indeed originated within, the psychoanalytic model. It is a concept that is intimately entwined with the other fundamental psychoanalytic concepts of the unconscious and transference. However, as will be shown, perhaps partly because of the relative dominance of psychoanalytic modes of thinking, there seems to have been

a degree of 'conceptual drift' between models. That is, models with incompatible philosophical assumptions also use the term resistance or have suggested other, allegedly more adequate, terms to describe the same phenomenon. Heaton (1997) has remarked that psychotherapy is an enterprise in which the meaningfulness of its terms is always an issue. The research presented here is an exploration of the meaningfulness, or otherwise, of the term resistance in psychotherapy.

This chapter began with three uses of the term resistance that fall outside of the discourse of psychotherapy. This serves to illustrate the obvious but important point that 'resistance' is a word used in everyday language. An examination of the meanings of the word resistance given by the *Collins English Language Dictionary* (1987) is revealing. Six meanings are highlighted:

1. Resistance to something such as change or a new idea is a refusal to accept it.

2. Resistance to an enemy or an attacker is fighting or other action that people take in order to keep their freedom or avoid being defeated or forced to do something.

3. The resistance of your body to germs or diseases is its power to remain unharmed or unaffected.

4. The resistance of a machine or a material to a particular problem is its ability to remain undamaged or unaffected by that problem.

5. Wind or air resistance is a force which slows down an object or vehicle which is moving.

6. Resistance is the capacity of a substance or an electrical circuit to resist the flow of an electrical current through it, a technical term in electrical engineering and physics.

From the above it can be seen that resistance is connected with notions of refusal, fighting to maintain freedom, the ability to maintain a current state and slowing down movement. As will be shown, various competing models of psychotherapy have emphasised different aspects of these meanings and have argued that these meanings of resistance are vital to an understanding of the process of psychotherapy.

To what, however, are psychotherapists actually referring when they use the term resistance? The technical concept of resistance is most at home in Sigmund Freud's descriptions of classical psychoanalysis. For Freud, resistance was a paradoxical phenomenon in which the very person who seeks help at the same time acts in ways to oppose the effectiveness of help:

> Only think of it! The patient who is suffering so much from his symptoms and is causing those about him to share his sufferings, who is ready to undertake so many sacrifices in time, money, effort and self-discipline in order to be freed from those symptoms – we are to believe that this same patient puts up a struggle in the interests of his illness against the person who is helping him. How improbable such an assertion must sound! Yet it is true. (Freud, 1916–17: 286)

Another important psychoanalytic writer who saw resistance as a central phenomenon for therapeutic practice was Greenson (1967). Greenson provides a list of what he regards as the most commonly occurring forms of resistance in the therapeutic process. An abbreviated list taken from Greenson's text is:

- Silences.

- An absence of affect or inappropriate affect.

- Rigid posture, stiffness or excessive movement.

- A fixation in time (e.g. talking only about the present).

- Trivia or repetitiveness.

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- Avoidance of certain topics.

- Arriving consistently late, early or on time.

- Using clichés.

- Forgetting to pay.

- The absence of dreams.

- The patient is bored.

- The patient has a secret.

- Acting out.

- Frequent cheerful hours.

- The patient does not change.   (Greenson, 1967: 65–9)

These expressions of resistance are, for Greenson, only the most superficial and overtly apparent. More important for Greenson, as for many other psychoanalytic writers, are the so-called deeper or silent resistances that are held to be largely unconscious and often evade the notice of patient and analyst alike. Thus, concerns with resistance seem to focus on the various 'difficulties' and 'obstacles' to achieving therapeutic change as well as conceptualisations of the meaning of these obstacles and what responses to these there may be.

In classical psychoanalysis, discussion of resistance is frequently framed within a larger metaphor of a 'battle' or 'war'. Resistance is regarded as something that must be 'overcome'. Freud in particular described the process of analysis as involving an inevitable (and by no means an always winnable) battle with the patient's resistances. Writers from other psychotherapeutic models have frequently criticised the classical psychoanalytic understanding of resistance. Cognitive-behavioural writers such as Lazarus and Fay (1982), for example, have argued that the concept of resistance is an

The present research is concerned with the development of an existential-phenomenological perspective on the issue of resistance. Existential-phenomenological approaches to psychotherapy have historically been characterised by a sceptical stance towards modes of theorising and practice in psychoanalysis and in other models. For example, existential-phenomenological writers have advanced a range of arguments against the psychoanalytic concepts of the unconscious and transference (Boss, 1967; Cohn, 1997; Spinelli, 2001). In psychoanalysis, discussions of resistance rely mostly on the related concepts of the unconscious and transference. Given this, it is legitimate to ask whether or not an existential-phenomenological perspective on resistance is possible at all? Several arguments may be raised as to why indeed an existential-phenomenological perspective rules out any notion of resistance.

Existential-phenomenological theorists have been concerned with developing understandings of psychotherapeutic practice that maintain a focus on 'intersubjectivity'. It must be acknowledged that within the broad field of existential-phenomenology, intersubjectivity is understood in a variety of different ways (Crossley, 1996; Frie, 1997). Cohn (1997) follows Heidegger's understanding and states that the concept of intersubjectivity emphasises the primacy of the human being's relational context, his or her being-in-the-world-with-others. Within an existential-phenomenological approach to both therapy and research a focus is maintained on the "totality of the lived situation rather than on an abstracted subjective aspect of it." (Cohn, 1997: 25). In an intersubjective understanding of psychological phenomena an emphasis is placed on how such phenomena are co-

constituted by individuals in interaction and relationship. Psychological phenomena are not seen as arising primarily within the closed off psyche of one individual. Thus, an acknowledgement of intersubjectivity requires a continued attempt to avoid the use of concepts that reduce psychological phenomena to hypothetical psychic processes located 'within' the 'interior' of the client's mind. Such concepts abstract the phenomena from their lived, relational, intersubjective context. In classical psychoanalysis the concept of resistance is used mostly to identify just such an abstracted intra-psychic force located within the patient's mind. On these grounds, therefore, the concept of resistance may be held to be incompatible with an existential-phenomenological perspective.

Existential-phenomenological theorists have also been concerned with developing modes of therapeutic practice that undermine the tendency of therapists to take up a stance of 'expert change agent', 'healer', or 'educator'. Spinelli (1994), for instance, has argued for the need to demystify psychotherapy. In common with certain strands of postmodern and narrative perspectives on therapeutic practice, existential-phenomenological theorists argue for the desirability of therapists maintaining a position of 'not-knowing' (Anderson and Goolishian, 1992) or 'un-knowing' (Spinelli, 1997). In such a perspective, the act of the therapist labelling certain aspects of the client's behaviour as evidence of resistance may be regarded as a defensive move on the part of the therapist. More than this, the concept of resistance may be regarded as an example of a range of concepts that support a potentially abusive therapeutic stance, in which the therapist attempts to maintain a privileged position of one who 'knows' both what is wrong and who can direct the means by which change is to occur.

Existential-phenomenological models of therapeutic practice emphasise notions of 'encounter' and 'being-with' the client rather than focusing on notions of the therapist's interpretative or educational functions (Spinelli, 1994). These perspectives stand in stark contrast to a view of the therapeutic process as a battle with the patient's resistances in which the therapist, and the therapist's theory, must prevail for a cure to be achieved. Thus, can there be any place for concerns with resistance in existential-phenomenological therapy? It is a central argument of this thesis that an existential-phenomenological perspective on resistance is both possible and desirable. This argument rests on the necessity of making a distinction between the phenomenological lived experience of encountering resistance and the more commonly discussed technical concept of resistance. This is a distinction that, as will be shown, has not been sufficiently clarified and maintained in the literature. This has contributed to a degree of confusion both within and between different psychotherapeutic models.

As will be shown, the technical concept of resistance is always connected to a particular model's assumptions concerning the causes of psychopathology, the role of the therapist, and the goals of therapy. As the behavioural writers Turkat and Meyer (1982) have pointed out, no exhaustive list of resistant behaviours is possible because the identification of resistance is reliant on the therapist's definition of what constitutes desired change or its absence. This is most clearly apparent where what may be seen as evidence of resistance in one perspective may be regarded as evidence of progress in another perspective. For example, in a classical psychoanalytic perspective a patient's angry rejection of an analytic interpretation may be regarded as a clear indication of resistance. In an Adlerian perspective this same response from a

patient may be taken as a positive expression of the patient's emerging 'will'. Thus, it may be argued, therefore, that resistance concerns a particular point of view taken on a phenomenon by the therapist. Thus, an existential-phenomenological perspective would seek to distinguish between a technical concept of resistance and an intersubjective phenomenon itself.

It will be argued that resistance may be seen from an existential-phenomenological perspective as an inevitable aspect of the therapeutic encounter. As Lambert (1976) and Craig (1995) have pointed out, the German word used by Freud that is translated as resistance was *Widerstand. Widerstand* may also be translated as 'standing with' and 'standing against'. The notion of standing with or against implies the taking up of, and maintaining, a posture towards the other. It may be argued that this expresses the irreducible and intersubjective nature of the phenomenon. It will also be argued that such an existential-phenomenological perspective on resistance – one that is essentially a descriptive clarification of a lived experience – cannot be transformed into a technical concept of resistance that could be used (defensively) by the therapist to determine what should or should not be happening in the therapy. On the contrary, the phenomenological clarification of resistance requires the therapist to set aside any assumptions concerning what should or should not be happening.

Spinelli (1994) has argued that taking an existential-phenomenological perspective on therapeutic practice places the therapist in a more uncertain and open position. Such a perspective may be both a highly challenging and potentially disturbing one for the therapist to maintain. An exploration of the meanings of resistance from an

existential-phenomenological perspective may serve to further clarify the nature of the challenges faced by the therapist in this mode of therapeutic practice.

One of the crucial arguments arising from existential-phenomenological thought is that the being of the therapist is fundamentally and unavoidably implicated in that which emerges in the therapeutic encounter (Spinelli, 1994). An existential-phenomenological perspective on resistance thus implicates the being of the therapist in this phenomenon. The therapist co-participates in resistance. It will be shown that psychoanalytic theorists, as well as other theorists, have on occasion discussed the therapist's role in client resistance in terms of 'counter-resistance' as well as more commonly in terms of 'counter-transference'. It will be argued that such terms are inadequate to fully capture the intersubjective nature of the phenomenon.

Discussions concerning resistance are rare in current existential-phenomenological writing. Thus, as well as shedding some light on the nature of resistance as a phenomenon, it will be argued that the present research is of value to the existential approach in terms of exploring ways in which experiences of 'difficulty', 'stuckness' and 'dilemmas' may be described and understood. As well as further developing an existential-phenomenological perspective, such an exploration may also be potentially of value to those postmodern and narrative approaches that are also concerned with questions of 'not-knowing' (e.g. Anderson and Goolishian, 1992).

A primary objective of this research is to 'ground' an existential-phenomenological perspective on resistance in a qualitative/phenomenological investigation of the lived experience of encountering resistance in therapy. As it is argued that concerns with

resistance are centrally located with the therapist, it is therapists' experiences of encountering resistance that will be explored. This will also allow for an exploration of therapists' involvement in and co-constitution of the phenomenon of resistance. The objective of the phenomenological study is to gain some degree of adequate descriptive clarification of the lived experience of encountering resistance. In contrast to more traditional quantitative methods, this research does not aim to study any hypothetical causal variables related to the phenomenon of resistance. Equally, it is not concerned with factors relevant to the prediction of the phenomenon of resistance or the identification of variables that may lead to an increase or decrease of resistance. Such studies have been undertaken before, with varying results, and are reviewed in Chapter 9.

A qualitative/phenomenological study of therapists' experiences of encountering resistance has up until the present research not been conducted and constitutes a novel approach to the issue. Indeed, it is argued that the phenomenon of resistance is best approached from a descriptive, qualitative perspective. However, in addition to this phenomenological investigation, a more traditional survey study will be reported on, which explored therapists' attitudes and concerns about the issue of resistance in therapy. This study surveyed therapists from across different orientations regarding the nature of resistance and its importance in psychotherapeutic theory. Additionally, the study constituted a further step towards validating the results of the phenomenological investigation. That is, the results of the phenomenological investigation were submitted to a much wider degree of feedback than is commonly the case in phenomenological research.

Before describing the rationale, methods and results of the phenomenological and survey studies, the different theoretical approaches to the issue of resistance are reviewed in Part I of this thesis. Concern with the topic of resistance is as long as the history of psychotherapy itself. Additionally, it may be argued that all theories of psychotherapy have either an explicit or implicit stance towards resistance, even where the technical concept of resistance is argued to be unhelpful, misleading or even dangerous. Feltham (1997) has stated that there are more than 400 differently labelled approaches to psychotherapy. Clearly, a review of this many perspectives is impractical and one may expect a degree of overlap between groups of approaches that share a family resemblance. Nevertheless, the question of which theoretical approaches to review, and which to leave out has been a significant dilemma for me in this research. In as much as my decisions about what to include and what to exclude were based on pragmatic concerns about setting reasonable boundaries around the work, these decisions may also be partly viewed as reflecting my own interest in engaging in a critical fashion with certain theoretical perspectives rather than others. The approach that I have taken is to attempt a review of what I regard as the more 'dominant' models of psychotherapy. Existential therapy, my model of choice, is by contrast a 'minority' perspective. Some consideration of what I have not reviewed, and therefore what the limitations of my literature review are, is important.

I have not reviewed the work on group or child psychotherapy. The field of child psychotherapy is one of which I am totally unfamiliar as my entire working life to date has been in the field of 'adult mental health'. Group psychotherapy is a very large literature and I would consider it very fruitful to extend the present research into this area in the future, particularly given the argument that I advance for

understanding resistance in terms of 'intersubjectivity' and 'inter-relationships'. I have also chosen not to review the important literature that has arisen from critiques of psychotherapy that have explored questions of 'difference' such as gender, class, race and culture. This constitutes a definite limitation on the comprehensiveness of the research and again I would hope to be able to extend this research into these areas in the future as I believe that the existential-phenomenological model would benefit from a dialogue with these perspectives. Again, my decision not to review these areas was partly based on my intention to focus primarily on the more dominant or traditional models of psychotherapy and to challenge these from an existential-phenomenological perspective.

The following is an outline of the chapter structure of the research review including a description of the theoretical models that have been included in the review.

Chapter 2 provides a review of the psychoanalytic approaches to the topic of resistance. Because resistance as a concept most clearly belongs within the discourse of psychoanalysis, the bulk of the literature on this issue has been presented by authors from this orientation. As such, it is necessary to review the psychoanalytic literature in significant depth and breadth to adequately assess the various meanings and perspectives on resistance. Thus, the review will include the perspectives of classical psychoanalysis, ego-psychology, object-relations theories, self-psychology, the interpersonal/cultural school, and social-constructionist and intersubjective perspectives.

Although resistance as a concept most clearly belongs in the classical drive perspective, it will be shown that it has remained an important topic across the many varied versions of psychoanalysis. Indeed, a review of the literature that has been published in the 1980s and 1990s shows that it has remained a topic of interest and debate. Chapter 2 will also review the perspectives of Jung, Adler and Rank. These early 'resisters' of psychoanalysis are important in providing novel perspectives on the nature of resistance. These authors are significant in emphasising the 'positive' nature of the phenomenon of resistance. Jung, in addition, can be seen as anticipating later perspectives that have emphasised the therapist's personal involvement in the phenomenon of resistance.

Chapter 3 reviews the perspectives of cognitive and behavioural theorists. It is here that the notion of 'conceptual drift' is most clearly expressed. Behavioural and cognitive theorists have traditionally opposed the notion of resistance. However, these models have been concerned with issues of 'non-compliance' and have framed discussions about resistance in this light. The influence of personal-construct psychology as well as more recent social-constructionist approaches will also be reviewed here. These approaches have provided a highly significant challenge to traditional behavioural and cognitive notions of non-compliance and have instead described resistance in terms of the necessary and adaptive maintenance of personal meaning structures. These perspectives are in important respects congruent with an existential-phenomenological approach. Thus, it may also be possible that the further elaboration of an existential-phenomenological approach may be of value for practitioners of these orientations.

Chapter 4 reviews the literature from various humanistic theorists. In particular, person-centred, transactional analysis, gestalt and Bugental's humanistic-existential therapy will be reviewed. It will be argued that the humanistic orientation, when viewed as a whole, expresses a degree of ambivalence towards the concept of resistance. It will be argued that the development of a perspective more fully grounded in an existential-phenomenological exploration may be of value (as well as a source of potential challenge) to these approaches.

Chapter 5 reviews the literature from various systemic approaches. It will be shown that these models initially began with a perspective on resistance that emphasised the notion of 'homeostasis'. However, as various systemic theorists have struggled with the issue of therapists' uses and abuses of power, notions of resistance and homeostasis have been heavily criticised and in some cases abandoned. This finds its clearest and most radical expression in the work of various 'solution-focused' therapists. De Shazer (1984), for example, provides a range of powerful arguments for celebrating the 'death of resistance'.

Chapter 6 reviews various attempts at providing an 'integrative' account of resistance. It will be shown that, along with other factors arising in the therapeutic process, resistance has on occasion been viewed as an important 'trans-theoretical' phenomenon. However, it will also be shown how various theorists have argued that the nature of this phenomenon is misrepresented by the concept of resistance – that is, they have argued for the abandonment of this concept and its replacement by a more adequate term.

Chapter 7 reviews the important contributions of a variety of narrative, postmodern and deconstructionist theorists. In some cases these authors have advanced arguments for an approach to therapy based on 'not-knowing' that are similar to the arguments of various existential-phenomenological theorists. It will be shown that these writers too, while arguing for an abandonment of concepts such as resistance, have highlighted a need to describe and theorise about experiences involving degree of 'stuckness', 'difficulty' and 'dilemma'. These authors have also provided important analyses of how terms such as resistance may be used defensively by therapists and have also provided a novel 'political' description of the positive value of client resistance.

Chapter 8 reviews and critically engages with the work of various existential-phenomenological theorists. It will be argued that an existential-phenomenological perspective is able to provide a novel understanding of the nature of resistance. A conceptual understanding of resistance may be presented in terms of the human being's avoidance of and being-closed to the inevitable aspects of existence itself. Spinelli's (1994, 2001) existential-phenomenological hypothesis of the 'self-construct' will be reviewed as providing a viable alternative to psychoanalytic views of the meaning of resistance in the therapeutic process. A range of other existential-phenomenological writers will also be discussed who have argued that, in the process of the therapeutic relationship, resistance may also be conceptualised in terms of a being-closed to the possibilities of relational encounter.

A number of existentially informed writers such as Cannon (1991) and Craig (1995), as well as psychoanalytic writers influenced by existential thought such as Schafer (1973), have described resistance in terms of 'self-deception' and 'repetition'. These

views will be critically evaluated. The extent to which these views are supported by the phenomenological investigation will then be discussed in later chapters.

A range of existentially informed theorists have also made links between resistance and the philosophical notions of authenticity and inauthenticity. Here, forms of resistance have been equated with expressions of inauthenticity, or, following Sartre's (1958) philosophy, forms of 'bad faith'. Again, these arguments will be critically evaluated.

Although there is a great deal of theoretical literature on the nature and significance of resistance, there is a surprising lack of research papers on this topic. Part II of this thesis critically reviews efforts at 'researching resistance'. Chapter 9 reviews both the quantitative and qualitative research that has been conducted on the topic. This research review discusses the work that has been done in terms of a series of key questions that may be asked about resistance from a research perspective:

1. To what extent do therapists of different orientations recognise the phenomenon of resistance?

2. Can resistance be measured?

3. Do different therapists' theoretical orientations lead to observably different responses to resistance?

4. What is the effect of resistance on the outcome of therapy?

5. What variables are associated with an increase or decrease in resistance?

6. How do clients describe the experience of resistance in therapy?

Chapter 10 describes the rationale, methods and results of the phenomenological investigation into therapists' lived experience of encountering resistance in therapy. Results are presented as phenomenological descriptions of:

1. Encountering client resistance,

2. The therapist's sense of the client's experience,

3. The therapist's experiential response to client resistance, and

4. The therapist's experience of 'therapist resistance'.

Chapter 11 describes a survey study concerning therapists' attitudes and concerns regarding the issue of resistance. As stated earlier, this study surveyed therapists from across different theoretical orientations. Additionally, the study has as one of its main objectives the conducting of a further test of the validity of the phenomenological descriptions, through an assessment of the reactions of a wider range of therapists who had not participated in the phenomenological study itself.

In Part III of this thesis the results of the literature and research review, and the results of the phenomenological and survey studies, are submitted to further interpretation from an existential-phenomenological perspective. Chapter 12 attempts a further development of an existential-phenomenological perspective on resistance. It will be argued that both studies described in this thesis reveal a range of paradoxes regarding resistance. Additionally, it will be argued that the concept of resistance remains a highly problematic one and that there are still strong arguments for abandoning it. In the existential-phenomenological perspective, the linking of the concepts of authenticity and resistance will be argued as being particularly problematic because such a linking reintroduces the possibility of the therapist judging the client's degree

of authenticity or inauthenticity. On the other hand, it will be argued that the phenomenological study can be interpreted as supporting a view of resistance as a 'given' of inter-human relating. The adequate clarification of this intersubjective phenomenon may be argued to require the therapist's willingness to set aside any notions of what should or should not be happening in the process of therapy. Thus, resistance may be regarded as futile, inevitable and necessary.

Part IV of this thesis, Chapter 13, concludes the work by identifying the main arguments and findings and proposing possible lines of further investigation.

Why Resistance?

As stated, this research is being conducted from an existential-phenomenological perspective. This form of research may be positioned within the broader range of 'qualitative' approaches to research. Such approaches advocate a greater emphasis on the researcher's 'reflexivity' and a transparency regarding the researcher's investments and concerns with the topic under investigation. My background has been primarily within academic psychology and cognitive behavioural therapy. Perhaps partly reflecting this background, I find myself hesitant about burdening the reader of this text with descriptions of my own 'personal process'. However, in as much as I may be 'resistant' towards such self disclosure, I am also attracted to its possibilities and at a more distanced 'theoretical' level would agree with the desirability of such self disclosures in allowing the reader a fuller, more adequate, understanding of the research process and its (my) conclusions. Thus, I include this relatively brief section which describes the background and context for my research efforts.

The topic of resistance arose for me during a training programme in existential psychotherapy in 1995-1996. At this time I was making a transition from a CBT perspective to an existential-phenomenological one. For me, the topic of resistance seemed to capture a range of concerns and anxieties that I had experienced previously and at that time. Firstly, the topic of resistance arose from my recollections of my own first experiences of being a client of psychotherapy several years earlier. At the end of what I had often experienced as an anxiety provoking and challenging process, my therapist remarked that he had often experienced me as 'resistant' and 'difficult to work with'. I recall being both surprised and a little annoyed by this description but, perhaps in a resistant fashion, kept my reaction to myself. Just what it was that led my therapist to describe me in this way, and I believe that there were probably quite good reasons for this description, has been a source of questioning. This has particularly been the case following other experiences of being a client of psychotherapy where 'resistance' and 'difficulty' did not seem (at least for me) to be a highly significant aspect of the relationship.

The topic of resistance also appeared to capture a range of themes and concerns that I was occupied with in regards to my own practice as a therapist. Prior to training as an existential therapist I had become increasingly uncomfortable with the more traditional focus within CBT on adopting an educational stance and attempting to ensure client 'compliance'. The existential model's emphasis on setting aside such agendas and adopting a position of 'un-knowing' seemed a highly attractive one to me. However, my own experience of how I repeatedly avoided or even 'resisted' maintaining such a stance towards my clients led me to reflect on just what it was that made this way of working so challenging. In one sense, though I desired to make what

I regarded as a significant and positive shift towards being an existential therapist, I also experienced my own resistance to making and maintaining such a change.

So, while some of what follows in this thesis is often highly theoretical and abstract, the topic of resistance has been for me an 'alive' and a 'hot' one. The decision to pursue this topic in a PhD was also, as stated earlier, based on my desire to extend my understanding of existential therapy through the exploration of a topic that would allow for a comparative analysis with other more 'dominant' theoretical models. In particular, I wished to explore a topic that would allow me to engage with psychoanalysis. Finally, this thesis has allowed me to engage with qualitative methodologies with which, prior to the current research, I had been unfamiliar. I shall return to this 'journey into qualitative research' in the concluding chapter.

A note on use of language

The work of this thesis might be described as an exploration of the 'language of resistance'. As the existential-phenomenological approach supports a sensitivity to the way in which language is used in both theory and therapy, some comments about the uses of the words 'patient', 'client' and 'analysand' are necessary at the outset. In reviewing the various theoretical positions on resistance I have chosen to use the terms commonly employed by the model being examined. Thus, in discussing psychoanalysis I have used the terms 'patient' and 'analysand', and when describing behavioural, cognitive and other approaches I have used the word 'client'. From my own perspective the term 'patient' is to be avoided. However, the classical analytic notion of a patient who receives and resists a treatment could not be adequately

represented by editing out the term 'patient'. Such an act of political resistance on my

part would be a cause of possible confusion and most likely futile as well.

Chapter 2

'Whatever interrupts progress': Psychoanalytic approaches

Ellenberger (1971) in *The Discovery of the Unconscious* has suggested that in the early accounts of the activities of exorcists one can discern the phenomenon of resistance. As the exorcist with his holy objects approached the afflicted individual, the demon within would cause the demonic symptoms to become much worse. Ellenberger also suggests that the phenomenon of resistance was well known to the pre-analytic hypnotists. However, the understanding of resistance in psychotherapy must begin with classical psychoanalysis and in particular Freud, who made the theory of resistance central to psychoanalysis.

This chapter presents the many voices on the topic of resistance from the broad field of psychoanalytic and psychodynamic therapies. As this covers a significant number of theorists, it has been necessary to focus the exploration specifically on the issue of resistance and to introduce aspects of particular theorists' broader concerns and theories only in so far as this is necessary to clarify their stance on resistance. As such, this chapter does not attempt to present an in-depth and complete review of the development of psychoanalytic and psychodynamic theory in its entirety. Nevertheless, an adequate review of the issue of resistance requires a broad coverage of the many psychoanalytic and psychodynamic theorists who have given it consideration. It will be shown that resistance has remained a topic of importance across the many varied versions of psychoanalysis.

