A LOOK AT FREUD's FIVE TYPES OF RESISTANCE

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Persons enter treatment with the objective of developing more adaptive ways of managing conflict, which, in turn, will allow them to engage in more satisfying, flexible ways of living while holding on to the integrity of their self-representation. Nevertheless, giving up their own pathological "solutions" (symptoms and personality disturbances) and creating space for new "learning" is a daunting, often threatening endeavor. Thus, *resistances* come into play.

Resistances must be on the analyst's mind from the start of every treatment. Without a thorough understanding of this concept one cannot expect to form a working relationship with a patient. In this paper, I *only* review Sigmund Freud's original five types of resistance and provide clinical examples.

Freud's Five Types of Resistance

In 1926, Freud referred to five types of resistance that come from the ego, id, and superego:

1- *Repression resistance*, in which repression is utilized in order to avoid anxiety.

2- *Transference resistance*, which is derived from "disappointment" in the analyst.

3- *The gain of illness resistance*, wherein a patient maintains his or her symptoms because they satisfy some internal demands or strivings.

4- *Repetition compulsion resistance,* which works against giving up symptoms due to the common compulsion in neurosis to repeat.

5- *Superego resistance*, which stems from the conviction that one is obligated to suffer.

The first three types come from the ego, the fourth from the id, and the fifth from the superego. Freud (1937) explored this subject further in *Analysis Terminable and Interminable* and described additional resistances linked biological–constitutional factors, loss of plasticity and adhesiveness of libido (in old age), as well as traumatic experiences.

I will now explore Freud's original five types of resistance in detail, illustrating each with a clinical example, keeping in mind that here I am concerned with patients with neurotic personality organization.

(*This paper does not update contemporary perspectives of what contemporary analysts wrote about resistance*).

1-Repression Resistance

Repression is the most habitually employed defense mechanism of people with neurotic personality organization. Simply put, it entails the ego expelling and withholding unacceptable ideas and feelings from conscious awareness. In doing so, the ego works against the goal of interpretation, which is to uncover and bring such material into consciousness. Even when a patient endeavors consciously to "get well," the ego's repressive habit interferes; optimally, the analyst helps the patient become aware of this.

I believe that an analyst can see repression at work most clearly when a patient *re-represses* material that had been unrepressed earlier in analysis.

Case History: After being in analysis with me for two years, Gilmore, a middle-aged man with severe obsessional neurosis, became aware of his murderous rage toward his mother and his four younger siblings. His oldest sibling was born when Gilmore was two years old, and this birth and those that followed were traumatic for him. In addition, when he was small, his mother had given him enemas in

an attempt to "clean" his bad feelings which she associated with feces. As he grew older, he relied heavily on repression, supported mainly by reaction formation. For example, as a child, he would give his share of sweet rolls to his siblings; not only had he repressed his hostility toward them, but he had also turned it into its opposite, as demonstrated by his extreme generosity. In time, Gilmore became a Methodist minister and, through repression, forbade himself to feel or think aggressive thoughts about people in his church. He organized his life around a frantic effort to be good to others.

Analytic work into this behavior, in the second year of his analysis. helped lift from repression his childhood rage toward his mother and siblings. Childhood fantasies of murdering them came into his consciousness in dreams and free associations, and one of his previous symptoms, shoplifting, returned. He also developed a new symptom, gorging on food. With my assistance, Gilmore came to see that stealing and gorging were efforts to make up for the sweet rolls he had given his siblings when he was a child. Gilmore was making "instant mothers" out of the stores from which he stole; he felt entitled to take items without paying, particularly since his mother had taken his feces without asking permission (enemas) and because he had given so much to his siblings. As his repression lifted further, he recalled with appropriate feelings, a sweater his mother had knitted for him when he was in his early teens. She knitted sweaters for all her children, and by the time she came to his, the last one, she had run out of wool and had to finish it using unmatched shades of yarn. Gilmore had been aware of having a flawed garment while his siblings had perfect ones.

