

WILHELM REICH

# THE TECHNIQUE OF CHARACTER ANALYSIS

## INTRODUCTORY NOTE

*Wilhelm Reich, one of the most controversial figures in the history of psychoanalytic technique, is also one of the most interesting. Whether one agrees or disagrees with his method, there is no doubt that he was a highly original thinker. The chapter excerpted here deals with the core of his technique, that of Character Analysis. His point of view, as Hartmann (1951, p. 36) and Kris (1951, pp. 26–27) have pointed out, remained prestructural. Although he wrote after the publication of The Ego and the Id, there is no evidence that he looked upon the neurotic as suffering from a conflict between superego, ego, and id. The term superego hardly appears in his writings. Instead, Reich saw character as a layering of resistances, where id impulses are defended against by ego impulses. As a teacher of a technical seminar he was afraid that an analysis would result in unending stalemates. He feared chaos, mistrusted intuition, and wanted to convert psychoanalytic technique into a procedure both exact and duplicable. His description of case material was masterful and he added to psychoanalytic technique a hitherto lacking awareness of the significance of how the analysand speaks, smiles, moves, or even lies on the couch.*

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*In the previous chapters, he delineated, without saying so explicitly, his points of departure from Freud. These may be summarized as follows:*

1. *Many and perhaps most patients cannot free associate. It is, therefore, useless to demand that they follow the basic rule. New techniques have to be devised to make them analyzable.*
2. *Making the unconscious conscious releases only a very small quantity of energy. These are insufficient to bring about a characterological change, or a capacity to stay healthy after the analysis.*
3. *Only those patients who, in the course of their analysis, become orgasmically potent can remain free from neurosis. The neurotic character is, therefore, the opposite of the genital character.*
4. *All neuroses are caused by the damming up of sexual energy. They, therefore, follow the model of Freud's "actual neurosis."*
5. *Every patient has the tendency to remain ill. The phrase, "you don't want to get well," should be eliminated from the analyst's vocabulary. Every unresolved stoppage in the analysis is the fault of the analyst.*

*Reich left the psychoanalytic movement in 1934 and started his own form of therapy, which he called "orgonomy." His subsequent developments are therefore no longer of interest in the current context (see the biography in this volume, pp. 66–67).*

## 1. / *Introductory Review*

OUR THERAPEUTIC METHOD is determined by the following basic theoretical concepts. The *topical\** standpoint determines the technical principle that the unconscious has to be made conscious. The *dynamic* standpoint determines the rule that this has to take place not directly but by way of resistance analysis. The *economic* standpoint and the psychological structure determine the rule that the resistance analysis has to be carried out in a certain order according to the individual patient.†

As long as the topical process, the making conscious of the unconscious, was considered the only task of analytic technique, the formula that the unconscious manifestations should be interpreted *in the sequence in which they appeared* was correct. The dynamics of the analysis, that is, whether or not the making conscious also released the corresponding affect, whether the

\* [The term "topical" is a mistranslation. What is meant is the "topographic" point of view.]

† [Reich here discusses three of the six categories of psychoanalytic metapsychology. See editors' introduction, pp. 6–8.]

analysis influenced the patient beyond a merely intellectual understanding, that was more or less left to chance. The inclusion of the dynamic\* element, that is, the demand that the patient should not only remember things but also experience them, already complicated the simple formula that one had to "make the unconscious conscious." However, the dynamics of the analytic affect do not depend on the contents but on the resistances which the patient puts up against them and on the emotional experience in overcoming them. This makes the analytic task a vastly different one. From the topical standpoint, it is sufficient to bring into the patient's consciousness, one after the other, the manifest elements of the unconscious; in other words, the guiding line is the *content* of the material. If one also considers the dynamic factor one has to relinquish this guiding line in favor of another which comprehends the content of the material as well as the affects: that of the *successive resistances*. In doing so we meet, in most patients, with a difficulty which we have not yet mentioned.

## 2. / *Character Armor and Character Resistance*

### (a) *The inability to follow the fundamental rule*

Rarely are our patients immediately accessible to analysis, capable of following the fundamental rule and of really opening up to the analyst.† They cannot immediately have full confidence in a strange person; more importantly, years of illness, constant influencing by a neurotic milieu, bad experiences with physicians, in brief, the whole secondary warping of the personality have created a situation unfavorable to analysis. The elimination of this difficulty would not be so hard were it not supported by the character of the patient which is part and parcel of his neurosis. It is a difficulty which has been termed "narcissistic barrier." There are, in principle, two ways of meeting this difficulty, in especial, the rebellion against the fundamental rule.

One, which seems the usual one, is a direct education to analysis by information, reassurance, admonition, talking-to, etc. That is, one attempts to educate the patient to analytic candor by the establishment of some sort of positive transference. This corresponds to the technique proposed by Nun-

\* [Reich uses the word "dynamic" in an idiosyncratic way. The term "dynamic" in psychoanalytic usage merely implies bringing to light the opposing forces operating on the personality at the same time.]

† [Reich, like Ferenczi before him, was motivated to seek modifications of the psychoanalytic technique, because so many patients did not follow the fundamental rule.]

berg.\* Experience shows, however, that this pedagogical method is very uncertain; it lacks the basis of analytic clarity and is exposed to the constant variations in the transference situation.

The other way is more complicated and as yet not applicable in all patients, but far more certain. It is that of *replacing the pedagogical measures by analytic interpretations*. Instead of inducing the patient into analysis by advice, admonitions and transference manoeuvres, one focuses one's attention on the actual behavior of the patient and its meaning: *why* he doubts, or is late, or talks in a haughty or confused fashion, or communicates only every other or third thought, *why* he criticizes the analysis or produces exceptionally much material or material from exceptional depths. If, for example, a patient talks in a haughty manner, in technical terms, one may try to convince him that this is not good for the progress of the analysis, that he better give it up and behave less haughtily, for the sake of the analysis. Or, one may relinquish all attempts at persuasion and wait until one understands why the patient behaves in this and no other way. One may then find that his behavior is an attempt to compensate his feeling of inferiority toward the analyst and may influence him by consistent interpretation of the meaning of his behavior. This procedure, in contrast to the first-mentioned, is in full accord with the principle of analysis.

This attempt to replace pedagogical and similar active measures seemingly necessitated by the characteristic behavior of the patient, by purely analytic interpretations led unexpectedly to the analysis of the *character*.

Certain clinical experiences make it necessary to distinguish, among the various resistances we meet, a certain group as *character resistances*. They get their specific stamp not from their content but from the patient's specific way of acting and reacting. The compulsive character develops specifically different resistances than does the hysterical character; the latter different resistances from the impulsive or neurasthenic character.† The *form* of the typical reactions which differ from character to character—though the contents may be the same—is *determined by infantile experiences just like the content of the symptoms or phantasies*.

\* [Herman Nunberg (Reich gives no references). However, in a textbook published a year earlier Nunberg (1932) said: "When the positive transference sets in, the real collaboration with the analyst can begin. Thus, in spite of inner forces working against analysis, the patient starts his treatment when the conscious wish for recovery is supported by the unconscious id."]

† [Neurasthenic character denotes a functional neurosis based on irritability and fatigue-ability; see Freud "On the Grounds for Detaching a Particular Symptom from Neurasthenia Under Description of Anxiety Neurosis" (1895a). The concept and term were considered outmoded for many years in American psychiatry and in psychoanalysis but persisted in European psychiatry. The terms neuroasthenic neurosis and asthenic character were reintroduced in the 1968 revision of the psychiatric nomenclature (see Diagnostic and Statistical Manual-II).]

(b) *Whence the character resistances?*

Quite some time ago, Glover\* worked on the problem of differentiating character neuroses from symptom neuroses. Alexander† also operated on the basis of this distinction. In my earlier writings, I also followed it. More exact comparison of the cases showed, however, that this distinction makes sense only insofar as there are neuroses with circumscribed symptoms and others without them; the former were called "symptom neuroses," the latter, "character neuroses." In the former, understandably, the symptoms are more obvious, in the latter the neurotic character traits. But, we must ask, are there symptoms without a neurotic reaction basis, in other words, without a neurotic character? The difference between the character neuroses and the symptom neuroses is only that in the latter the neurotic character also produced symptoms, that it became concentrated in them, as it were. If one recognizes the fact that the basis of a symptom neurosis is always a neurotic character, then it is clear that we shall have to deal with character-neurotic resistances in every analysis, that every analysis must be a character-analysis.

Another distinction which becomes immaterial from the standpoint of character-analysis is that between chronic neuroses, that is, neuroses which developed in childhood, and acute neuroses, which developed late. For the important thing is not whether the symptoms have made their appearance early or late. The important thing is that the neurotic character, the reaction basis for the symptom neurosis, was, in its essential traits, already formed at the period of the Oedipus phase. It is an old clinical experience that the boundary line which the patient draws between health and the outbreak of the disease becomes always obliterated during the analysis.

Since symptom formation does not serve as a distinguishing criterion we shall have to look for others. There is, first of all, insight into illness, and rationalization.

The lack of insight into illness is not an absolutely reliable but an essential sign of the character neurosis. The neurotic symptom is experienced as a foreign body and creates a feeling of being ill. The neurotic character trait, on the other hand, such as the exaggerated orderliness of the compulsive character or the anxious shyness of the hysterical character, are organically built into the personality. One may complain about being shy but does not feel ill for this reason. It is not until the characterological shyness turns into pathological blushing or the compulsion-neurotic orderliness into a compulsive ceremonial, that is, not until the neurotic character exacerbates symptomatically, that the person feels ill.

\* [No reference given. However, from the content it appears that Reich was referring to Glover's article, "The Neurotic Character" (1925).]

† [No reference given. However, Reich probably had Alexander's "The Castration Complex in the Formation of Character" (1921) in mind.]