Classical psychoanalysis – Sigmund Freud

The concept of resistance is one of the cornerstones of the structure of classical psychoanalytic theory. The 'discovery' of resistance underlies the subsequent development of the other central concepts of psychoanalysis: the unconscious and transference (Greenson, 1967). While classical psychoanalysis itself went through a number of significant changes – the shift from the topographical to the structural model (Greenberg and Mitchell, 1983) – for Freud the various phenomena that were understood as manifestations of resistance remained central to both psychoanalytic therapy and theorising.

In Freud's early writings resistance appears primarily in terms of 'obstacles to be overcome' through the application of persuasion and pressure. Gradually, Freud's emphasis shifted to transference as the central site of resistance. Towards the end of his work, a definite pessimistic tone is met, where the unreachable and unchangeable biologically based resistances are highlighted as the limits of the analytic method. As will be shown, subsequent analytic writers were to move away from this pessimistic stance and to emphasise the construct of transference over that of resistance. For Freud, however, both in theory and in practice, resistance was key:

> Indeed we come finally to understand that the overcoming of these resistances is the essential function of analysis and it is the only part of our work which gives us an assurance that we have achieved something with the patient. (Freud, 1916–17: 291)

Studies on Hysteria (1895)

The centrality of the concept of resistance for Freud's thinking is clearly evidenced in the early case studies presented with Breuer in *Studies on Hysteria*. Although the theoretical proposals in this text may be regarded as in important senses 'pre-psychoanalytic' (Smith, 1999), many ideas central to the psychoanalytic process, including resistance, are described. Freud focuses greatly on what is seen as a paradox: that the patient, while clearly desiring change and experiencing suffering, would at the same time ward off the analyst's efforts to bring this about.

The first contextualised examples of the phenomenon of resistance are presented in the case of Elisabeth von R. The examples of resistance described by Freud occur in a context where a specific analytic method is being used. The therapeutic task was that of having Elisabeth report memories, ideas and pictures that had an association with her leg pains while he placed a hand on Elisabeth's head and exerted gentle pressure. Freud reports that he initially achieves fruitful results. However, this then changes so that on occasion 'impediments' are encountered. Specifically, she would sometimes respond with a 'recalcitrant' silence, or state that she was blank or that nothing occurred to her. Initially, Freud reports that he responds by allowing himself to be led into breaking off the process and putting the impediments down to having a bad day. Soon, however, he begins to see these impediments as themselves significant and starts to observe and note their manner of occurrence more closely. This leads him to conclude that in fact the procedure never fails and that on each occasion Elisabeth does have an association that she avoids disclosing to him. Thus, he responds by 'insisting' that she report her associations and with persistence is rewarded with what is wanted. In considering this process Freud comes to the following central

formulation: 'The resistance with which she had repeatedly met the reproduction of scenes which operated traumatically corresponded in fact to the energy with which the incompatible idea had been forced out of her associations' (Freud, 1895: 157).

The source of resistance became identified as repression, understood as an intra-psychic, unconscious process. Freud proposed that the therapeutic task was to help the patient overcome the force that was opposed to 'unbearable ideas' becoming conscious. Thus, resistance is described as operating for the purpose of defending the patient from painful ideas (ideas that in this case were at odds with Elisabeth's strong moral beliefs). Elisabeth's 'not knowing' was thus found to be a 'not wanting to know'.

The Interpretation of Dreams (1900)

In this text Freud provides the first 'technical' definition of the operation of resistance in analysis: 'whatever interrupts the progress of analytic work is a resistance' (Freud, 1900: 662). In a footnote added to the text in 1925 Freud warns that this definition may be open to misunderstanding and that the statement must be taken as a 'technical rule' and a 'warning'. Thus, he clarifies that in the course of an analysis obstacles may be encountered (such as the outbreak of war or the death of the patient's father without the patient having murdered him) over which the patient cannot be seen to have exercised control. However, even here resistance may be evident in the exaggerated readiness with which the patient may seek to curtail the treatment. Freud gives numerous examples in the text of the phenomenon of resistance, the source of which is identified as being repression. Resistance is also linked in his descriptions of

the dream *censor* and the phenomenon of the forgetting of dreams in waking life and the doubting of the remembered details of a dream in analysis.

A central thesis of Freud's text is that of dreams as expressions of 'wish fulfilment' – that is, dream content as a disguised expression of some unconscious wish or desire. A particular resistance that Freud analyses concerns the presentation in analysis of dream content that could be taken as wish-inconsistent – that is, as being inconsistent with the notion of wish fulfilment. Freud is able to provide reasoned (but essentially circular) argument as to why distressing or anxiety-provoking dream content may nevertheless be interpreted in term of wish fulfilment through his distinction between manifest and latent dream content. The frequently distressing nature of manifest dream content may serve as an effective disguise and distraction from the underlying latent wish fulfilment that the dream achieves. This argument is then extended to cases where he has lectured to audiences regarding his dream theory and has subsequently been presented with dreams from members of the audience that they believe cannot be interpreted in terms of wish fulfilment. These 'counter-wish' dreams are interpreted as essentially illustrations of resistance, revealing the wish that Freud be proved wrong! This, then, is of course a further illustration of the theory. The reader of *The Interpretation of Dreams* is also invited to interpret their own counter-wish dreams that occur in response to reading the text in this light.

Freud's psychoanalytic procedure (1904)

That resistance had become one of the defining concepts of psychoanalysis is clearly stated in 'Freud's Psychoanalytic Procedure' (1904), a paper written by Freud himself. He states: 'The factor of resistance has become one of the cornerstones of his

theory' (Freud, 1904: 251). In this paper resistance is described as responsible for the distortion of unconscious impulses in the same fashion as the censor in dreaming, and the greater the resistance the greater the distortion.

Resistance and transference

The 'Dora' case study, 'Fragment of an Analysis of a Case of Hysteria' (1905), is highly significant as an early analytic failure that features a central resistance: Dora's act of terminating the treatment. This act of walking away from analysis is a form of resistance that has been commented on by theorists of differing perspectives to the present day. Freud describes his failure in his work with Dora as having arisen from his missing the primary importance of her transference upon him throughout the treatment. Her leaving is described as a form of 'acting-out' and one that is interpreted as an unconscious act of revenge on him as well as a form of self-punishment.

In subsequent papers Freud continues construing those phenomena that he described as transference as being in the service of resistance to the recovery of memories. In 'The Future Prospects of Psycho-analytic Therapy' (1910) he described the resistance of his male patients and linked this to attitudes of fear and defiance stemming from their early relations with their fathers. Freud also described a father transference occurring in his female patients in 'Observations on Transference-love' (1915a). Here he described the resistance function served by the passionate feelings of love directed towards him in analysis: 'She shows a stubborn and rebellious spirit, she has thrown up all interest in her treatment, and clearly feels no respect for the doctor's well formed connections. She is thus bringing out a resistance under the guise of being in

love with him' (1915a: 167). Freud also emphasised that the transference love is not something created by the patient's resistance. Rather he regards it as being real and the resistance finds it ready to be used as something to be exaggerated in order to stall the progress of treatment.

In 'The Dynamics of Transference' (1912) Freud described the 'battles' occurring in the transference as often the site of the most bitter conflict in treatment. The already obvious combative language of Freud's descriptions is further highlighted in a footnote where the occurrence of resistance in therapy is compared to a war scenario:

> if in the course of a battle there is a particularly embittered struggle over the possession of some little church or some individual farm, there is no need to suppose that the church is a national shrine, perhaps, or that the house shelters the army's pay chest. The value of the object may be a purely tactical one and may perhaps emerge only in this one battle. (Freud, 1912: 104)

In 'Remembering, Repeating and Working-through' (1914) Freud describes the 'repetition compulsion', which is regarded as a particular form of resistance in which the patient re-enacts a past experience instead of remembering it in analysis. Freud emphasises that the repetition compulsion may be present right from the beginning of the treatment. Furthermore, Freud states that as long as the patient is in treatment, he or she is unable to escape from the compulsion to repeat and that the repetitions can be regarded as the way the patient remembers. Transference is here seen as nothing but a piece of repetition and the greater the resistance the more the repetition compulsion and acting out will replace remembering. Here again Freud uses metaphors of conflict to describe the process of analysis: 'The patient brings out of the armoury of the past the weapons with which he defends himself against the progress of the treatment - weapons which we must wrest from him one by one'

(Freud, 1914: 151). Freud also emphasises that it is the patient's 'working-through' of resistances that distinguishes psychoanalysis from treatment by suggestion and that this task may often be arduous and difficult.

In summary, Freud increasingly came to see the phenomenon of transference-resistance as a central factor in analytic work. In his *An Autobiographical Study* (1925b) he was to state: 'an analysis without transference is an impossibility' (Freud, 1925b: 42).

The structural model

Freud's revision of his earlier topographical model in *The Ego and the Id* (1923) is seen as arising from his awareness of a number of problems with his earlier formulations as well as the existence of phenomena that were not accounted for (Bateman and Holmes, 1995). One of these problems concerns patients' awareness of the existence of resistance. That is, if repression and resistance are the processes that cause mental states to remain unconscious, how is it that resistance is itself unconscious (Smith, 1999)?

Freud had often described cases where patients showed strong forms of resistance, particularly transference resistance, without apparently being aware of the resistant function of their behaviour. In the structural model Freud proposed three parts of the human personality: the superego, the ego and the id (Bateman and Holmes, 1995). In this model the ego became the executive mental agency that mediated between the counter-forces of the superego and the id through the creation of repression (McLaughlin, 1995).

In the structural model the ego becomes the source of the resistances that occur in treatment as well as producing the counter-force that keeps the repressed out of consciousness (Freud, 1923). Importantly, that aspect of the ego responsible for resistance is described as itself being unconscious (Smith, 1999). The process of resistance is structurally unconscious. Smith (1999) states that the advent of the structural model had as one of its clinical ramifications a greater stress on the importance of analysing resistances – that is, interpreting them rather than more directly confronting them.

The text *Inhibitions, Symptoms and Anxiety* (1926) was Freud's last major revision of his theory of anxiety (McLaughlin, 1995). In this text Freud provided a classification scheme of resistances. Resistance was here described as the analytically observable indication of an 'anticathexis', defined as the expenditure of repressive force originating from the ego, directed to ensure the repression of instinctual drives that are constantly pushing for discharge. Freud listed five types of resistance emanating from three directions – the ego, the id and the superego. The first three were identified as having the ego as their source:

1. **Repression resistances**: The workings of repression had been repeatedly discussed in Freud's earlier works. In 'Repression' (1915b) Freud described repression as involving three movements – primary repression as a 'turning away' from an offending thought, 'after repression' as the setting-up of an innocuous thought in place of the offending one and the 'return of the repressed' as the tendency of the repressed ideas to push forward again in the

form of dreams, slips, symptoms and so on. In analysis the attempt is made to bring repressed material into consciousness. The repressive forces then make themselves known as resistances.

2. **Transference resistances**: Whereas subsequent analysts separated transference and resistance and emphasised the former over the latter, for Freud transference was to be understood primarily in terms of its resistance function.

3. **Epinosic gain or 'secondary gain'**: This form of resistance had also been identified quite early (e.g. in the case of Dora). Freud described this as being due to the tendency of the ego to 'assimilate the symptom' and to derive unconscious gratification and protection from the symptom. Thus, despite the very real suffering of the patient, there is also the relief of reduced responsibility and challenge of work, marriage and social life.

Freud (1926) stated that once these ego-based resistances are overcome, analysts must still deal with resistances arising from the id and superego:

4. **Id resistances:** Freud here used the theoretical construct of the 'repetition compulsion' to account for id resistances. Patients are described as continuing to seek gratification of unrealistic childish wishes such as the wish to have all their needs met without any delay (Strean, 1985). Such resistances are thought to derive from the necessity to repeat old ways, arising from the inherent conservatism of the instincts (McLaughlin, 1995).

5. **Superego resistances:** These were described as being the last to be discovered but as by no means less powerful than the other resistances (Freud, 1926). In

superego resistance patients show a need to repudiate any progress towards the cessation of illness and to continue suffering. Patients who had previously been making apparent progress become guilty and abuse themselves with self-recriminations.

Freud's categorisation of resistance has often been regarded as the most useful available and has been maintained by later writers (e.g. Deutsch, 1939; Strean, 1985; Sandler et al., 1992).

Hitting bedrock: 'Analysis Terminable and Interminable' (1937)

Freud's late paper 'Analysis Terminable and Interminable' (1937) is notable for its tone of pessimism regarding the ultimate effectiveness of the analytic method as a treatment. There is an overriding biological emphasis on the intractability of basic resistances and their unreachable source in the bedrock of instinct and constitution. Freud's analysis is based on an economic/quantitative perspective of the constitutional strength of the instincts pitted against the limited capacities of the ego: 'Analysis can only draw upon definite and limited amounts of energy which have to be measured against the hostile forces. And it seems as if victory is in fact as a rule on the side of the big battalions' (Freud, 1937: 240).

Freud discussed the mechanisms of defence, further outlined by his daughter Anna Freud (1936), and the character-shaping alterations that these may produce which permanently impact on the ego's ability to perceive accurately both external reality and its own internal drive states. These 'primitive' methods are brought to bear by the ego against the process of analysis in order to frustrate the analyst's attempts at

identifying and interpreting these defences. Thus Freud identified 'resistance against the uncovering of resistances' (1937: 239) as habitual expressions of character.

Freud then identifies constitutional sources of intractable id resistances. These included the 'adhesiveness of the libido', which describes an innate unwillingness to give up older libidinal ties, and the 'mobile cathexis', which was essentially the opposite – the easy breaking and making of new ties which are themselves short-lived and result in any gains through therapy being temporary. A further form was the 'psychic inertia' of those patients that show a depletion of the capacity for change and development. Freud notes that this phenomenon may be found in very old people whose force of habit or an exhaustion of receptivity leads to a kind of 'psychic entropy'. Freud concludes that his theoretical knowledge is unable to give a correct interpretation of this and also indicates a degree of unhappiness with the term 'id resistance' itself.

Freud then proposes that the most deep-reaching roots of resistance lie in the nature of the id and the two primal instincts, in particular the death instinct. The manifestation of the death instinct in the form of superego pressure to respond to improvement with guilt and self-recrimination is again presented as a prime example. The phenomena of masochism, the negative therapeutic reaction and the irreconcilability of psychic bisexuality are also seen as expressions of instinctual destructiveness.

Finally, Freud discusses the therapeutic limitations of psychoanalysis when met with the basic resistances that are expressed differently in the two sexes: penis envy in the

female and the 'masculine protest' (the abhorrence of a feminine attitude towards another man) in the male.

> The decisive thing remains that resistance prevents any change from taking place – that everything stays as it was. We often have the impression that with the wish for a penis and the masculine protest we have penetrated through all the psychological strata and have reached bedrock, and that thus our activities are at an end. This is probably true, since, for the psychical field, the biological field does in fact play the part of the underlying bedrock. (Freud, 1937: 252)

Summary

In reviewing Freud's work on resistance we can see that in important respects his thinking changed over time. Initially, resistance was viewed primarily as an obstacle to be overcome. Later, resistance, along with its primary manifestation as transference, was seen as inevitable in psychoanalysis. Resistance functioned to protect the patient from the experience of anxiety and unpleasure. The resistances themselves were seen as crucial sources of information about the nature of the patient's symptoms, defence mechanisms and character traits. Resistance had initially been seen as exclusively arising from the ego (repression and the other defence mechanisms). This scheme was then extended to resistances emanating from the id and the superego. Freud's later emphasis on the biological bedrock of resistance seemed to shift the emphasis away from transference. To the present date the relative importance of resistance and transference remains an issue in differing analytic perspectives (McLaughlin, 1995). For Freud, however, resistances and their working through remained at the heart of his theory and practice.

Resistance in classical psychoanalysis after Freud

Early psychoanalytic work in the Freudian school extended the application of the structural perspective to a wider range of clinical phenomena. Abraham (1919) delivered vivid descriptions of resistance, which were analysed as being rooted in the narcissism of the obsessional character. Patients were described as presenting a façade of continuous unbroken speech, often also refusing to be interrupted by the analyst. Abraham theorised that behind this façade was an unconscious envy and defiance of the analyst and that such clients were hoping to receive only pleasure from analysis, maintaining a fantasy that therapy would turn them into great novelists or intellectuals.

Alexander (1961) conceptualised the therapeutic task as one of eliminating the strength of the superego through the patient's identification with a benign analyst. Alexander's work is perhaps best known for his concept of the 'corrective emotional experience' (Strean, 1985). Alexander was interested in the possibilities of brief therapy and held that it was not necessary to systematically work through all of the patient's resistances. He also de-emphasised the resolution of the transference. Rather, he was in favour of providing a significantly different emotional experience for the patient. Alexander attempted to enact behaviour inconsistent with that expected by the patient's superego. While maintaining Freud's emphasis on the analyst being in the position of a more enlightened educator of the patient, Alexander's work at the same time seemed to substantially weaken the emphasis on directly overcoming resistance.

By contrast, Reik (1924), in his paper 'Some Remarks on the Study of Resistances', described the presence of resistance within every aspect of an analysis: 'The

resistance runs like a red strand through the analysis, and it would be as difficult to disentangle it from the whole as from the ropes of the English navy' (Reik, 1924: 141). So central did Reik see the phenomenon of resistance that he advised suspicion in its apparent absence. He likens psychoanalysis to the operation of a machine that requires a degree of friction. Reik also proposes that it may be possible to classify patients according to the form, intensity and period during which resistance appears. Reik also discusses the concept of 'counter-resistance', which he describes as analogous to 'counter-transference'. Reik describes typical counter-resistance as occurring where an analysis has come to a 'dead stop' because of the patient's resistance. The analyst then becomes annoyed and loses interest in the case or attempts a change in the mode of treatment.

Wilhelm Reich: Resistance as character 'armour'

Reich (1933) made a highly significant contribution to the psychoanalytic understanding of resistance. In *Character Analysis* (1933) Reich identified a series of errors that he believed accounted for the often-poor results of analytic work. These included the analyst's habit of accusing the patient of resisting while failing to interpret the meaning of the resistance. Reich (1933) states: 'A stagnation in an analysis which remains unclear is the fault of the analyst' (1933: 23).

During the 1920s resistance was regarded as an episodic phenomenon (Smith, 1999). Reich strongly challenged this view and emphasised instead what he thought of as the constant presence of 'latent resistance'. The concept of 'character resistance' suggested that resistances could be viewed as chronic and as embedded within the structure of the patient's personality – his or her character. 'Character analysis'

focused primarily on the 'form' of resistance rather than just its content: 'It is not only what the patient says but how he says it that is to be interpreted' (Reich, 1933: 49).

As well as expressing itself in the form of resistance to analysis, Reich saw the 'character armour' as playing a similar defensive role in dealing with the outside world in the individual's everyday life. Reich saw the character resistance 'economically' as serving the purpose of avoiding what is unpleasant (Unlust), and of establishing and preserving a psychic (although neurotic) balance. Thus, the analytic process may be experienced as inherently a 'danger'. Interpretation was to proceed always from the contemporary significance of the resistance rather than from a formulation of its origins. That is, Reich sought to clarify the here-and-now meaning of the resistance.

The metaphor of armouring served to emphasise both the protective aspect of resistance and the extent to which the character resistance limited the patient's freedom of movement in everyday life (particularly for Reich in the patient's ability to enjoy full sexual gratification). Reich proposed that once the character armour was 'loosened' (and he gives many case examples of this), infantile material concerning castration anxiety and the Oedipal complex would emerge with minimal resistance and also with a degree of affectivity that would ensure much greater success for the treatment.

Reich's descriptions of character analysis maintain much of the same combative language as that found in Freud's writings. Here, it seems, there is a greater focus on

the unseen 'terrorist forces' of resistance rather than the 'large battalions' that one meets head on in Freud's writing.

Sandor Ferenczi

Ferenczi, in his work with Rank (1923), insisted that the analytic process should allow for the patient to live out all the complexities of the transference in the relationship with the analyst. Resistances remained expressions of the ego's defence against the analytic work, but a very different attitude was encouraged towards them. Resistances were held to be both necessary and valid behaviours that the patient used to contain anxiety and guilt that had its origins in early childhood. Resistance served to avoid the falling into early states of traumatic narcissistic wounding. Once these feelings of anxiety and guilt were reduced, the patient would allow full expression of infantile wishes and fantasies towards the analyst (McLaughlin, 1995). Ferenczi's work promoted the value of regression and proposed that if patients could allow themselves to regress in the analysis, resistances would be dissolved (Strean, 1985).

Ferenczi's work also presented a challenge to analysts' tendencies to view patients as 'too resistant'. This, he suggested, was based on analysts' ignorance or defence against their own narcissistic wounding (McLaughlin, 1995). Ferenczi (1933) proposed that therapeutic impasses often resulted from the patient's awareness of the analyst's unrecognised feelings of counter-transference. Should the patient perceive the analyst as sleepy, irritable and so on then the analyst had better confirm the correctness of the patient's perception. This sincerity and openness on the part of the analyst was thought to be necessary for the resolving of resistances.

Karl Menninger

In Menninger's 1958 book *Theory of Psychoanalytic Technique* resistance is defined in somewhat legalistic language as 'the paradoxical tendencies exhibited by the party of the first part toward defeating the purpose of the contract' (Menninger, 1958: 99). Here resistance is described not as opposing the analyst but as the process of 'cure' itself. Menninger characterises psychoanalysis as a 'duel' between the analyst and the patient's resistances. He also suggests that resistance must be understood as being more than fear and that ultimately it may be related to the physical forces of inertia residing in all matter.

Early resistance to psychoanalysis – Alfred Adler, Carl Jung and Otto Rank

The history of psychoanalysis is characterised by many historical and contemporary splits and schisms (Smith, 1999). The competing theories developed by some of Freud's early adherents and disciples contain, among a great deal else, alternative conceptualisations of the nature of resistance and how these phenomena should be approached in therapy.

Alfred Adler and individual psychology

The work of Adler, although the first fundamental disagreement and split from Freudian psychoanalysis, maintains a central concept of resistance. Both Adler and contemporary Adlerian psychotherapists maintain that encountering resistance in therapy is a common occurrence (King, 1992).

Adler's theory of individual psychology postulated that the basic human drive is to overcome infantile inferiority to attain equality with social peers (Clifford, 1995).

Neurotic disturbance was thought to arise where individuals feel inferior and substitute these feelings with a compulsive striving for personal superiority. The individual's symptoms, 'mistaken ideas', 'life style' and 'private logic' are analysed within the Adlerian perspective as essentially 'excuses' to avoid facing social obligations (work, friendship and intimate relationships), where they may experience defeat (Clifford, 1995).

Boldt and Mosak (1997) state that Adler was the first to propose that resistance is a self-protective act. Resistances are viewed as strategies to avoid the taking on of personal responsibility to change behaviour and to give up compensatory beliefs of personal specialness. Adler (1956) explicitly connects resistance and the avoidance of personal responsibility:

> Every therapeutic cure, and still more, any awkward attempt to show the patient the truth, tears him from the cradle of his freedom from responsibility and must therefore reckon with the most vehement resistance.

And:

> The so called resistance is only a lack of courage to return to the useful side of life. This causes the patient to put up a defence against treatment ... (Adler, 1956: 338; quoted by King, 1992: 167)

According to King (1992), Dreikurs (1944) further developed an Adlerian perspective on resistance as arising from a 'misalignment' of goals between therapist and patient. This notion of resistance due to misalignment seems to be the currently accepted Adlerian perspective (Kopp and Kivel, 1990; King, 1992; Boldt and Mosak, 1997). Again, this misalignment is described as fundamentally based on the therapist's

attempts at promoting a movement towards responsibility and the patient's attempts at evasion and exemption (King, 1992).

Clifford (1995) describes Adlerian therapy as an essentially educational process. King (1992), Clifford (1995) and Boldt and Mosak (1997) emphasise the importance of establishing trust and not pushing the client to overcome resistance. King (1992) emphasises that clients are always acting in a way that is consistent with their perceptions of their circumstances and that resistance helps to preserve self-esteem.

Carl Jung and analytical psychology

In contrast to Freud's consistent emphasis on the importance of resistance, Jung's work makes much less frequent mention of the concept. Fordham (1978) notes that Jung did not develop any systematic treatment of forms of resistance in therapy. The concept does not seem to have played a central role in the subsequent development of analytical psychology and, significantly, mention of the term is absent from Samuels et al.'s work, *A Critical Dictionary of Jungian Analysis* (1986). However, reference to the concept of resistance can be found in Jung's *Collected Works* and some work has been done to give the concept of resistance a more central place by the so-called London school.

Fordham (1978) notes that when undertaking his early association experiments, Jung, like Freud, had worked to overcome his subject's resistances by drawing attention to response anomalies. Where resistance was overcome, it was believed that the contents of an 'unconscious complex' had become conscious.

Both Lambert (1976) and Fordham (1978) point out that Jung 'took resistance very seriously'. In his autobiographical book *Memories, Dreams, Reflections* Jung (1995) states: 'Resistances – especially when they are stubborn – merit attention, for they are often warnings which must not be overlooked' (Jung, 1995: 164). Lambert (1976) states that in his early papers Jung emphasised a notion of 'resistance to the analyst' as a person. This 'personal resistance' was not to be broken down or 'overcome' but instead Jung emphasised that it should be respected. Jung, according to Lambert, also suggested that the presence of resistance may be an indicator that the analyst was using the wrong approach (e.g. using a Freudian approach to an individual with an Adlerian psychology) or holding a 'faulty attitude'. Particular attention was given to the attitudinal aspect in a number of papers. For example:

> There is good reason and ample justification for these resistances and they should never, under any circumstances, be ridden over roughshod or otherwise argued out of existence. Neither should they be belittled, disparaged or made ridiculous; on the contrary, they should be taken with the utmost seriousness as a vitally important defence mechanism against overpowering contents which are often very difficult to control. (Jung, 1946: 185)

Jung also seems to have held an appreciation for the 'positive' and self-protective value of resistance. Resistance could assist in preserving the relative integrity of the personality, and, in the same paper as quoted above, he suggested that at times the analyst may deliberately work to support the resistances in this function.