With the lifting of his repression, Gilmore understood that his frantic efforts to be "good" were due to his defenses against his childhood humiliation and rage and were derivatives of his reaction formation. A memory emerged, traced to the age of six, of a wish to hit one brother on the head and push another into a well. Dreams, too, supported my observation that his repression resistance had loosened, allowing

relatively unmodified unacceptable ideas to enter his awareness. When he dreamt of shaking pecans off a tree, he saw without difficulty that he had wanted his siblings (pecans) to be dead and away from their mother (tree). He dreamt of four blank cartoon frames, which represented his four siblings: he had symbolically destroyed them by keeping the frames blank. When he dreamt of a deformed breast, flat as a "fried egg," he could tolerate his feeling of hostility toward the mother who had nursed his siblings. In the dream, he was the one who ruined his mother's breast.

At this point in his analysis one of his brothers had surgery, and Gilmore himself had a cystoscopy to find out why he was passing blood in his urine. His brother's operation was successful and his own condition was found to be nonmalignant and readily treatable; nevertheless, these health concerns caused him to consider the possibility that his anger would damage his sibling and himself and that it would lead to rejection.

His repression resistance *returned* with full force: He could not remember what he had been talking about recently; he could not remember the newly unrepressed aggressive thoughts about his siblings; and he could not remember his recent dreams. It was as if the memories of the last few months of his analysis had been put in a trashcan with a tightly fastened lid. We needed to do new work to remove his extensive repression.

2-Transference Resistance

Although transference is necessary for analytic work, it can also function as a formidable resistance. Alongside the objective of "getting well," a range of complicated and often unconscious fantasies tends

to gain momentum as treatment unfolds. For example, a patient may wish to have the analyst's love, become the analyst's baby, become the analyst's only baby, compete with or kill the analyst, and so on. These elaborate infantile fantasies are unacceptable to the patient, calling forth a signal that mobilizes defensive operations. Such operations can evolve into transference resistances. Thus, while the transference neurosis is welcomed, the tension it creates may provide an obstacle to hearing interpretation, and working through it also brings its own baggage, namely, resistance. The transference resistance may be "the most powerful resistance to the treatment," as Freud pointed out (1937, p. 101).

Case History: Joan came to analysis after breaking off a stormy love affair with a married man, the fifth such affair in four years. As her analysis progressed, I learned about their origin. During her oedipal phase of life, her mother was depressed, drank heavily, and was hospitalized from time to time. At the time of her oedipal passage and later as a teenager, her father spoke of her as his "second wife," took her out without her mother, and treated her in such a way that she felt oedipal triumph.

In the second year of her analysis, Joan became infatuated with a professor at a university where I was also a professor; she filled her sessions with talk about him. After collecting enough information, I explained to her that the affair was a displacement of her feelings for the analyst onto the professor, and, before long, the affair ended. She then began to dress for her sessions with great care, became seductive on the couch, and declared her "love" for me. For months she spoke of nothing but her fantasized future with me. When I tried to connect her infatuation with me to the special relationship she had with her father as a child she could not hear me. The analysis seemed to be at a standstill, although I maintained my analytic position and remained curious. When by chance she saw me at a theater with a woman, Joan protested angrily in the next session about this "rejection." However, this external event encouraged her use of reality testing, and, afterwards, more routine analytic work became possible.

In this case, Joan's difficulty acknowledging guilt about replacing her mother as her father's "second wife," and her fear about losing her mother's love in the process, made up primary sources of resistance. In reality, a very troubled, and later alcoholic, mother could not provide good mothering for little Joan. As long as Joan preoccupied herself with her love for her father/lover/analyst, she could keep painful feelings associated with the depriving mother at bay. By developing an exaggerated *erotic transference*, Joan was maintaining her usual ways of handling mental conflict, steering clear of her wish to find a "good" mother and her dread that such a person might not exist. If the latter was true, she would be devastated and enraged. It was only after her very intense "erotic transference neurosis" attenuated that the main source of this resistance came to the surface and could be understood and worked through.

3- The Gain of Illness Resistance

The gain of illness resistance refers to the patient's receiving gratification through symptoms from the people or the situation in his or her environment. Some individuals develop neurotic symptoms after they experience an event in which they feel they were injured physically or emotionally. Sometimes, upon receiving compensation for their injury, they rapidly give up their symptoms. A closer look into this phenomenon in the clinical setting reveals that the compensation satisfies their unconscious wishes (for example, oral dependency longing), and that once they receive it they no longer need their symptoms in order to achieve gratification.

