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# The interactive production of resistance

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Resistances are attitudes and behavioral patterns of a patient in treatment which contradict the aims of the psychoanalytic process: "...whatever disturbs the continuation of analytic work is a resistance" (Freud 1900, 521). Even the first version of this concept describes resistance as an interactive event between patient and analyst, although there was the idea of an aggressive and belligerent therapeutic relationship about Freud's view (1895). Freud considered the analyst, whose aim is the surrender of resistance, to be an opponent of the patient, who defiantly resists the analyst's aim with 'psychic force' (Thomä, Kächele 1985; Mertens 1990). Today many psychoanalysts, Gill (1993) for example, stress the interpersonal character of all resistances - as well as the whole therapeutic process - as joint creations of analysand and analyst.

## Psychotherapy and conversation analysis

As resistances are co-productions, the question emerges, how analysand and analyst jointly produce resistances while interacting with one another. Up to now psychotherapy research has hardly addressed this question. This is the reason Wolff (1994) says psychotherapy research is chiefly concerned with the effects of psychotherapy but does less research on psychotherapy itself.

Conversation analysis is a research program that very well suits the aim of examining the interactive character of psychotherapy and its microstructures. Conversation analysis, coming from interactive sociology (c. Sacks 1992; Heritage 1984; Schegloff 1993), examines methods and procedures that participants in social interaction apply to arrive at intersubjectively coordinated constructions of reality (Bergmann 1991) and to produce the characteristic structural features of their situation. Related to resistances, conversation analysis examines the means and procedures that analysand and analyst use in the therapeutic situation while interacting to produce, step-by-step, those phenomena that in a psychoanalytic view we call resistances. It is assumed in this context that every patient-analyst-pair create their own 'local culture', their own types of interaction patterns and by this their own specific resistances (c. Kantrowitz 1995). For conversation analysis, every last detail of the participants' spoken language and of their nonvocal behavior is important as it contributes towards the production of the local situation. For this reason, conversation analysis requires specified and detailed transcription systems (c. Jefferson 1978). The detailed transcription notations reflect the view of conversation analysis, that participants in social situations produce their social reality by detailed means of their verbal and nonverbal behavior, i.e. how they make visible and audible to one another what is going on.

As far as psychoanalysis is concerned, many case studies give evidence that psychoanalysts have an intuitive knowledge of the interactive function - even of minute details - of verbal and nonverbal behavior (c. Eagle 1993; Jacobs 1994; Klüwer 1995; Mahl 1977; McLaughlin 1992; Renik 1993; Sandler 1976; Treurniet 1996).

## Conversation analysis applied to the examination of resistance

All of the psychotherapy sessions in the study are face-to-face therapies. The sessions were videotaped. For the aim of this study, a clinically experienced psychoanalyst rated the session under investigation from a clinical psychoanalytic viewpoint, marking the sequences which seemed to him to be important. Those sequences, which in his view showed manifestations of resistance, were transcribed using the transcript notations developed by Jefferson (1978), including nonvocal activities such as gaze or gestures which are commonly noted in conversation-analytic research.

In the case examined here, resistance phenomena are manifested in the activities of patient and analyst in their organization of turn taking. Usually the change of speakers occurs quite smoothly,

overlapped speech is seldom and brief, and transitions from one turn to the next occur with very little pause and no overlapped speech (Psathas 1995).

In contrast, there occurred about thirty more or less extended overlaps and interruptions during one half hour in the psychotherapeutic session under investigation. When these disorganized turn-takings are examined in detail under conversation-analytic aspects, it is clear that they do not occur incidentally, but are produced jointly by patient and analyst and are highly complex and elaborate activities requiring considerable interactive competence on the side of the patient.

At first glance patient and therapist seem to start speaking at the same moment purely by chance. In fact the patient uses different, elaborated strategies to win the 'turn fights'. He seizes his turn in hidden ways, for example by making it seem as if he were only continuing his own turn, or as if it was the analyst who interrupted *him*, or as if the overlapping happened by chance. A conversation-analytic examination can reveal that none of these is the case, but rather that the patient is making use of highly developed interaction competence, exploiting interaction mechanisms that participants use in everyday interaction:

P.: Würde mich schon intressiern das von einem Fachmann zu hörn

(2.5)

T.: Das könn ten Sie

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P.: weil so die Erfahrung hab ich ja auch gemacht daß (..) wird draußen doch oft (...) sind da gewisse Ressentiments (..) daß man also doch nicht das sagt so demjenigen

(P.: I'd be interested hearing that from a specialist

(2.5)

T.: You could

P.: because it's been my experience that there're often resentments in the outside world things that people don't tell you)

P.: Wenn ich das Gefühl hab (..) seis bei mir oder bei andern auch speziell bei andern (..) da iss irgendwo:: nn gewisser Mass (.) Machtmißbrauch dann reagier ich schon en bißchen=

T.: =Mmhh!

P.: °allergisch gegenüber oder° (.hh)

T.: Also meine Macht

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P.: versuch ich meine ich ss es iss ja das Problem auch immer wieder ich sehs ja jetzt auch so im (..) vielleicht nn bißchen aus ner andern aus ´nem andern Blick (..9 oder aus nem ja::ah aus ner andern Sicht

(P.: If I have the feeling be it in me or with others also especially with others that there is a certain abuse of power then I react a little bit

T.: Mmhh

P.: allergic to that or

T.: Well my power

P.: I try, I mean it's always the same problem I can see it now a little bit from a different point of view or from a different perspective)

After having regained the turn, the patient in this example needs some time to reorganize his speech ('ich meine ich ss es iss ja'). In using these fillers, he keeps the floor and prevents the therapist from taking a turn in the pause that would otherwise emerge.

Sometimes the spoken utterances of patient and therapist seem to start exactly at the same moment so that the overlapping appears to be purely accidental. But analysis of the nonvocal interaction reveals that the patient exploits signals of the therapist with which interaction participants usually and unconsciously make each other visibly aware of their intention to take the next turn:

P.: Meistens hatt ich dann hinterher den Schwarzen Peter ne (...) dass ich dann halt zu Hause derjenige war der (..) also immer für Unruhe so sorgte ne und (...) aufmüpfig war

T.: Hmm

(0.3) (T. looks up slightly showing that he is going to take the turn)

T.: Ja: da

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P.: spezielle Fälle (..) gut (..) ähh ich will jetzt (...) kann (..) will ich jetzt nich dazu nennen

(P.: Mostly the buck was passed to me then 'cause at home I was the who caused disturbances and who was rebellious

T.: Hmm

(0.3)

T.: Yes there

P.: special cases yeah well I don't want to talk about it now).

## Conclusions

Conversation-analytic studies of the microstructures of therapeutic interaction reveal that phenomena of resistance - as well as other events in the therapeutic process - can be highly complex performances which patient and analyst jointly enact by subtle vocal and nonvocal means. These means are basically the same as those used by participants in everyday life in 'natural' social situations, when they interact and construct their local social reality. Here, in therapy, these means are merely used in a special manner to create resistances and are part of the local therapeutic culture.