An archetypal dimension to resistance is noted by Lambert (1976) in Jung's (1946) paper 'The Psychology of the Transference'. Here the therapeutic process is described in terms of the 'royal marriage of alchemy'. This description of archetypally determined resistance proposes that patients often experience 'collision, chaos and

darkness' as part of a process of symbolic copulation with the analyst, with the possibility of the result being a child (the self) and a change in both the patient and the analyst. Jung (1995) also describes analytical psychology as emphasising the often 'intense' resistance of the unconscious to the 'tendencies' of the conscious mind. Finally, Lambert (1976) suggests that Jung's understanding of resistance included a partial overlap with Freud's concept of 'id resistance'. This is a process where the unconscious is resisting archetypal contents becoming transformed from potentia into realisations.

Lambert's (1976) own contributions to a Jungian interpretation of resistance involve some incorporation of the interpretative strategies of Klein, Bion, Winnicott, Schafer and Racker. Fordham (1978), who also emphasises a concept of resistance and counter-resistance, brings in influences from Klein and Winnicott. Both Lambert (1976) and Fordham (1978) discuss a concept of counter-resistance particularly in terms of the analyst's unwillingness to make 'penetrative interpretations'.

Otto Rank

In *The Trauma of Birth* (1923) Rank proposed that the separation anxiety arising during birth was the prototype for all later occurring anxiety. His reconsideration of the significance of resistance arises from this analysis as well as from his concept of 'the will'. Rank argued against the view of the human being as being the passive victim of instinctual drives. Rather, he described the individual as capable of initiative, selection and organisation through the action of will. The will allows the individual to use instinctual drives creatively. The principal site of conflict, for Rank, is between the individual's will and the coercive forces of society.

In *Truth and Reality* (1936) Rank analyses what he regards as society's and psychoanalysis' denial of and resistance to the will. In psychotherapy the patient must contend with the will of the analyst. For Rank, successful treatment depends on the client asserting his own will upon the analyst. Resistance, particularly in the form of aggression towards the analyst, is thus regarded as a positive therapeutic phenomenon and as an expression of the patient's will:

> *In the analytic situation we see and feel the will of the patient as 'resistance' to our will, just as the child breaks his will on the will of the parents and at the same time strengthens it. But the analysis of the adult gives us this advantage, that we can throw this resistance back upon the individual himself. (Rank, 1936: 48)*

However, a more 'negative' meaning of resistance seems to be maintained by Rank, where he suggests that the patient's fear of asserting himself or herself against the analyst is a resistance that must be overcome. Rank therefore took an active approach in encouraging patients to express and exercise their will both in the therapy and in daily life.

Summary: Non-Freudian analytic approaches to resistance

From the above it can be concluded that although these theorists had important disagreements with Freud, nevertheless their own writings in important respects retained an 'analytical structure' in which the significance of the phenomenon of resistance is maintained. Also consistent with Freudian approaches is a tendency to reify the phenomenon as an 'it', as in 'the resistance'. In both Adler and Rank's work it would also seem to be the case that it is the analyst's perspective on the 'true' meaning of the phenomenon that is given precedence. In current Adlerian approaches

there is an emphasis on 'misalignment' of goals between therapist and client and it is the failure of the client to move in the direction that the therapist believes is desirable (based on the theoretical model) that gives rise to the occasions for the identification of resistance.

The lack of emphasis on resistance in analytical psychology, with the exception of authors writing from the perspective of the London school (who wished to move the approach closer towards psychoanalysis), could be read paradoxically as a significant contribution rather than as an omission. Jung clearly emphasised that resistance could be viewed as being provoked by the therapist and, as such, being the therapist's responsibility. Additionally, Jung's proposition that analytic cure required of the analyst an openness to being affected and changed by the work with the analysand presents a very different emphasis to a view of the therapeutic process that highlights the therapist's task of overcoming the patient's resistances.

Both Adler and Jung emphasised the 'self-protective' meaning of the phenomenon that expressed a more positive understanding. Rank's notions of 'the will' could also be read as emphasising a positive view where resistance is not only an act of self-protection but also an act of self-definition. As Yalom (1980) has noted, Rank's positive view of the nature of resistance anticipates the perspectives of therapists who have used various 'paradoxical' strategies. Here, resistance is not to be overcome but 'joined'.

Thus, two broadly contrasting views on resistance can be identified. In the first it is the therapist's perspective on what is wrong or missing that is emphasised. Here,

resistance takes on a variety of negative connotations. In the second view, by contrast, a variety of positive meanings are highlighted that focus on notions of self-protection and self-definition. As will be shown, these contrasting views can be found in other theoretical perspectives as well.

Ego psychology – Defence and resistance analysis

The development of psychoanalysis that was to become known as ego psychology resulted in something of a blurring of the concepts of resistance and defence. Fenichel (1945), for example, in his encyclopaedic overview of then current psychoanalytic theory, devoted a full chapter to the notion of defence mechanisms and just over a page to resistance. Stone (1973) described resistance as an operational equivalent of defence. However, he also emphasised the greater complexity of resistance and its 'limitless and mobile spectrum of devices' (Stone, 1973: 42). Blum (1985) describes defence as the broader term whereas Rangell (1983) proposed that resistance could be regarded as a second layer of defence activated by the ego when existing defences were weak.

The ego psychologists also advocated a careful and systematic analysis of resistances in analysis as the prime data indicating the 'mechanisms of defence' characteristically used by the patient's ego (Hora, 1954). The work of Anna Freud was particularly pivotal in this respect. Her text *The Ego and the Mechanisms of Defence* (1936) was a systematic description and theoretical analysis of the defence mechanisms and their relation to resistance. Anna Freud's work described resistance to free association not only as an obstacle to be overcome but also as an important source of information about ego functioning. Strean (1985) suggested that Anna Freud's greatest

contribution to therapeutic practice and working with resistance is the importance of respecting the patient's defences and need for resistance. She de-emphasised notions of overcoming resistance and emphasised the importance of an empathic stance.

The work of Edward Glover (1955) placed the concept of 'counter-resistance' on a par with that of resistance. Glover proposed that the counter-resistances of the analyst might be equivalent to the resistances of the patient. In particular, Glover emphasised the analyst's difficulty with sadistic fantasies towards patients. The presence of counter-resistance was to be suspected – for instance where the analyst consistently acts in a stereotyped way, is consistently silent and unable to justify this, or is unable to explain why a patient remains in difficulty (Glover, 1955). Furthermore, Glover proposed that in cases where important analytic material (e.g. homosexual wishes and fantasies) is absent, the analyst should question him/herself as to whether they are resisting encountering this because of their own difficulties.

Glover also proposed a categorisation of resistances into (1) obvious forms and (2) unobtrusive forms (Glover, 1955). Obvious resistances include premature termination, absences, lateness, delayed departure, and prolonged silences or repetition. Unobtrusive resistances were described as frequently missed, and include minor pauses, inattention, over-compliance, somatisation and subtle seductive behaviour. This categorisation scheme is similar to that proposed by Stone (1973) between tactical and strategic resistances that has also been taken up and extended by Blatt and Erlich (1982).

In his 1967 text *The Technique and Practice of Psychoanalysis* Greenson outlines what he regards as the classical position on resistance. He identifies the essence of resistance as 'opposition'. In addition to discussing many examples of what he sees as obvious forms of resistance, Greenson discusses what he refers to as the 'silent resistances' or character resistances. Resistance is regarded as an omnipresent phenomenon. An apparent absence of resistance may in fact be a 'resistance to resistance' – that is, the patient may be afraid or ashamed to reveal their resistance. While centring his descriptions of classical technique on the analysis of resistance, Greenson also regards the most frequent and important source of resistance as the 'transference situation'.

Greenson discusses at some length the various 'causes' of resistance. At the surface level resistance is understood as the avoidance of some painful affect such as anxiety or guilt. Behind this is understood to be an instinctual impulse that triggered the painful affect. Ultimately, the cause of resistance is seen as the 'traumatic situation', a situation where the ego is overwhelmed by powerful affect reflecting one or a combination of the following factors: the fear of abandonment, the fear of bodily annihilation, feeling unloved, fear of castration and fear of the loss of self-esteem.

Following Anna Freud's formulations, Greenson sees the ego as the instigator of resistance. Greenson proposes a method for the classification of resistances according to their source, their fixation points, types of defences and diagnostic category. Greenson's text provides detailed descriptions of 'resistance analysis' following six steps:

1. Recognise the resistance.

2. Demonstrate the resistance to the patient.

3. Clarify the motives and modes of resistance.

4. Interpret the resistance.

5. Interpret the mode of resistance.

6. Working through.

Greenson repeatedly emphasises the notion of working with resistance before 'content'. A particular conceptual device he uses is the notion of 'ego-syntonic' versus 'ego-alien' resistances. Ego-syntonic resistances are phenomena that would not be regarded as resistance by the patient; they are consistent with the patient's personality. Ego-alien resistances are experienced by the patient as something foreign in the same fashion as a symptom. For Greenson, an essential process in analysis is for the patient to identify with the analyst's view of the resistance, thereby turning it from an ego-syntonic resistance to an ego-alien resistance. Reich (1933), Stone (1973), Dewald (1980) and Gill (1982) have also used this distinction between ego-syntonic and ego-alien resistances.

In summary, it would seem that in the work of the ego psychologists the concept of resistance becomes substantially merged with that of defence mechanisms. In ego psychology the subtle and layered nature of defence and resistance corresponded to the theoretical understanding of a layered and structured psyche (Gray, 1994). More recent theorising from this school has re-emphasised resistance analysis as a central defining feature of the psychoanalytic process (e.g. Boesky, 1990; Busch, 1992; Weinshel, 1992; Gray, 1994).

Freudian revisionists

A range of theorists have identified themselves as 'Freudian revisionists' and have described the psychoanalytic process in ways that highlight the importance of resistance.

Otto Kernberg

Kernberg (1976) has developed a complex developmental theory that he uses to understand different forms of resistance in different types of psychopathology. In particular, his writings on 'borderline' and 'narcissistic' conditions make recommendations about their handling (Kernberg, 1975). In cases of 'severe resistances' encountered with borderline and narcissistic patients Kernberg emphasises the importance of setting limits and of the analyst clarifying their own perspective in order to counter the patient's 'disturbed perceptions'.

Joseph Sandler

In *The Patient and the Analyst* (originally published in 1973 and recently enlarged in 1992) Sandler et al. give a detailed account of the concept of resistance. In large part this account maintains the perspective of the classical drive model, which emphasises the importance of the analyst's interpretations in making the patient aware of their resistances and getting them to view them as obstacles to be overcome.

In outlining the various sources of resistance, Sandler et al. (1992) begin with Freud's categories and then add on categories derived from ego psychology and object relations theory. The latter include the contributions of Ogden (1983), who describes the resistance to altering internal object relations in the light of current experience.

Sandler et al. (1992) state that whereas Freud's original formulations of resistance focused on resistances to recollection and free association, psychoanalysis has since greatly expanded the concept to cover all obstacles to the aims and procedures of psychoanalysis. Sandler et al. (1992) suggest that the expanded view of resistance can be extended from psychoanalysis to all forms of treatment, including behaviour therapy.

Hyman Spotnitz

Spotnitz (1969, 1976) has proposed a model of 'modern psychoanalysis' developed initially for the treatment of so-called pre-Oedipal disorders and schizophrenia that has also been extended to cover work with 'neurotics' and 'character problems'. Spotnitz (1969) proposed a method of working with resistance based on the idea of 'joining with the resistance'. Here clients are explicitly told that they have a 'right' to resist. Thus, a client coming late and remaining silent may be told: 'you are free to come late and remain silent'. The goal of analysis, according to Spotnitz, is to assist the patient in 'resolving' resistances rather than overcoming them. That is, the patient is to be assisted in 'mastering' their resistance and giving it up voluntarily.

Spotnitz's (1969) understanding of the sources of resistance emphasises clients' difficulties in coping with hostility. Spotnitz (1969, 1976) also describes a number of provocative and paradoxical strategies such as 'mirroring'. Here, a therapist confronted with a client stating 'I want to stop seeing you' may respond with 'well, I would like to stop treating you'.

Jacques Lacan

Lacan viewed resistance as an inherent and fundamental aspect of the analytic process based on a structural incompatibility between 'desire' and 'speech' (Fink, 1997). 'Desire', as described by Lacan, is more than sexual impulse. It is described as an ultimately insatiable longing to repair a 'gap', to attain an impossible imaginary oneness with the mother and nature (Mitchell and Black, 1995). Lacan posits an irreducible level of resistance that cannot be overcome and that must be valued and respected (Evans, 1996). Lacan does, however, point out the desirability of the analyst minimising resistance principally by recognising their part in it: 'There is no other resistance to analysis than that of the analyst himself' (Lacan, 1977: 235). Lacan suggests that the analyst can be drawn into the patient's resistances: 'The patient's resistance is always your own, and when a resistance succeeds it is because you (the analyst) are in it up to your neck' (Lacan, 1993: 48).

For Lacan, the source of resistance in analysis is the ego. However, contrary to the ego psychological model, which works at 'strengthening the ego', Lacan sees the ego as being essentially illusory. Strengthening the ego would thus result in strengthening resistance. Lacanian analysis aims at a 'subversive' dissolving of the privileged images of the ego (Leader and Groves, 1995). Fink's (1997) description of Lacanian psychoanalysis emphasises the inevitable, structurally based, presence of resistance. Fink states: 'The patient's resistance is taken as a given: from the outset it is assumed that the patient does not want to change, know, or give up anything' (1997: 8). Fink (1997) says that it is only the analyst's 'purified desire' for analysis that assists the patient in overcoming resistance.

Robert Langs

Langs' theory of communicative psychoanalysis stresses the notion that patients are unbelievably sensitive to the implications of their therapists' actions (Smith, 1991). When analysts commit errors, patients are thought to provide an unconscious distorted commentary, the clarification (decoding) of which identifies the nature and significance of the error (Smith, 1991).

Langs' approach defines resistance as including anything done by either therapist or patient that does not promote the growth of a meaningful 'communicative network' between them (Langs, 1987). His approach to working with resistances emphasises the analysis of how the analyst's counter-transference has interfered with the therapeutic process. Langs (1981) categorises resistances into 'gross behavioural resistances' and 'communicative resistances'. Communicative resistances are seen as particularly related to the therapist's counter-transference and are described as revealing both protective and adaptive aspects.

Langs' major theory is that a study of the unconscious derivatives in the patient's communications always indicates that resistances are related to the presence of counter-transference in the interventions of the analyst: 'every resistance within the patient receives some input, however small, from the analyst' (1981: 489). The communicative approach places particular emphasis on the therapeutic ground-rules or 'frame' (Smith, 1991). Any change or disruption to the ground-rules always compounds resistance. Langs regards frame violations, introduced by the therapist, as counter-resistance (Langs, 1987). Thus, the therapist's consistent adherence to the therapeutic frame is the most appropriate response. 'Communicative interpretations'

are used to trace out how the patient is unconsciously responding (often in an attempt to assist or cure the erring therapist) to whatever trigger has occurred in the interaction. In cases where the therapist has succeeded in maintaining the therapeutic frame, transference resistances may emerge which are ultimately reducible to the activation of major death anxieties. More broadly, Langs' approach interprets resistance arising from defences against the inevitable 'psychotic core' in both patient and therapist (Langs, 1981, 1987).

Habib Danvaloo

In a series of papers, Danvaloo (1987, 1988, 1990) has described a method of short-term psychotherapy. Danvaloo's method is characterised by the consistent attempt at confronting and overcoming a patient's resistances. Danvaloo (1987, 1988) states that his method allows psychoanalysis to overcome Freud's pessimistic view on intractable resistance. Danvaloo's method in fact reintroduces the early Freudian narrative of psychotherapy as a 'battle' with the patient's resistances. The difference would seem to be that now the therapist's armoury is potentially much more powerful because of Danvaloo's method.

In describing the process of his short-term therapy Danvaloo gives detailed descriptions of confrontation, challenge, pressure, provocation, 'penetration' and 'head-on collision' with the patient's resistances. Patients are 'relentlessly' confronted with their resistances in a deliberate attempt to amplify them. This, according to Danvaloo, leads to the development of transference phenomena that are again understood primarily in terms of their resistance function. These phenomena of transference are to be 'cleared up' and 'dissolved' in therapy. Again this is achieved

primarily through confrontation until a 'breakthrough' occurs and the patient's unconscious is 'unlocked'. Danvaloo's model represents one of the clearest contemporary approaches that places resistance at the centre of both theory and technique and maintains the language of overcoming and confronting resistance as the essence of therapy.

Object relations theory

Taken as a whole, it would seem that the development of object relations theory has involved a clear de-emphasis of the concept of resistance and resistance analysis. Papers on object relations that discuss resistance are more likely to do so while discussing the so-called negative therapeutic reaction. The concept of transference is given a primary position in these theories and resistance is often discussed therefore in terms of transference resistance (Horner, 1987). Writing from the perspective of ego psychology, Busch (1995) criticises object relations theory for having neglected the centrality to psychoanalysis of the careful and systematic analysis of resistance. He suggests, however, that although in their theoretical papers object relations theorists mention resistance analysis much less frequently, in practice they are conducting resistance analysis and many of their contributions to theory are also contributions to understanding and working with resistance.

From the present review it would seem that resistance remains implicit as a central concern. Additionally, theoretical papers outlining 'new' models of object relations have often been presented where the phenomenon of resistance is used to advance the new perspective as providing for more adequate interpretations and extending the range of effectiveness of psychoanalysis as a therapy. The review below presents the

major contributors to object relations theory and highlights their conceptions of resistance, illustrating its continuing importance to contemporary models of psychoanalysis.

Melanie Klein

Klein understood resistance in analysis as the manifestation of a negative transference (Hinshelwood, 1991). Furthermore, such negative transferences were described as clinical manifestations of the death instinct (Hinshelwood, 1991). Klein's understanding of the operations of unconscious envy has been used to explain extreme resistance behaviour. Klein (1957) described envy as an expression of constitutional aggression and the death instinct. Envy is defined as hatred directed towards the good object. In adult therapy, resistance is understood as a vehicle for the envious spoiling of the analyst's powers and capacity to help. Interpretations are turned into something useless or punishing by the patient.

Klein advocated directly interpreting the workings of envy itself as the only way the patient will be enabled to give up sabotaging of the therapy (Greenberg and Mitchell, 1983). Klein also emphasised the identification of various defences against envy, such as splitting, idealisation and confusion (Rosenfeld, 1987). Joseph (1989) has further explored the concept of envy as it relates to resistance, and the Kleinian concepts of the paranoid-schizoid and depressive positions and projective identification. She describes how the patient experiences the analytic process as a threat to a precariously maintained psychic equilibrium.

The concept of projective identification has been developed further by writers such as Bion (1959) and Rosenfeld (1987) to create a Kleinian perspective on psychotic and 'borderline' processes, which are often regarded as some of the most difficult and 'resistant' clinical presentations. 'Psychotic resistance', for example, has been described as an attack on the mind's capacity to think and to know (Bion, 1959; Hinshelwood, 1991).

Thus, in the Kleinian model, resistance is described as an expression of a constitutionally fixed death instinct and therefore set in the very nature of the psyche, present from the beginning of the encounter. Contemporary Kleinians, influenced in particular by Bion's expansion of the concept of projective identification, have come to place great emphasis on the analyst's examination of their own counter-transference reactions as a primary site for understanding the experience of the patient (Mitchell and Black, 1995). For example, Kissen (1996) discusses resistance in couples therapy based on projective identification and highlights the importance of exploring the therapist's resistances and counter-transference reactions. Contemporary Kleinian authors continue to use a concept of resistance understood variously as the patient's inability to use an interpretation (Solomon, 1995) and as an indicator of the presence of an unconscious phantasy (Caper, 1999).

W.D.R. Fairbairn

Fairbairn's understanding of resistance is based on the concept of the 'release of bad objects' into consciousness (Gomez, 1997). The greatest source of resistance arises from the unwillingness on the part of the libido to renounce its repressed objects as well as the patient's fear of the terror that would be experienced if such internal bad

objects enter consciousness. His theory of therapy emphasises the importance of the therapist functioning as a good object for the patient, allowing him or her to gradually give up the attachment to internal object relations. There is a sense in which in Fairbairn's description the operation of therapy resembles an exorcism. Contemporary object relations understandings of resistance based on Fairbairn's model continue to be presented (e.g. Ogden, 1983; Hamilton, 1994; Buckley, 1996).

Harry Guntrip

In his theoretical work on so-called schizoid phenomena Guntrip (1968) proposed an analysis of the 'regressed ego', which provides what seems to be an all-inclusive theory of resistance. For Guntrip, all mental life, relationships and resistances in therapy (with a disturbed or schizoid personality) are at their basic level defences against 'regressive longing'. The aim of psychoanalysis in Guntrip's perspective is to allow for those who require it to surrender to the pull of the regressed ego and allow a total dependence on the therapist until there is a gradual return to wholeness (Gomez, 1997). The greatest resistances to this process arise from the patient's desperation to keep going as well as their self-hatred towards their own experiences of weakness and the terror in placing total trust in someone else.

D.W. Winnicott

Winnicott (1956) was particularly interested in patients who had developed, because of maternal inadequacies, a condition he described as a 'false self disorder'. Winnicott's description of analysis with such patients included a startlingly different understanding of resistance. For Winnicott, the role of the analyst was to be regarded as having similarities to the provision of 'good-enough mothering'. The analyst

attempts to provide an environment in which his or her own needs are on hold and that is sensitive to the emergence of old developmental needs that were not originally met. The provision of a holding environment allows for the recommencing of thwarted development.

In this description of psychoanalysis the provision of interpretations is of minimal importance; what is crucial is the patient's experience of being in relation to a sensitive and attentive analyst. Winnicott understands resistances as always indicating that the analyst has made some form of error. Such resistances will remain until the analyst is able to detect them and to non-defensively explore the meaning of the event for the patient. Winnicott (1956) proposes that such mistakes, which are inevitable, can be used by the analyst to facilitate the patient's remembrance of past inadequacies by caregivers and to allow for the emergence of an anger about these, possibly for the first time.

Masterson (1987) has further developed Winnicott's notion of the false-self and uses this to describe and explain the wide variety of resistances encountered in working with the so-called borderline client.

A critical voice in object relations: Helen Block Lewis (1987)

Lewis (1987) has advanced the argument that the concept of resistance should be abandoned because it is a 'dead end' and harmful to the therapeutic enterprise. Lewis (1987) suggests that resistance is a concept that encourages the adoption of excuses by the analyst and obscures the nature of therapeutic difficulties. Lewis holds that the concept of resistance reflects Freud's individualistic view of human nature. Rather

than an intra-psychic force ultimately reducible to the operation of Thanatos, Lewis (following the work of Bowlby and others) describes resistances as expressions of shame and guilt. Lewis argues that, from a more fully interpersonal perspective, resistance must be viewed as a social interaction that always represents some emotional truth about 'threatened affective ties' as they exist in the therapeutic relationship. The concept of resistance has, from Lewis' perspective, obscured the centrality of the patient's experiences of shame and guilt in the therapeutic situation.

In summary, it can be seen that while object relations theorists have placed primary emphasis on the concept of transference, resistance continues to hold an important place. Winnicott's emphasis on resistance being evoked by therapist errors is a particularly important contribution that has also been introduced into other models such as self-psychology and intersubjectivity theory, as will be shown below.

Heinz Kohut and self-psychology

Kohut's (1977, 1984) understanding of resistances, occurring in the treatment of narcissistic patients, provides a clear alternative to the classical perspective. Thus, more recent articles by Malin (1993) and Rowe (1996) promote the self-psychology model specifically through what is presented as both a novel and more adequate understanding of resistance.

Kohut's understanding of resistance is based on his rejection of the drive model of motivation and his replacement of this with a 'deficit' model. The deficit model describes the development of a weakened, injured or enfeebled self through the traumatic failure of the infant's environment to respond adequately to the needs for

mirroring, idealisation and 'twinship' (Rowe, 1996). Resistances are seen as motivated by a need to safeguard the self because of the existence of structural deficits, the exposure of which is threatened in analysis (Malin, 1993). Resistances are described as essential manoeuvres to preserve a fragile self-organisation – the 'principle of the primacy of self protection' (Siegel, 1996).

Kohut's perspective on the significance of resistances is most clearly shown in the following quote from *How Does Analysis Cure?*:

> The so-called defence-resistances are neither defences nor resistances. Rather, they constitute valuable moves to safeguard the self, however weak and defensive it may be, against destruction and invasion. It is only when we recognise that the patient has no healthier attitude at his disposal than the one he is in fact taking that we can evaluate the significance of 'defences' and 'resistances' appropriately. (Kohut, 1984: 141)

Kohut (1984) describes the activation in analysis of what he terms 'selfobject transferences'. Here, the analyst is experienced not as an 'object' for the patient but in terms of a 'function' of 'shoring up' a defective self or alternatively as an extension of the patient's self (Rowe, 1996). Resistances are described as appearing in two phases. First, Kohut describes the resistances to the emergence of selfobject transferences. These resistances are self-protective manoeuvres designed to avoid repeating traumatic experiences of rejection, disillusionment and humiliation, should the needs for mirroring of grandiosity, idealisation and twinship emerge. Kohut advocates a method of 'sustained empathic attunement', where the analyst immerses herself in the experience and point of view of the patient. As the patient comes to feel understood by the analyst through this empathic attunement, the earlier frustrated developmental needs are given expression and a self-selfobject bond is established with the analyst. In a manner that is clearly resonant of Winnicott's (1956) perspective, Kohut then

describes the inevitable ruptures in this bond that occur when the analyst fails to adequately grasp the patient's experience. Resistances in the form of rage or withdrawal are then considered signs of and reactions to the analyst's failures and efforts are directed towards pinpointing the failure and the patient's experience of these events. A repair of the self-selfobject bond is then described as being achieved. Kohut (1984) emphasises how such an approach places considerable demand on the analyst because often he or she is being related to not as a separate whole person. Analysts' temptations to respond with anger or withdrawal are then regarded as contributing factors in the establishment of impasses in analysis.