True enough, there are also symptoms for which there is no or only slight insight, things that are taken by the patient as bad habits or just peculiarities (chronic constipation, mild ejaculatio praecox, etc.). On the other hand, many character traits are often felt as illness, such as violent outbreaks of rage, tendency to lie, drink, waste money, etc. In spite of this, generally speaking, insight characterizes the neurotic symptom and its lack the neurotic character trait.

The second difference is that the symptom is never as thoroughly rationalized as the character. Neither a hysterical vomiting nor compulsive counting can be rationalized. The symptom appears meaningless, while the neurotic character is sufficiently rationalized not to appear meaningless or pathological. A reason is often given for neurotic character traits which would immediately be rejected as absurd if it were given for symptoms: "he just is that way." That implies that the individual was born that way, that this "happens to be" his character. Analysis shows this interpretation to be wrong; it shows that the character, for definite reasons, had to become that way and no different; that, in principle, it can be analyzed like the symptom and is alterable.

Occasionally, symptoms become part of the personality to such an extent that they resemble character traits. For example, a counting compulsion may appear only as part of general orderliness or a compulsive system only in terms of a compulsive work arrangement. Such modes of behavior are then considered as peculiarities rather than as signs of illness. So we can readily see that the concept of disease is an entirely fluid one, that there are all kinds of transitions from the symptom as an isolated foreign body over the neurotic character and the "bad habit" to rational action.

In comparison to the character trait, the symptom has a very simple construction with regard to its meaning and origin. True, the symptom also has a multiple determination; but the more deeply we penetrate into its determinations, the more we leave the realm of symptoms and the clearer becomes the characterological reaction basis. Thus one can arrive—theoretically—at the characterological reaction basis from any symptom. The symptom has its immediate determination in only a limited number of unconscious attitudes; hysterical vomiting, say, is based on a repressed fellatio phantasy or an oral wish for a child. Either expresses itself also characterologically, in a certain infantilism and maternal attitude. But the hysterical character which forms the basis of the symptom is determined by many—partly antagonistic—strivings and is expressed in a specific attitude or *way of being*. This is not as easy to dissect as the symptom; nevertheless, in principle it is, like the symptom, to be reduced to and understood from infantile strivings and experiences. While the symptom corresponds essentially to a single experience or striving, the character represents the specific way of being of an individual, an expression of his total past. For this reason, a symptom may develop suddenly while each individual character trait takes years to develop. In say-

ing this we should not forget the fact that the symptom also could not have developed suddenly unless its characterological neurotic reaction basis had already been present.

The totality of the neurotic character traits makes itself felt in the analysis as a compact *defense mechanism* against our therapeutic endeavors. Analytic exploration of the development of this character "armor" shows that it also serves a definite economic purpose: on the one hand, it serves as a protection against the stimuli from the outer world, on the other hand against the inner libidinous strivings. The character armor can perform this task because libidinous and sadistic energies are consumed in the neurotic reaction formations, compensations and other neurotic attitudes. In the processes which form and maintain this armor, anxiety is constantly being bound up, in the same way as it is, according to Freud's description, in, say, compulsive symptoms. We shall have to say more later about the economy of character formation.

Since the neurotic character, in its economic function of a protecting armor, has established a certain *equilibrium*, albeit a neurotic one, the analysis presents a danger to this equilibrium. This is why the resistances which give the analysis of the individual case its specific imprint originate from this narcissistic protection mechanism. As we have seen, the mode of behavior is the result of the total development and as such can be analyzed and altered; thus it can also be the starting point for evolving the technique of character-analysis.

### (c) *The technique of analyzing the character resistance*

Apart from the dreams, associations, slips and other communications of the patients, their attitude, that is, *the manner* in which they relate their dreams, commit slips, produce their associations and make their communications, deserves special attention.\* A patient who follows the fundamental rule from the beginning is a rare exception; it takes months of character-analytic work to make the patient halfway sufficiently honest in his communications. The manner in which the patient talks, in which he greets the analyst or looks at him, the way he lies on the couch, the inflection of the voice, the degree of conventional politeness, all these things are valuable criteria for judging the latent resistances against the fundamental rule, and understanding them makes it possible to alter or eliminate them by interpretation. The *how* of saying things is as important "material" for interpretation as is *what* the patient says. One often hears analysts complain that the analysis does not go

\* The *form* of expression is far more important than the *ideational content*. Today, in penetrating to the decisively important infantile experiences, we make use of the form of expression *exclusively*. Not the ideational contents but the form of expression is what leads us to the biological reactions which form the basis of the psychic manifestations.

[This footnote was added in the 1945 edition. Compare Reich's view on this subject with Ferenczi's paper of 1919a (this volume, Chapter 5).]

well, that the patient does not produce any "material." By that is usually meant the content of associations and communications. But the manner in which the patient, say, keeps quiet, or his sterile repetitions, are also 'material' which can and must be put to use. There is hardly any situation in which the patient brings "no material"; it is our fault if we are unable to utilize the patient's behavior as "material."\*

That the behavior and the form of the communications have analytic significance is nothing new. What I am going to talk about is the fact that these things present an avenue of approach to the analysis of the character in a very definite and almost perfect manner. Past failures with many cases of neurotic characters have taught us that in these cases the form of the communications is, at least in the beginning, always more important than their content. One only has to remember the latent resistances of the affect-lame, the "good," over-polite and ever-correct patients; those who always present a deceptive positive transference or who violently and stereotypically ask for love; those who make a game of the analysis; those who are always "armored," who smile inwardly about everything and everyone. One could continue this enumeration indefinitely; it is easy to see that a great deal of painstaking work will have to be done to master the innumerable individual technical problems.

For the purpose of orientation and of sketching the essential differences between character-analysis and symptom-analysis, let us assume two pairs of patients for comparison. Let us assume we have under treatment at the same time two men suffering from premature ejaculation; one is a passive-feminine, the other a phallic-aggressive character. Also, two women with an eating disturbance; one is a compulsive character, the other a hysteric.

Let us assume further that the premature ejaculation of both men has the same unconscious meaning: the fear of the paternal penis in the woman's vagina. In the analysis, both patients, on the basis of their castration anxiety which is the basis of the symptom, produce a negative father transference. Both hate the analyst (the father) because they see in him the enemy who frustrates their pleasure; both have the unconscious wish to do away with him. In this situation, the phallic-sadistic character will ward off the danger of castration by insults, depreciation and threats, while the passive-feminine character, in the same case, will become steadily more passive, submissive and friendly. In both patients, the character has become a resistance: one fends off the danger aggressively, the other tries to avoid it by a deceptive submission. It goes without saying that the character resistance of the passive-feminine patient is more dangerous because he works with hidden means: he produces a wealth of material, he remembers all kinds of infantile experiences, in short, he seems to cooperate splendidly. Actually, however, he

\* [The emphasis on manner in addition to content is one of Reich's contributions to technique.]



camouflages a secret spitefulness and hatred; as long as he maintains this attitude he does not have the courage to show his real self.\* If, now, one enters only upon *what* he produces, without paying attention to his way of behavior, then no analytic endeavor will change his condition. He may even remember the hatred of his father, but he will not *experience* it unless one interprets consistently the meaning of his deceptive attitude *before* beginning to interpret the deep meaning of his hatred of the father.

In the case of the second pair, let us assume that an acute positive transference has developed. The central content of this positive transference is, in either patient, the same as that of the symptom, namely, an oral fellatio phantasy. But although the positive transference has the same content in either case, the form of the transference resistance will be quite different: the hysterical patient will, say, show an *anxious* silence and a shy behavior; the compulsive character a *spiteful* silence or a cold, haughty behavior. In one case the positive transference is warded off by aggression, in the other by anxiety. And the form of this defense will always be the same in the same patient: the hysterical patient will always defend herself anxiously, the compulsive patient aggressively, no matter what unconscious content is on the point of breaking through. That is, *in one and the same patient, the character resistance remains always the same and only disappears with the very roots of the neurosis.*

In the character armor, the *narcissistic defense* finds its concrete chronic expression. In addition to the known resistances which are mobilized against every new piece of unconscious material, we have to recognize a constant factor of a *formal* nature which originates from the patient's character. Because of this origin, we call the constant formal resistance factor "character resistance."

In summary, the most important aspects of the character resistance are the following:

The character resistance expresses itself not in the content of the material, but in the formal aspects of the general behavior, the manner of talking, of the gait, facial expression and typical attitudes such as smiling, deriding, haughtiness, over-correctness, the *manner* of the politeness or of the aggression, etc.

What is specific of the character resistance is not *what* the patient says or does, but *how* he talks and acts, not *what* he gives away in a dream but *how* he censors, distorts, etc.

The character resistance remains the same in one and the same patient no matter what the material is against which it is directed. Different characters present the same material in a different manner. For example, a hysteric

\* [In 1933 the term "self" was not part of the psychoanalytic vocabulary. Reich uses it in its commonsense meaning, not in the sense in which Hartmann (1950) differentiated between the ego and the self.]

patient will ward off the positive father transference in an anxious manner, the compulsive woman in an aggressive manner.

The character resistance, which expresses itself formally, can be understood as to its content and can be reduced to infantile experiences and instinctual drives just like the neurotic symptom.\*

During analysis, the character of a patient soon becomes a resistance. That is, in ordinary life, the character plays the same role as in analysis: that of a psychic protection mechanism. The individual is "characterologically armored" against the outer world and against his unconscious drives.

Study of character formation reveals the fact that the character armor was formed in infancy for the same reasons and purposes which the character resistance serves in the analytic situation. The appearance in the analysis of the character as resistance reflects its infantile genesis. The situations which make the character resistance appear in the analysis are exact duplicates of those situations in infancy which set character formation into motion. For this reason, we find in the character resistance both a defensive function and a transference of infantile relationships with the outer world.