Case History: Paul, a man in his mid-twenties who worked in a grocery store, had an ambivalent relationship with his rich uncle who owned the store and represented a father to him. He was anxiously engaged in unconscious competition with the older man. He fantasized about owning the store himself

and making love to his uncle's secretary. One day he had an argument with his uncle and thought about hitting and kicking him. While he was in this angry mood, a heavy box fell on him, knocking him unconscious. When he came to, he was struck by his uncle's concern. Although his doctor reassured him that he had suffered no lasting physical damage, Paul continued to "suffer" from the blow he had sustained. His symptoms of pain and other accident-related complaints won him considerable attention from his uncle. Even the secretary pampered him.

Paul's symptoms continued to exist for two and a half years. His frustrated family physician urged him to seek psychoanalytic treatment: Paul's analysis revealed that he was most resistant to giving up his symptoms since through them he received much gratification. They helped satisfy his punitive superego, since he perceived the blow from the box as punishment for the aggressive feelings he had harbored toward the uncle/father of his childhood, the source of much guilt. Staying "ill" kept him from knowing his death wishes toward his uncle/father. Moreover, his symptom won him a dependent position in which he got considerable attention from his uncle and the "forbidden woman," his uncle's secretary who in Paul's mind was his uncle's lover—all without fear of retaliation since, because of the accident, he was already damaged.

4- Repetition-compulsion Resistance

Clinical work shows that patients often have a tendency to repeat experiences, even painful ones. Noting this compulsion to repeat, Freud (1920) speculated about it in *Beyond the Pleasure Principle*. If all of psychic life is governed by the pleasure principle only, how can we explain the compulsion to repeat painful experiences? He theorized about some demonic force opposing the pleasure principle, and came to attribute repetition compulsion to mental operations more primitive in a biological-evolutionary sense than those normally directed by pleasure/displeasure. Accordingly, he developed his

theory of the *death instinct* as opposed to the *life instinct*. (*Later, such concepts were debated and for all practical purposes abandoned, as I do not discuss this here*).

My focus here is on the role repetition plays in resistance during analysis. When viewed from this perspective, the tendency to repeat can be understood as a force opposing the patient's attempts to leave behind neurotic patterns after their meanings are interpreted, understood and owned. In the clinical setting, repetition-compulsion is most clearly noticed when a childhood trauma and the patient's habitual response to it are repeated after the patient learns and owns its meaning.

Case History: Cindy, a 28-year-old married social worker and mother of three small children, came to analysis with obsessional thoughts of harming her children by doing sexual things to them. Her symptom had appeared six months earlier during a time she was looking after a young girl who had been sexually abused by her father. Cindy had herself been involved in an incestuous relationship with her own father from the age of eight until she reached puberty, at which time her father abruptly ceased having sexual intercourse with her for fear of making her pregnant.

When Cindy started analysis, she reported having complex feelings about her father. Both of her parents were still living. She said she had forgiven her father because he had been immature as a younger man and had always been kind to her. Her only negative feeling about him seemed to center on his abrupt rejection of her when she reached puberty. However, within a year of analysis, both Cindy and her analyst became aware of Cindy's helplessness, humiliation and rage over what had happened to her, and of her displacement of this rage onto her own children. She had a near-fatal accident when in her early teens and analysis revealed that she had experienced this as a punishment. Since she stubbornly clung to

the mental image of this accident, she constantly put herself in a psychological position in which she paid for her "sins."

In many of her activities, Cindy symbolically repeated her sexual relationship with her father. For example, she had been a sexually promiscuous teenager, playing Russian roulette with the possibility of becoming pregnant. When she married in her late teens, she used her obsessional husband as an external superego against her impulses to act out sexually. However, her habit of bathing in the nude with her children without conscious concern about overstimulating them was a derivative of her relationship with her father.

During her marriage, her perception of herself as a flawed and marked woman played out incessantly. For example, in spite of her education, she never surrendered her country accent, only learning the meaning of this in analysis: her "bad accent" stood for her "bad sexuality"—incest. As a child, she had been mercilessly teased about her accent. Now, at professional meetings she arranged to have herself presented as "a country girl who made good," or as someone "with humble roots." Although this humiliated her, she insisted upon it—repetition compulsion was at work.