Kohut's developmental deficit model clearly provides a very different perspective on the nature of resistance. Rather than obstacles to be overcome through the patient identifying with the analyst's perspective on their significance, they are described as essential self-protective measures. An apparent absence of resistance would be problematic, because it would indicate greater vulnerability of the self and function to delay or prevent insight (Malin, 1996). Resistances hold the self together until the analyst is able to provide the right sort of relational environment. Kohut's description provides a sense of resistances keeping the hope alive that developmental needs can be met.

The cultural/interpersonal school

The work of Fromm, Horney and Sullivan involved a much greater consideration of cultural and social factors in the development of psychopathology (Mitchell and Black, 1995). In the overall approach of this 'school', resistance was understood in terms of the defensive function of 'character' (McCarthy, 1985). Resistance was seen

as reflecting the patient's attempts to maintain the status quo against the therapist's challenge to a basic pathological approach to life (Adler and Bachant, 1998). Although Fromm did not produce work on the 'technical' aspects of psychoanalysis, contributions were made by both Horney and Sullivan.

Karen Horney

In a paper entitled 'Blockages in Therapy' Horney (1956) presents a description of psychoanalysis in which the analysis of resistances is central. Horney states, however, that she prefers the term 'blockage' to resistance. 'Blockages' are defined as all the forces that 'retard' the analysis. Horney emphasises that the patient is not, contrary to Freud's early definition, defending the neurosis itself. Rather, the patient is defending the exposure of precious subjective 'values', which are expressed as blockages in therapy, and as character traits and neurotic behaviour in wider life. In the exposure generated by analysis the patient feels his or her values as being under attack and will therefore seek to defend them. For example, a patient who is made aware of a lack of feeling for others may respond: 'it is much more desirable to have no feelings than to be hurt'. In this paper Horney gives a great many examples of 'acute' and 'chronic' blockages, the latter including the 'negative therapeutic reaction'. Throughout, her emphasis is on the attempt to understand how such blockages, expressive of the patient's current 'predominant solution', assist him or her in coping with anxiety in present life.

H.S. Sullivan

The work of H.S. Sullivan can be seen as presenting a clear alternative to Freudian as well as much of post-Freudian psychoanalysis (Mitchell and Black, 1995).

Interpersonal theory is constructed from a fundamentally different philosophical base from Freudian psychoanalysis. Nevertheless, analytic writers focusing on resistance have attempted to integrate Sullivan's concepts, noting that Sullivan did not himself object to the linking of his understanding of anxiety with resistance (McCarthy, 1985).

Sullivan (1953, 1954) argued strongly against a concept of self-contained individualism and focused instead on social interaction. His focus included the interpersonal causes and consequences of anxiety and identity. Sullivan's approach emphasised the exploration of the patient's actual interactions with others. He proposed that vital interactions with others could be either 'selectively inattended' to or dissociated (Levenson, 1991). These acts of perceptual distortion were in the service of the avoidance of anxiety (a term that encompassed dread, terror and the fear of fear).

In contrast to the ego-psychological agenda of 'strengthening the ego', the 'self-system' in interpersonal theory was something to be deconstructed (Cushman, 1995). According to Sullivan, the self-system is concerned principally with processes designed to keep anxiety at a minimum. When anxiety is at a minimum the self-system is in the background. When anxiety is activated in interpersonal situations, the self-system acts to produce forms of interaction with others that have previously been successful in reducing anxiety (both in the other and in the self).

Sullivan (1953) theorises that an individual uses a variety of 'security operations' to avoid anxiety. In contrast to the Freudian depiction of defences against unconscious

impulses repressed into the individual psyche, Sullivan's description of defensive operations emphasises interpersonal anxiety often precipitated by the 'contagious terror' of the other (Levenson, 1991).

Sullivan (1953) describes the self-system as paradoxically 'the principal stumbling block to favourable changes in the personality' (1953: 169), as well as the principal influence in avoiding the experience of intolerable anxiety. Resistance for Sullivan is understood in terms of fear of change, a fear that is understood to be an inevitable accompaniment to an alteration of the self-system.

It is questionable whether Sullivan's descriptions of security operations can be synthesised with a more traditional understanding of resistance in the manner that McCarthy (1985) attempts. The Freudian concept of resistance is centrally concerned with a notion of a hidden reality behind appearances, a psychic truth that the patient is unable to face. In Sullivan's model there is no conception of such an inner (unconscious) reality behind appearances. Security operations are functioning within interpersonal interactions in the here and now.

Social-constructivist approaches

One of the most significant developments within psychoanalysis has been the development by a number of writers of social-constructivist and intersubjective perspectives (Dunn, 1995; Stern, 1996). Spezzano (1995) has suggested that these approaches have moved away from a view of the therapeutic process as being centred on resistance analysis. Indeed, Spezzano and others have at times suggested that the concept be abandoned. However, as will be shown, other authors locating themselves

in these perspectives have continued to argue for retaining the concept of resistance while proposing new theoretical understandings of its significance.

The work of Schafer (1973, 1992) has had a particular relevance to the concept of resistance. His 1973 paper 'The Idea of Resistance' formed part of a project to develop an 'action language' based on the work of Wittgenstein, Ryle and aspects of existential-phenomenological philosophy. Schafer criticises Freud's frequent use of the term 'the resistance' as a reifying metaphorical form of thinking. Resistance for Schafer must be described in terms of an action of the person. Thus, instead of resistance, Schafer prefers to use 'resisting'. Furthermore, rather than the analyst or the analytic process being the subject of resisting, Schafer proposes that it is the person, the 'I', that is the subject of resisting: 'in resisting, the person is engaged in two opposing or contradictory actions at once' (Schafer, 1973: 263). Resistance is described as a form of 'disclaimed action'. From this it follows that the act of disclaiming the act of resistance becomes equivalent to the resistance against the analysis of resistance.

Schafer proposes that the idea of resistance contains as one of its essential components the idea of self-deception. The patient in resisting is managing to keep truths from himself or herself and at the same time must know what these truths are in order to keep them away. In action language the act of self-deception is redescribed as a 'faulty' way of observing one's own actions, as acting without attention to one's actions. The analysis of resistance is held to eventually lead to the analysand resisting with attention. The patient draws a boundary where the act of resistance is owned: 'I do not want to think that I could do such a terrible thing'.

Schafer further suggests that Freud primarily described relationships in terms of a struggle with a patriarchal authority. He sees this as having had the effect of obscuring those aspects of resistance related to the relationship with the mother as well as those aspects of resistance that can be regarded as affirmative and positive. Thus, he describes resistances arising from the relationship with the 'archaic mother' as expressive of self-differentiation and autonomy. Schafer suggests that the negativity inherent in the term resistance places attention on what the patient is not doing, on what he or she should be doing, rather than on what he or she is in fact doing. Schafer suggests that resistance analysis should include this positive, affirmative aspect that clarifies what it is that the patient stands for and is attempting to achieve.

Schafer concludes that resistance is a concept that does not denote a specific range of set phenomena. Rather, like transference, it is a methodological concept that denotes a particular slant taken by the analyst towards selected phenomena: 'Resistance is not everything, though it is a way of looking at everything' (Schafer, 1973: 283). It is a way of looking that essentially emphasises repetition. This emphasis on repetition may also be seen as characteristic of psychoanalysis as a whole.

Schafer's more recent work has involved an attempt to use a 'narrative' framework in psychoanalysis. The concept of resistance is a topic that Schafer (1992) returns to in pursuing this project. Here, an even more critical stance is taken and it is argued that the concept of resistance is both superfluous and technically confusing. He suggests that the term has remained in the lexicon of psychoanalysis, despite its difficulties, for

a number of reasons. First, he proposes that the concept has been used for such a long time that a great deal of clinical data has been organised through it. As such, it is very unlikely to be deleted. Second, he suggests that its retention may reflect analysts' idealising submission to Freud's way of writing. His central contention is that Freud's use of the term reflected a hostile counter-transference to his patients. Thus, he suggests that contemporary analysts replace the analysis of resistance with the analysis of their own negative counter-transferences.

However, Schafer also states that although the narrative of resistance is flawed, it is nevertheless serviceable. He regards it as a useful descriptive term. Rather than an indication that there is an independent force in the patient's psyche that must be overcome, it is an indication of the possible presence of negative transference-counter-transference. The concept of resistance arising in the mind of the analyst is to be taken as a cue that the analyst has failed to understand what it is that the patient is communicating through their various 'enactments' in the transference situation.

Schafer presents perhaps the most clearly articulated critical view of the concept of resistance in psychoanalysis. He sees the concept as essentially unnecessary and misleading. However, there is also some evidence of ambivalence because the concept is also seen as 'serviceable' and as descriptively useful.

Hoffman (1983, 1992) has further developed a social-constructivist perspective on psychoanalysis. Hoffman (1992) develops a view of the psychoanalytic process that encourages the therapist to embrace an uncertainty derived from knowing that their 'subjectivity' cannot be transcended. Rather than a discoverer of hard analytic truths

located in the psyche of the patient, this perspective suggests that 'analytic truth' is co-created by both participants in the analytic process. In contrast to Schafer, Hoffman (1992) finds a place for a concept of resistance while challenging the notion of the analyst possessing an exclusive and privileged awareness of its presence or absence.

Renik (1995) also maintains the usefulness of a concept of resistance. However, he acknowledges continuing difficulty with the concept in that it has been used to refer to both observed phenomena and unobserved, inferred intra-psychic forces. Renik (1995) also notes a contradiction in classical psychoanalysis between the concept of resistance that strongly implies that the analyst has an idea of where the analysis *should* be moving towards and the technical rule of 'free-floating attention'. He proposes that the reference to inferred internal forces be avoided and that resistance refer instead to anything a patient can be observed to do that interferes with their own self-awareness. Renik (1995) notes that his definition refers to a function served by an act rather than any specific behaviours. Furthermore, Renik's descriptive use of the term emphasises that these behaviours are available for observation by the patient and can be agreed on by both analyst and patient.

Levine (1996) also uses a concept of resistance while arguing for a more sceptical approach to the analyst's activity of analysing resistances. Levine (1996) argues that both participants may contribute equally to the appearance of resistance and that the analyst's identification of patient resistance may often be instead a reflection of counter-transference.

Intersubjective perspectives

The concept of resistance has been both retained and expanded by certain authors within an intersubjective perspective and rejected as inappropriate by others. Spezzano (1995) argues that the classical Freudian view of resistance is antithetical to an intersubjective perspective. Spezzano (1995) sees the term resistance as mismatched with the intersubjective perspective on how the mind develops and as tantamount to blaming the patient. Furthermore, he states that what has been regarded as resistance can be redescribed as the ability to communicate to the analyst what cannot be tolerated in consciousness because of the feeling states involved. Influenced by Schafer's arguments, Spezzano (1995) suggests abandoning the concept of resistance while retaining the notion of 'defence'.

The concept of resistance has, however, continued to find a place in the writings of other intersubjective authors. Of particular relevance to the present research programme is the work of Atwood and Stolorow (1984), Brandchaft and Stolorow (1984), Stolorow et al. (1987) and Orange et al. (1997). These authors have attempted to develop an intersubjective model of psychoanalysis based on the hermeneutics of Wilhelm Dilthey, certain strands of existential-phenomenological philosophy and structuralism. In their more recent writings they have presented their perspective under the title of 'contextualism' (Orange et al., 1997) and acknowledge that their perspective has considerably 'stretched' the meaning of psychoanalytic terminology. It may be argued that this stretching has gone well beyond what can be tolerated within a psychoanalytic framework.

The central argument of the intersubjective perspective is that all psychological phenomena must be understood within the particular intersubjective context in which they occur. The concepts of an isolated mind and reified intra-psychic entities are challenged in this model. Additionally, equal weight is given to the analyst's subjectivity in co-determining what occurs in the therapeutic process. With regard to resistance, Orange et al. (1997) state: 'When the process gets stuck, we do not think, "the patient is resisting"; instead we wonder how analyst and patient have coconstructed this logjam' (1997: 76). Nevertheless, Stolorow et al. (1987) maintain that the analysis of resistance (and transference) is central to the intersubjective approach, and this stance is not altered in later writings. Resistance analysis is regarded as co-extensive with transference analysis. Resistance is understood as occurring where the patient's experience of the therapeutic relationship is organised by fears that his or her emerging affective states will be responded to with the same traumatogenic responses from the analyst that they received from the original caregivers.

In a fashion resonant with both Winnicott and Kohut, resistance is seen as always being evoked by some quality or activity of the analyst that for the patient indicates a resurgence of traumatic 'developmental failure'. Such 'intersubjective disruptions' in the selfobject bond are to be empathically explored in terms of the experience and meanings that are subjectively real for the patient. In exploring the analyst's contributions to intersubjective disruptions, Orange et al. (1997) discuss the role of the analyst's unconscious 'organising principles' as well as the possible misapplication of psychoanalytic theory.

In summary, the intersubjective perspective advanced by these authors maintains a concept of resistance while challenging Freudian assumptions about the nature of resistance. Resistance is no longer to be regarded as an intra-psychic force in the patient that can be identified and overcome by the analyst. Rather, resistance is co-determined by both participants and reflects the developmental histories of both participants. The analysis of resistance thus involves an exploration of the unique intersubjective context in which it occurs.

The contemporary status of resistance in psychoanalysis

The preceding review highlighted the central importance that the concept of resistance was given in Freud's writings. In contrast, in Jung's work resistance seems to have played a much less significant part. Both Adler and Rank developed novel perspectives on resistance, often emphasising the more 'positive' aspects of this phenomenon. It was seen that in ego psychology the concept of resistance has become closely tied to, and sometimes merged with, that of defence mechanisms and there has been a de-emphasis on the Freudian notion of resistance arising from outside of the ego. Although it was found that resistance as a concept was also given less prominence in object relations theories, nevertheless these perspectives have advanced differing analyses of the meanings of resistance. It was also seen that Kleinian theory in particular maintained and extended Freud's later concepts of resistance rooted in Thanatos and a biological 'bedrock'.

Often, discussions of resistance have occurred in work that attempts to address areas of therapeutic practice that have traditionally been held as 'difficult' or as beyond therapeutic reach ('borderline', 'schizoid' and 'narcissistic' problems in particular).

Discussions of resistance (e.g. in self-psychology and intersubjectivity theory) have also occurred in the context of promoting the greater utility of a new therapeutic framework over alternative perspectives.

The most significant development in terms of theoretical understanding, perhaps, is the proposition that resistance is primarily evoked by the therapist's mistakes and inadequacies. This perspective has been advanced in different ways by Winnicott (1956), Kohut (1984), Lacan (1993), Langs (1981) and various social constructivist theorists. Intersubjectivity theory has pushed this even further and proposed that resistance is always co-constituted and cannot be defined as located within the patient's isolated psyche.

What is the contemporary status of 'resistance' in the field of psychoanalysis as a whole? Perhaps unsurprisingly, it is difficult to draw a conclusion that would accurately represent the theoretical perspective of all current approaches that regard themselves as psychoanalytic. Thus, McLaughlin (1995) has stated that with time the concept of resistance has lost its central place in psychoanalysis. By contrast, Lowental (2000) has stated that a de-emphasis on resistance is a resistance to theory, and Weinshel (1992) and Bachant (1998) maintain that resistance is a central defining feature of psychoanalysis as a process.

Greenberg and Mitchell (1983) have described how the attempt to introduce relational factors into psychoanalysis has ranged from efforts at preserving and extending the drive framework to the creation of new alternative perspectives that are explicitly an attempt at overcoming the limitations of drive theory. It is a striking feature that the

concept of resistance, which is intimately entwined with drive theory, has continued to be used even in perspectives (e.g. Fairbairn, self-psychology, intersubjectivity theory) that are presented as challenges to drive theory.

There would seem to be a multiplicity of co-existing and competing perspectives in psychoanalysis. In this sense, it would be a mistake to regard drive theory as having been replaced by more recent relational perspectives. Thus, classical drive theory perspectives on resistance continue to be defended (e.g. Dewald, 1980, 1982; Boesky, 1990; May, 1996). May (1996), for instance, maintains that the analyst's task of identifying resistances and assisting the patient to 'give them up' is a central analytic process. May (1996) also promotes a respectful benign attitude that does not regard resistance as the 'enemy'. As was shown, however, a more openly combative stance, where resistance is to be confronted and overcome, continues to be presented in the work of Danvaloo (1990). The ego psychological emphasis on the careful and systematic analysis of defence and resistance also continues to be defended (e.g. Strean, 1985; Gray, 1994; Busch, 1992, 1995; Lowental, 2000).

In the object relations camp, the 1980s and 1990s have also seen the presentation of more clearly delineated perspectives on resistance. This has often involved a strategy where the interpretative possibilities found in different primary object relations authors (Klein, Fairbairn, Guntrip, Bion, Winnicott) are combined together (e.g. McCarthy, 1985; Horner, 1987; Kissen, 1996; Eagle, 1999). Stark (1994), for example, has presented a model of working with resistance, which is a combination of Freudian, object relations and self-psychology approaches. Adler and Bachant (1998)

also propose an integration of both intra-psychic and interpersonal (Sullivan) perspectives on resistance.

Resistance and transference

The relationship between the concepts of resistance and transference has remained problematic (McLaughlin, 1995). Racker (1954) and Gill (1982) have pointed out that Freud developed two alternative models of the relationship between the two concepts. In the first model transference is regarded as a resistance to remembering. In the second model all resistances are regarded as manifestations of transference. In the development of more 'relationally focused' perspectives it is predominantly the second view that is upheld. The notion of transference as being essentially a resistance can be seen in the work of Danvaloo (1990).

Counter-resistance

Although the idea of the resistances coming from the analyst has been present since Freud's work, the explicit concept of counter-resistance has appeared only infrequently in analytic writing. Writers such as Jung, Lacan and Langs have emphasised the analyst's role in the creation of resistance. The concern with the analyst's 'interference' with the therapeutic process has been much more frequently discussed under the concept of counter-transference.

Both Schoenewolf (1993) and Strean (1993) state that counter-resistance has been almost ignored in analytic literature. Discussion of the concept can be found in the work of Reik (1924), Glover (1955), Greenson (1967), Racker (1958, 1968) and Spotnitz (1969). Schoenewolf (1993) suggests, however, that these authors have given

this concept only a limited treatment. He argues strongly in favour of regarding the patient's resistance as secondary to and often a reaction to the analyst's counter-resistance (thereby making the use of the prefix 'counter' somewhat questionable).

Strean (1993) defines counter-resistance as attitudes or behaviour of the therapist that impede therapeutic progress. This is seen as being a universal phenomenon among therapists. Strean attempts a categorisation of counter-resistances according to Freud's (1926) classification of resistance, and he suggests that the resolving of therapeutic stalemates requires the resolution of both the patient's resistance and the therapist's counter-resistance.

Overcoming the concept of resistance?

Psychoanalytic theorists have rarely suggested that the concept of resistance be abandoned. It would seem to be a remarkably resilient and flexible concept. McLaughlin (1995) suggests that one reason for its continuing use is that, in contrast to many other analytic terms, it is an 'experience near' concept. Schafer (1992) suggests that resistance continues to be used as a concept because, historically, a great deal of data has been organised through it. It is also clear that the concept has been used in a variety of ways and that these differing uses have not always been clarified. As Renik (1995) notes, Freud (1914) used the term to refer to observable phenomena and as a hypothesis suggesting that the idea of resistance was a provisional formulation. Freud clearly went on to talk of resistance at times as an internal entity – 'the resistance' – where particular experiences (e.g. an erotic response to the analyst) could be seized on and used by the resistance. Other writers, while at times explicitly

rejecting Freud's drive theory, have continued to write of resistance both in a descriptive sense as well as in a meta-psychological sense.

Resistance is likely to continue to be used as a concept in psychoanalysis. Less certain is the status of the concept of counter-resistance. However, given the possibility of a concept of counter-resistance, the question must be asked: if resistance is an experience near concept, whose experience is it near to? It may be argued that it is most often the analyst's. Given the different interpretative frameworks that have been created, an enormous range of patient behaviour can potentially be regarded as examples of resistance. In any particular case, however, the patient's experience may not necessarily be captured by the concept of resistance if this experience is looked at from the point of view of the patient. Of course, from a psychoanalytic perspective, resistance is most often unconscious. However, if resistance is being maintained as being both a theoretical term related strongly to metapsychological assumptions and as an experience near description of phenomena, it must be recognised that it is primarily the analyst's perspective that is being privileged. This is very clearly expressed in the following statement from Dewald's (1982) paper, which outlines a 'classical' view of resistance: 'the therapist's technical interventions are aimed at encouraging the patient gradually and progressively to adopt the therapist's attitude and perspective towards the meaning of the behaviours that serve the function of resistance' (Dewald, 1982: 51). This privileging of the analyst's perspective may constitute a difficulty for those perspectives, such as intersubjectivity theory, that promote the empathic immersion in the patient's experience. Although encouraging the immersion in the patient's subjective experience, these models also maintain a

theoretical framework that allows the possibility of the analyst identifying patient resistance as well as being able to provide a 'correct' interpretation of its meaning.

This chapter has presented a review of the theoretical work on resistance from within the broad range of psychoanalytic and psychodynamic therapies. What of the status of the concept of resistance in alternative, non-analytic models of psychotherapy? Strean (1985) has suggested that the topic of resistance has been virtually ignored by models of psychotherapy that fall outside the fields of psychoanalysis and psychodynamic therapies. However, as will be shown, this is an inaccurate conclusion because significant concern with the topic of resistance can be discerned in models that are in many important respects in opposition to psychoanalysis. Strean's comments date from the 1980s and do not take into account the great deal of work that has been done in this area in the past two decades. This will be clearly seen in the next chapter, which reviews the work on resistance conducted in the behavioural and cognitive psychotherapies. It will be shown that although psychoanalytic models of resistance have been challenged or rejected, cognitive and behavioural theorists have at times emphasised the importance of resistance and have constructed alternative understandings of its significance and strategies for responding to it.

Chapter 3

'Irrational non-compliance'? – Behavioural and cognitive approaches

Both behavioural and cognitive-behavioural perspectives have started from a position where resistance was seldom mentioned, if at all, to one where (at least for some authors) resistance is considered a crucial phenomenon both theoretically and clinically. As Wachtel (1982) notes, behavioural therapists have historically been suspicious of the concept as it was interpreted as blaming the client for a lack of progress.

Generally, in these models resistance is considered in terms of 'non-compliance' with therapeutic instructions and in particular with homework assignments. Resistance is also described in terms of 'irrationality' and 'distorted thinking'. An overriding emphasis has been on resistance as a result of inadequacies or mistakes on the part of the therapist. The more recent influence of social-constructivist theory has led to a challenge to the way resistance has been viewed in these models. These theorists tend to describe resistance in terms of a valid and meaningful attempt at self-protection.

Behaviour therapy

In the early literature on behaviour therapy resistance was seldom mentioned. Wolpe and Lazarus (1968), for example, state that resistance does not exist in behaviour therapy. Hersen (1971) suggested that the absence of behavioural literature on resistance might be a byproduct of a tendency to write only about success. Hersen criticised the tendency to meet resistance with an oversimplified explanation of

operant conditioning that avoided understanding the phenomenon or designing strategies to overcome resistance.

Munjack and Oziel (1978) discussed the behavioural treatment of sexual dysfunction and proposed five types of resistance: misunderstanding or skill deficit on the part of the patient, lack of motivation or low expectancy of success, anxiety and guilt arising from past therapy and secondary gain. Jahn and Lichstein (1980) suggested that where resistance was mentioned, behaviour therapists tended to conceptualise it as an annoyance caused by inadequate therapeutic technique. Jahn and Lichstein (1980) note that the phenomenon of resistance is a challenge for learning theory. They state that resistance:

> makes the behaviour therapist directly confront his learning theory assumptions concerning the acquisition and maintenance of behavior. The resistive client directly defies the contingencies set by the therapist, and the regulation of behaviour by contingency management is a basic tenet of behavior theory. (Jahn and Lichstein, 1980: 300)

Goldfried (1982) suggests that an underlying assumption in much early behavioural literature was that, apart from the presenting problem, clients were totally rational beings who would readily comply with therapeutic procedures. Goldfried (1982) conceptualised resistance in behaviour therapy in terms of non-compliance with homework instructions. Goldfried compares forms of resistant non-compliance with a model of the 'optimal client', where resistance is least likely to be present. Goldfried emphasises the rarity of such optimal clients and analyses resistances in terms of the varieties of ways clients deviate from this model. However, Goldfried's (1982) prime emphasis is on resistance as an expression of the therapist's failure or inadequacy. Quoting from an earlier paper, he states:

If one truly accepts the assumption that behaviour is lawful – whether it be deviant or non-deviant – then any difficulties occurring during the course of therapy should be more appropriately traced to the therapist's inadequate or incomplete evaluation of the case. (Goldfried and Davison, 1976: 17)

Goldfried outlines a variety of strategies for preventing or remediating resistance, including creating a positive context for change, structuring the treatment procedures, emphasising the gradualness of change and clearly specifying homework assignments.

Goldfried also draws attention to the possible relevance of the theory of psychological reactance (Brehm, 1976) for a behavioural understanding of resistance. Psychological reactance theory maintains that under certain conditions individuals will actively resist attempts by others to change them. Such reactance has been found to occur particularly when individuals believe that their sense of freedom and autonomy has been threatened, restricted or eliminated by an external source. As will be shown, subsequent behavioural and cognitive writers have also suggested that reactance theory may contribute to a theory of psychotherapeutic resistance.

Lazarus and Fay (1982) argue strongly that the concept of resistance is an elaborate rationalisation used by therapists to explain treatment failures. In particular they criticise the notion of resistance as being an inevitable phenomenon located inside the patient's psyche. However, Lazarus and Fay (1982) also state that it is essential to separate resistance as a postulated intra-psychic mechanism explaining clinical phenomena from resistance as a clinical phenomenon itself. While rejecting the former Lazarus and Fay (1982) accept the latter.

