
A Psychodynamic Perspective on Resistance in Psychotherapy: *Vive la Résistance*

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The term resistance has an overly negative connotation, indicating a recalcitrant, oppositional tendency on the part of psychotherapy clients. This article emphasizes the inevitability and ubiquity of resistance and argues that it should be greeted as a therapist's friend, not as an enemy. It is the way in which clients present themselves to the world in general and to the therapist in particular. Five forms of resistance are presented, including: resistance to the recognition of feelings, fantasies, and motives; resistance to revealing feelings toward the therapist; resistance as a way of demonstrating self-sufficiency; resistance as clients' reluctance to change their behavior outside the therapy room; and resistance as a function of failure of empathy on the part of the therapist. Vignettes from the author's practice and from the cases presented in this issue are discussed in terms of these five modes of resistance and their treatment. © 2002 John Wiley & Sons, Inc. *J Clin Psychol/In Session* 58: 157-163, 2002.

Keywords: resistance to recognition of feelings; resistance in the therapeutic relationship; resistance to behavior change; resistance as therapist empathic failure

My orientation to psychotherapy is based on psychoanalytic theory and technique. The most general goals I pursue in treating clients is to put them in touch with their disavowed feelings, their hidden motives, and their dysfunctional interpersonal patterns. In the relationship I have with them, I hope that clients will feel liked (or loved), respected, and understood, even while recognizing that there may be ruptures in our relationship during the course of therapy. I also want to help them achieve insight into their difficulties in an effort to free them from patterns of behavior and accompanying symptoms that cause them to get less satisfaction from life than they otherwise might.

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When I listen to clients, I ask myself questions such as:

- What is their adaptive style, which is an *ego* function that allows them to get along in the world?
- What might they be defending against in their effort to stay on an even keel and which keeps them stuck in a problematic place?
- What might have gone awry in their ability to experience and express their sexual and aggressive *drives*?
- What is the quality of their interpersonal or *object* relationships that might be interfering with their marriage, their ability to form a relationship, or to get along with their boss or fellow employees at the workplace?
- Do they have a grounded and positive feeling about the *self*, or is it fragmented, unstable, and negatively toned?

Ego, *drive*, *object*, and *self* are a summary way of referring to the major theoretical concepts of contemporary psychoanalysis, as elaborated by Pine (1990).

I consider it important to reconnect clients with their earlier experience, where the roots of their problems often lie. If the work of therapy is proceeding smoothly, such memories often surface without the therapist having to dig too hard to unearth them. This helps clients make sense of what may seem irrational or self-defeating in their behavior in the present; it can allow them to remove—at least partially—the weight of older, now useless, baggage. To stay with this metaphor, they can learn that they need not break their backs lugging behind them heavy leather or fiberglass suitcases when they have the option of shifting to lighter, but durable, contemporary suitcases with wheels.

What Is Resistance?

In the broadest terms, I view resistance as the way in which clients present themselves in therapy. In *ego* and *object* terms, resistance refers to the customary and automatic ways in which clients both reveal and keep hidden aspects of themselves from the other, especially as these occur in their relationship with the therapist. It is a way of avoiding and yet expressing unacceptable *drives*, feelings, fantasies, and behavior patterns. However, it is also how clients assert their healthy human need to be autonomous and separate from others, or to protect their sense of *self* in an adaptive fashion.

Conceptualizing and Working with Resistance

What I want to convey most emphatically is that resistance should not, and need not, be viewed as the enemy of therapy. In fact, the term itself is in some ways unfortunate. It leads the therapist to think in oppositional terms rather than to view resistance for what it is: the inevitable expression of the person's manner of relating to their inner problems and to others. The resistance is what we have to work *with*, not against, in therapy (cf., Wachtel, 1993). Hence the subtitle of this article—*vive la résistance*. We would no more expect clients to present themselves to us as exposed, bleeding wounds, vulnerable and defenseless—that is, without resistances—than would a physician want or expect a patient to be without an immune system. Rather than think about resistance as a way that clients oppose the work of therapy, I have found it more helpful to think of it as their way of communicating distress and their manner of coping with it, much as the physician employs patients' report of pain as a clue to their disorder (Schlesinger, 1982).

We can think of resistance as presenting itself in a variety of forms and for a variety of purposes. First, there is clients' *resistance to the recognition of their impulses, feelings,*

fantasies, and motives. When clients are on the verge of admitting these to themselves and to the therapist, anxiety or other negative affects typically will be present. It is to this affect that therapists must address themselves. One can join with patients in empathizing with their anxiety about exposing themselves; therefore, "It must make you nervous to realize that not all your feelings for your wife are so positive." Alternatively, "Although you started talking about the loss of your father, you quickly changed the subject as if it were too painful to talk about further." Or, "It must be embarrassing for you to talk about your sex life with me."

