



Resistance

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“Resistance is the degree to which a substance prevents the flow of electricity through it”.
(Cambridge Dictionary)

The concept of Resistance has evolved in parallel with other theoretical developments in psychoanalytic theory. It flows from Freud’s observation that repression is an active, unconscious process working to keep unacceptable thoughts and feelings out of the patient’s awareness. Later, Winnicott, Kohut and other self-psychologists pointed out the adaptive function that resistance was serving in protecting patients from threats to the integrity of the self. Contemporary ego psychologists began to explore countertransference and the analyst’s contributions to resistance. In general, contemporary theory focuses more on interactive processes and the shared analytic field, assuming that the “whole is greater than the sum of the parts” in the analytic process.

At every impasse in treatment, we can ask ourselves what is being resisted, by whom, and why.

Session 1: Classical concept of Resistance

Freud, S. (1913). On Beginning the Treatment. *Standard Edition* (Vol. XII), 123-144. [PEP Web Link](#)

In this session, we will review Freud’s original concept of resistance as it relates to the foundational psychoanalytic concepts of repression and transference. Resistance is understood as those forces that work against free association and the uncovering of unconscious feelings and wishes. Transference will be discussed as a vehicle for resistance and as the force that is being resisted.

Learning objective: To be able to articulate Freud’s concept of resistance as it relates to the concept of repression and how transference can be understood as a source of resistance.

Session 2: Resistance as adaptation

Malin, A. (1993). A Self-Psychological Approach to the Analysis of Resistance: A Case Report. *International Journal of Psychoanalysis*, 74, 505-518. [PEP Web Link](#)

Whereas classical theory views resistance as a problematic force that stymies psychological growth, self-psychologists pointed to the ways that these same phenomena could be understood as ways that the self protects itself from unbearable feelings of shame and/or intrusion.

From this vantage point, we would want to understand why the patient (or therapist) feels threatened or closed off at certain juncture in the treatment process.

Learning objective: To be able to understand how resistance can be understood as an adaptation that serves to protect the self from unbearable shame and/or intrusions into private space.

Session 3: The Two Person Perspective

McLaughlin, J. (1988). The analyst's insights. *Psychoanalytic Quarterly*, 57, 370-389. [PEP Web Link](#)

While Freud recognized the pitfalls presented by the analyst's own psychology, especially as they relate to the developing transference, it took several decades before the countertransference became a primary focus on analytic inquiry. With this development, it became clear to leading analytic thinkers that analyst's themselves could be impacting (and hindering) the progress of treatment in any number of ways. We can consider the therapist as a unique "second person" who contributes to the treatment process.

Learning Objective: At the end of this session participants will be able to articulate two ways that countertransference can play a role in resistance.

Session 4: Enactment as resistance

Black, M.J. (2003). Enactment: Musings on Energy, Language and Personal Growth. *Psychoanalytic Dialogues*, 13(5), 633-655. [PEP Web Link](#)

Early papers on countertransference preserved the idea that. In general, the analyst has the ability to reflect on his own reactions to the patient from a rational perspectives. This position became less tenable as the relational perspective gained wider acceptance. At the same time, an atmosphere of openness allowed clinicians to present the "messy" process in which both members of the dyad were participants in "enactments" that could only be understood retrospectively. While enactment is viewed as ubiquitous and expectable, unexplored action can interfere with progress in treatment.

Learning Objective: At the end of this session participants will be able to define the concept of enactment and explain two ways that it can interfere with progress in psychotherapy.

Session 5: Theory as Resistance

Aron, L. (1992). Interpretation as Expression of the Analyst's Subjectivity. *Psychoanalytic Dialogues*, 2(4):475-507. [PEP Web Link](#)

There has been a convergence in many schools of psychotherapy (and the broader mental health community) around the concept of mindfulness. When we are overtaken with emotion or, conversely, when we try to control our experience through excessive rationality, we lose our ability to be mindful or psychologically “present.” Theory can be a help or hindrance in this regard. This ideal of mindful participation can be seen a natural extension of Freud’s recommendation to pursue “evenly hovering attention.”

Aron and other relational theorists have argued that the analyst’s subjectivity cannot be factored out of the treatment process. Left unexamined, this can become a source of resistance.

Learning Objective: At the end of this session participants will be able to articulate how theory itself can exacerbate resistance and how the analyst’s subjectivity can be a source of resistance.