With particular reference to the behavioural focus on non-compliance, they suggest that the concept of resistance may have 'a measure of legitimacy'. Four different factors that can lead to resistance are described: (1) the patient's individual characteristics, (2) the patient's social and family system, (3) resistance as a function of the therapist (or the relationship between patient and therapist) and (4) the limitations of psychological science. Thus, while initially rejecting the notion of resistance residing within the client Lazarus and Fay (1982) seem to reintroduce this idea in their first factor of 'patient characteristics'. Throughout, the emphasis is on the knowledge and competence of the therapist, or rather the lack of it, in determining resistance: 'Thus, the more a therapist knows, the fewer "resistant" patients he or she will have' (1982: 129).

Turkat and Meyer (1982) accept resistance as a phenomenon well known to clinicians of all orientations. These authors, following an applied behavioural analysis framework, propose an operational definition of resistance. They conclude that there are no behaviours that can universally be labelled resistance and that the range of particular behaviours that may be labelled as resistance is infinite. Resistance must therefore be defined as 'client behaviour that the therapist labels as anti-therapeutic' (Turkat and Meyer, 1982: 158). This formulation explicitly acknowledges that particular phenomena come to be held as resistance only from the vantage point of the therapist. Turkat and Meyer (1982) analyse a variety of forms of resistance in terms of principles of reinforcement, and they advocate the use of behavioural formulations to predict resistance behaviours so that these can be averted or minimised.

Schaap et al. (1993) have suggested that learning theory alone is insufficient for understanding how clients respond to therapy. These authors assign a central role to the concept of resistance. Resistance is defined as a client's non-compliant behaviour whose origin is in the nature of the interaction with the therapist. Schaap et al. (1993) also use a related concept of 'opposition', which is defined as resistive behaviour that has its origin in the nature of the sought change itself.

These authors argue for the incorporation of models and findings from social psychology in order to more fully understand behaviour therapy as a process of social influence. Specifically, exchange theory, theories of social power and influence, cognitive dissonance theory, reactance theory and attribution theory are used to describe the optimal process of behaviour therapy.

Attribution theory is proposed as having particular relevance to an understanding of resistance. Attribution theory asserts that people construct a consistent and understandable world by means of attributing meaning and causes to events. These attributions may serve multiple functions including providing a sense of control, security and predictability, protecting self-esteem and aiding impression management. Schaap et al. (1993) propose that resistance is very likely when individuals are confronted with attributions that are opposite to the ones they currently hold. Forms of resistance are analysed as 'counterforces and disturbances in the ideal course of treatment' (Schaap et al., 1993: 40). Four determining sources are identified: the person of the client, the person of the therapist, their interaction, and the environment of the client. Resistance is considered to be a very common occurrence and a 'pragmatic' definition is offered as a starting point for the generation of potential

therapist responses: 'Resistance is a sign that the therapist is not handling that particular client in the right way (and by the same token as a sign that the therapist should search for an alternative means of handling the client' (Schaap et al., 1993: 41). Schaap et al. (1993) review a wide range of literature that may help behaviour therapists to overcome resistance. This includes literature on motivation, compliance and salesmanship. Strategies are proposed which include emphasising the therapist's expertise, enhancing attraction, establishing a working alliance and offering support and endorsing the therapeutic procedures.

Although cognitive behavioural models have seemed to gain prominence over more strictly behavioural models, newer behavioural models have emerged recently that challenge the metaphor of 'information processing'. Hayes et al. (1999) have proposed a model of radical behaviourism that they describe as 'Acceptance and Commitment Therapy' or 'ACT'. ACT is based on a revised behavioural analysis of the function of language and 'verbal rules' in human behaviour. ACT is notable in that its procedures resemble aspects of experiential and humanistic therapies. In particular, ACT emphasises strategies to assist clients in overcoming 'experiential avoidance', both in the here and now of the therapeutic encounter and in wider life. An understanding of the nature of resistance is central to the ACT model.

The ACT model is paradoxical in a number of respects, including a suggestion that the traditional behavioural focus on non-compliance may in itself be responsible for generating client resistance. ACT proposes that client problems can be most clearly understood as the result of the functioning of verbal rules. 'Pliance', or the attempt to comply with restrictive verbal rules that limit the ability to learn from environmental

contingencies, is seen as particularly problematic. Traditional attempts to direct the client to engage in behaviour change are seen as leading only to the possibilities of pliance (compliance) or counter-pliance (resistance). In the case of pliance with directives for behaviour change, this is seen as a replication of the problematic process leading the client to therapy in the first place.

ACT therapists are described as using a variety of paradoxical and experiential strategies designed to 'undermine resistance' and to promote the client's giving up the attempt at deliberate self-change through pliance with verbal rules. Acting in an inconsistent manner, ACT therapists are held to subvert the possibility of the client working out what would constitute either pliance or counter-pliance in the therapeutic relationship.

Hayes et al. (1999) describe the therapeutic process of ACT as both 'intense' and 'intrusive' while at the same time the therapist is described as operating from a position of 'radical respect', where it is the client's goals and values that are pursued rather than the therapist's. These authors also describe resistance in terms of 'barriers to committed action'. Resistance to taking committed action towards the actualisation of values is seen as arising from unwillingness to face the impact that behavioural change may have on the client's 'life story'. The life story is highly functional in that it makes sense of the client's history. The possibility that a change in the life story may lead to unwanted negative consequences is always present.

Dialectical Behaviour Therapy (DBT) (Linehan, 1993; Heard and Linehan, 1999) incorporates aspects of Zen practices and 'dialectics', based on parts of Hegel's

philosophy. This model has been specifically developed to provide treatment for clients presenting with parasuicidal behaviour and borderline personality disorder. According to Linehan (1993), a central dialectical opposition in all forms of psychotherapy is that between acceptance and change. In DBT therapeutic change is held to occur only in the context of acceptance of 'what is'. By contrast, a prime aim of the therapist in this model is the attempt at the reduction of resistance, defined as 'therapy interfering behaviours' (Heard and Linehan, 1999). This can include behaviour by either the client or the therapist that impedes therapeutic progress. However, Heard and Linehan (1999) stress that such behaviours are not to be considered as obstacles to be overcome but rather as examples of the client's problematic behaviour that occur in their outside life.

Heard and Linehan (1999) also stress that the therapist is as likely a suspect as the client when therapy fails to progress. They note that a primary indication of the presence of resistance is the experience that the session has ceased 'flowing' and advocate the flexible use of strategies based on an agenda of either 'change' or 'acceptance'.

Cognitive-Behavioural Therapies

As in the behavioural literature, cognitive-behavioural approaches have most frequently described resistance in terms of non-compliance with therapeutic procedures, and in particular with homework assignments. As will be shown, more recent work has involved a more sophisticated analysis of the nature of 'resistance to change' in terms of information-processing models.

In one of the founding texts in CBT, Beck et al. (1979) do not use the term resistance. However, in discussing problems of non-compliance, Beck et al. (1979) recommend that the patient be told that if they desire change the 'rules of treatment' have to be followed (1979: 315-16). This suggestion strongly implies that patients may present as being 'difficult' for the CBT therapist. Furthermore, such difficulties are to be viewed as 'obstacles to be overcome'. However, CBT frequently presents itself in terms of its optimistic stance towards the possibilities of change. In a more recent text J. Beck (1995) affirms that 'problems' and 'stuckness' in CBT should be viewed as opportunities for a refined conceptualisation of the case and the development of the therapist's skills.

Meichenbaum and Gilmore (1982) provide one of the first detailed treatments of the topic of resistance in the CBT literature. Resistance is defined as both non-compliance and as a reluctance of the client to attend to data that contradicts their world-view. Underlying such resistance is considered to be cognitions that may be variations of the theme: 'trying to change is only going to risk the very likely possibility of making everything much worse' (1982: 152). Meichenbaum and Gilmore (1982) promote the analogy of the client as 'personal scientist' and suggest that the difficulty clients have in changing their beliefs and behaviour is directly comparable to the difficulties that scientists (including CBT therapists) have in dealing with 'anomalous data': 'Our paradigms and our behavior are quite as resistant to change as is the behavior of our clients' (1982: 135). Meichenbaum and Gilmore (1982) also advocate attention to the therapist's contribution to non-compliance and suggest that such occurrences may be described as 'transresistance', suggesting that resistance can be transferred and amplified back and forth between therapist and client.

Golden (1983, 1989) stresses the importance of a concept of resistance for CBT. Golden (1983) regards resistance as a 'pervasive problem' and suggests an operational definition of resistance as 'the failure of the client to comply with therapeutic procedures' (1983: 34). Golden (1989) proposes an extensive list of possible causes of non-compliance, and strategies for overcoming or preventing these. Golden (1989) also advocates the incorporation of a variety of paradoxical strategies for work with very resistant clients.

Dowd (1989, 1999) and Dowd and Seibel (1990) proposed a CBT perspective on resistance and reactance. Resistance is regarded by Dowd and Seibel (1990) as 'a phenomenon that has bedevilled counsellors of all persuasions for decades' (1990: 458). They suggest that a distinction can be made between resistance and reactance. Resistance is regarded as a situation-specific event, where information is presented to an individual that is inconsistent with their pre-existing meaning structures. Resistance is thus a cognitive process that functions to defend specific meaning structures.

Dowd (1989, 1999) and Dowd and Seibel (1990) promote the incorporation of Brehm and Brehm's (1981) theory of psychological reactance into CBT. As noted earlier, reactance theory postulates that when individuals are exposed to efforts to control their behaviour the result may be reactance arousal and increased striving to regain control (Brehm and Brehm, 1981). Tennen et al. (1981) and Dixon (1986) have also used reactance theory to understand resistance in psychotherapy. Dowd and Seibel

(1990) go beyond reactance theory in suggesting that reactance be regarded as an individual difference variable.

A reactance scale has been produced by these authors, with the suggestion that individuals high in reactance are likely to be much more resistant to direct efforts at cognitive and behavioural change. High reactance is regarded as a functional means of achieving a sense of identity and separate autonomy. 'Characterological reactance' is thought to emanate from a tacit construct stating 'To experience my identity I must oppose you' (1990: 462). Dowd and Seibel's (1990) model would seem to be introducing a theory of 'character resistance' into CBT, albeit based on an information-processing framework rather than a 'drive' framework.

Kirmayer (1990) suggests that resistance and the persistence of symptoms both express the operation of inherently conservative cognitive processes. His 'attributional' model attempts to account for both resistance and symptom persistence through a theoretical integration of insights from cognitive dissonance theory (Festinger, 1957), reactance theory (Brehm and Brehm, 1981) and learned helplessness theory (Abramson et al., 1978).

Kirmayer (1990) suggests that often, in cases where the therapist identifies resistance, this reflects a divergence of perspectives between therapist and client – that is, the client may be experiencing helplessness and may perceive their behaviour as outside of their control whereas the therapist perceives the client as actively maintaining the status quo. Kirmayer (1990) suggests that the term resistance should be abandoned in

favour of the development of terminology to describe the operation of specific cognitive processes.

As was found to be the case with psychoanalytic perspectives, discussions of resistance in CBT have also occurred where attempts have been made to extend the potential range of application of the approach to work with clients traditionally regarded as 'difficult'. Young (1994) has devised an approach described as 'Schema Focused Therapy' for work with personality disorders. Young (1994) states that traditional CBT must be altered for work with personality disorders because of the greater problem of resistance to change, non-compliance and a high degree of negative affect expressed in the therapeutic relationship.

This approach focuses on the role of 'early maladaptive schemata', which are defined as rigid, self-perpetuating dysfunctional core beliefs originating from toxic experiences with caregivers, peers and siblings in early life. Attempts at schematic change, while necessary for this client group, are also routinely experienced as highly disruptive to the core cognitive organisation. Young (1994) advocates adopting an educational stance where clients are encouraged to view the change process as a 'war' against these destructive schemata. There is a focus on the use of rational disputation strategies, often in a persistently confrontational manner.

Leahy (1997a, 1997b, 1999a, 1999b) argues for increasing attention to resistance in CBT. In a series of articles he outlines an analysis of both resistance to change in general and resistances appearing in the practice of CBT. Leahy (1999a) challenges

the traditional CBT perspective that suggests that psychopathology and resistance are consequences of essentially irrational and dysfunctional cognitive processes.

Leahy (1999a, 1999b) suggests that resistance may be viewed as adaptive and purposive and as setting desired limits on individual change. Leahy uses models derived from studies of decision-making and financial investment behaviour. From these perspectives resistance may be described as forms of 'risk management', where change implies some degree of risk and uncertainty. Depressed and anxious individuals that resist the CBT therapist's suggestions are described as adopting a 'minimisation strategy' which attempts to avoid loss at all cost (Leahy, 1997a). Depressive avoidance, for example, may prevent the risks of further mistakes, regrets, loss and the depletion of scarce resources (Leahy, 1997b). Leahy (1999a, 1999b) advocates an analysis of resistance in which the stance of the patient can be seen as 'making sense'. Resistant patients are described as often believing that losses are imminent, volatile and catastrophic and that uncertainty and uncontrollability are indicators of imminent loss.

Leahy (1999a, 1999b) also analyses resistance in terms of the investment concept 'sunk costs'. Sunk costs refer to the commitment to the time and energy that had been invested in past decisions: 'How can I walk away from something I've spent so much time and effort on?' (Leahy, 1999a: 280). Resistance in the therapeutic process is also described by Leahy (1999a) as varieties of 'self-limitation strategies' such as 'hedging', 'hiding', 'distracting', 'provoking the therapist' and 'blaming others'.

Leahy (1999a) promotes a therapeutic stance that attempts to see the value of resistance while at the same time suggesting that a respectful confrontation of the resistance is usually the best method. Leahy (1999a) advocates that CBT therapists should pay greater attention to exploring with clients the implications of change and examining what it may mean to abandon sunk costs and well-held beliefs.

Rational Emotive Behaviour Therapy (REBT)

Ellis (1995) describes REBT as more philosophical, persuasive and directive than other forms of CBT. Ellis (1983a, 1983b, 1985, 1995) describes the process of 'overcoming resistance' as a central aspect of REBT. Consistent with its general theory of emotional disturbance, REBT asserts that resistant, 'therapy sabotaging' clients have an underlying set of strongly held irrational beliefs in addition to an innate bio-social tendency to irrationality that functions to prevent them from carrying out therapeutic tasks (Ellis, 1995). Ellis (1985, 1995) discusses a variety of forms of resistance that he sees as primarily being provoked by the therapist: (a) the therapist's faulty use of technique, (b) the therapist's own emotional disturbance, (c) client–therapist mismatching, (d) the therapist's own relationship problems and (e) the therapist's moralistic attitudes.

Resistance arising from the client is analysed primarily in terms of underlying irrational beliefs. In particular, beliefs expressive of low frustration tolerance or fear of discomfort are operative in resistance. Low frustration tolerance is based on an irrational demand for immediate pleasure and the irrational belief that 'It's too hard to change, and it shouldn't be that hard! How awful it is that I have to go through pain to get therapeutic gain!' (Ellis, 1995: 190).

REBT theory also holds that clients often disturb themselves about their problems. This is called 'secondary disturbance' (Dryden, 1995). Ellis (1995) states that much client resistance stems from feelings of hopelessness which are an indication of secondary disturbance. Resistance is also described by Ellis (1995) as being motivated by a fear of change or future failure in which the client holds expectations that current difficulties are preferable to possible future difficulties that may arise if behaviour change is enacted.

Finally, Ellis (1995) identifies resistance motivated by reactance or rebelliousness based on the irrational belief that 'How awful if I am directed by my therapist! I can't bear it! I should have perfect freedom to do what I like even if my symptoms are killing me!' (1995: 194). REBT has always sought to distinguish itself from other forms of CBT through its concept of 'elegant' or 'profound philosophic change' (Dryden, 1995). The essence of this change is the adoption of a thorough 'preferential' belief system rather than an irrational belief system. Ultimately, resistance is understood in terms of resistance to the adoption of such a belief system and the giving up of one's irrational 'shoulds' and demands. The primary intervention for overcoming resistance in REBT is consistent disputation of irrational beliefs (Ellis, 1983b).

Personal Construct Psychotherapy (PCP)

Fransella (1985, 1989, 1993) has written extensively on the question of resistance for PCP. Reviewing the meaning that resistance has for both psychoanalysis and cognitive-behavioural therapy, Fransella (1993) concludes that in both of these

perspectives resistance involves some notion of failure on the part of the client. Although such an implication can indeed be found in both literatures, the present review would suggest that such a characterisation is an inadequate one. Nevertheless, Fransella (1993) effectively uses this characterisation as a starting point to distinguish the PCP viewpoint.

Fransella (1993) states that there is no such thing as resistance. In the construing of resistance located in the client what is actually being described is the absence of changes that the therapist has decided are reasonable to expect. That is, 'resistance' is the client's invalidation of the therapist's construing of what *should* be happening (Fransella, 1993). Fransella (1993) draws on Kelly's (1955) description of the major motivational construct in PCP, the 'choice corollary': 'The essence of the living system is to grow and develop, to extend or define – and therefore to change. No change equals death. Clients are not *resisting* change, they are *choosing* not to change' (Fransella, 1993: 119; emphasis in original).

Fransella (1993) also draws on the work of Watzlawick et al. (1974) and suggests that it is preferable to speak of 'persistence' rather than resistance. Persistence can be regarded as the opposite of change in the sense of an active attempt at achieving a state of no change. The key question for PCP therapists therefore becomes: 'why is this client persisting in this way of construing the world?' (Fransella, 1993). Fransella (1989, 1993) describes the enormous difficulty clients potentially experience when changes in 'core role constructs' are either directly sought or implied by lower order

change in the client's construct system. According to Fransella (1993), change is possible only if the client is assisted to find workable alternative core role structures.

Leitner and Dill-Standiford (1993) describe a concept of resistance in Experiential Personal Construct Psychotherapy, where resistance is seen as part of the 'human struggle over relatedness'. Leitner and Dill-Standiford (1993) describe a concept of 'role' relationships as intimate relationships involving the open sharing of core aspects of identity. 'Role' relationships are also defined as being based on one person's understanding of another's thinking, feeling and being. Such relationships are necessary for psychological health yet always carry the risk of having one's core 'role' constructs invalidated by the other. Resistance is based on the avoidance of the experience of having core 'role' constructs invalidated by others. Such experiences of invalidation provoke 'terror' – anxiety, threat, hostility and guilt. Thus, as with other constructivist approaches, these authors endorse a 'self-protective' theory of resistance: 'Resistance protects the very bases and purposes of the client's existence' (Leitner and Dill-Standiford, 1993: 142). These authors assert the importance of the therapist's ability to recognise and understand resistance. The therapeutic process, itself an attempt to engage in a 'role' relationship, hinges on the therapist's ability to adopt 'optimal therapeutic distance', defined as an optimal blending of connection and separation. Leitner and Dill-Standiford (1993) see particular potential for the evocation of resistance through the client's construal of the therapist's errors, and in particular the too-active confrontation of core 'role' constructs

Constructivist perspectives within CBT

More recent work in CBT has been influenced by a number of practitioners who have advocated the adoption of a constructivist perspective (Mahoney, 1988a, 1988b, 1991; Guidano, 1995; Neimeyer, 1995a, 1995b). These perspectives have given resistance a new importance in CBT while challenging the perspective of previous 'rationalist' approaches. Liotti (1987), for instance, proposes that a CBT theory of resistance may promote the construction of a conceptual framework with a complexity and internal coherence to rival that of psychoanalysis. Echoing Freud, Liotti (1987) states that a theory of resistance may become the 'cornerstone' of CBT clinical theory

The central tenet of constructivism is the overriding importance of meaning in psychological life (Mahoney, 1991). People are described as actively organising their perceptions of the world into meaningful systems known as cognitive schemata. The growing constructivist perspective has repeatedly asserted that resistance has adaptive rather than maladaptive significance.

Mahoney (1988a, 1988b, 1991, 1995) proposes a 'self-protective' theory of resistance that states: 'resistance to change serves a natural and often healthy function in protecting core organising processes (and hence systemic integrity) from rapid or sweeping reconstructive assault' (1988b: 300). Mahoney (1991) states that there are some points of similarity between such self-protective theories of resistance and earlier psychoanalytic formulations. However, he asserts that the constructivist view provides a much more positive and proactive portrayal of resistance. Mahoney (1991) also asserts that resistance processes are often tacit and that clients' explicit awareness will always lag behind their own self-organising dynamics. Mahoney (1991) proposes

that resistance to change is observable in all living systems and that the maintenance of systemic integrity is a fundamental imperative. Furthermore, Mahoney (1991) asserts that such a perspective on resistance promotes a style of therapy that expresses patience, compassion and respect for individual differences in the speed of change. Resistance is not seen as something to overcome and ambivalence about change is seen as normal and common.

Liotti (1987, 1989) describes resistance as arising primarily from the individual's 'natural' resistance to the displacement of old meaning structures by new ones. The resistance of a given construct to change is described as a function of its past utility in predicting events and its centrality in the person's self-experience and identity. Self-schemata, or constructs related to the sense of personal continuity and identity, are particularly central and especially resistant to change. The challenge of core cognitive schemata is seen as a frightening assault on identity, even when such a challenge is aimed at the elimination of emotional distress.

Liotti (1987) describes mental life as a continual process of equilibration oscillating between the poles of assimilation and accommodation. Self-schemata are proposed to exert a central function of control in these dynamics. Instead of attempting to challenge and overcome resistance, Liotti (1987, 1989) advocates a respectful exploration of the client's construct system. The therapist attempts to explore the client's constructs 'from the inside' rather than directly challenging them 'from the outside'. According to Liotti, through this exploration modifications to the construct system may become possible.

Neimeyer (1995a) discusses the constructivist perspective on resistance as a 'legitimate attempt to protect core-ordering processes and modulate the pace of change' (1995a: 17). This is presented as one of the defining features of this perspective. Resistance is regarded by Neimeyer (1995b) as a necessary aspect of being human, to the extent that change threatens the consistency and continuity of the self. The constructivist approach, according to Neimeyer (1995b), promotes an 'almost reverential' respect for 'clients' personal knowing systems' (1995b: 121).

Guidano (1991, 1995) has proposed what he describes as a 'post-rationalist' cognitive therapy. This model explicitly challenges the traditional CBT notions of 'irrationality' and 'distorted thinking'. Guidano (1991) maintains the constructivist perspective on the self-protective function of resistance. For Guidano, resistance reflects natural processes that protect the individual from changing too much, too quickly, and should be 'worked with' rather than 'overcome'.

Although the overall field of CBT has not been redefined as constructivist, these perspectives nevertheless seem to have had considerable impact on more mainstream CBT approaches. This would seem to be the case particularly with the understanding of resistance. For example, Rothstein and Robinson (1991) endorse the view of resistance as adaptive and self-protective and state that there is a danger of cognitive-behavioural therapists' viewing resistance as something to be overcome. They state that a major recent change in CBT has been an increasing respect for resistance and a greater emphasis on the importance of emotions and the therapeutic relationship. Rothstein and Robinson (1991) suggest that encountering resistance may have positive gains when a respectful therapist explores this sensitively.

Newman (1994) also suggests that incidences of resistance can be rich sources of information about a client's functioning. This information can be assessed, according to Newman (1994), and used to strengthen the therapeutic relationship. Davis and Hollon (1999) also suggest a range of strategies for 'dealing with' resistance and non-compliance. These authors mostly propose a problem-solving orientation. They state that a significant feature of CBT is the position that resistance is not a universal phenomenon and that its resolution is not always essential for therapeutic change to occur. However, they also seem to have incorporated aspects of the constructivist stance: 'The role of the therapist should not be to confront the client with his or her 'irrationalities', but rather to encourage the client to explore his or her beliefs with greater care than is typically possible in everyday life' (Davis and Hollon, 1999: 46).

The difficulties of significant change are also acknowledged by these authors: 'The client is, in essence, being asked to suspend belief in his or her existing self concept or world view. Participation in this approach often requires quite a "leap of faith"' (Davis and Hollon, 1999: 36). They end by asserting the pressing need for research into the nature of resistance in cognitive therapy.

Summary: Resistance in behavioural and cognitive psychotherapies

Wachtel (1982) predicted that resistance would acquire increasing importance in the writings of behavioural and cognitive therapists. The review completed here seems to lend support to this prediction. Mainstream behavioural, CBT and REBT writings emphasise overall a pragmatic problem-solving approach to overcoming resistance. Increasingly, resistance phenomena have been considered significant in their own

right as expressing important information about the client's functioning. In general, the advice of these writers to practitioners is to rely on the insights contained in the therapeutic model. A significant aspect of behavioural and cognitive work has been an emphasis on the potentially negative, pejorative connotations of the term resistance as well as the possibility of its being used to blame the client for a lack of progress.

A number of writers have suggested abandoning the concept in favour of alternatives such as 'stuckness', 'stasis' (Dryden and Trower, 1989), 'alliance rupture' (Safran, 1993) and 'persistence' (Fransella, 1993). Behavioural and cognitive writers have repeatedly stressed the possibility that the primary responsibility for the eliciting of client resistance lies with the therapist. Recently a number of therapist questionnaires have appeared which are designed to assist the therapist in identifying their own cognitions that may arise during periods of frustration or impasse. For example, the Therapist Beliefs Questionnaire (1997, Center for Cognitive Therapy, Newport Beach, CA) contains items such as 'My client cannot (will not) change' and 'If my client really wanted to change she/he would always do the homework assignments'.

CBT writers have frequently applied the information-processing model to describe resistance as the operation of distorted thinking styles and irrational beliefs. A challenge to this notion of therapist-defined irrationality has been presented by constructivist writers, who have attempted to describe the self-protective aspects of resistance and the manner in which resistance may 'make sense'. In doing so they have also challenged the traditional behavioural and CBT focus on therapists' theoretically based expertise and power.

This chapter has shown that the topic of resistance has become an important one in behavioural and cognitive-behavioural psychotherapies. The next chapter examines the extent to which resistance has been considered within the broad range of humanistic psychotherapies. An ambivalent stance will be clarified and explored, where resistance has been considered both irrelevant as well as essential to humanistic therapy.

