

Resistance

This predominant role of ego-defence is asserted by Freud right up until one of his last writings: "... the defensive mechanisms directed against former danger recur in the treatment as *resistance* against recovery. It follows from this that the ego treats recovery itself as a new danger" (4a). From this standpoint the analysis of resistances is indistinguishable from that of the permanent ego-defences as they emerge in the analytic situation (Anna Freud).

Yet Freud does explicitly state that the manifest defence put up by the ego is not sufficient to account for the difficulties met with as the work of analysis is carried through and concluded; the analyst, in his clinical experience, encounters resistances that he cannot put down to alterations* of the ego (4b).

At the end of *Inhibitions, Symptoms and Anxiety* (1926d), Freud distinguishes five types of resistances. Three are ascribed to the ego: repression, transference resistance, and that resistance which proceeds from the secondary gain* from illness and which is 'based upon an assimilation of the symptoms into the ego'. This still leaves the resistance of the unconscious or the id and that of the super-ego. The former is what makes working-through* (*Durcharbeiten*) technically indispensable; it is the 'power of the compulsion to repeat—the attraction exerted by the unconscious prototypes upon the repressed instinctual process'. Finally, the resistance of the super-ego derives from unconscious guilt and the need for punishment* (5a) (see 'Negative Therapeutic Reaction').

Here we have an attempt at metapsychological classification with which Freud was not satisfied but which at least has the merit of pointing up his steadfast refusal to lump the interpersonal and intrapersonal phenomenon of resistance together with the defence mechanisms intrinsic to the structure of the ego. For Freud the question of *who resists* remains open and vexed (6). There is no getting around the fact that beyond the ego, 'which clings to its antitheses' (5b), there lies a final obstacle to the work of analysis—a fundamental resistance about the nature of which Freud's hypotheses were at variance, but which, in any event, cannot be placed in the category of defensive operations (see 'Repetition Compulsion').

(x) This is an idea that emerges as early as 1896: 'I am met with hostility and live in such isolation that one might suppose I had discovered the greatest truths' (2b). As to the 'psychological blow', cf. 'A Difficulty in the Path of Psycho-Analysis' (1917a) (6).

(y) 'When a patient who showed himself unamenable was met with the shout: "What are you doing? *Vous vous contre-suggestionnez!*" I said to myself that this was an evident injustice and an act of violence. For the man certainly had a right to counter-suggestion if people were trying to subdue him with suggestions' (7).

(z) Suggestive technique 'does not permit us, for example, to recognise the *resistance* with which the patient clings to his disease and thus even fights against his own recovery' (8).

(3) Cf. the definition of resistance given in *The Interpretation of Dreams* (1900a): "... *what-ever interrupts the progress of analytic work is a resistance*' (9).

(4) The reader is referred to Edward Glover's *The Technique of Psycho-Analysis*. After methodically enumerating the resistances *qua* manifestations—brought out by analysis—of the permanent defences of the mental apparatus, Glover acknowledges the existence of a residue: "... having exhausted the possibilities of resistance arising from the ego or the super-ego, we are faced with the bare fact that a set of presentations is being repeated before us again and again. [...] We expected that by removing the ego and the super-ego resistances we should bring about something like automatic release of pressure, that the charge would either dissipate itself explosively and openly, or that some other manifestation of defence would immediately arise to bind the freed energy, as happens in transitory symptom-formation. Instead, we seem

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to have given a flip to the repetition-compulsion, and the id has made use of weakened ego-defences to exercise an increased attraction on preconscious presentations' (10).

(1) Cf. FREUD, S.: a) G.W., I, 280; S.E., II, 278. b) G.W., I, 284; S.E., II, 289.

(2) FREUD, S.: a) letter of October 27, 1897, *Aufg.*, 240; S.E., I, 266. b) letter of March 13, 1896, *Aufg.*, 172; *Origins*, 161.

(3) FREUD, S. *Beyond the Pleasure Principle* (1920g), G.W., XIII, 17; S.E., XVIII, 19.

(4) FREUD, S. 'Analysis Terminable and Intermittent' (1937c), a) G.W., XVI, 84; S.E., XXII, 238. b) Cf. G.W., XVI, 86; S.E., XXII, 241.

(5) FREUD, S.: a) Cf. G.W., XIV, 191-93; S.E., XX, 158-60. b) G.W., XIV, 191-93; S.E., XX, 158-60.

(6) Cf. FREUD, S., G.W., XII, 1-26; S.E., XVII, 137-44.

(7) FREUD, S. *Group Psychology and the Analysis of the Ego* (1921c), G.W., XIII, 97; S.E., XVIII, 89.

(8) FREUD, S. 'On Psychotherapy' (1905a [1904]), G.W., V, 18; S.E., VII, 261.

(9) FREUD, S., G.W., II-III, 521; S.E., V, 517.

(10) GLOVER, E. (London: Baillière, 1955; New York: I.U.P., 1955), 81.

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= D.: Retentionshysterie. -Ez.: histeria de retencion. -Fr.: hystérie de rétention. -It.: isteria da ritenzione. -P.: histeria de retenção.

Form of hysteria* distinguished by Breuer and Freud in 1894-95 from two others: hypnoid hysteria* and defence hysteria*.

Pathogenetically, this hysteria is characterised by the existence of affects which have not undergone abreaction, particularly as a result of unfavourable outside circumstances.

It was in 'The Neuro-Psychoses of Defence' (1894a) that Freud first identified retention hysteria as a specific form of hysteria.

In the 'Preliminary Communication' (1893a), the notion of retention-though not the actual term—was used to evoke a set of aetiological conditions where, in contradistinction to the hypnoid state, it is the *nature* of the trauma (determined either by the social circumstances surrounding it or by defence on the part of the subject himself) which excludes the possibility of abreaction (1a).

The idea of retention, more descriptive than explanatory, was destined soon to disappear, for in attempting to account for the phenomenon of retention Freud encountered defence*. An example of this was his therapeutic experience in the case of Rosalia H. (1b), to which he is no doubt alluding when he makes the following observation: 'I had a case which I looked upon as a typical retention hysteria and I rejoiced in the prospect of an easy and certain success. But this success did not occur, though the work was in fact easy. I therefore suspect, though subject once again to all the reserve which is proper to ignorance, that at the basis of retention hysteria, too, an element of defence is to be found which has forced the whole process in the direction of hysteria' (1c).