Second, there is *resistance to revealing feelings toward the therapist*, whereby clients reenact with the therapist earlier modes of interpersonal relationships without recognizing that they are doing so. When resistance is expressed directly in the transference, the psychodynamic therapist wants to engage clients in such a way as to enable them to express their thoughts and feelings freely about the therapist, which allows them to get a first-hand view of the manner in which they resist. This then can be explored further.

A common type of resistance in the transference relationship is the suppression of angry feelings for fear of retaliation by the therapist, a scenario previously experienced by the client as a child in relation to a parent. For example, I was conducting therapy with a 35-year-old man who had been coming very regularly for weekly sessions. At one point, he missed a session, offered a lame excuse at the next session for not having shown up and not calling, and then missed the subsequent appointment. I should add that when I had not heard from him on the day after the first missed session, I called him to find out how he was. During the session following the second missed appointment, he started talking about how I did not want him to succeed in his endeavors, to achieve anything, or to be independent. He added that he felt terribly guilty in saying this to me.

He then quickly switched to telling me about his father and how, when the two of them would get into an argument or engage in horseplay, he felt that his father bullied him or hit him too hard, and he became fearful of talking up to or disagreeing with him. I responded by saying that it was hard for him to stick to his feelings about me (that is, I encouraged him to stay with the resistance within the transference relationship). He then continued berating me, after which I raised the question of what feelings he might have been expressing indirectly to me by missing the sessions (my effort to explore the resistance to recognition of feelings). He immediately responded that he missed the sessions because he was angry with me, and he liked the idea of my just sitting around waiting for him. "If you have an apartment and you're paying rent, you don't always have to use it," he said, and smiled with satisfaction. He added that he also wanted to get me irritated to see how I would handle it. He then admitted, in quiet tones, that he did not know how and when to express anger appropriately and that had always been a problem for him.

The missed sessions (*the resistance to feeling*) were his way of indirectly expressing anger that he was then able to experience in the session, explore, and connect to his problematic relationship to his father while growing up (and presently). This is resistance in the form of reenactment in the transference; its expression was a learning experience (for both of us) and was not to be shunned or treated by the therapist in a punitive fashion. In the final section of this paper, I will return to my own felt reactions to his behavior.

This example also can serve to illustrate a third function of resistance, which is *the opportunity for clients to demonstrate self-sufficiency and self-efficacy*. This same client let me know that I should not have called him after the missed session, that it was unnecessary. On reflection, I realized that he was right and that I had acted out of my own excessive anxiety about his welfare. Given what I knew about his having been overprotected by his parents, who saw him as incapable of taking proper care of himself and achieving on his own, my calling him delivered the wrong message. His missing sessions was an assertion of his ability to be on his own, to manage well without always needing my support.

Thus, there were three important meanings to this mode of showing resistance within the context of the therapeutic relationship: One was the way in which he expressed conflict over the expression of anger, namely, by avoidance; a second was the developmental thrust toward autonomous functioning, namely his getting by without me; and the third was his testing me to see if I would respond punitively, as his father had done in the past. I would characterize my not playing into my assigned role as punitive father as an example of what he might have experienced as a corrective emotional experience. Acknowledging and expressing anger appropriately may now be a little easier for him.

A fourth kind of resistance is *clients' not changing their behavior outside the therapy room*. This form of resistance is mentioned much less frequently in the psychoanalytic literature than in the behavioral literature. The traditional psychoanalytic notion is that clients' behavior on the outside is more or less their own business, and the psychoanalyst's job is to analyze the psyche rather than to instruct clients on how to live their lives. Differing with this viewpoint, psychoanalysts Blatt and Erlich (1982) referred to this form of client resistance as "an expression of the basic wish to maintain well-established modes of adaptation that, although limited and at times even painful, are at least familiar and predictable" (p. 74). The basic resistance in this case is to growth and development.