*Economically* speaking, the character in ordinary life and the character resistance in the analysis serve the same function, that of avoiding unpleasure, of establishing and maintaining a psychic equilibrium—neurotic though it may be—and finally, that of absorbing repressed energies. One of its cardinal functions is that of binding "free-floating" anxiety, or, in other words, that of absorbing dammed-up energy. Just as the historical, infantile element is present and active in the neurotic symptoms, so it is in the character. This is why a consistent dissolving of character resistances provides an infallible and immediate avenue of approach to the central infantile conflict.

What, then, follows from these facts for the technique of character-analysis? Are there essential differences between character-analysis and ordinary resistance analysis? There are. They are related to

- (a) the selection of the sequence in which the material is interpreted;
- (b) the technique of resistance interpretation itself.

As to (a): If we speak of "selection of material," we have to expect an important objection: some will say that any selection is at variance with basic psychoanalytic principles, that one should let oneself be guided by the patient, that with any kind of selection one runs the danger of following one's personal inclinations. To this we have to say that in this kind of selection it is not a matter of neglecting analytic material; it is merely a matter of *safeguarding a logical sequence* of interpretation which corresponds to the structure of the individual neurosis. All the material is finally interpreted; only, in any given situation this or that detail is more important than another. Incidentally, the analyst always makes selections anyhow, for he has already made a selection

\* By the realization of this fact, the formal element becomes included in the sphere of psychoanalysis which, hitherto, was centered primarily on the content.

when he does not interpret a dream in the sequence in which it is presented but selects this or that detail for interpretation. One also has made a selection if one pays attention only to the content of the communications but not to their form. In other words, the very fact that the patient presents material of the most diverse kinds forces one to make a selection; what matters is only that one select *correctly* with regard to the given analytic situation.

In patients who, for character reasons, consistently fail to follow the fundamental rule, and generally where one deals with a character resistance, one will be forced *constantly to lift the character resistance out of the total material* and to dissolve it by the interpretation of its meaning. That does not mean, of course, that one neglects the rest of the material; on the contrary, every bit of material is valuable which gives us information about the meaning and origin of the disturbing character trait; one merely postpones the interpretation of what material does not have an immediate connection with the transference resistance until such time as the character resistance is understood and overcome at least in its essential features. I have already tried to show what are the dangers of giving deep-reaching interpretations in the presence of undissolved character resistances.

As to (b): We shall now turn to some special problems of character-analytic technique. First of all, we must point out a possible misunderstanding. We said that character-analysis begins with the emphasis on and the consistent analysis of the character resistance. It should be well understood that this does not mean that one asks the patient, say, not to be aggressive, not to deceive, not to talk in a confused manner, etc. Such procedure would be not only un-analytic but altogether sterile. The fact has to be emphasized again and again that what is described here as character-analysis has nothing to do with education, admonition, trying to make the patient behave differently, etc. In character-analysis, we ask ourselves *why* the patient deceives, talks in a confused manner, why he is affect-blocked, etc.; we try to arouse the patient's interest in his character traits in order to be able, with his help, to explore analytically their origin and meaning. All we do is to lift the character trait which presents the cardinal resistance out of the level of the personality and to show the patient, if possible, the superficial connections between character and symptoms; it is left to him whether or not he will utilize his knowledge for an alteration of his character. In principle, the procedure is not different from the analysis of a symptom. What is added in character-analysis is merely that we isolate the character trait and confront the patient with it repeatedly until he begins to look at it objectively and to experience it like a painful symptom; thus, the character trait begins to be experienced as a foreign body which the patient wants to get rid of.

Surprisingly, this process brings about a change—although only a temporary one—in the personality. With progressing character-analysis, that impulse or trait automatically comes to the fore which had given rise to the

character resistance in the transference. To go back to the illustration of the passive-feminine character: the more the patient achieves an objective attitude toward his tendency to passive submission, the more aggressive does he become. This is so because his passive-feminine attitude was essentially a reaction to repressed aggressive impulses. But with the aggression we also have a return of the infantile castration anxiety which in infancy had caused the change from aggressive to passive-feminine behavior. In this way the analysis of the character resistance leads directly to the center of the neurosis, the Oedipus complex.

One should not have any illusions, however. The isolation of such a character resistance and its analytic working-through usually takes many months of sustained effort and patient persistence. Once the breakthrough has succeeded, though, the analysis usually proceeds rapidly, with *emotionally* charged analytical experiences. If, on the other hand, one neglects such character resistances and instead simply follows the line of the material, interpreting everything in it, such resistances form a ballast which it is difficult if not impossible to remove. In that case, one gains more and more the impression that every interpretation of meaning was wasted, that the patient continues to doubt everything or only pretends to accept things, or that he meets everything with an inward smile. If the elimination of these resistances was not begun right in the beginning, they confront one with an insuperable obstacle in the later stages of the analysis, at a time when the most important interpretations of the Oedipus complex have already been given.

I have already tried to refute the objection that it is impossible to tackle resistances before one knows their *infantile* determination. The essential thing is first to see through the *present-day* meaning of the character resistance; this is usually possible without the infantile material. The latter is needed for the *dissolution* of the resistance. If at first one does no more than to show the patient the resistance and to interpret its present-day meaning, then the corresponding infantile material with the aid of which we can eliminate the resistance soon makes its appearance.

If we put so much emphasis on the analysis of the *mode* of behavior, this does not imply a neglect of the contents. We only add something that hitherto has been neglected. Experience shows that the analysis of character resistances has to assume first rank. This does not mean, of course, that one would only analyze character resistances up to a certain date and then begin with the interpretation of contents. The two phases—resistance analysis and analysis of early infantile experiences—overlap essentially; only in the beginning, we have a preponderance of character-analysis, that is, “education to analysis *by* analysis,” while in the later stages the emphasis is on the contents and the infantile. This is, of course, no rigid rule but depends on the attitudes of the individual patient. In one patient, the interpretation of the infantile material will be begun earlier, in another later. It is a basic rule, however, not to give

any deep-reaching interpretations—no matter how clear-cut the material—as long as the patient is not ready to assimilate them. Again, this is nothing new, but it seems that differences in analytic technique are largely determined by what one or the other analyst means by “ready for analytic interpretation.” We also have to distinguish those contents which are part and parcel of the character resistance and others which belong to other spheres of experiencing. As a rule, the patient is in the beginning ready to take cognizance of the former, but not of the latter. Generally speaking, our character-analytic endeavors are nothing but an attempt to achieve the greatest possible security in the introduction of the analysis and in the interpretation of the infantile material. This leads us to the important task of studying and systematically describing the various forms of characterological transference resistances. If we understand them, the technique derives automatically from their structure.

(d) *Derivation of the situational technique from the structure of the character resistance (interpretation technique of the defense)*

We now turn to the problem of how the situational technique of character-analysis can be derived from the structure of the character resistance in a patient who develops his resistances right in the beginning, the structure of which is, however, completely unintelligible at first. In the following case the character resistance had a very complicated structure; there were a great many coexistent and overlapping determinations. We shall try to describe the reasons which prompted me to begin the interpretation work with one aspect of the resistance and not with any other. Here also we will see that a consistent and logical interpretation of the defenses and of the mechanisms of the “armor” leads directly into the central infantile conflicts.

### *A Case of Manifest Inferiority Feelings*

A man 30 years of age came to analysis because he “didn’t get any fun out of life.” He did not really think he was sick but, he said, he had heard about psychoanalysis and perhaps it would make things clearer to him. When asked about symptoms, he stated he did not have any. Later it was found that his potency was quite defective. He did not quite dare approach women, had sexual intercourse very infrequently, and then he suffered from premature ejaculation and intercourse left him unsatisfied. He had very little insight into his impotence. He had become reconciled to it; after all, he said, there were a lot of men who “didn’t need that sort of thing.”

His behavior immediately betrayed a severely inhibited individual. He spoke without looking at one, in a low voice, haltingly, and embarrassedly

clearing his throat. At the same time, there was an obvious attempt to suppress his embarrassment and to appear courageous. Nevertheless, his whole appearance gave the impression of severe feelings of inferiority.

Having been informed of the fundamental rule, the patient began to talk hesitatingly and in a low voice. Among the first communications was the recollection of two "terrible" experiences. Once he had run over a woman with an automobile and she had died of her injuries. Another time, as a medical orderly during the war, he had had to do a tracheotomy. The bare recollection of these two experiences filled him with horror. In the course of the first few sessions he then talked, in the same monotonous, low and suppressed manner about his youth. Being next to the youngest of a number of children, he was relegated to an inferior place. His oldest brother, some twenty years his senior, was the parents' favorite; this brother had traveled a good deal, "knew the world," prided himself on his experiences and when he came home from one of his travels "the whole house pivoted around him." Although the content of his story made the envy of this brother and the hatred of him obvious enough, the patient, in response to a cautious query, denied ever having felt anything like that toward his brother. Then he talked about his mother, how good she had been to him and how she had died when he was 7 years of age. At this, he began to cry softly; he became ashamed of this and did not say anything for some time. It seemed clear that his mother had been the only person who had given him some love and attention and that her loss had been a severe shock to him. After her death, he had spent 5 years in the house of this brother. It was not the content but the tone of his story which revealed his enormous bitterness about the unfriendly, cold and domineering behavior of his brother. Then he related in a few brief sentences that now he had a friend who loved and admired him very much. After this, a continuous silence set in. A few days later he related a dream: *He saw himself in a foreign city with his friend; only, the face of his friend was different.* The fact that the patient had left his own city for the purpose of the analysis suggested that the man in the dream represented the analyst. This identification of the analyst with the friend might have been interpreted as a beginning positive transference. In view of the total situation, however, this would have been unwise. He himself recognized the analyst in the friend, but had nothing to add to this. Since he either kept silent or else expressed his doubts that *he* would be able to carry out the analysis, I told him that he had something against me but did not have the courage to come out with it. He denied this categorically, whereupon I told him that he also never had had the courage to express his inimical impulses toward his brother, not even to think them consciously; and that apparently he had established some kind of connection between his older brother and myself. This was true in itself, but I made the mistake of interpreting his resistance at too deep a level. Nor did the interpretation have any success; on the contrary, the inhibition became intensified. So