Cindy's associations made it clear that by repeatedly calling attention to her "faults," she was masochistically collecting witnesses for the sexual injustice done to her as a child. Her analyst was the first person she told about the incest. However, by parading her shortcomings, she had symbolically been telling this story for some time. Other meanings, too, were condensed in these repetitions which represented her fruitless attempt to repeat her humiliation for the sake of mastering it and to maintain an attachment, even a painful and destructive one.

Once a piece of jewelry was stolen from her handbag and she rushed to her father's house to get his sympathy for her loss. Instead, he blamed her for inviting the thief to steal her jewelry, saying, "It's your fault, *again*." She was filled with anger and frustration. Her analyst told her that the handbag represented her vagina and that she had experienced incestuous "rape" when she was robbed. He also said that her desire to "re-discuss" the theft with her father of today, who represented the father who had been involved with her sexually, was a way to "re-test" their relationship. She sought her father's sympathy and understanding, but was left alone with her self-blame. The analyst's explanation helped her realize that she had felt confused, robbed, betrayed, angry and guilty at the time of the incest. She had believed as a child that it was her fault. She cried her heart out in her next sessions and experienced much relief. Soon, however, she was ready to repeat her incestuous behavior in the transference. This time, her repetition compulsion was, in a sense, good for the therapeutic process since reenacting the representation of a traumatic event between patient and analyst made the event authentic and available for working through.

At one point in the second year of her analysis, the analyst called Cindy to change the hour of an appointment. When he addressed her on the telephone, he called her *Mrs. Smith*, as was his custom. Cindy came to the rescheduled session after making excuses at work to keep her appointment secret, as though she were secretly having sex with her father. She demanded that the analyst call her by her first name, and felt angry when he suggested that they be curious about this request. Shouting, she repeated her demand that he be "close to her." When she left his office, she "forgot" her handbag. The next day, she fantasized that the analyst, like the thief who stole her jewelry, went into and explored the personal belongings in her handbag, her symbolic vagina. The analyst refrained from quickly sharing with her his understanding that she was repeating in the transference the representation of her sexual relationship

with her father. He wanted her to own her emotions. Thus, she stayed in a highly emotional state for several weeks, recalling symbolically and experiencing her sexual stimulation, her confusion, her rage, and her guilt. In the transference, Cindy slowly worked through the impact of her incest.

In her third year of analysis, Cindy seemed to have an improved sense of self and slowly began losing her fear of harming her children, although her repetition compulsion did not completely disappear. She underwent an emergency appendectomy in her fourth year of analysis and this brought to mind the psychology of rape as forceful penetration. In response, she again began to behave in an exaggerated way as a country bumpkin, a flawed woman. For some months, she repressed the meaning of her resumption of this symptomatic behavior. In her fifth year of analysis, she was a candidate for promotion at work and was required to take a written test. Her impulse to be a woman with a bad past, a country bumpkin, led her to make many embarrassing grammatical errors on the test; her repetition compulsion was resisting success in life and in treatment. She was not promoted at this time, but did advance in her career just before ending analysis.

5- Superego Resistance

The activation of the punishing forces of the superego acts as a resistance against gaining insights during the analytic process and against its deepening. Freud (1926) considered superego resistance to be the most obscure, although not always the weakest, of the five forms of resistance. Resistance to improvement can arise from a sense of guilt and associated with this, a felt need for punishment according to the dictates of the superego. I do not know why Freud thought of superego resistance as the "most obscure" form. It is present in almost every case, including all the cases reported in this chapter where I referenced how the superego plays a significant role in creating resistance, so a new case report is unnecessary here.

Cases: When Gilmore's remembered murderous rage of his childhood found an echo in the real world (his brother's illness), his superego was reactivated and his intense repression returned. In Joan's case, her superego would not allow her to recall her feelings about a depriving mother and this played a role in her erotic transference resistance. Paul punished himself in order to keep his aggressive thoughts about his uncle/father. Cindy utilized her husband and the supervisors at her workplace as an external superego and experienced a near-fatal accident as a punishment stemming from her superego.

Note: *In this paper I do not examine Freud's original five types of resistances in light of some later psychoanalytic developments, and refer to other types of resistances.*

References:

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