In my own work with clients, I do take an interest in how they are applying what they have learned in therapy. For example, I once treated a 26-year-old, unemployed man who was a social phobic and/or an avoidant personality. He spent his days at home, mostly sitting at the computer, rather than pursuing a job in a field in which he has some training. He was not very psychologically minded and seemed averse to exploring his fears about engaging in the outside world. Instead, he complained about the lack of response to the few résumés he had sent out and the lack of help he had received from the technical school where he trained. In spite of my encouragement and my interpretation of his fear of being shamed and humiliated on the job, he remained stuck in his familiar but unsatisfying rut. When I asked him whether I sounded like his nagging parents when I pointed out his resistance to seeking employment, he just brushed off these openings to exploration. Nevertheless, he came dutifully each week, reporting his lack of progress and repeating his litany of complaints. My effort was to encourage him to get started even in a part-time or temporary job, while at the same time exploring his reluctance to change. At some point, he began to make some forays into the wider world and to get beyond what Blatt and Erlich (1982) would call his "counter-developmental" stance.

Fifth, and finally, resistance can be viewed as *a function of failure of empathy on the part of the therapist*. This is an approach favored by self-psychologists who regard *resistance* in the patient as a reaction to the therapist's lack of attunement to the client's immediate needs. For example, rather than prod a social phobic into sallying forth in the world, the self-psychologist would want to provide the client with an experience that is different from and better than what he/she has encountered thus far. In other words, the therapist should pick up where the original caretakers left off (Hedges, 1983), rather than emphasizing behavioral change or insight through interpretation. This does not preclude questioning clients about their self-destructive behavior, which self-psychologists would probably view as a way of showing concern about it.

I will now call upon these concepts in discussing the cases presented in the articles by Newman, Satten, and Engle and Holiman.

The Case of Brian

This client nicely illustrates several forms of resistance presented above. Brian's behavior reminds me of Freud's dictum that a patient's first resistance is to the therapy itself. In

some sense, Brian never really became a psychotherapy client. After he got a job with the help of the therapist's homework assignments, he lost interest in therapy until he began to react negatively to the demands of his job. He then sought confirmation from the therapist that he should quit. When this was not forthcoming, he left therapy, never really having engaged in it. Newman tried mightily to help Brian see how his current difficulties were a replay of a familiar lifelong pattern, but to no avail.

The resistance, then, is to the client's taking a proactive stance to explore his dysfunctional pattern of staying on the periphery of things and not seizing opportunities. He does this at work by not rising to the challenge and in the context of the therapeutic relationship by not availing himself of the opportunity to work with the therapist to solve his problems. Too much is expected of me, he is saying, in both situations. In terms of the categories of resistance described above, it is resistance in the transference relationship and resistance to growth and development, as Newman astutely recognizes.

What might I have done differently to work with Brian's resistance? First, I should say that however I—or any other therapist—might have proceeded in this case may have made little difference. It behooves us to recognize that not all clients are prepared to avail themselves of our offered assistance, and that is their choice. They may return at a later point ready to work in therapy. All we can do in such instances is to clarify what we can offer so that clients know that help is available when they are ready to accept it.

Realizing the strong resistance this man puts up to working on his problems, I might have taken a more empathic approach rather than the confrontative attitude Newman adopted. Brian may have experienced the therapist's bald statements of his problem in life as a failure in empathy, and as wounding. This is the form of resistance referred to earlier as being based on the therapist's lack of attunement. As White and Weiner (1986) describe it from within a self-psychology orientation, "We can imagine what a baby feels like if his mother insists on forcing the bottle into his mouth when he really is nauseous" (p. 20).

Brian was not ready to hear that the problem lay in him, much as my social-phobic client found it hard to do so. It is psychologically more comfortable for both clients to take the role of victim of others' insensitivities than to face their own deficits and conflicts. Recognizing Brian's strong defensive armor, I might have joined his resistance for a while by reflecting his despair and hopelessness, his tough life situation, and empathizing with his difficult situation at work. Being thus understood, and perhaps coming to view the therapist as an ally instead of an opponent, he, in time, just possibly may have been more willing to look within himself for some answers to the life pattern that he was repeating with the therapist.

The Case of Julie

The central conflict in this client's life is between being the nonsexual little girl who is taken care of by a father figure, as opposed to being a sexually mature woman who can take care of herself. Her current effort to become more independent of the therapist by not sharing as fully or readily is a good example of resistance in the service of self-sufficiency and self-efficacy, as is her wish to reduce the frequency of sessions to every other week. In the case of other clients, the wish to pull away and to taper off sessions may be their way of avoiding the expression of certain feelings or fantasies. Given what we know about Julie, however, it appears that she now wants to make it on her own without as much help from the therapist. This is the kind of "resistance" that should be supported, as the therapist seems to have done.