I waited a few days until I should be able to understand, from his behavior, the more important present-day meaning of his resistance. What was clear at this time was that there was a transference not only of the hatred of the brother but also a strong defense against a feminine attitude (*cf.* the dream about the friend). But an interpretation in this direction would have been inadvisable at this time. So I continued to point out that for some reason he defended himself against me and the analysis, that his whole being pointed to his being blocked against the analysis. To this he agreed by saying that, yes, that was the way he was generally in life, rigid, inaccessible and on the defensive. While I demonstrated to him his defense in every session, on every possible occasion, I was struck by the monotonous expression with which he uttered his complaints. Every session began with the same sentences: "I don't feel anything,<sup>3</sup> the analysis doesn't have any influence on me, I don't see how I'll ever achieve it, nothing comes to my mind,<sup>4</sup> the analysis doesn't have any influence on me," etc. I did not understand what he wanted to express with these complaints, and yet it was clear that here was the key to an understanding of his resistance.\*

Here we have a good opportunity for studying the difference between the character-analytic and the active-suggestive education to analysis. I might have admonished him in a kindly way to tell me more about this and that; I might have been able thus to establish an artificial positive transference; but experience with other cases had shown me that one does not get far with such procedures. Since his whole behavior did not leave any room for doubt that he refuted the analysis in general and me in particular, I could simply stick to this interpretation and wait for further reactions. When, on one occasion, the talk reverted to the dream, he said the best proof for his not refuting me was that he identified me with his friend. I suggested to him that possibly he had expected me to love and admire him as much as his friend did; that he then was disappointed and very much resented my reserve. He had to admit that he had had such thoughts but that he had not dared to tell them to me. He then related how he always only *demand*ed love and especially recognition, and that he had a very *defensive* attitude toward men with a particularly masculine appearance. He said he did not feel equal to such men, and in the relationship with his friend he had played the feminine part. Again there was material for interpreting his feminine transference but his total behavior warned against it. The situation was difficult, for the elements of his resistance which I already understood, the transference of hatred from his brother, and the narcissistic-feminine attitude toward his superiors, were strongly warded

\* The explanation given here is insufficient, although it is psychologically correct. Today we know that such complaints are the immediate expression of a vegetative, that is, muscular armoring. The patient complains about affect-lameness because of a block in his plasmatic currents and sensations. The disturbance, then, is primarily of a *biophysical* nature. Vegetotherapy eliminates the block in motility not with psychological but with biophysical means. [This footnote was added in the 1945 edition.]

off; consequently, I had to be very careful or I might have provoked him into breaking off the analysis. In addition, he continued to complain in every session, in the same way, that the analysis did not touch him, etc.; this was something which I still did not understand after about four weeks of analysis, and yet, I felt that it was an essential and acutely active character resistance.

I fell ill and had to interrupt the analysis for two weeks. The patient sent me a bottle of brandy as a tonic. When I resumed the analysis he seemed to be glad. At the same time, he continued his old complaints and related that he was very much bothered by thoughts about death, that he constantly was afraid that something had happened to some member of his family; and that during my illness he had always been thinking that I might die. It was when this thought bothered him particularly badly one day that he had sent me the brandy. At this point, the temptation was great to interpret his repressed death wishes. The material for doing so was ample, but I felt that such an interpretation would be fruitless because it would bounce back from the wall of his complaints that "nothing touches me, the analysis has no influence on me." In the meantime, the secret double meaning of his complaint, "nothing touches me" ("*nichts dringt in mich ein*") had become clear; it was an expression of his most deeply repressed transference wish for anal intercourse. But would it have been justifiable to point out to him his homosexual love impulse—which, it is true, manifested itself clearly enough—while he, with his whole being, continued to protest against the analysis? First it had to become clear what was the meaning of his complaints about the uselessness of the analysis. True, I could have shown him that he was wrong in his complaints: he dreamed without interruption, the thoughts about death became more intense, and many other things went on in him. But I knew from experience that that would not have helped the situation. Furthermore, I felt distinctly the armor which stood between the unconscious material and the analysis, and had to assume that the existing resistance would not let any interpretation penetrate to the unconscious. For these reasons, I did no more than consistently to show him his attitude, interpreting it as the expression of a violent defense, and telling him that we had to wait until we understood this behavior. He understood already that the death thoughts on the occasion of my illness had not necessarily been the expression of a loving solicitude.

In the course of the next few weeks it became increasingly clear that his inferiority feeling connected with his feminine transference played a considerable role in his behavior and his complaints. Yet, the situation still did not seem ripe for interpretation; the meaning of his behavior was not sufficiently clear. To summarize the essential aspects of the solution as it was found later:

1. He desired recognition and love from me as from all men who appeared masculine to him. That he wanted love and had been disappointed by me had already been interpreted repeatedly, without success.



2. He had a definite attitude of envy and hatred toward me, transferred from his brother. This could, at this time, not be interpreted because the interpretation would have been wasted.
3. He defended himself against his feminine transference. This defense could not be interpreted without touching upon the warded-off femininity.
4. He felt inferior before me, because of his femininity. His eternal complaints could only be the expression of this feeling of inferiority.

Now I interpreted his inferiority feeling toward me. At first, this led nowhere, but after I had consistently held up his behavior to him for several days, he did bring some communications concerning his boundless envy, not of me, but other men of whom he also felt inferior. Now it suddenly occurred to me that his constant complaining could have only one meaning: "The analysis has no influence on me," that is, "It is no good," that is, "the analyst is inferior, is impotent, cannot achieve anything with me." *The complaints were in part a triumph over the analyst, in part a reproach to him.* I told him what I thought of his complaints. The result was astounding. Immediately he brought forth a wealth of examples which showed that he always acted this way when anybody tried to influence him. He could not tolerate the superiority of anybody and always tried to tear them down. He had always done the exact opposite of what any superior had asked him to do. There appeared a wealth of recollections of his spiteful and deprecatory behavior toward teachers.

Here, then, was his suppressed aggression, the most extreme manifestation of which thus far had been his death wishes. But soon the resistance reappeared in the same old form, there were the same complaints, the same reserve, the same silence. But now I knew that my discovery had greatly impressed him, which had *increased* his feminine attitude; this, of course, resulted in an intensified defense against the femininity. In analyzing the resistance, I started again from the inferiority feeling toward me; but now I deepened the interpretation by the statement that he did not only feel inferior but that, because of his inferiority, he felt himself in a female role toward me, which hurt his masculine pride.

Although previously the patient had presented ample material with regard to his feminine attitude toward masculine men and had had full insight for this fact, now he denied it all. This was a new problem. Why should he now refuse to admit what he had previously described himself? I told him that he felt so inferior toward me that he did not want to accept any explanation from me even if that implied his going back on himself. He realized this to be true and now talked about the relationship with his friend in some detail. He had actually played the feminine role and there often had been sexual intercourse between the legs. Now I was able to show him that his defensive attitude in the analysis was nothing but the struggle against the surrender to the analysis which, to his unconscious, was apparently linked up with the idea

of surrendering to the analyst in a female fashion. This hurt his pride, and this was the reason for his stubborn resistance against the influence of the analysis. To this he reacted with a confirmatory dream: he lies on a sofa with the analyst, who kisses him. This clear dream provoked a new phase of resistance in the old form of complaints that the analysis did not touch him, that he was cold, etc. Again I interpreted the complaints as a depreciation of the analysis and a defense against surrendering to it. But at the same time I began to explain to him the economic meaning of this defense. I told him that from what he had told thus far about his infancy and adolescence it was obvious that he had closed himself up against all disappointments by the outer world and against the rough and cold treatment by his father, brother and teachers; that this seemed to have been his only salvation even if it demanded great sacrifices in happiness.

This interpretation seemed highly plausible to him and he soon produced memories of his attitude toward his teachers. He always felt they were cold and distant—a clear projection of his own attitude—and although he was aroused when they beat or scolded him he remained indifferent. In this connection he said that he often had wished I had been more severe. This wish did not seem to fit the situation at that time; only much later it became clear that he wished to put me and my prototypes, the teachers, in a bad light with his spite. For a few days the analysis proceeded smoothly, without any resistances; he now remembered that there had been a period in his childhood when he had been very wild and aggressive. At the same time he produced dreams with a strong feminine attitude toward me. I could only assume that the recollection of his aggression had mobilized the guilt feeling which now was expressed in the passive-feminine dreams. I avoided an analysis of these dreams not only because they had no immediate connection with the actual transference situation, but also because it seemed to me that he was not ready to understand the connection between his aggression and the dreams which expressed a guilt feeling.\* Many analysts will consider this an arbitrary selection of material. Experience shows, however, that the best therapeutic effect is to be expected when an immediate connection is already established between the transference situation and the infantile material. I only ventured the assumption that, to judge from his recollections of his aggressive infantile behavior, he had at one time been quite different, the exact opposite of what he was today, and that the analysis would have to find out at what time and under what circumstances this change in his character had taken place. I told him that his present femininity probably was an avoidance of his aggressive masculinity. To this the patient did not react except by falling back into his old resistance of complaining that he could not achieve it, that the analysis did not touch him, etc.

\* [The sparing use of dream interpretation while the character armor is not yet resolved is one of the characteristics of Reich's technique.]