Chapter 4

'Resistance is and isn't' – Humanistic approaches

McLeod (1996) has stated that the theory underlying the broad range of humanistic approaches is based on a growth or fulfilment model. The person is seen as naturally striving to create, to become and to achieve self-actualisation. This image stands in stark contrast to the psychoanalytic conflict model or the CBT problem-solving model. Consistent with this there is significantly less concern with the concept of resistance. Indeed, humanistic writers have at times described this form of therapeutic practice as 'therapy without resistance' (Polster and Polster, 1976). The quotation in the title of this chapter, 'resistance is and isn't', is taken from gestalt therapist Miriam Polster (quoted by Hycner, 1993: 125) and can be read as expressing the ambivalent stance towards resistance that is present in the humanistic perspective.

Mahrer (1997) in his description of 'Experiential Psychotherapy' states that the experiential psychotherapist rejects most of the accepted, unquestioned universal truths believed in by most other psychotherapists. Mahrer (1996) states that the concept of resistance and the notion that certain clients possess a great deal of something called resistance are examples of such unquestioned 'universal truths'.

Rowan (1988), by contrast, in his introduction to humanistic psychotherapy argues that humanistic therapists do encounter resistance in their work with clients. However, he notes that the concept of resistance is seldom discussed in humanistic writings. He proposes that resistance is regularly encountered in a humanistic therapy devoted to assisting the client to find the 'true self'. According to Rowan (1983), the true self is to be found inside the Freudian id – that is, the id is a layer covering the true self that must be penetrated before the true self can be found. Rowan suggests that the psychoanalytic writings on resistance are very useful for humanistic practitioners. Rowan also recommends a strategy of interpreting the resistance as well as more active strategies of asking the client to personify the resistance and 'let it have its say'.

Person-centred therapy

Rogers (1989) engages directly with the concept of resistance. Rogers proposes that there are two kinds of resistance. First, there is the pain of revealing to oneself and to another feelings that have been denied to awareness. Second, Rogers suggests that there is resistance to the therapist that is created by the therapist. Rogers (1989) states that resistance to the therapist is entirely due to too much probing or too rapid interpretation on the part of the therapist. Rogers regards such interventions as 'blunders'. He views the phenomenon of resistance to the therapist as neither desirable nor constructive. He suggests that the therapist should become attuned to the earliest signs of such resistance in the client's 'Yes-But' responses to the therapist's statements.

Rogers suggests that the special virtue of the client-centred approach is that it focuses on creating a safe relationship. This is characterised by the core conditions of empathic understanding, congruence and unconditional positive regard. In such a relationship the client has no need to resist the therapist and is freer to deal with 'the resistance she finds in herself' (1989: 133). Rogers' understanding of resistance has also been echoed by Gendlin (1996) in his description of 'focusing' psychotherapy.

Transactional Analysis (TA)

While firmly rooted in the humanistic field, TA shows clear lines of influence from psychoanalysis. Eric Berne (1961) described the existence of three sets of drives: 'Mortido' – the death instinct, 'Libido' – the sexual instinct, and 'Physis' – the creative force (Clarkson and Gilbert, 1990). As Clarkson and Gilbert (1990) clarify, Berne's emphasis on Physis was maintained along with a basic belief in the 'OK-ness' of human beings.

TA is notable in its development of a range of concepts, such as 'games' and 'rackets', to describe patterns of interaction between therapist and client. Psychological 'games' are defined as interaction sequences whereby a person perpetuates his or her 'script' and ensures a repetitive negative outcome (Clarkson and Gilbert, 1990). Berne regards the repetition of self-destructive interactions and 'script payoffs' as the unconscious operation of Mortido. Rather than an 'analysis of resistance', Berne's method of therapy uses the awareness of psychological games. The method of 'contracting', whereby therapeutic goals are clearly defined and

responsibilities clarified, was also seen as a prime vehicle for minimising the destructive impact of games on the therapeutic relationship (Clarkson and Gilbert, 1990).

Gestalt therapy

Throughout its history, gestalt therapy seems to have had an ambivalent relationship with the concept of resistance. The early theoretical contributions of Perls (1947) were presented as a revision of psychoanalysis. Rather than describe the human being as existing in a state of perpetual internal conflict, Perls saw the 'natural condition' as one of harmony and balance. He proposed greater attention to the developmental significance of the eruption of teeth and the ability to bite, chew and aggress on the environment. Perls (1947) described his approach to therapy as 'concentration therapy', which involved encouraging the patient to report feelings, sensations and 'conscious resistances'. Perls presented a positive view of the nature of resistances as 'energies' that assisted the person in saying 'no' when this was necessary as well as helping the person to get their needs met.

In *Gestalt Therapy* (Perls et al., 1951) the concept of resistance was questioned, but was used nevertheless. Here, resistance was conceptualised as an unaware conflict between one part of the personality and another. Resistance was defined alternatively as 'resistance to awareness' and 'resistance to contact'. In a fashion similar to Anna Freud's descriptions of 'mechanisms of defence', a range of resistances to contact, such as 'introjection', 'projection' and 'retroflection', were identified. Rather than

overcoming resistance or eliminating resistance, the process of gestalt therapy involved an attempt to 'support resistance' and to assist the patient in reidentifying with resisted aspects of the personality.

Later gestalt therapists have questioned the legitimacy of continuing to use a concept of resistance in gestalt therapy. Polster and Polster (1976) described gestalt therapy as 'therapy without resistance' and argued that resistance was incompatible with gestalt theory. Breshgold (1989) has suggested that the concept of 'creative adjustment' is preferable to the concept of resistance to awareness. That is, the need for unawareness is based on a previous creative adjustment to the environment that has become obsolete. Breshgold (1989) also suggests that the gestalt focus on supporting resistance, sometimes involving a deliberate suggestion to the client to amplify a resistant response, effectively eliminates the notion of 'resistance to the therapist's suggestions'.

Wheeler (1991) has also challenged the notions of 'resistance to contact' in the early gestalt literature. Wheeler has suggested that these concepts imply a notion of 'pure' or 'unsullied' contact that is distorted by the resistances. He argues that no such pure contact exists and that the so-called resistances should rather be regarded as 'styles of contact': 'Take away all resistance [...] and what is left is not contact at all, pure or otherwise, but only a complete merging or possibly a dead body' (Wheeler, 1991: 113). He suggests that resistance be regarded as a necessary aspect of living. Resistance is necessary in order for an organism to maintain its differentiation from the environment – that is, without resistance there is no possibility for contact.

Gestalt therapy has been described as being based on the 'paradoxical theory of change' (Beisser, 1970). Essentially, this theory states that the more an individual tries to change, to be 'who I am not', the more he will stay the same. Yontef (1993) suggests that the more a patient is aimed or pushed towards a particular goal, the more likely it is that resistance will be evoked. This resistance will include both the patient's 'resistance to organismic functioning' as well as an acquired resistance to the intrusion of the therapist. Yontef (1993) recommends a stance that regards resistance as unhealthy only when it is not in awareness.

According to Kepner (1999), resistance may be recognised and worked with in the client's body processes – tensions, pains, postures, gestures and so on. However, in contrast to earlier views, such resistances are not viewed as tools used by the self for the purpose of defence. Rather, resistances are seen as the self *itself* in action. Resistance is an expression of the self and there is no 'true self' different from or behind the resistance (Kepner, 1999). However, Kepner (1999) also emphasises that resistances operate frequently outside of awareness and are therefore not expressions of choice.

Hycner (1993) has also discussed the concept of resistance in gestalt therapy in a way that places much greater emphasis on relational and intersubjective concerns. Following Martin Buber's philosophy of dialogue, Hycner suggests that resistance must be radically contextualised in 'the between'. Hycner (1993: 125) defines resistance as: 'the residue of an attempted dialogue cut short in mid sentence'. He proposes a self-protective view of the 'wisdom' of resistance heavily indebted to the

intersubjective perspective of Atwood and Stolorow (1984). Resistance is described as a two-sided 'wall'. From an external perspective, the patient may be seen by the therapist as 'closed off'. From an internal perspective, resistance is experienced by the patient as an avoidance of psychical injury.

Hycner (1993) also discusses the contribution of the therapist to the creation of resistance in the therapeutic relationship. He suggests that there may be wisdom to the therapist's resistance as well. That is, the therapist's resistance may inform him or her as to the limits of his or her openness and acceptance of others and the need to further expand those limits. Hycner (1993) also suggests that while resistance may be described as an avoidance, it is also a form of contact. The therapist must attempt to meet the client at the point of resistance. Finally, he suggests that certain forms of resistance can be viewed as part of both client's and therapist's existence and as rooted in their humanness.

Existential-humanistic therapy

Bugental (1978, 1987, 1999; Bugental and Bugental, 1984) has developed a form of humanistic therapy that incorporates a consistent focus on resistance. Bugental (1987, 1999) describes his approach as centring on the disclosure and challenge of the client's 'self-and-world' construct system. This construct system includes the client's identity and perceived world. In a fashion largely consistent with contemporary constructivist approaches, Bugental (1987: 175) defines resistance as follows: 'Resistance is the impulse to protect one's familiar identity and known world against perceived threat'. The self-and-world construct system is defined by Bugental (1999)

as having an essentially necessary, life-preserving resistance function itself. That is, the tendency for the construct system to keep its form, to resist change, is essential to protect the individual from experiences of formlessness and chaos. Thus, Bugental (1978, 1987, 1999) sees resistance as a universal phenomenon and as essentially grounded in the nature of human existence.

Bugental and Bugental (1984) describe the resistance to change, or the fear of change, as being linked to the individual's awareness of inevitable non-being. Experiences, including psychotherapy, that lead a person to question or give up a centrally important construct are described by Bugental (1999) as being experienced as like a death or suicide. Thus, to the extent that psychotherapy challenges aspects of the client's self-and-world construct system, resistance is inevitable (Bugental, 1999).

Bugental's approach to therapeutic work encourages the client to maintain a consistent focus on 'getting in-touch' with their 'innerness' or their 'subjective, living moment', a process described as 'searching' (Bugental, 1987, 1999). Resistance becomes further defined as the ways in which the client avoids the consistent practice of searching. There is a degree of resonance between Freud's early description of resistance to free association, and Bugental's descriptions of resistance to searching. Bugental (1987) also explicitly links the concept of resistance with that of 'inauthenticity': 'Resistance is the counterforce to the pull of subjectivity, the need to avoid genuine presence in one's life – whether in therapy or out of it. Resistance, so conceived, results in inauthentic being' (Bugental, 1987: 175).

Summary: Humanistic approaches

It can be seen from the above that although humanistic approaches are in many senses opposed to the psychoanalytic focus on conflict and the CBT focus on problem solving and adaptation, nevertheless there has been some struggle with the concept of resistance. Clearly, a number of humanistic writers reject the concept outright. Others, such as Rogers and Gendlin, see a place for a notion of 'inner resistances'. Bugental and Hycner suggest that resistance is ultimately related to basic aspects of the human condition.

The struggle of humanistic writers with resistance may also be related to the humanistic focus on 'self-actualisation' and growth, however these may be defined. To the extent that 'personal growth' is held as the goal of intervention, it may be possible to define resistance in terms of factors impeding this process. Thus, in early gestalt therapy 'resistances to contact' are defined in terms of impediments to 'real' contact, which is synonymous with a movement towards health and development. Armed with a theory of what constitutes 'good contact' the therapist is then in a position to analyse resistances to this.

It may be argued that theories of self-actualisation can themselves impose on the therapeutic relationship a value hierarchy that leads the therapist to describe certain responses of the clients as resistance – as an impediment to what should be occurring. Bugental's model quite clearly values the activity of searching as what is essential – what should be happening if therapy is to be life-changing. Thus, its absence, from the

point of view of the therapist, constitutes resistance. Bugental extends this to the notion of 'authentic presence'. Contemporary gestalt therapists are clearly uncomfortable with this.

If the 'analysis of resistances' is discarded by humanistic therapists, what else must be discarded and what relationship will such practitioners need to adopt towards theories of actualisation? These themes will be explored in later chapters.

This review will now examine the literature focusing on resistance that has arisen within the broad range of systemic psychotherapies. It will be shown that, similar to some humanistic writers, resistance has been seen as a concept that is inconsistent with the basic assumptions and methods of practice of systemic therapists. However, it will be shown that systemic models have also been constructed that maintain an emphasis on the importance of resistance. At times, the phenomenon of resistance has been described in terms of alternative concepts such as 'homeostasis' and 'persistence'.

Chapter 5

The 'persistence' of resistance or the death of resistance? Systemic approaches

The range of therapeutic approaches that may be described as 'systemic' have, according to Flaskas (1996), had an ambivalent and at times an oppositional relationship with the psychoanalytic therapies. The concept of 'the system' is itself an attempt to move away from a focus on problems as being located within an individual. Concepts of intra-psychic processes have been downplayed and challenged in favour of attempts to describe problems as existing within social relations (Hayes, 1991).

Resistance, with its origins in classical psychoanalysis, is thus in many respects alien to systemic ways of thinking. Nevertheless, concern with issues of resistance can be found in systemic literature. Anderson and Stewart (1983) have argued that while systemic thinkers have tended to avoid the use of the concept they have frequently reintroduced the idea under a different label.

Although there has been considerable cross-fertilisation between systemic models, several broad camps can be identified: structural, systemic and strategic (Hayes, 1991). A number of models more closely derived from psychoanalysis can also be

identified (Flaskas, 1996). Beyond these founding positions, the emergence of so-called second-order cybernetic models have had a significant impact on systemic theorising and practice.

Psychoanalytically derived systemic models

A number of psychoanalytically orientated theorists have developed models of systemic work that incorporate more traditional notions of resistance. Skynner (1981), for example, views resistance as integral to therapy and describes it as existing as a result of defensive layers that function to allow avoidance of encountering the pain of early unfinished situations. Boszormenyi-Nagy and Krasner (1986) propose a model of 'contextual therapy' that describes problems as related to unfinished business in relationships in the family of origin. 'Loyalty' is seen as a central motivating factor and 'health' is viewed as being achieved through balancing forces towards loyalty to family of origin and forces towards self-fulfilment. Resistance is again seen as integral to therapy and 'obstacles to therapeutic progress' are described as occurring both intra-psychically and interpersonally.

Bowen (1978) describes an approach to systems therapy that involves an exploration of the history of emotional closeness and differentiation of the individual within the family. Bowen describes networks of family relationships extending over several generations, conceptualised as overlapping triangular relationships. Bowen urges therapists to monitor their own position within the family in order to avoid triangulated emotional pressures. Anderson and Stewart (1983) describe Bowen's

model of change as emphasising the patient's motivation to overcome their own resistance rather than the therapist being responsible for ensuring that this happens.

Structural family therapy

Salvador Minuchin (1974; Minuchin and Fishman, 1981) has developed a model of 'structural' family therapy that proposes that families develop regulatory codes based on cultural and societal demands, which organise and regulate behaviour (Hayes, 1991). Particular stress is placed on the notion of 'homeostatic mechanisms'. Hoffman (1981) has stated that the concept of homeostasis in systemic theories has become the equivalent of resistance in individual psychotherapy.

Hayes (1991) describes the structural therapist as taking an active and at times directive stance, with the aim of unbalancing the existing dysfunctional transactional patterns in order to create disequilibrium. Restructuring operations are then used to establish a normative structure. The therapeutic process relies on a process of 'joining', where the therapist attempts to initially accommodate to the family's culture, language, mood and style (Hayes, 1991). In addition to the concept of homeostasis, Hayes (1991) states that Minuchin views resistance as a product of the relationship between family and therapist and that it often occurs where the therapist has become 'sucked in' to an enmeshed family system.

Systemic family therapy

Systemic therapists include the Milan group (Boscolo et al., 1987) and the work of Hoffman (1981) and others. Boscolo et al. (1987) describe the early work of the Milan group as having taken a pronounced adversarial stance focused on the overcoming of resistance. Echoing the early Freudian narrative of the overcoming of resistance as a war, the therapeutic encounter was described in terms of 'secret battles', 'denied coalitions', 'counter-attacks', 'tactics' and 'ploys' (Boscolo et al., 1987). Boscolo et al. (1987) note that this work was conducted during the cold war years and that these treatment strategies resembled 'guerrilla tactics' more than open confrontation. The use of 'counterparadox' and prescribing the symptom was a tactic frequently used to overcome resistance.

The move towards 'second-order cybernetics' has been seen as having important implications for the Milan model. Based on aspects of Gregory Bateson's work, second-order cybernetics promotes the view of the therapist as a participant observer and as being part of the system rather than an objective outside observer. Central concepts of the Milan group include 'circularity' and 'neutrality' (Boscolo et al., 1987). This involves the therapist abstaining from imposing judgements or goals. Hayes (1991) states that it is through neutrality that resistance is believed to be avoided. Impasses arise where the therapist loses neutrality and argues for change or adopts the family's belief system.

The implications for how resistance is viewed in 'second-order' systemic therapy are clearly expressed in the following statement from Boscolo et al. (1987: 166): 'You

could just as well say that the therapist is resisting the family when the family doesn't want anything to change and the therapist is trying to make them change'. This strongly implies a view that highlights, in a potentially challenging fashion, the therapist's contribution to the presence of resistance.

Hoffman (1981), describing the 'second-order' epistemology, states that the traditional idea of resistance as residing in the client or family must be given up. She argues that the notion of homeostasis causing resistance is linear. The system itself does not resist change, according to Hoffman; rather, it behaves in accordance with its own coherence. Thus Hoffman prefers to use the term 'persistence' rather than resistance. Nevertheless, Hoffman argues that it is important to develop a theoretical viewpoint on resistance. Hoffman (1981) suggests that resistance should be described as: 'the place where therapist and client or family intersect' (1981: 348). Hoffman describes living systems as 'permanent instabilities' and suggests that therapists must learn to value instability over equilibrium. She argues that it is possible to value resistance as a phenomenon that generates the momentum necessary to accomplish change.

Strategic approaches

Strategic family therapy was originally developed at the Mental Research Institute (MRI) in Palo Alto (Hayes, 1991). The group at the MRI was principally concerned with Bateson's work on communication. Jay Haley, a prominent member of the group, also introduced to the group the hypnotherapy work of Milton Erickson. Hayes (1991) describes strategic therapists as taking a pragmatic and directive approach. A

major therapeutic strategy is 'reframing', where a symptom or problem is redefined or redescribed to give it a new meaning and challenge the family's perception of the problem. Hayes (1991) describes Haley as maintaining an 'expert stance' in his work while therapists associated with the MRI group are described as attempting to avoid resistance by taking a 'one-down' position.

According to Haley (1993), Erickson's approach to working with resistance in psychotherapy was consistent with his approach to working with resistance in hypnosis. Erickson's consistent strategy is described by Haley as one of 'encouraging resistance'. Erickson is described as taking an 'accepting' approach whereby the client's non-cooperative behaviour is redescribed as cooperation: for example, a client who is given the directive 'your hand is getting lighter' and who responds with 'no – it is getting heavier!' may then be told 'that's fine – your hand can get heavier yet' (Haley, 1993: 24). Paradoxically, whatever the client does is described as constituting cooperation. Once cooperation is achieved, Erickson is described as using a variety of strategies to 'divert' the client into new behaviours. Haley (1993) regards the frequent use of metaphorical communication as one of Erickson's major strategies for working with resisting clients.

Haley (1990) has suggested that a significant feature of strategic brief therapies is the absence of a theory of resistance: 'They [strategic brief therapists] believe one gets what one expects, and such a theory [of resistance] interferes with gaining cooperation from a client. Long-term therapy has a theory of resistance, which excuses therapy being done forever to overcome that resistance' (1990: 32).

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'Solution-focused therapy' is a more recent expression of the strategic approach (De Shazer, 1986). Rather than focusing on 'problems', this approach presents itself as a reframed emphasis on 'solutions'. In a provocatively titled paper, 'The Death of Resistance', De Shazer (1984) argues strongly that the concept of resistance is incompatible with the solution-focused framework. Reviewing how the concept of homeostasis has been used in systemic therapies as an equivalent to resistance, De Shazer notes an irony that therapies that purport to promote therapeutic change are based on theories of how people *don't* change. De Shazer (1984) argues that the 'family-therapy-as-a-system' must be regarded as a complex system where each subsystem (therapist, family) is open rather than closed. De Shazer regards the concept of resistance as belonging to 'closed system' thinking that leads to the development of illusory notions of 'force' and 'power'.

De Shazer suggests that behaviour that is commonly described as resistance can be usefully redescribed as 'cooperating'. Resistance is the client's 'unique way of cooperating'. De Shazer argues that traditional theories of resistance are tantamount to setting up a contest between therapist and client that the therapist has to win in order for the client to achieve change.

Anderson and Stewart (1983, 1984) – 'Mastering resistance'

In contrast to most systemic perspectives, Anderson and Stewart (1983, 1984) have maintained that dealing with resistance in systemic and family therapy is an essential

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and inevitable process. Anderson and Stewart (1984) have suggested that, rather than do away with resistance, theorists such as De Shazer have simply given resistance new labels. Thus they suggest that the next generation of family therapists may well be heard saying: 'This family has an impossible unique way of cooperating' (1983: 23). While they see resistance as both crucial and inevitable, Anderson and Stewart (1983) suggest that it is unlikely that a coherent theory of resistance will be forthcoming because there is too much about resistance that family therapists do not agree about or have not addressed. Anderson and Stewart (1983) opt for a pragmatic definition of resistance as all the behaviours in the therapeutic system, which interact to prevent the therapeutic system from achieving the family's goals for therapy. Resistance is seen as potentially residing in all parts of the therapeutic system – the family, the therapist and the institution in which therapy takes place.

While Anderson and Stewart (1983) adopt the view of resistance as protective and emphasise the equal importance and inevitability of therapist and institutional resistance, the title of their text *Mastering Resistance* reveals the maintenance of a stance that asserts the therapist's ability to correctly identify and overcome resistance at all stages of the therapy. The notion of 'failure to accommodate' also indicates a normative-developmental view where the therapist is in the position of knowing expert on how families 'should' accommodate and change.

In summary, it would seem that, with the exception of the work of Anderson and Stewart (1983) and certain systemic models more closely tied to psychoanalytic thinking, systemic models seem to be among the least likely to refer to the concept of

resistance. The concern with social relationships and systems was founded on an attempt to find ways of theorising and practising that do not reduce psychological phenomena to the working of an individual isolated psyche. The concept of homeostasis was seen to have been used as an alternative to resistance, but the rise of postmodern and social constructivist approaches has challenged this understanding of how systems should be described. Systemic thinkers have tended to place a positive connotation on those phenomena traditionally described as resistance.

One of the most significant movements in contemporary psychotherapy, perhaps, has been the various attempts to construct an 'integrative' model of psychotherapy. Writers from integrative perspectives have at times identified the phenomenon of resistance as an important 'transtheoretical' phenomenon. The next chapter reviews the work of a variety of integrative theorists and argues that the work of these theorists has maintained an emphasis on the importance of the phenomenon of resistance. At the same time, it will be shown that the various 'problematic' aspects concerning the concept of resistance in psychotherapy have also been clearly emphasised in this perspective.

Chapter 6

Resistance as 'transtheoretical' – Integrative approaches

As has been noted, resistance has been a topic of concern for those theorists interested in attempts at theoretical integration. Wachtel's (1982) text on resistance grew principally from an interest in integrating psychoanalysis with behaviour therapy, a project that the author judged to be unsuccessful in part because of the inability of the psychoanalytic and behavioural contributors to find anything of value in one another's perspectives.

Lewis and Evans (1986) reviewed concepts of resistance across psychoanalytic, systemic and humanistic models and concluded that common to all was an implied 'adversarial' stance towards clients. These authors conclude that the concept of resistance should be abandoned and replaced with the therapist's recognition of 'possible client fears' and misunderstandings of the therapeutic process.

Otani (1989), by contrast, describes resistance as a familiar and consequential phenomenon to therapists of diverse orientations. Otani returns to the task of classifying forms of resistance with the hope that such a classification system will aid in the creation of more effective therapeutic strategies. Three models of resistance are identified as implicit across differing orientations: anxiety control, non-compliance

and negative social influence. Twenty-two common resistance behaviours are described and classified into four categories: response quantity resistance, response content resistance, response style resistance, and logistic management resistance.

Kottler (1992) suggests that value can come of the differing perspectives on resistance from alternative theoretical orientations. He suggests that orientations to resistance can be classified as existing on a continuum from viewing resistance as an enemy to those perspectives that view resistance as a friend. The present review would indicate that such a classification is overly simplistic because the notions of resistance as both friend and enemy can be found within particular perspectives at the same time. Kottler particularly endorses the systemic view of resistance as homeostasis and advocates the adoption of a 'compassionate' stance to working with 'difficult' clients.

Bernstein and Landaiche (1992) present a view of resistance primarily from a psychodynamic perspective but also attempt to integrate aspects of Kurt Lewin's field theory, gestalt therapy and systems theory. Resistance and the process of therapy itself is conceptualised in terms of 'homeostatic balance'. 'Healthy resistance' is described as involving: 1) Encounter, 2) Evaluation, and 3) Choice – whether or not to engage and to what degree. Resistance is seen as essential to the process of therapy because where there is a lack of resistance, nothing is being directly encountered and worked through.

The concept of counter-resistance is described as situations where the therapist loses his or her own 'equilibrium'. Following Kurt Lewin's field theory, resistance is described as a dynamic struggle between at least two opposing forces. This is described as occurring in three areas: solely within the client, between client and therapist, and solely within the therapist. Not all forms of resistance are considered to constitute impediments to therapeutic work because the therapist will not necessarily lose equilibrium. An impasse is defined as where the therapist encounters a persistent strongly emotional or physical response that functions to upset the therapist's equilibrium.

Ryle's (1990, 1994) Cognitive Analytic Therapy (CAT) is a rare example of an attempt at integrating psychoanalysis and cognitive-behavioural therapy that has gained some popularity. Ryle (1994) describes psychotherapeutic resistance in terms of the patient's 'restricted procedural repertoire'. The CAT therapist works with the client to describe and formulate the client's 'maladaptive procedures' that may be described as 'traps', 'snags' and 'dilemmas'. Ryle (1990) identifies the dilemma 'If I must not then I will' as being particularly in evidence in cases of overt resistance. This would appear to be strongly similar to the descriptions given to 'psychological reactance' provided by other CBT theorists.