When Julie shared her fantasy of wanting to plead with the therapist not to leave her and wanting to promise that she would not act sexually with him, we have an excellent

example of the expression of resistance in the transference relationship. It demonstrates how resistance is the therapist's friend insofar as Julie is enacting the central conflict of her life in his presence and is now able to recognize and explore it. It also is impressive that she was able to realize how it was not just her father's behavior that contributed to her conflict, but her own wish to remain "his cherished little girl." Her all-too-ready willingness to surrender confidence in her own judgment and not to assume a self-reliant role is a good example of what I have referred to above as resistance to behavior change and growth.

The Case of Victoria

Victoria manifests many of the characteristics of the obsessive personality. She is out of touch with her feelings and ruminates about different options for action, never quite able to follow through comfortably and confidently on any of them. She is perfectionistic, fearing making a move that may offend others or that will expose her as flawed in any way. She projects her own need to be perfect onto her marriage, viewing it as flawless until she can no longer keep up the pretense. In this connection, the most striking example of her avoidance of awareness is her being taken completely by surprise at her husband's decision to leave. Surely there were some indications of the negative emotional climate between them, which she chose—consciously or unconsciously—to ignore, for which she then paid a heavy price.

In terms of my schema, Victoria manifests three forms of resistance, which in her case are closely interrelated. She resists awareness of her inner life, the feelings she has in the transference relationship, and making changes in her life. The therapist seems to be very aware of these forms of resistance and works effectively with them in an experiential and Gestalt mode.

In addition to the tack taken by Engle and Holiman, I would add two modes of working with Victoria. First, I would want to help her recognize her tendency to equivocate as a way of avoiding feeling. For example, instead of "helping her slow her rapid mental processing," I would point to this behavior as an avoidance of her feelings so that she might gain some insight into her cognitive style and not only into the content of what she is defending against. This might help her spot her characteristic ways of avoiding so that she could learn to note for herself when this was occurring.

Second, I would point to the ways in which she was treating me in a similar manner to how she responds to others. For example, in her on-again/off-again pattern of coming to therapy, I would presume that she is avoiding something emotional going on between us that I would want to encourage her to explore. It is my impression that there was rather less emphasis on resistance expressed in the therapeutic relationship in this therapy than there would be in a psychodynamically oriented therapy. On the other hand, there is considerable overlap between Engle and Holiman's way of formulating and treating Victoria's problems and a psychodynamic approach.

Therapist Reactions to Resistance

As therapists, we all have emotional reactions to our clients' resistance, and it is well worth tuning into them. In psychoanalytic parlance, these are referred to as *countertransference reactions*, but there are two very different ways to understand these reactions and to use them clinically. In the first of the two ways, we are responding to the client on the basis of our own issues, which can lead to interventions based more on our needs than

those of the client. For example, my telephoning the 35-year-old client discussed earlier to inquire about his welfare after he showed resistance by missing a session and not calling was based on my own anxiety and excessive need to be his nurturer and protector. This need resides in me as a person. After our subsequent session, I became more aware of it, reflected on it, and now am more able to respond to his need for independence.

A second use of the term countertransference is therapists' response to the client's effort to evoke certain reactions in them that emanate from the client's internal world. Thus, my client wished to evoke anger in me by skipping a session, and, in fact, I recognized some irritation, especially when he chose not to call. My recognition of this feeling gave me a clue as to what he was trying to do and allowed me to help him express and explore his anger, his guilt in connection to this anger, and their roots in his relationship to his father. In this way, the therapist becomes cognizant of the role relationship into which he/she is cast (Sandler, 1976; Strupp & Binder, 1984) and uses that insight to understand and help the client.

Brian's resistance in the form of passivity and oppositionalism also might make me feel irritated and frustrated. Could this be one of the motives of his behavior—namely, to express his hostility by making others useless to him? This leads others to want to get rid of him, setting up a vicious cycle in which he indeed becomes a victim. With Julie, her behavior makes me feel like the father to a daughter who is reluctant to grow up, which would be the focus of exploration. In the case of Victoria, I would feel like a sounding board, the recipient of an onslaught of rapid-fire verbiage, with the wish to remove myself from her presence. Might her husband have felt similarly? Hers is a distancing maneuver that I would hope to recognize and interpret to her as such.

Conclusions

Resistance is the bread and butter of psychotherapy. It is related closely to all aspects of a client's personality functioning and behavior. Within a psychodynamic framework, therapists have to become aware of the forms that it takes in their clients and then convey that understanding to them. Although it may seem like obstructionism, resistance is viewed more properly as the way the person meets the world, with both negative and positive features and consequences. By accepting resistance as an inevitable, even desirable, feature of our work, we are equipped better to be truly accepting of our clients and therapeutic in interacting with them. Therefore, I say, *vive la résistance*.

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