I interpreted again his inferiority feeling and his recurrent attempt to prove the analysis, or the analyst, to be impotent; but now I also tried to work on the transference from the brother, pointing out that he had said that his brother always played the dominant role. Upon this he entered only with much hesitation, apparently because we were dealing with the central conflict of his infancy; he talked again about how much attention his mother had paid to his brother, without, however, mentioning any subjective attitude toward this. As was shown by a cautious approach to the question, the envy of his brother was completely repressed. Apparently, this envy was so closely associated with intense hatred that not even the envy was allowed to become conscious. The approach to this problem provoked a particularly violent resistance which continued for days in the form of his stereotyped complaints about his inability. Since the resistance did not budge it had to be assumed that here was a particularly acute rejection of the person of the analyst. I asked him again to talk quite freely and without fear about the analysis and, in particular, about the analyst, and to tell me what impression I had made on him on the occasion of the first meeting.\* After much hesitation he said the analyst had appeared to him so masculine and brutal, like a man who is absolutely ruthless with women. So I asked him about his attitude toward men who gave an impression of being potent.

This was at the end of the fourth month of the analysis. Now for the first time that repressed attitude toward the brother broke through which had the closest connection with his most disturbing transference attitude, the envy of potency. With much affect he now remembered that he had always condemned his brother for always being after women, seducing them and bragging about it afterwards. He said I had immediately reminded him of his brother. I explained to him that obviously he saw in me his potent brother and that he could not open up to me because he condemned me and resented my assumed superiority just as he used to resent that of his brother; furthermore, it was plain now that the basis of his inferiority feeling was a feeling of impotence.

Then occurred what one always sees in a correctly and consistently carried-out analysis: *the central element of the character resistance rose to the surface*. All of a sudden he remembered that he had repeatedly compared his small penis with the big one of his brother and how he had envied his brother.

As might have been expected, a new wave of resistance occurred; again the complaint, "I can't do anything." Now I could go somewhat further in the interpretation and show him that he was acting out his impotence. His reaction to this was wholly unexpected. In connection with my interpretation of his distrust he said for the first time that he had never believed anyone, that he

\* Since then I am in the habit of soon asking the patient to describe my person. This measure always proves useful for the elimination of blocked transference situations.

did not believe anything, and probably also not in the analysis. This was, of course, an important step ahead, but the connection of this statement with the analytic situation was not altogether clear. For two hours he talked about all the many disappointments which he had experienced and believed that they were a rational explanation of his distrust. Again the old resistance reappeared; as it was not clear what had precipitated it this time, I kept waiting. The old behavior continued for several days. I only interpreted again those elements of the resistance with which I was already well acquainted. Then, suddenly, a new element of the resistance appeared: he said he was *afraid of the analysis because it might rob him of his ideals*. Now the situation was clear again. He had transferred his castration anxiety from his brother to me. He was afraid of me. Of course, I did not touch upon his castration anxiety but proceeded again from his inferiority feeling and his impotence and asked him whether his high ideals did not make him feel superior and better than everybody else. He admitted this openly; more than that, he said that he was really better than all those who kept running after women and lived sexually like animals. He added, however, that this feeling was all too often disturbed by his feeling of impotence, and that apparently he had not become quite reconciled to his sexual weakness after all. Now I could show him the neurotic manner in which he tried to overcome his feeling of impotence: he was trying to recover a feeling of potency in the realm of ideals. I showed him the mechanism of compensation and pointed out again the resistances against the analysis which originated from his secret feeling of superiority. I told him that not only did he think himself secretly better and cleverer than others; it was for this very reason that he resisted the analysis. For if it succeeded, he would have taken recourse to the aid of somebody else and it would have vanquished his neurosis, the secret pleasure gain of which had just been unearthed. From the standpoint of the neurosis this would be a defeat which, furthermore, to his unconscious, would mean becoming a woman. In this way, by progressing from the ego and its defense mechanisms, I prepared the soil for an interpretation of the castration complex and of the feminine fixation.

The character-analysis had succeeded, then, in penetrating from his mode of behavior directly to the center of his neurosis, his castration anxiety, the envy of his brother because of his mother's favoritism, and the disappointment in his mother. What is important here is not that these unconscious elements rose to the surface; that often occurs spontaneously. What is important is the logical sequence and the close contact with the ego-defense and the transference in which they came up; further, that this took place without any urging, purely as the result of analytic interpretation of the behavior; further, that it took place with the corresponding affects. This is what constitutes a consistent character-analysis; it is a thorough working through of the conflicts assimilated by the ego.

In contrast, let us consider what probably would have happened without

a consistent emphasis on the defenses. Right at the beginning, there was the possibility of interpreting the passive-homosexual attitude toward the brother, and the death wishes. Undoubtedly, dreams and associations would have provided further relevant material for interpretation. But without a previous systematic and detailed working through of his ego-defense, no interpretation would have affectively penetrated; the result would have been an intellectual knowledge of his passive desires alongside with a violent affective defense against them. The affects belonging to the passivity and the murderous impulses would have continued to remain in the defense function. The final result would have been a chaotic situation, the typical hopeless picture of an analysis rich in interpretations and poor in results.

A few months' patient and persistent work on his ego-defense,\* particularly its form (complaints, manner of speech, etc.) raised the ego to that level which was necessary for the assimilation of the repressed, it loosened the affects and brought about their displacement in the direction of the repressed ideas. One cannot say, therefore, that in this case two different techniques would have been feasible; there was only one possibility if one was to alter the patient *dynamically*. I trust that this case makes clear the different concept of the application of theory to technique. The most important criterion of an orderly analysis is the giving of *few* interpretations which are to the point and consistent, instead of a great many which are unsystematic and do not take into consideration the dynamic and economic element. If one does not let oneself be led astray by the material, if, instead, one evaluates correctly its dynamic position and economic role, then one gets the material later, it is true, but more thoroughly and more charged with affect. The second criterion is a continuous connection between present-day situation and infantile situation. While in the beginning the various elements of the content coexist side by side without any order, this changes into a logical sequence of resistances and contents, a sequence determined by the dynamics and structure of the individual neurosis. With unsystematic interpretation, one has to make one new start after another, guessing rather than knowing one's way; in the case of character-analytic work on the resistances, on the other hand, the analytic process develops as if by itself. In the former case, the analysis will run smoothly in the beginning only to get progressively into more and more difficulties; in the latter case, the greatest difficulties are met in the first few weeks and months of the treatment, to give way progressively to smooth work even on the most deeply repressed material. The fate of every analysis depends on its introduction, that is, the correct or incorrect handling of the resistances. The third criterion, then, is that of tackling the case not in this or

\* [Reich here does not speak of the defenses in the sense in which they are enumerated in Freud's Appendix A, "Repression and Defence," to "Inhibitions, Symptoms and Anxiety" (1926a), but only of ego defense. To Reich, the whole character armor is one defense.]

that spot which happens to be tangible but at the spot which hides the most essential ego-defense; and the systematic enlarging of the breach which has been made into the unconscious; and the working out of that infantile fixation which is affectively most important at any given time. A certain unconscious position which manifests itself in a dream or an association may have a central significance for the neurosis and yet may at any given time be quite unimportant with regard to its technical significance. In our patient, the feminine attitude toward the brother was of central pathogenic significance; yet in the first few months the technical problem was the fear of the loss of the compensation for the impotence by high ideals. The mistake which is usually made is that of attacking the central pathogenic point of the neurosis which commonly manifests itself somehow right at the beginning. What has to be attacked instead are the respective important present-day positions which, if worked on systematically, one after the other, lead *of necessity* to the central pathogenic situation. It is important, therefore, and in many cases decisive, *how, when* and from which side one proceeds toward the central point of the neurosis.

^ What we have described here as character-analysis fits without difficulty into Freud's theory of resistances, their formation and dissolution. We know that every resistance consists of an id-impulse which is warded off and an ego-impulse\* which wards it off. Both impulses are unconscious. In principle, then, one would seem to be free to interpret first either the id-impulse or the ego-impulse. For example: If a homosexual resistance in the form of keeping silent appears right at the beginning of the analysis, one can approach the id-impulse by telling the patient that he is occupied with thoughts about loving the analyst or being loved by him; one has interpreted his positive transference, and if he does not take flight it will, at best, take a long time before he can come to terms with such a forbidden idea. The better way, then, is to approach first the *defense of the ego* which is more closely related to the conscious ego. One will tell the patient at first only that he is keeping silent because—"for one reason or another," that is, without touching upon the id-impulse—he is defending himself against the analysis, presumably because it has become somehow dangerous to him. In the first case one has tackled the id aspect, in the latter case the ego aspect of the resistance, the defense.

Proceeding in this manner, we comprehend the negative transference in which every defense finally results, as well as the character, the armor of the ego. The superficial, more nearly conscious layer of *every* resistance must of necessity be a negative attitude toward the analyst, no matter whether the

\* [Reich speaks of ego impulses rather than ego defenses. In psychoanalytic metapsychology, the ego is not conceptualized as having impulses. This is more than a slip of the pen. Reich believed in fact, that one id impulse is used to defend against another more dangerous one. For example, incest wishes he saw as defending against fear of the mother. He was not aware of the fact that the use of id wishes as a defense takes place only when the ordinary resources of the ego are insufficient (see Jacobson 1957, p. 62).]

warded-off id-impulse is hatred or love. The ego projects its defense against the id-impulse to the analyst who has become a dangerous enemy because, by his insistence on the fundamental rule, he has provoked id-impulses and has disturbed the neurotic equilibrium. In its defense, the ego makes use of very old forms of negative attitudes; it utilizes hate impulses from the id even if it is warding off love impulses.

If we adhere to the rule of tackling resistances from the ego side, we always dissolve, at the same time, a certain amount of negative transference, of hatred. This obviates the danger of overlooking the destructive tendencies which often are extremely well hidden; it also strengthens the positive transference. The patient also comprehends the ego interpretation more easily because it is more in accordance with conscious experience than the id interpretation; this makes him better prepared for the latter which follows at a later time.