March (1997) presents a further example of an attempt to integrate psychoanalytic theory in an effort to understand non-compliance/resistance within CBT. The conflict that clients often experience in completing homework assignments is described by March as being potentially understandable through the psychoanalytic theory of

'internal cohabitation' (Richards, 1993). This theory asserts that each human body contains two autonomous minds. One mind has the capacity to collaborate with the therapist while the other believes that only ill can come from engaging in therapy. As such, the notion of 'sabotage' would seem to describe very well resistance understood from this perspective. However, it is questionable whether the theoretical framework of CBT would be able to stretch sufficiently to integrate such a notion.

Safran and Segal (1990) and Safran (1993) have advocated for the incorporation of a more rigorously interpersonal orientation in CBT, particularly with regard to understanding the therapeutic relationship. Safran (1993) has proposed the term 'therapeutic alliance rupture' to describe 'negative shifts' in the quality of the therapeutic alliance or difficulties in establishing an alliance. Safran (1993) describes such ruptures as varying in intensity from subtle miscommunications to major barriers that may result in failure of treatment. Safran (1993) proposes that this concept describes the same phenomenon as resistance. However, 'alliance rupture' is preferred because Safran (1993) states that the concept of resistance fails to recognise the interactional nature of the phenomenon and places the entire responsibility on the patient.

Safran and Segal (1990) and Safran (1993) assert that even apparently intra-psychic resistance is mediated by the interpersonal context in which this takes place. The phenomenon of alliance ruptures is proposed as being a transtheoretical phenomenon, and efforts to describe the variables related to the formation and resolution of alliance

ruptures are argued as being valuable in the search for a truly integrative model of psychotherapy.

Hanna (1996) attempts an integrative account of factors leading to both resistance and therapeutic change. Hanna defines client resistance as 'a lack of motivation and involvement' and suggests that resistance is the diametric opposite of variables that are held to be conductive to change. Hanna proposes that if the process of change were completely understood, the nature of resistance would also be understood as the opposite of change. Seven transtheoretical client variables are identified by Hanna as being precursors of change: a sense of necessity, willingness to experience anxiety or difficulty, awareness of the problem, confronting the problem, effort, hope and social support. When these client variables are lacking a client is more likely, according to Hanna, to be perceived as resistant. Thus, Hanna seems to define resistance in terms of 'something lacking'.

A recent edition of the *Journal of Psychotherapy Integration* (1999) was concerned specifically with the concept of resistance. Gold (1999), in the introduction to this special issue, argued that the various schools of psychotherapy seem to progress developmentally from a stage in which resistance goes unnoticed or ignored, to one in which it is construed as a failure of the process, or of the client, or of the therapist, to a more 'mature' phase in which resistance becomes central to the therapeutic work. Although the notion that such a 'developmental' process can be said to exist is questionable, it is clearly the case that in each perspective descriptions of resistance can be identified that conform to Gold's description. However, Gold's so-called less

mature positions can be seen to continue to be expressed and defended alongside the more 'developmentally mature' ones.

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Davis and Hollon (1999), working from a CBT perspective, and Eagle (1999), working from a psychoanalytic perspective, attempt a strategy of integrating perspectives from within their own schools (and as such their contributions are reviewed in the relevant chapters). A more distinctive contribution is offered by Reid (1999), who advances a cultural perspective on resistance. Taking a broadly psychoanalytic framework, Reid argues that unconscious cultural values are an unrecognised source of resistance. Cultural resistance is described as arising from conflict within a patient between unconscious values and conscious values, or from conflicting unconscious values held by both the client and the therapist. Reid suggests that such forms of resistance can operate in contexts where the therapeutic pair share characteristics such as race and class.

Prochaska and Prochaska (1999) have developed a transtheoretical model for understanding both resistance and change. Prochaska and Prochaska (1999) identify five stages of change:

1.   Pre-contemplation,

2.   Contemplation,

3.   Preparation,

4.   Action,

5.   Maintenance.

They propose that clients in the pre-contemplation stage are not intending to change or have not made any connection between the existence of a problem and their contribution to it. According to Miller (2000), who also advocates the use of this model, it is clients in this stage who are most likely to be regarded as resistant. Prochaska and Prochaska (1999) describe clients in the contemplation stage as being unsure of whether or not they want to change. Those in the preparation stage may be afraid that they do not know how successfully to change. Prochaska and Prochaska (1999) argue that resistance is often due to a mismatch between the therapist's strategies and the client's stage of change.

As Wachtel (1999) notes, whereas the concept of pre-contemplation seems to avoid some of the pejorative sense of resistance, one can nevertheless argue that the term reveals a value judgement. Thus, a client who does not intend to stop smoking may be described by a therapist as being in the pre-contemplation stage, strongly implying that appropriate growth and development will involve a moving towards later stages of change.

Wachtel (1999) returns to the topic of resistance and the potential for integrative accounts of its nature. In contrast to his earlier views (Wachtel, 1982), Wachtel (1999) describes resistance as one of the most problematic and potentially counterproductive concepts in the field of psychotherapy. He presents an essentially ambivalent view of resistance being both a 'poor term' and also one of the most 'crucial' concepts pointing towards the most important set of factors determining the success or failure of the therapeutic enterprise.

Focusing on the more problematic aspects of the concept, Wachtel notes the central role of the therapist's values and theoretical assumptions in determining what comes to be described as constituting resistance – that is, resistance is in essence constituted or constructed by the therapist's act of interpretation of what is occurring. Wachtel suggests that the problematic aspects of the concept can be traced to Freud's dual project for psychoanalysis – that is, when Freud was primarily interested in exploration and discovery, resistance from his patients was primarily an impediment to his interests. Thus, the parentage of the term includes the mismatch between Freud's interests and those of his patients.

Wachtel, however, continues to assert the value of a 'wise and humane' concept of resistance. Here, resistance is held to point to the phenomenon where the painful reality and anxieties that exist in the client's life are encountered in the therapy itself. Therapists are interested in the disclosure of experiences that are difficult, anxiety provoking and shameful, and in resistance these phenomena become encountered in the therapeutic relationship itself in a manner that can clearly be experienced by both parties as 'difficult'. Wachtel suggests that, where the concept is dismissed as identical to a process of blaming the patient, the more sophisticated and humane aspects are missed. Blaming the patient is seen as being a miscarriage of the concept. Wachtel concludes that the most satisfactory conceptualisations of resistance attribute most of the variance to the therapist and/or their techniques.

Summary

Integrative approaches have arisen partly as recognition of the potential role of 'common factors' in the process and outcome of psychotherapy. Clearly, a number of

integrative theorists have proposed that the phenomenon of resistance is an example of such common factors. As in other perspectives it has also been proposed that the concept of resistance is flawed and should be abandoned. However, the need remains to find some alternative concept to describe the phenomenon. It is likely that resistance will continue to be a point of interest for writers concerned with theoretical integration.

Like the move towards integrative accounts of psychotherapy, one of the most significant streams in contemporary psychotherapy has been the attempt to work through the implications of a variety of 'postmodern', narrative and deconstructionist perspectives. The next chapter examines the work of a variety of theorists engaged with this task. It is argued that these theorists have constructed very important challenges to certain practices in psychotherapy that can be read as maintaining therapists' status as socially sanctioned experts on human change. The concept of resistance and the practice of analysing resistances may be criticised from just such a perspective. On the other hand, it may be argued that while these authors have presented important challenges to certain power-based practices in therapy, there remains a need a find ways of describing and understanding experiences of 'stuckness' and 'dilemma' that are a regular occurrence in the practice of therapy.

Chapter 7

'Where there is power there is resistance' – Postmodern, narrative, and constructivist approaches

Over the past two decades, a range of postmodern, narrative, constructivist and constructionist critiques and perspectives have increasingly influenced systemic and individual therapists. As a result, in systemic thinking the 'cybernetic' view of resistance as homeostasis has increasingly come under attack (Hoffman, 1992). A particular concern of theorists adopting such perspectives has been the attempt to 'deconstruct' what are held to be the implicit and potentially oppressive power relations in psychotherapeutic practice. This debate has important implications for how resistance is understood in psychotherapy. The quotation from Foucault included in the title of this chapter, 'where there is power there is resistance' (1976: 95), explicitly links concerns around the existence of power with an understanding of the nature and significance of resistance.

The textual and political criticisms presented by philosophers such as Derrida (1978) and Foucault (1976) has led to a number of analyses of 'normative' psychotherapy as expressive of a 'colonial' mentality (Hoffman, 1992). Kaye (1999), for example, argues that modernist psychotherapies attempt to engage the client in reinterpreting their narrative within the therapist's frame. Such practices, Kaye argues, perpetuate the concept of the therapist as having privileged knowledge and an authoritative

account of 'the truth'. Kaye argues that this results in a 'top-down' rather than a collaborative relationship in which the therapist acts on the client's narrative in order to change it.

Hoffman (1992) has argued that, as a result of the arguments of postmodernist theorists such as Gergen (1985), therapists are compelled to investigate how relations of dominance and submission are built into the very assumptions on which practices are based. From this perspective, the assumption of the existence of 'client resistance' and the assumption that the therapist is in a privileged position to identify and overcome such resistance are prime examples of a theoretical concept being used to defend the professional's status as an expert. Miller (2000) argues that clients who are described as being resistant may potentially be involved in a power-politics struggle, a reality contest and counter-oppressive practices to refuse being psychologically colonised or changed in a fashion that they do not want.

Anderson and Goolishian (1992) describe an approach to therapy based on the therapist taking up a non-expert stance of 'not knowing'. Such a stance can be seen as subverting the possibility of a therapist adopting a position where certain client behaviours are described as resistance. For Anderson and Goolishian (1992) the role of the therapist is that of a conversational artist whose expertise is in creating a space for and facilitating dialogical conversation. The concept of 'not knowing' is in direct contrast to forms of therapeutic understanding based on pre-held theoretical views. In this hermeneutic perspective the therapist does not aim directly to change the client,

rather change is represented by the co-construction of new narratives. Anderson and Goolishian (1992) assert that such an approach gives primacy to the client's world views, meanings and understandings.

Given such a relational context it is argued that clients no longer need to protect themselves or convince the therapist of their position. A concept of 'analysing resistance' would seem inconsistent with such a perspective. Indeed, while Anderson and Goolishian (1992) do not draw this conclusion, it is consistent with their argument that the act of identifying client resistance can be seen as an act whereby the therapist attempts to protect their own 'narrative coherence' rather than support the client's.

In a more recent text, Anderson (1997) has further developed her perspective on a form of postmodern therapy based upon 'not-knowing'. Here, Anderson states that she prefers the term 'conversational breakdown' to resistance in order to avoid locating the source of this phenomenon 'within' the psyche of the client. Anderson emphasises the highly interactional nature of this phenomenon: 'conversational breakdown is a dynamic phenomenon of an interdependent/interactional process that exists *between* individuals, that exists *in* a relationship.' (1997: 125. emphasis in original)

Fruggeri (1992) and Larner (1999) struggle with the recognition that while narrative and constructivist approaches advocate an abdication of the role of 'therapist as expert

change agent', nevertheless therapists cannot avoid operating from a socially approved position of 'designated agent of change'. Fruggeri (1992) argues that in order to abandon the idea of the therapist as agent of change, the connected idea of client resistance must also be abandoned.

Efran et al. (1990) reach a similar conclusion from a 'radical constructivist' perspective and argue that therapeutic enquiry demands the 'letting go' of concepts. For these authors, so-called resisting clients are merely following their own goals, as they construe them, rather than following the therapist's goals. Efran et al. (1990) argue for the impossibility of 'instructive interaction' and that therapists are never in a position to predict or control how clients will respond to their interventions. 'Impasses' and 'stalemates' are the result of mismatched goals.

The work of White and Epston (1990) has used aspects of Foucault's philosophy. These authors describe therapeutic practices that are intended to help clients 're-story' their lives and to create 'alternative narratives' that release the potential of 'subjugated knowledges'. A prime therapeutic strategy used by White and Epston is 'externalising the problem'. This approach encourages clients to objectify and at times personify the problems they are experiencing. The problem becomes redescribed as an entity separate from the person.

White and Epston (1990) provide a novel account of analysing resistance where they suggest that examples of where clients have successfully resisted the influence of the

problem on their lives should be investigated and amplified: 'examples of defiance can be identified and linked together to provide a historical account of resistance' (1990: 31). The term resistance is here being used in a political sense and clearly they do not frame the therapeutic relationship as one where the therapist attempts to overcome the client's resistance. In a manner similar to the arguments of De Shazer (1984), these authors describe the therapeutic process as one of 'joining with' the resistance of the client *against* the problem. Here, resistance is given a positive meaning as examples of where the client has attempted to find solutions and to overcome oppressive descriptions of their lived experience.

Thus it can be seen that these theorists present a view of the therapeutic process in which the notion of analysing or overcoming resistance is itself overcome. However, narrative therapists have also been concerned with how to understand 'therapeutic difficulties'. McLeod (1997) raises the question, 'what is happening with the story when the therapy is stuck or at an impasse?' (1997: 141).

Larner (1999) suggests that postmodern thought has led to an impasse or dilemma for psychotherapists. Paradoxically, the deconstruction of power in psychotherapy requires the action of a powerful therapist to 'not know'. Not knowing itself requires a powerful form of knowing. Larner (1999), influenced by the philosophies of Derrida and Levinas, argues that the therapist is invested with power as a socially sanctioned representative of technology and expertise. He describes the 'ethical stance' towards the other that allows the 'otherness' of the other to be preserved.

In summary, the recent rise of a wide range of approaches that have been grouped together under the banner of 'postmodern', 'narrative' and 'discursive' share the common project of attempting to deconstruct issues of therapeutic power and influence. The 'narrative of resistance' is seen as belonging to forms of practice that privilege and serve to maintain therapists' power and expertise. These theorists have attempted to describe forms of practice that avoid the adoption of such positions and instead try to support clients to resist the influence of dominant discourses or narratives on their lives and experience. Again, however, such therapists themselves will encounter experiences of 'therapeutic difficulties' and the question of how best to understand and describe such phenomena remains open.

Having reviewed the major theoretical approaches to the topic of resistance, the next chapter examines the literature in the existential-phenomenological perspective. It will be shown that in a fashion highly similar to the theorists reviewed in this chapter, various existential-phenomenological writers have challenged models of therapeutic practice that emphasise therapists' 'expert status' derived from theoretical assumptions. However, it will also be shown that within the existential-phenomenological perspective the phenomenon of resistance is held to be crucial. The significance and meaning of resistance, from an existential-phenomenological perspective, must be understood in terms of the intersubjective basis of human existence.

Chapter 8

The 'possibilities' of resistance – Existential perspectives

Within the broad range of theoretical approaches to the phenomenon of resistance, there has been the occasional linking of the phenomenon to what may be termed the 'image' of the human being. That is, various authors have understood resistance as expressive of some basic aspect of what it means to be human. For instance, for Freud and Klein resistance is expressive of Thanatos or the death instinct. For Menninger it was to be related to forces of 'inertia' that are present in both organic life and the physical universe. This is not too dissimilar from the suggestion of Dryden and Trower (1989) that the term be replaced by 'stasis'. For personal construct therapists Leitner and Dill-Standiford (1993) resistance is an expression of 'the human struggle for relatedness', and for gestalt therapist Hycner (1993) resistance can be seen as an aspect of human existence itself (he does not, however, clarify what he means by this).

Thus, although the concept of resistance, particularly in its Freudian context, may be inadmissible to an existential perspective, one would nevertheless expect some consideration of whether or not the phenomenon of resistance can be understood in terms of an existential framework. This chapter reviews how resistance has been considered, particularly within what may be regarded as the 'classical' expressions of existential therapy. It will be shown that while the Freudian meanings of the concept are rejected, the phenomenon of resistance has been described in terms of 'being-closed' to possibilities of being and encounter. Resistance has also been linked to issues concerning authenticity and inauthenticity.

Medard Boss – Daseinsanalysis

In *Psychoanalysis and Daseinsanalysis* Boss (1967) advocates maintaining the Freudian practice of therapy while replacing Freudian meta-psychology with the insights provided by Martin Heidegger's analysis of Dasein in *Being and Time* (1927). Boss (1967), following Heidegger's philosophy, defines the human being as 'Dasein' and 'being-in-the-world'. This emphasises the inseparability of the human being from the world and from relationships with others. Theoretical constructions, which separate the human being from the world and from others, are held to inherently distort an understanding of what it means to be human.

Boss (1967) argues strongly against Freud's theoretical notions of the unconscious and transference. Boss regards both of these as reifications that cannot be supported by a direct encounter with the phenomena themselves. However, Boss argues that resistance is essential to the practice of therapy and testifies that Freud's emphasis on resistance expresses his deep understanding of the human being. Boss argues that both resistance and repression refer to actual phenomena of inter-human relations, although they do so in a '*veiled way*' (Boss, 1967: 78; emphasis added). Boss's description of the nature of Dasein as being-in-the-world allows him to critique and reject the Freudian concept of a closed-off psyche and unobserved, hypothetical intra-psychic mechanisms. As such, for Boss, repression and resistance cannot be understood in terms of 'internal' psychic processes.

Boss's understanding of the meaning of resistance is closely tied to his understanding of Dasein's freedom, authenticity and inauthenticity, and the nature of existential guilt. Boss (1967) defines both repression and resistance in terms of being 'closed' to

particular possibilities of existence as well as: 'the inability of an existence to become engaged in an open, free, authentic and responsible kind of relationship to that which is disclosed in the relationship' (Boss, 1967: 120). Fundamentally, Boss sees the phenomenon of resistance as referring to human freedom. Boss suggests that the possibility of Dasein refusing to be open to the particular beings it encounters may be the core of human freedom. The possibility of saying 'no', and of being closed to the possibilities of existence, is as equally fundamental and necessary as the possibility of saying 'yes' and of being open. This is further expressed in the following quotation:

> Every openness, however, is possible only from out of a closed-iness, just as, vice versa, there cannot be a closed-iness without a primal openness. Openness and closedness belong together necessarily and always. (Boss, 1967: 114)

Similarly, Boss's understanding of resistance can be seen as based on Heidegger's thinking on the nature of phenomenology as well as an understanding of 'truth' as 'aletheia'. As Cohn's (2002) recent text states, Heidegger's definition of phenomenology is apparently relatively simple: "phenomenology means...to let that which shows itself be seen from itself in the very way in which it shows itself from itself." (Heidegger, 1962: 58, quoted in Cohn, 2002: 74). However, as Cohn states, for Heidegger phenomena crucially have a 'hidden' aspect and are not simply to be understood as being what explicitly meets the eye. Cohn quotes Heidegger again on this point:

"What is it that phenomenology is to 'let us see'?... what is it that by its very essence is necessarily the theme whenever we exhibit something explicitly*? Manifestly it is*

something that for the most part does not *show itself at all: it is something that lies hidden...*" (Heidegger, 1962: 59, quoted in Cohn, 2002: 74).

For Heidegger this hiddeness is to be understood as the 'Being' of the phenomenon- ever elusive but ever present (Cohn, 2002).

Thus, in phenomenological exploration the phenomenon itself is given priority in the manner in which it is directly given. However, this openness to the phenomenon must include an openness towards that which is hidden. Closely related to these considerations is Heidegger's notion of 'truth' based on the early Greek idea of 'aletheia'. Aletheia refers to 'unconcealment' or 'unhiddeness'. Again, as Inwood (1999) states, Heidegger's description of truth as aletheia explicitly presupposes concealment or hiddeness.

Heidegger's notion of aletheia may perhaps best be compared with the notion of truth that is more commonly held within psychotherapy. Here, the therapist's interpretation of the meanings of a client's resistance, based upon a pre-held theoretical perspective, is held to be true to the extent that it corresponds to the actual range of causal factors leading to the resistance manifesting itself. In a Daseinsanalytic understanding of the meaning of resistance, an 'unveiling' is aimed for where the meaning of the resistance is to be found with the phenomenon itself rather than in terms of theoretical causal factors. Therapeutic explorations may be understood to be 'true' to the extent that they allow the phenomenon of resistance to unveil itself. As Cohn (2002) explains, such an understanding will involve a broadening of the context for understanding rather than a reduction to causal factors behind the phenomenon. Again, however, such a 'truth'

will also be seen as inevitably incomplete, partial and provisional as hiddeness will always be present. No final authoritative meaning can be assigned; any unveiling of the meaning of resistance in therapy will be incomplete. In this sense resistance, or hiddeness, can be seen as having a figure/ground relationship with disclosure or change. Any disclosure or therapeutic change is only meaningful in the context of resistance or hiddeness.

Boss (1967) argues that all psychopathological symptoms must be understood in terms of disturbances of the fabric of social relationships. In the process of therapy, resistance can thus be seen as an inevitable possibility of encounter:

> Thus from the very first encounter between therapist and patient the therapist is already together with his patient in the patient's way of existing, just as the patient already partakes in the therapist's manner of living, no matter whether, either on the part of the therapist or the patient, their being-together manifests itself for some time only in aloof observation, indifference or even intense resistance. (Boss, 1991: 433)

This strongly suggests a view of resistance as an aspect of encounter, co-constituted by both parties to the interaction.

Boss, in his case studies, frequently presents a paradoxical understanding of the nature of resistance. Those aspects of existence itself, those possibilities of being that Dasein resists, are disclosed in the nature of the individual's symptoms. Thus, symptoms, such as a hysterical gesture, become the restricted manner in which Dasein carries out that particular possibility of being. For example, Boss describes a hysterical woman patient who resists admitting possibilities of erotic relating but carries out this possibility in a restricted and disowned fashion through hysterical pelvic movements and erotically charged facial expressions. Boss's analysis suggests that resistance is

not seen as something to be overcome in order to discover what lies behind or beneath it. Rather, the resistance itself is disclosing of Dasein's manner of being-in-the-world.

Boss's description of the aims of Daseinsanalysis is also central to his understanding of resistance. Boss (1967) argues that the aims of Daseinsanalysis are concerned with the opening to existential guilt. Existential guilt, in contrast to neurotic guilt, is seen as an existentialia – a fundamental aspect of human existence. Existential guilt arises from the fact that every act or decision necessarily involves the rejection of all the other possibilities that also belong to the human being at a given moment. Thus, Dasein always remains behind its possibilities and fundamentally indebted to existence.

Boss states that existential guilt cannot and should not be eliminated by therapy. Rather, Daseinsanalysis is aimed at enabling the analysand to become aware of existential guilt and to acknowledge and say 'yes' to it. This allows Dasein to become aware of its possibilities for living and to take responsibility for them. Again, Boss states that the possibility to resist this, to say 'no' to acknowledging existential guilt, is the very core of human freedom.

In describing the manner in which the Daseinsanalyst approaches working with the analysand, Boss emphasises that the analyst must adopt an accepting stance in which no particular forms of behaviour are regarded as more real or more fundamental than any others. Boss (1967) also describes his way of relating to analysands as 'anticipatory care', a translation of 'vorspringende fursorge'. In a later paper, Boss

(1988) suggests that vorspringende fursorge cannot be correctly translated. He suggests that it must be understood as:

> selfless caring for the other in which one goes before him in an existential sense, thereby opening to him the possibility of his perceiving more of his own innate potentiality for existing, but leaving him free in the face of the potentiality to fulfil it or not to fulfil it. (Boss, 1988: 20)

Moss (1989), following Boss's description of Daseinsanalysis, suggests that psychotherapy based on anticipatory care leads the therapist to focus on the confrontation of resistances or obstacles to change while abdicating from a position determining the direction or extent of changes. Thus, Boss sees anticipatory care and a fundamental respect for the meaningfulness of phenomena as the foundation for a Daseinsanalytic analysis of resistance:

> This knowledge increases his [the therapist's] sensitivity to all the obstacles which generally reduce the potential relationships of a patient to a few rigid and inauthentic modes of behavior. Such sensitivity in turn enables the Daseinsanalyst to carry out an 'analysis of resistance', wherein the patient is tirelessly confronted with the limitations of his life and wherein these limitations are incessantly questioned, so that the possibility of a richer existence is implied. (Boss, 1991: 234)

The above quotation, as well as numerous other examples to be found in *Psychoanalysis and Daseinsanalysis,* may be read as suggesting that Boss maintains a 'dual stance' towards resistance. On the one hand, Boss dispenses with a great deal of the Freudian meanings of the concept. Recall that, for Freud, transference was consistently seen in terms of its resistance function. Boss argues strongly against the theory of transference, proposing that the relationship between analyst and analysand must always be treated as a genuine relationship. Similarly, Freud saw resistance as

intimately entwined with his theory of the unconscious. Boss sees no place for a theory of the unconscious in Daseinsanalysis. Nevertheless, Boss describes resistance as a vitally important phenomenon expressive of human freedom and the possibility of being-closed and saying 'no' to possibilities of being. On the other hand, in his designation of the acceptance of existential guilt as the goal of therapy, and his descriptions of the 'tireless confrontation' of the analysand with their limitations, Boss seems to imply that the analyst is nevertheless in a privileged position of one who knows what is needed for the patient to achieve health. The analyst is in a position to be more aware than the patient as to what the patient's possibilities of being are and is therefore in a position to confront the patient with these. Indeed, several passages in *Psychoanalysis and Daseinsanalysis* strongly express the notion of the analyst as expert on the possibilities of living: 'he also knows that these possibilities for relating have to be acknowledged by the patient as his own before he can get well' (Boss, 1967: 235).

Thus, while Boss clearly expresses respect for phenomena and treating all the patient's ways of being as equally valid, it would nevertheless seem that the Daseinsanalyst remains potentially in a position not only of 'being ahead' but also 'knowing more' than the patient what the possibilities are that need to be faced. Boss in fact frequently describes his various patients in terms of their relative 'immaturity' and suggests that Daseinsanalysis allows for a developmental process to occur under the care of the analyst. Spiegelberg (1972) has described Daseinsanalysis as a 'therapy of adjustment', albeit an adjustment of an ontological sort. Necessarily, a therapy of adjustment requires the therapist to hold on to a notion of what optimal adjustment might look like.