The ego defense has always the same form, corresponding to the character of the patient, whatever the repressed id-impulse may be. Conversely, the same id-impulse is warding off in different ways in different individuals. If we interpret only the id-impulse, we leave the character untouched. If, on the other hand, we always approach the resistances from the defense, from the ego side, we include the neurotic character in the analysis. In the first case, we say immediately *what* the patient wards off. In the latter case, we first make clear to him *that* he wards off "something," then, *how* he does it, what are the means of defense (character-analysis); only at last, when the analysis of the resistance has progressed far enough, is he told—or finds out for himself—what it is he is warding off. On this long detour to the interpretation of the id-impulses, all corresponding attitudes of the ego have been analyzed. This obviates the danger that the patient learns something too early or that he remains affectless and without participation.

Analyses in which so much analytic attention is centered upon the attitudes take a more orderly and logical course while the theoretical research does not suffer in the least. One obtains the important infantile experiences later, it is true; but this is more than compensated for by the emotional aliveness with which the infantile material comes up *after* the analytic work on the character resistances.

On the other hand, we should not fail to mention certain unpleasant aspects of a consistent character-analysis. It is a far heavier burden for the patient; he suffers much more than when one leaves the character out of consideration. True, this has the advantage of a selective process: those who cannot stand it would not have achieved success anyhow, and it is better to find that out after a few months than after a few years. Experience shows that if the character resistance does not give way a satisfactory result cannot be expected. The overcoming of the character resistance does *not* mean that the character is altered; that, of course, is possible only after the analysis of its

infantile sources. It only means that the patient has gained an objective view of his character and an analytic interest in it; once this has been achieved a favorable progress of the analysis is probable.

(c) *'The loosening of the narcissistic protection apparatus*

As we said before, the essential difference between the analysis of a symptom and that of a neurotic character trait consists in the fact that the symptom is, from the beginning, isolated and objectively looked at while the character trait has to be continually pointed out so that the patient will attain the same attitude toward it as toward a symptom. Only rarely is this achieved easily. Most patients have a very slight tendency to look at their character objectively. This is understandable because it is a matter of loosening the narcissistic protection mechanism, the freeing of the anxiety which is bound up in it.

A man of 25 came to analysis because of some minor symptoms and because he suffered from a disturbance in his work. He showed a free, self-confident behavior but often one had the impression that his demeanor was artificial and that he did not establish any genuine relationship with the person to whom he talked. There was something cold in his manner of talking, something vaguely ironical; often he would smile and one would not know whether it was a smile of embarrassment, of superiority or irony.

The analysis began with violent emotions and ample acting out. He cried when he talked about the death of his mother and cursed when he described the usual upbringing of children. The marriage of his parents had been very unhappy. His mother had been very strict with him, and with his siblings he had established some sort of relationship only in recent years. The way in which he kept talking intensified the original impression that neither his crying nor his cursing or any other emotion came out really fully and naturally. He himself said that all this was not really so bad after all, that he was smiling all the time about everything he was saying. After a few hours, he began to try to provoke the analyst. For example, he would, when the analyst had terminated the session, remain lying on the couch ostentatiously for a while, or would start a conversation afterwards. Once he asked me what I thought I would do if he should grab me by the throat. Two days later, he tried to frighten me by a sudden hand movement toward my head. I drew back instinctively and told him that the analysis asked of him only that he say everything, not that he do things. Another time he stroked my arm in parting. The deeper meaning of this behavior which could not be interpreted at this time was a budding homosexual transference manifesting itself sadistically. When, on a superficial level, I interpreted these actions as provocations, he smiled and closed up even more. The actions ceased as well as his communications; all that remained was the stereotyped smile. He began to keep silent. When I pointed out the defensive character of his behavior, he merely smiled again and, after



some period of silence, repeated, obviously with the intention of making fun of me, the word "resistance." Thus the smiling and the making fun of me became the center of the analytic work.

The situation was difficult. Apart from the few general data about his childhood, I knew nothing about him. All one had to deal with, therefore, were his modes of behavior in the analysis. For some time, I simply waited to see what would be forthcoming, but his behavior remained the same for about two weeks. Then it occurred to me that the intensification of his smile had occurred at the time when I had warded off his aggressions. I tried to make him understand the meaning of his smile in this connection. I told him that no doubt his smile meant a great many things, but at the present it was a reaction to the cowardice I had shown by my instinctive drawing back. He said that may well be but that he would continue to smile. He talked about unimportant things, and made fun of the analysis, saying that he could not believe anything I was telling him. It became increasingly clear that his smile served as a protection against the analysis. This I told him repeatedly over several sessions but it was several weeks before a dream occurred which had reference to a machine which cut a long piece of brick material into individual bricks. The connection of this dream with the analytic situation was all the more unclear in that he did not produce any associations. Finally he said that, after all, the dream was very simple, it was obviously a matter of the castration complex, and—smiled. I told him that his irony was an attempt to disown the indication which the unconscious had given through the dream. Thereupon he produced a screen memory which proved of great importance for the further development of the analysis. He remembered that at the age of about five he once had "played horse" in the backyard at home. He had crawled around on all fours, letting his penis hang out of his pants. His mother caught him doing this and asked what on earth he was doing. To this he had reacted merely by smiling. Nothing more could be learned for the moment. Nevertheless, one thing had been learned: his smile was a bit of mother transference. When I told him that obviously he behaved in the analysis as he had behaved toward his mother, that his smile must have a definite meaning, he only smiled again and said that was all well and good but it did not seem plausible to him. For some days, there was the same smile and the same silence on his part, while I consistently interpreted his behavior as a defense against the analysis, pointing out that his smile was an attempt to overcome a secret fear of me. These interpretations also were warded off with his stereotyped smile. This also was consistently interpreted as a defense against my influence. I pointed out to him that apparently he was always smiling, not only in the analysis, whereupon he had to admit that this was his only possible way of getting through life. With that, he had unwillingly concurred with me. A few days later he came in smiling again and said: "Today you'll be pleased, Doctor. 'Bricks,' in my mother-tongue, means horse testi-

cles. Swell, isn't it? So you see, it is the castration complex." I said that might or might not be true; that, in any case, as long as he maintained this defensive attitude, an analysis of the dreams was out of the question; that, no doubt, he would nullify every association and every interpretation with his smile. It should be said here that his smile was hardly visible; it was more a matter of a feeling and an attitude of making fun of things. I told him he need not be afraid of laughing about the analysis openly and loudly. From then on, he was much more frank in his irony. His association, in spite of its fun-making implication, was nevertheless very valuable for an understanding of the situation. It seemed highly probable that, as happens so often, he had conceived of the analysis in the sense of a danger of castration; at first he had warded off this danger with aggression and later with his smile. I returned to the aggressions in the beginning of the analysis and added the new interpretation that he had tried to test me with his provocations, that he wanted to see how far he could go, how far he could trust me. That, in other words, he had had a mistrust which was based on an infantile fear. This interpretation impressed him visibly. He was struck for a moment but quickly recovered and again began to disavow the analysis and my interpretations with his smiling. I remained consistent in my interpretations; I knew from different indications that I was on the right track and that I was about to undermine his ego defense. Nevertheless, he remained equally consistent in his smiling attitude for a number of sessions. I intensified my interpretations by linking them up more closely with the assumed infantile fear. I told him that he was afraid of the analysis because it would revive his infantile conflicts which he thought he had solved with his attitude of smiling but that he was wrong in this belief because his excitement at the time when he talked about his mother's death had been genuine after all. I ventured the assumption that his relationship with his mother had not been so simple; that he had not only feared and ridiculed but also loved her. Somewhat more serious than usually, he related details concerning the unkindness of his mother toward him; one time when he had misbehaved she even hurt his hand with a knife. True, he added, "Well, according to the book, this is again the castration complex, isn't it?" Nevertheless, something serious seemed to go on in him. While I continued to interpret the manifest and latent meaning of the smiling as it appeared in the analytic situation, further dreams occurred. Their manifest content was that of symbolical castration ideas. Finally he produced a dream in which there were horses, and another where a high tower arose from a fire truck. A huge column of water poured from the tower into a burning house. At this time, the patient suffered from occasional bedwetting. The connection between the "horse dreams" and his horse game he realized himself, although accompanied by smiling. More than that, he remembered that he had always been very much interested in the long penes of horses; he thought that in his infantile game he had imitated such a horse. He also used to find a great deal

of pleasure in urinating. He did not remember whether as a child he used to wet his bed.

On another occasion of discussing the infantile meaning of his smile he thought that possibly his smile on the occasion of the horse game had not been derisive at all but an attempt to reconcile his mother, for fear that she might scold him for his game. In this way he came closer and closer to what I had now been interpreting for months from his behavior in the analysis. The smiling, then, had changed its function and meaning in the course of time: originally an *attempt at conciliation*, it had later become a *compensation of an inner fear*, and finally, it also served as a means of *feeling superior*. This explanation the patient found himself when in the course of several sessions he reconstructed the way which he had found out of his childhood misery. The meaning was: "Nothing can happen to me, I am proof against everything." It was in this last sense that the smile had become a defense in the analysis, as a protection against the reactivation of the old conflicts. The basic motive of this defense was an infantile fear. A dream which occurred at the end of the fifth month revealed the deepest layer of his fear, the fear of being left by his mother. The dream was the following: "I am riding in a car, with an unknown person, through a little town which is completely deserted and looks desolate. The houses are run down, the windowpanes smashed. Nobody is to be seen. It is as if death had ravaged the place. We come to a gate where I want to turn back. I say to my companion we should have another look. There is a man and a woman kneeling on the sidewalk, in mourning clothes. I approach them to ask them something. As I touch them on the shoulder they jump and I wake up, frightened." The most important association was that the town was similar to that in which he had lived until he was four years of age. The death of his mother and the infantile feeling of being left alone were clearly expressed. The companion was the analyst. For the first time, the patient took a dream completely seriously, without any smiling. The character resistance had been broken through and the connection with the infantile had been established. From then on, the analysis proceeded without any special difficulty, interrupted, of course, by the relapses into the old character resistance as they occur in every analysis.

It goes without saying that the difficulties were far greater than may appear from this brief synopsis. The whole resistance phase lasted almost six months, characterized by derision of the analysis for days and weeks on end. Without the necessary patience and the confidence in the efficacy of consistent interpretation of the character resistance, one often would have been inclined to give up.

Let us see whether the analytic insight into the mechanism of this case would justify some other technical procedure. Instead of putting the emphasis consistently on the mode of behavior, one might have thoroughly analyzed the patient's scarce dreams. Possibly he might have had associations which one

could have interpreted. It may not be important that previous to the analysis the patient did not dream or forgot all his dreams and did not produce any dreams with a content relevant to the analytic situation until after the consistent interpretation of his behavior. One might object that the patient would have produced these dreams spontaneously anyhow; this cannot be argued because it cannot be proved one way or the other. At any rate, we have ample experience which teaches us that such a situation as presented by our patient can hardly be solved by passive waiting alone; if so, it happens by accident, without the analyst having the reins of the analysis in his hand. Let us assume, then, that we had interpreted his associations in connection with the castration complex, that is, tried to make him conscious of his fear of cutting or of being cut. *Perhaps* this would have finally also led to a success. But the very fact that we cannot be sure that it would have happened, that we must admit the accidental nature of the occurrence, forces us to refute such a technique which tries to circumvent an existing resistance as basically un-analytic. Such a technique would mean reverting to that stage of analysis where one did not bother about the resistances, because one did not know them, and where, consequently, one interpreted the meaning of the unconscious material directly. It is obvious from the case history that this would mean, at the same time, a neglect of the ego defenses.\*

One might object again that while the technical handling of the case was entirely correct one did not understand my argument; that all this was self-evident and nothing new, that this was the way all analysts worked. True, the general principle is not new; it is nothing but the consistent application of resistance analysis. Many years of experience in the Technical Seminar showed, however, that analysts generally know and recognize the principles of resistance technique, while in practice they use essentially the old technique of the direct interpretation of the unconscious. This discrepancy between theoretical knowledge and practical action was the source of all the mistaken objections to the systematic attempts of the Vienna Seminar to develop the consistent application of theory to therapy. If they said that all this was trite and nothing new, they had their theoretical knowledge in mind; if they objected that it was all wrong and not "Freudian" analysis, they thought of their own practice, which, as we have said, was quite different.

A colleague once asked me what I would have done in the following case: For the past four weeks he had been treating a young man who kept consistently silent but was otherwise very nice and showed a very friendly behavior before and after the analytic session. The analyst had tried all kinds of things, had threatened to break off the analysis and finally, when even dream interpretation failed, had set a date for the termination of the analysis. The scarce dreams had been filled with sadistic murder. The analyst had told

\* [Reich uses the plural ego defenses, but the sense is the same as in the footnote on p. 250.]

the patient that, after all, he should realize from his dreams that in his phantasy he was a murderer. But it did not help. The colleague was not satisfied with my statement that it was incorrect to interpret such deep material in the presence of an acute resistance, no matter how clearly the material might appear in a dream. He thought there was no other way. When I told him that, first of all, the silence should have been interpreted as a resistance, he said that could not be done, for there was no "material" available to do it with. Is not the behavior itself, the silence during the hour in contrast to the friendly attitude outside, "material" enough? Does not this situation show clearly the one thing at least, that the patient expresses, with his silence, a negative attitude or a defense? And that, to judge from his dreams, it is a matter of sadistic impulses which, by his over-friendly behavior, he tried to compensate and camouflage? Why does one dare to deduce certain unconscious processes from a slip such as a patient's forgetting some object in the consultation room, and why does one not dare to deduce the meaning of the situation from his behavior? Is the total behavior less conclusive material than a slip? All this did not seem plausible to my colleague; he continued to insist that the resistance could not be tackled because there was "no material." There could be no doubt that the interpretation of the murderous impulses was a technical error; it could only have the effect of frightening the patient and of putting him all the more on his guard.

The difficulties in the cases presented in the Seminar were of a very similar nature: It was always the same underestimation or the complete neglect of the behavior as interpretable material; again and again the attempt to remove the resistance from the id side instead of by analysis of the ego defense; and finally, almost always, the idea—which was used as an alibi—that the patient simply did not want to get well or that he was "all too narcissistic."

In principle, the loosening of the narcissistic defense is not different in other types than in the one described. If, say, a patient is always affectless and indifferent, no matter what material he may be presenting, then one is dealing with the dangerous affect-block. Unless one works on this before anything else one runs the danger of seeing all the material and all the interpretations go to waste and of seeing the patient become a good analytical theorist while otherwise he remains the same. Unless one prefers in such a case to give up the analysis because of "too strong narcissism" one can make an agreement with the patient to the effect that one will continue to confront him with his affect-lameness but that, of course, he can stop whenever he wants to. In the course of time—usually many months, in one case it took a year and a half—the patient begins to experience the continued pointing out of his affect-lameness and its reasons as painful, for in the meantime one has acquired sufficient means of undermining the protection against anxiety which the affect-lameness presents. Finally the patient rebels against the danger which threatens from

the analysis, the danger of losing the protective psychic armor and of being confronted with his impulses, particularly with his aggression. This rebellion activates his aggressivity and before long the first emotional outburst in the sense of a negative transference occurs, in the form of an attack of hatred. That achieved, the road becomes clear. When the aggressive impulses make their appearance, the affect-block is breached and the patient becomes capable of being analyzed. The difficulty consists in bringing out the aggressivity.

The same is true when narcissistic patients express their character resistance in their way of talking; they will talk, for example, always in a haughty manner, in technical terms, always highly correctly or else confusedly. Such modes of talking form an impenetrable barrier and there is no real experiencing until one analyzes the mode of expression itself. Here also, the consistent interpretation of the behavior results in narcissistic indignation, for the patient does not like to be told that he talks so haughtily, or in technical terms, in order to camouflage his feeling of inferiority before himself and the analyst, or that he talks so confusedly because he wants to appear particularly clever and is unable to put his thoughts into simple words. In this manner, one makes an important breach in the neurotic character and creates an avenue of approach to the infantile origin of the character and the neurosis. Of course, it is insufficient to point out the nature of the resistance at one time or another; the more stubborn the resistance, the more consistently does it have to be interpreted. If the negative attitudes against the analyst which are thus provoked are analyzed at the same time the risk of the patient's breaking off the analysis is negligible.

The immediate effect of the analytic loosening of the character armor and the narcissistic protection mechanism is twofold: First, the loosening of the affects from their reactive anchoring and hiding places; second, the creation of an avenue of approach to the central infantile conflicts, the Oedipus complex and the castration anxiety. An enormous advantage of this procedure is that one not only reaches the infantile experiences as such, but that one analyzes them in the specific manner in which they have been assimilated by the ego. One sees again and again that one and the same piece of repressed material is of different dynamic importance according to the stage which has been reached in the loosening of the resistances. In many cases, the affect of the infantile experiences is absorbed in character defenses; with simple interpretation of the contents, therefore, one may be able to elicit the memories but not the corresponding affects. In such cases, interpretation of the infantile material without *previous* loosening of the affect energies which are absorbed in the character is a serious mistake. It is responsible, for example, for the hopelessly long and relatively useless analyses of compulsive characters.\* If,

\* The following case illustrates the decisive importance of the neglect of a mode of behavior. A compulsive character who had been in analysis for twelve years without any appreciable result and knew all about his infantile conflicts, such as his central father

on the other hand, one first frees the affects from the defense formations of the character, a new cathexis of the infantile impulses takes place automatically. If the line of character-analytic resistance interpretation is followed, remembering without affect is practically out of the question; the disturbance of the neurotic equilibrium which goes with the analysis of the character from the very beginning makes it practically impossible.

In other cases, the character has been built up as a solid protective wall against the experiencing of infantile anxiety and has served well in this function, although at the expense of much happiness. If such an individual comes to analysis because of some symptom, this protective wall serves equally well as character resistance and one realizes soon that nothing can be done unless this character armor which covers up and absorbs the infantile anxiety is destroyed. This is the case, for example, in "moral insanity" and in many manic, narcissistic-sadistic characters. In such cases one is often confronted with the difficult question whether the symptom justifies a deep-reaching character-analysis. For one must realize that the character-analytic destruction of the characterological compensation temporarily creates a condition which equals a breakdown of the personality. More than that, in many extreme cases such a breakdown is inevitable before a new, rational personality structure can develop. One may say, of course, that sooner or later the breakdown would have occurred anyhow, the development of the symptom being the first sign. Nevertheless, one will hesitate about undertaking an operation which involves so great a responsibility unless there is an urgent indication.

In this connection another fact must be mentioned: character-analysis creates in every case violent emotional outbursts and often dangerous situations, so that it is important always to be master of the situation, technically. For this reason, many analysts will refuse to use the method of character-analysis; in that case, they will have to relinquish the hope for success in a great many cases. A great many neuroses cannot be overcome by mild means. The means of character-analysis, the consistent emphasis on the character resistance and the persistent interpretation of its forms, ways and motives, are as potent as they are unpleasant for the patient. This has nothing to do with education; rather, it is a strict analytic principle. It is a good thing, however, to point out to the patient in the beginning the foreseeable difficulties and unpleasantness.

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conflict, talked in the analysis in a peculiarly monotonous, sing-song intonation and kept wringing his hands. I asked him whether this behavior had ever been analyzed, which was not the case. One day it struck me that he talked as if he were praying, and I told him so. He then told me that as a child he had been forced by his father to go to the synagogue and to pray. He had prayed, but only under protest. In the same manner he had also prayed—for twelve long years—before the analyst: "Please, I'll do it if you ask me to, but only under protest." The uncovering of this seemingly incidental detail of his behavior opened the way to the analysis and led to the most strongly hidden affects.