Ludwig Binswanger – Daseinsanalyse

It is well known that Binswanger's use of Heidegger's philosophy was considered by Binswanger himself to have been based on a creative misreading of Heidegger's intent (Spiegelberg, 1972). Binswanger's work also included clear and acknowledged lines of influence and inspiration from Husserl and Buber (Frie, 1997). His later work on the 'phenomenology of love' in 'Grundformen und Enkenntnis Menschlichen Daseins' was intended to provide a more adequate understanding of intersubjectivity in the primacy of the 'we-relation' (Frie, 1997). This was in response to what he saw as the necessity to compensate for the inadequacy of Heidegger's conception of 'care' (Frie, 1997). Binswanger's work must also be understood in terms of his long-term ambivalent relationship with Freudian psychoanalysis.

Binswanger sought to provide a philosophically more adequate foundation for psychoanalysis in contrast to what he saw as Freud's inadequate conception of man as 'homo natura' (Binswanger, 1967). Spiegelberg (1972) notes that for Binswanger the actual practice of therapy was of secondary concern and that Binswanger did not lay claim to any special therapeutic method. Furthermore, Spiegelberg (1972) states that in practising psychotherapy Binswanger never abandoned Freudian methods.

The following quote from Binswanger indicates his acknowledgement of the importance of the phenomenon of resistance while at the same time expressing his criticism of Freud's tendency to reify phenomena:

It was after all precisely Freud who taught us that the 'I cannot', must always be understood as an 'I will not', in other words, that the 'I-not-I' relationship must be understood as an 'I-I myself' relationship... Psychoanalysis in general has its existential justification only in so far as this translation is possible or at least meaningful. Yet Freud transforms, with a literally suicidal intention, the 'I *will* not' to an '*it can* not'. (Binswanger, 1947, as quoted in Frie, 1997: 28)

Binswanger's descriptions of existential analysis put particular stress on the centrality of 'encounter'. He describes the meeting between therapist and patient as one in which the being of the therapist is implicated and even 'risked'. Binswanger holds that the apparent failure of a patient to overcome a resistance must be seen to reflect the therapist's failure in providing a form of encounter that would facilitate this happening:

If such a (psychoanalytic) treatment fails, the analyst inclines to assume that the patient is not capable of overcoming his resistance to the physician, for example, as a 'father image'. Whether an analysis can have success or not is often, however, not decided by whether a patient is capable *at all* of overcoming such a transferred father image but by the opportunity *this particular physician* accords him to do so; it may in other words, be the rejection of the therapist as a person, the impossibility of entering into a genuine communicative rapport with him, that may form the obstacle against breaking through the 'eternal' repetition of the father resistance. (Binswanger, quoted by May et al., 1958: 81; emphasis in original)

US existential therapists

Rollo May and Irvin Yalom may be regarded as the main contemporary representatives of existential therapy in the United States. However, their work is, in important respects, more attuned to humanistic themes in places, and Yalom additionally includes influences from H.S. Sullivan.

In his contribution to the text *Existence*, May (May et al., 1958) outlines his understanding of existential therapy drawing principally from the work of Binswanger

and Boss. His understanding of resistance is indebted to Boss in particular. May argues that it is the 'sense of being' or the 'sense of the ontological' that has become repressed and is resisted by western society. May defines the goal of existential therapy as facilitating the patient's achievement of a sense of being that he describes as the 'I am' experience. The achievement of this is seen as the prerequisite for the solving of more specific psychological problems. The 'I am' experience for May involves an awareness and ownership of one's potentialities for being and an ability to be 'present' in relationships with others. An analysis of the ways in which presence is avoided (by both therapist and client) is seen as a primary technical task of existential therapy. This notion seems similar to that adopted by James Bugental (1987).

Following Boss, May et al. (1958) argue that resistance in existential therapy must be understood in terms of the patient's avoidance of their potentialities for being. May et al. here explicitly link resistance to the concept of inauthenticity:

> it [resistance] is an outworking of the tendency of the patient to become absorbed in the Mitwelt, to slip back into das Man, the anonymous mass, and to renounce the particular unique and original potentiality which is his. Thus 'social conformity' is a general form of resistance in life; and even the patient's acceptance of the doctrines and interpretations of the therapist may itself be an expression of resistance. (May et al., 1958: 79)

For May et al. (1958), to grasp the meaning of one's existence is to grasp also the fact of one's inevitable eventual non-existence. Existence is a movement of being towards non-being; however, non-being is always at least implicitly present. Anxiety is understood by May et al. as the individual's becoming aware that their existence may become lost or destroyed. Thus resistance and existential anxiety become linked in May et al's understanding. Anxiety is described by May et al. as occurring at the point

where an emerging possibility of being confronts the individual. However, this emerging possibility involves a destruction of the present security and is implicitly an opening to non-being.

For May et al. (as for Boss), resistance and anxiety are expressions of the human being's irreducible freedom. If the patient does not have some measure of freedom to fulfil some possibility, if indeed no possibility were present, the patient would not experience anxiety or need to resist. Thus May et al. see a 'positive' aspect to the experience of anxiety and of resistance as demonstrating the presence of possibility.

May et al. (1958) describe existential therapy as emphasising the concept of 'encounter' or genuine meeting between therapist and client. For May et al., the attempt at encounter, while necessary to assist the patient in achieving the 'I am' experience, necessarily involves a degree of risk and anxiety for both participants. Thus resistance and inhibition can be understood as the holding back from genuine meeting. May et al. suggest that therapists can be seen to do this through an over-reliance on concepts such as 'transference' which distance them from the encounter.

For May et al., a patient's symptoms and problems are methods the individual uses to 'preserve being'. Symptoms themselves express a blocking off of aspects of the environment and are in themselves an adaptation rather than a lack of adaptation. Thus, for May et al., resistance is understood as an avoidance and a holding back of genuine presence and encounter both in terms of awareness of one's own possibilities for being as well as the possibilities of encountering others in relationship. This resistance is described as essentially inauthentic but self-protective in that it assists in

the maintenance of current meaning structures and allows the person to avoid the disturbing confrontation with existential anxiety.

In his text *Existential Psychotherapy* Yalom (1980) describes existential therapy as a 'dynamic therapy' where the notion of conflict with repressed instinctual strivings is replaced by conflict with the 'givens of existence'. Yalom identifies four such 'ultimate concerns': death, freedom, isolation and meaninglessness. His notion of 'existential psychodynamics' retains the basic Freudian dynamic structure but alters the content:

Awareness of ultimate concern $\Longrightarrow$ Anxiety $\Longrightarrow$ Defence mechanism

(Yalom, 1980: 10)

Thus, in a fashion similar to that of the ego psychologists, Yalom discusses resistance primarily in terms of defence mechanisms. These include those outlined by the ego psychologists and a number of specific defences that Yalom proposes patients use to cope with the anxiety provoked by a confrontation with the ultimate concerns. An example of this is the illusion of the 'ultimate rescuer', which is a defence against the awareness of inevitable death. Yalom (1980) specifically discusses the concept of resistance only in reference to his analysis of 'the will'. Following the work of Otto Rank, Yalom proposes that resistance can be seen to have at times a positive meaning as an expression of the emergence of the patient's will.

Craig (1995) has presented a description of resistance from a perspective heavily indebted to Daseinsanalysis. This perspective is, however, presented with the aim of

enriching a humanistic approach to the phenomenon of resistance in therapy. Craig defines resistance as: 'The tendency of human beings to resist or oppose the disclosure, understanding, or fulfilment of their own existence' and as 'the fundamental tendency of human beings to counteract their own existence' (1995: 162).

Craig's method of providing a phenomenological description relies on a reading of Freud's case report of the treatment of Elisabeth von R which, as has been noted, contains the first contextualised description of the phenomenon of resistance in the psychoanalytic literature. In particular, Craig highlights Freud's description of Elisabeth's silence in the analytic session. Craig notes that this silence must be understood as an interpersonal event – her way of relating to Freud at that moment of being together. This silence, according to Craig: 'Functioned as a container for specific features or possibilities of her existence; it held and protected an area of her existence, keeping it for herself' (1995: 171).

This 'protected area' concerned the possibilities of a 'love story', and Elisabeth's silence, for Craig, contained within it the recognition of a wider but potentially more troubling scope of possibilities. Her resistance as such contained indications of the direction of a more 'actualised existence'. Furthermore, her resistance functioned as a 'temporary asylum' for carrying out her relationship to these possibilities.

From his analysis of Freud's case study, Craig provides a description of what it means to resist:

> To resist means, above all, to be in relation to that which is resisted. Resistance discloses a particular relationship to the resisted and is, in essence, a way of carrying out this relationship. And what is this particular manner of relating? It is one which both allows things to draw near and, at the same time, keeps them away. In other words resistance is an ambivalent or paradoxical relationship, a way of relating that simultaneously embodies tendencies for both closeness and distance. (1995: 179)

Craig's analysis, similar to that provided by Schafer (1973) and Cannon (1991), points to the inclusion of 'self-deception' and 'repetition' in the phenomenon of resistance. For Craig, in resistance, something that we have sent away comes back to us again. Psychotherapeutically, this is usually the client's possibilities for authentic being. In the process of conducting therapy, Craig proposes that it is the therapist's task to act as a midwife for an 'authentic repetition' and 'rebirth' of formerly disenfranchised possibilities.

There is much in Craig's paper that may inform an existential-phenomenological understanding of the meanings of resistance. The single biggest weakness in his approach is the reliance on Freud's case study. While a dialogue with Freud's work is essential for an understanding of resistance, in this instance it was Craig's intent to say something about the meaning of Elisabeth's resistance. This can be done only from Freud's description of their relationship and this crucially leaves out a description of the encounter from Elisabeth's point of view. Again, it may be argued that here it is the therapist's view on what constitutes 'disenfranchised possibilities' that is being privileged rather than the client's own lived experience. Craig, while potentially clarifying central meanings of the phenomenon of resistance, has not adequately described the co-constitution of this phenomenon in the relationship between Freud and Elisabeth. At the very least Craig's description requires further phenomenological

verification and preferably verification that can be sought in a more fully dialogical fashion.

Betty Cannon (1991) – Sartrean meta-theory and existential psychoanalysis

Cannon (1991) has attempted a theoretical critique and revision of Freudian and post-Freudian meta-psychology based on a reading of the philosophy of Sartre. In a fashion comparable with that of Medard Boss, Cannon wishes to preserve the clinical insights of psychoanalysis while abandoning experience distant meta-psychology. In particular, Cannon sees the post-Freudian 'discovery' of relational needs as highly valuable. The philosophy of Sartre is promoted as providing for a more adequate grounding for the meaning and significance of these relational needs.

Sartre's (1958) critique of the Freudian unconscious as well as his descriptions of the possibilities for an 'existential psychoanalysis' are particularly relevant for an alternative account of the nature of resistance. In *Being and Nothingness* Sartre (1958) argues that the Freudian notion of an unconscious 'censor' is logically flawed. Sartre questions how the concept of the censor who stands between consciousness and the unconscious in topographical theory makes sense. Sartre argues that, for the censor to perform the function of repression, it would need to already have knowledge of the unconscious material. The censor must at the same time know it in order not to know it. Indeed, the phenomenon of resistance to the uncovering of repressed material itself reintroduces the paradox of the dual identity of the deceiver and the deceived. That is, only a subject who can both know and not know will be aware that there is anything to resist or defend against (Cannon, 1991).

Cannon also argues that Freud's later structural theory has not overcome this problem. Sartre (1958) suggests that the phenomenon of the 'unconscious becoming conscious' repeats the dilemma because it reveals that the act of recognition indicates that the material must not have been truly unconscious in the first place. Sartre suggests that these issues centre on the phenomenon of self-deception or 'bad faith'.

In place of the theory of the unconscious, Sartre proposes a theory of consciousness that highlights the relationship between pre-reflective and reflective consciousness. These are not to be understood as differing areas or parts of consciousness. However, Sartre maintains that there is an un-passable 'gulf' between spontaneous lived experience (pre-reflective consciousness) and reflective understanding (reflective experience). Consciousness of the 'I' can emerge only in reflective experience in which past pre-reflective experience is reflected upon. It is in the 'turning' of consciousness that self-deception becomes a possibility as a gap appears between the consciousness reflecting and the consciousness reflected upon. Indeed, Sartre argues, one's reflective view of oneself can never be identical or correspond with one's spontaneous experience. As Cannon states:

> *It is this, along with 'bad faith' or lying to myself about the nature of reality,*
> *which helps to explain the strange phenomenon of my 'willing' to do one thing*
> *on a reflective level while making another choice entirely on the non-reflective*
> *level.* (1991: 10)

Resistance for Cannon is understood as the refusal to face certain 'unpleasant truths' about oneself and one's existence. Such resistance must itself be seen as a choice at a pre-reflective level.

Sartre (1958) in *Being and Nothingness* also distinguishes between consciousness as 'being-for-itself' and an object as a 'being-in-it-self'. Being-for-itself, consciousness, is in a sense 'nothing' or rather an 'openness towards being'. However, Sartre argues that being-for-itself is for the most part engaged in a project of becoming a 'being-in-itself-for-itself' — becoming a 'substantive freedom'. That is, the human being is forever attempting to 'fix' a self as being a particular type of self with a determined essence. This project is described by Sartre as being inauthentic or in bad faith because being-for-itself can never coincide with a particular fixed identity.

According to Sartre, 'bad faith' allows individuals to deny their freedom, responsibility and choice and strengthens beliefs of being a passive victim of environmental contingencies. In bad faith an individual becomes as if they were a 'thing' and as if they were without freedom or choice. Alternatively, an individual becomes as if they were only freedom without facticity or limitations. As with Boss's descriptions of patients who avoid the recognition of possibilities of being, individuals in bad faith deny possibilities for their own behaviour or experience and maintain a fixed stance on who they are and can be.

The recognition and overcoming of bad faith necessarily involves an encounter with meaninglessness, angst or existential anxiety — a deeply unsettling and disturbing experience at best. Indeed, Sartre, as with Heidegger's descriptions of inauthenticity, seems to suggest that for the most part people remain in bad faith.

Cannon suggests that Sartre's arguments can be taken to indicate that the post-Freudian relational theorists' aim in therapy of building 'self-structure' is flawed. If

pre-reflective consciousness is understood to be translucid, then attempts to build structure in consciousness are in bad faith and must be abandoned. The existentialist therapist, according to Cannon, understands a client's original difficulty as arising from a faulty relationship between reflective consciousness and spontaneous experience. Cannon describes this faulty relationship as predicated on faulty mirroring or lack of adequate mirroring by the client's original caregivers. Cannon suggests that mirroring has the quality of being a 'true lie'. The development of a viable reflective sense of self is believed to require the experience of good-enough mirroring as this is described by theorists such as Winnicott and Kohut.

In Cannon's vision of existentialist therapy the client must first use the therapist to counteract the original distortions and neglect that occurred in relationship with the caregivers. Ultimately, however, the client must realise that the enterprise of using others to create a self is in bad faith and must be abandoned. Post-Freudian relational theorists in this sense do not go far enough and in emphasising the importance of accurate empathic attunement may end up reinforcing the tendency towards bad faith that leads people to difficulty in the first place. Winnicott's notion of the 'true self' is in particular seen by Cannon as inadequate. The existentialist therapist does not attempt to allow for an uncovering of a true self but rather tries to encourage the development of an authentic way of living (Cannon, 1991).

In pursuing the goals of existentialist therapy, Cannon suggests that it may be appropriate to use a concept of 'ontological resistance'. This is understood to arise from the encounter with existential anxiety that accompanies profound change. Here, resistance is not understood in terms of resistance to unconscious ideas but as

:e to the implications of change – resistance to the experience that one does not have a fixed nature. Cannon asserts that it is extremely important to recognise and address ontological resistance. Such resistance can be understood as expressing the question: 'Who will I *be* if I change in (this or that significant way)' (1991: 158).

Cannon describes the importance of focusing on instances in which the client avoids recognising the implications of spontaneous experience, or resists therapeutic attempts to point out the impossibility of creating a fixed self. The way in which the client uses others, including the therapist, to fix an image of themselves becomes a particularly crucial area of enquiry. Both clients and therapists, according to Cannon, may attempt to use the therapeutic process inauthentically to create a fixed view of themselves. Ultimately, the aim of existentialist therapy for Cannon is: 'a radical conversion to a philosophy of freedom which would allow a reflective validation of the self as pre-reflective consciousness' (Cannon, 1991: 159). This 'philosophy of freedom' is one in which the client gives up an inauthentic project of creating a fixed self but affirms the value of the meaning-making process itself: 'The Sartrean paradox is that an approach in good faith to the problem of living involves accepting the impossibility of achieving substantive freedom while remaining committed to the process of self creation' (Cannon, 1991: 84).

Cannon expands on Sartre's description of 'pure reflection' and 'the psychological instant' as allowing for the possibility of existentialist therapy. 'Pure reflection' is described as a mode of reflective experience that stays as close as possible to what is given without setting up 'claims for the future'. Such reflection seems to be an application of the phenomenological method itself, but Sartre indicates that this does

ove or overcome the gap between pre-reflective and reflective consciousness. The 'psychological instant', according to Sartre (1958), although rare, is a moment of radical choice in which an individual abandons their previous project of turning choices into fixed qualities. According to Cannon, the existentialist therapist needs to be aware of the potential appearance of the psychological instant and to regard resistance not as a manifestation of the death instinct but as a matter of existential anguish.

Cannon's arguments, while compelling, provide relatively little detail regarding ontic expressions of 'ontological resistance' in the therapeutic encounter itself. While the possibility of the therapist encountering their own resistance during the course of therapy is identified, this is also not further elaborated on. The possibility that the therapist's notions of a 'philosophy of freedom' may function to place unreasonable and unreachable expectations on the client (thereby indicating the therapist's unwillingness to encounter and accept the client as they are in the present) would also seem to require further elaboration. Cannon does make explicit, following Sartre, the need to privilege that patient's 'final intuition' with regard to their own lived experience.

Cannon clearly sees much of value in the work of the post-Freudian relational theorists. The need for accurate mirroring in therapy and child development is seen as crucial. Presumably Cannon would agree with theorists such as Winnicott and Kohut that many forms of resistance need to be understood in terms of the therapist's failure to accurately understand and reflect the patient's experience. She does not, however, make this explicit. What is made explicit is that the act of mirroring is itself

atic and the notion of a therapist being in a position to facilitate the building of self-structure is in itself in bad faith.

British existential-phenomenological theorists

Recent contributions to the existential-phenomenological literature on psychotherapy by Van Deurzen-Smith (1997), Cohn (1997) and Spinelli (1994, 1997, 2001) have led to the increasing development of a distinctive 'British voice' in this perspective. These contributions can be seen to have a particular relevance to the topic of resistance. In particular, Spinelli's (1994, 2001) existential-phenomenological perspective on 'the self' will be reviewed as providing a viable perspective on the nature of resistance. This is a perspective that has points of convergence with a number of constructivist theories that were reviewed in Chapter 3.

The phenomenology of the resisting self

Spinelli (2001) has developed further the arguments of Sartre (1958) and Cannon (1991) to construct an existential-phenomenological perspective on 'the self'. The topic of the self has attained a particular emphasis in current psychotherapeutic writing, as the current review testifies. Spinelli (2001) has noted that in western culture the self is often seen as the originator or ultimate source of experience. The self is also seen as something substantial and something that one possesses. In Kohut's self-psychology, as was seen, the self was also described in terms of strength or a lack of strength. It could be 'enfeebled', or 'fragile', and was thought to require a

degree of 'structure' that could be provided by therapy. These descriptions seem to attest to the 'thing-like' nature of the self.

Spinelli (2001) argues that the existential-phenomenological perspective questions such assumptions and proposes instead that the self is the product of relational experience rather than its originator. The self is also indefinable other than in terms of self-in-relation-to-other. Thus it is impossible to talk about an isolated self, independent from other people. Rather than regarding the self as an actual substantial entity, it is also more accurate to talk about the 'self-structure'.

Spinelli (2001) expands on Sartre's (1958) distinction between pre-reflective and reflective experience and argues that the self is the product of reflective experience. The creation of the self-structure may be seen to be a highly selective process in which certain aspects of spontaneous relational experience are interpreted and defined as 'I' whereas others are ignored or dissociated as 'not-I'. This selective process, according to Spinelli, occurs not only in reference to ongoing present experience, but also in reference to the selectively remembered past and the anticipated future. The act of defining an 'I' implicitly involves definition of the 'not-I' or 'the other'. Thus, fundamentally, selves are co-constituted in relation (Spinelli, 2001).

Spinelli (2001) also discusses the notion of the 'sedimented' self-structure, which has particular relevance to the topic of resistance. Sedimented beliefs or constructs about the self are regarded as the foundational building blocks of the self-structure. Sedimentations may also refer to rigid or fixed values, affects, patterns of interpersonal attribution and so on. They are those that are rigidly maintained despite

ictory information and experience, and they may at times lead to limitations on the nature of allowable ways of relating to self and others. Such sedimentations must also be seen as having a basic 'functional' value because without certain basic fixed and resistant constructs a sense of self and communication with others would hardly be possible.

Thus, in a fashion similar to that of constructivist writers, Spinelli's existential-phenomenological perspective implies that the resistance of the self-structure to change has a basic functional value. Therapeutic explorations, according to Spinelli, 'assist in the disclosure of clients' resistances to the uncertainties and anxieties of living and the limitations these impose upon their experience of being-in-the-world' (1997: 193).

The process of psychotherapy, from this view, may open up the possibility of a 'de-sedimentation' (followed by a re-sedimentation) of the self-structure through the 'owning' of previously dissociated experience. However, Spinelli (2001) asserts that any experienced challenge to one aspect of the self-construct threatens the entire gestalt of the self-structure. Thus, in addition to the increased possibilities of relating that such a de-sedimented stance may allow, the client will also have had a direct experience of the 'plasticity' of the self-construct. This experience implies a movement towards the possibilities of 'non-being' and 'meaninglessness' and is the essence of existential anxiety. Thus, from an existential-phenomenological point of view, resistance can on the one hand be seen as disclosing the client's current manner of constructing self and other. That is, resistance as an act of saying 'no' and remaining closed (either to an aspect their own experience or towards the therapist)

the existence of the current manner of defining self and other. Resistance is also self-protective and discloses the client's (and possibly the therapist's) manner of dealing with existential anxiety.

Resistance of the 'relational field'

As stated earlier, existential-phenomenological theory asserts that it is misleading to speak of selves in isolation. Rather, the self can be said to exist in an intersubjective relational field (Cohn, 1997). An important implication of this perspective is that any de-sedimentation of the self-structure that the client achieves during therapy may have important and unpredictable consequences for the client's relationships with others.

To take a simple example, consider a client who has sedimented a view of themselves as being only tolerant and forgiving. If this client allows for the possibility of also being assertive or even angry, such a change may have a range of unforeseen consequences for the client's relations with others. The client's partner, for example, may have constructed his or her own sense of self partly on the basis of having a relationship with a tolerant and forgiving partner. The change in the client's self-structure may challenge the partner's self-structure in a manner that is both unwelcome and disturbing. The possibility of resistance from the relational field – saying no to and being closed to the client's new ways of relating, or interpreting these as evidence of mental instability for instance – is thus a distinct possibility.

This argument would seem to have some similarity to those systemic theorists who have described resistance in terms of 'homeostasis'. However, rather than implying a need for therapists to more adequately discern and intervene or even join with these

static processes, this perspective advocates a greater awareness of and focus on the implications of change and proposes that an exploration of the meaning of change in terms of 'who I am for others' may be vital and ethically necessary.

Summary: Existential-phenomenological perspectives

The existential-phenomenological writers who have been reviewed here have emphasised the concept of therapy as encounter. While the notion of resistance as a technical concept that is used to explain a phenomenon is abandoned, a phenomenological understanding of resistance is retained. In fact, it can be seen that the phenomenon of resistance is a fundamental possibility of encounter. Existential therapy emphasises that the process of therapy is one of disclosure and clarification. Resistance refers to the possibility of remaining closed. Resistance as a phenomenon is understood to be co-constituted in the 'between' of the therapeutic relationship.

Fundamentally, resistance is understood in terms of limitations imposed on disclosure and openness to relational possibilities. Such limitations may be seen to serve a variety of 'self-protective' needs and are expressive of the manner in which the client and therapist avoid the experience of existential anxiety. Paradoxically, the phenomenon of resistance is also disclosing of both the client's and the therapist's manner of being-in-the-world and being-with-each-other. As Craig (1995) suggests, in resistance the client or therapist may be seen to be both expressing and carrying out those possibilities of being that are 'held both close and at a distance'.

task of this research project to 'flesh-out' the above perspective and ground it in an existential-phenomenological study of therapists' lived experience of encountering resistance in therapy.

Summary: Part I – Theories of resistance

Part I of this thesis has sought to provide a critical review of how the concept of resistance has been dealt with across differing theoretical perspectives. It was seen in Chapter 2 that the concept of resistance has been a fundamental one for the many versions of psychoanalysis. Subsequent chapters have showed that resistance has also become an important topic within other theoretical perspectives, even when these perspectives are in large measure inconsistent with psychoanalysis or presented as a challenge or an alternative to psychoanalysis. A consideration of the many perspectives that have been reviewed in Part I reveals that a wide variety of meanings have been attached to the concept of resistance. Differences between these meanings are sometimes dramatic and significant and sometimes subtle. A consideration of how the topic of resistance has been discussed within the various attempts at an integrative account of psychotherapy (Chapter 6) highlights how the phenomenon of resistance may be regarded as in important respects 'transtheoretical'.

Thus, the issue of resistance emerges as a fundamental one for the field of psychotherapy. Given the large amount of theoretical work that has been done on this topic, and the wide range of meaning attached to the concept of resistance, one way forward would clearly be an examination of how this topic may be approached from the perspective of quantitative and qualitative research. Part II of this thesis presents a review of the quantitative and qualitative research that has been devoted to this topic. Additionally, in Chapters 10 and 11, a phenomenological study and a survey study are described that have been conducted for the purpose of more fully grounding an existential-phenomenological perspective on the phenomenon of resistance.