(f) *On the optimal conditions for the analytic reduction of the present-day material to the infantile*

Since the consistent interpretation of the behavior spontaneously opens the way to the infantile sources of the neurosis, a new question arises: Are there criteria to indicate *when* the reduction of the present-day modes of behavior to their infantile prototypes should take place? This reduction, we know, is one of the cardinal tasks of analysis, but this formulation is too general to be applied in everyday practice. Should it be done as soon as the first signs of the corresponding infantile material appear, or are there reasons for postponing it until a certain later time? First of all it must be pointed out that in many cases the purpose of the reduction—dissolution of the resistance and elimination of the amnesia—is not fulfilled: either there is no more than an intellectual understanding, or the reduction is refuted by doubts. This is explained by the fact that—as is the case with the making conscious of unconscious ideas—the topical process is complete only if combined with the *dynamic-affective* process of the becoming conscious. This requires the fulfillment of two conditions: first, the main resistances must be at least loosened up; second, the idea which is to become conscious—or, in the case of the reduction, is to enter a new association—must become charged with a certain minimum of affect. Now, we know that the affects are usually split off from the repressed ideas, and bound up in the acute transference conflicts and resistances. If, now, one reduces the resistance to the infantile situation before it has fully developed, as soon as there is only a trace of its infantile origin, then one has not fully utilized its affective energies; one has interpreted the content of the resistance without also having mobilized the corresponding affect. That is, dynamic considerations make it necessary not to nip the resistance in the bud, but, on the contrary, to bring it to full development in the transference situation. In the case of chronic, torpid character incrustations there is no other way at all. Freud's rule that the patient has to be brought from acting out to remembering, from the present day to the infantile, has to be complemented by the further rule that *first* that which has become chronically rigid must be brought to new life in the actual transference situation, just as chronic inflammations are treated by first changing them into acute ones. With character resistances this is always necessary. In later stages of the analysis, when one is certain of the patient's cooperation, it becomes less necessary. One gains the impression that with many analysts the immediate reduction of as yet completely immature transference situations is due to the fear of strong and stormy transference resistances; this fits in with the fact that—in spite of better theoretical knowledge—resistances are very often considered something highly unwelcome and only disturbing. Hence the tendency to circumvent the resistance instead of bringing it to full development and then treating it. One should not forget the fact that the neurosis itself is



contained in the resistance, that with the dissolution of every resistance we dissolve a piece of the neurosis.

There is another reason why it is necessary to bring the resistance to full development. Because of the complicated structure of each resistance, one comprehends all its determinations and meanings only gradually; the more completely one has comprehended a resistance situation, the more successful is its later interpretation. Also, the double nature of the resistance—present-day and historical—makes it necessary first to make fully conscious the forms of ego defense it contains; only after its present-day meaning has become clear should its infantile origin be interpreted. This is true of the cases who have already produced the infantile material necessary for an understanding of the resistance *which follows*. In the other, more numerous cases, the resistance must be brought to full development for no other reason than that otherwise one does not obtain enough infantile material.

The resistance technique, then, has two aspects: *First, the comprehension of the resistance from the present-day situation through interpretation of its present-day meaning; second, the dissolution of the resistance through association of the ensuing infantile material with the present-day material*. In this way, one can easily avoid the flight into the present-day as well as into the infantile, because equal attention is paid to both in the interpretation work. Thus the resistance turns from an impediment of the analysis into its most potent expedient.

(g) *Character-analysis in the case of amply flowing material*

In cases where the character impedes the process of recollection from the beginning, there can be no doubt about the indication of character-analysis as the only legitimate way of introducing the analysis. But what about the cases whose character admits of the production of ample memory material in the beginning? Do they, also, require character-analysis as here described? This question could be answered in the negative if there were cases without a character armor. But since there are no such cases, since the narcissistic protection mechanism always turns into a character resistance—sooner or later, in varying intensity and depth—there is no fundamental difference between the cases. The practical difference, though, is this: In cases such as described above, the narcissistic protection mechanism is at the surface and appears as resistance immediately, while in other cases it is in deeper layers of the personality so that it does not strike one at first. But it is precisely these cases that are dangerous. In the former case one knows what one is up against. In the latter case, one often believes for a long period of time that the analysis proceeds satisfactorily, because the patient seems to accept everything very readily, shows prompt reactions to one's interpretations, and even improvements. But it is just in these patients that one experiences the worst disappointments. The analysis has been carried out, but the final success fails

to materialize. One has shot all one's interpretations, one seems to have made completely conscious the primal scene and all infantile conflicts; finally the analysis bogs down in an empty, monotonous repetition of the old material, and the patient does not get well. Worse still, a transference success may deceive one as to the real state of affairs, and the patient may return with a full relapse soon after his discharge.

A wealth of bad experiences with such cases suggested as a rather self-evident conclusion that one had overlooked something. This oversight could not refer to the contents, for in that respect these analyses left little to be desired; it could only be an unrecognized latent resistance which nullified all therapeutic endeavor. It was soon found that these latent resistances consisted precisely in the great willingness of the patients, in the lack of manifest resistances. In comparing them with successful cases, one was struck by the fact that these analyses had shown a constantly even flow, never interrupted by violent emotional outbursts; more importantly, they had taken place in almost constant "positive" transference; rarely, if ever, had there been violent negative impulses toward the analyst. This does not mean that the hate impulses had not been analyzed; only, they did not appear in the transference, or they had been remembered without affect. The prototypes of these cases are the narcissistic affect-lame and the passive-feminine characters. The former show a luke-warm and even, the latter an exaggerated "positive" transference.

These cases had been considered "going well" because they procured infantile material, that is, again because of a one-sided overestimation of the contents of the material. Nevertheless, all through the analysis, the character had acted as a severe resistance in a form which remained hidden. Very often, such cases are considered incurable or at least extremely difficult to handle. Before I was familiar with the latent resistances of these cases, I used to agree with this judgment; since then, I can count them among my most gratifying cases.

The character-analytic introduction of such cases differs from others in that one does not interrupt the flow of communications and does not begin the analysis of the character resistance until such time as the flood of communications and the behavior itself has unequivocally become a resistance. The following case will illustrate this as it will again show how character-analysis leads of itself into the most deeply repressed infantile conflicts. We shall follow this analysis farther along than those previously described, in order to show the logical development of the neurosis in the transference resistances.

## *A Case of Passive-Feminine Character*

### *Anamnesis*

A 24-year-old bank employee came to analysis because of his anxiety states; these had set in a year previously on the occasion of his going to a hygiene exhibit. Even before that he had had *hypochondriac* fears: he thought he had a *hereditary* taint, he would go *crazy* and would *perish in a mental institution*. For these fears, he seemed to have rational grounds: his father had acquired syphilis and gonorrhea ten years previous to his marriage. The paternal grandfather also was supposed to have had syphilis. A paternal uncle was very nervous and suffered from insomnia. The maternal heredity was even more serious: the mother's father committed suicide, as did one of her brothers. A great-aunt was "mentally abnormal." The patient's mother was an anxious and nervous woman.

This double "heredity" (syphilis on the paternal, suicide and psychosis on the maternal side) made the case all the more interesting in that psychoanalysis—in contradistinction to orthodox psychiatry—considers heredity only one of many etiological factors. As we shall see, the patient's idea about his heredity had also an irrational basis. He was cured in spite of his heredity and did not relapse during a follow-up period of five years.

This presentation covers only the first seven months of the treatment which were taken up with the analysis of the character resistances. The last seven months were presented only very briefly because, from the standpoint of resistance and character-analysis, they presented little which would be of interest. What is to be presented here is chiefly the introduction of the treatment, the course of the resistance analysis, and the way it established the contact with the infantile material. We shall follow the red thread of the resistances and their analysis. In reality, of course, the analysis was not as simple as it may appear here.

The patient's anxiety attacks were accompanied by palpitations and a paralysis of all initiative. Even in the intervals between the attacks he was never free of a feeling of malaise. The anxiety attacks often occurred spontaneously but also were precipitated by his reading about mental diseases or suicides in the newspaper. In the course of the past year his working capacity had begun to suffer and he was afraid that he might be discharged because of inefficiency.

Sexually he was severely disturbed. Shortly before the visit to the hygiene exhibit, he had attempted coitus with a prostitute and had failed. He said that this had not bothered him particularly. There was very little conscious sexual desire: he said he did not suffer from his sexual abstinence. A few years

earlier, he had succeeded in carrying out the sexual act, although he had suffered from a premature and pleasureless ejaculation.

Asked whether his anxiety states had not had any precursors, he related that already as a child he had been very apprehensive, and particularly during puberty he had been *afraid of world catastrophes*. Thus he was very much afraid when in 1910 the end of the world through a collision with a comet was predicted; he was surprised that his parents could talk about it so calmly. This "fear of catastrophe" gradually subsided, being completely replaced by his fear of the hereditary taint. Severe anxiety states he had had since childhood, although less frequently.

Apart from the hypochondriac idea of the hereditary taint, the anxiety states and the sexual weakness, there were no symptoms. Awareness of illness was at first present only with regard to the anxiety states which was the symptom which bothered him most. The idea of the hereditary taint was too well rationalized and the sexual weakness produced too little suffering to produce insight into their pathological character. Symptomatologically speaking, then, we were dealing with the hypochondriac form of anxiety hysteria with a particularly marked actual-neurotic core (stasis neurosis).\*

The diagnosis was hysterical character with hypochondriac anxiety hysteria. The diagnosis "hysterical character" is based on the analytic findings concerning his fixations. Phenomenologically, he was a typical passive-feminine character: he was always over-friendly and humble; he kept apologizing for the most trifling things; on arriving and on leaving he made several deep bows. In addition, he was *awkward, shy and circumstantial*. If he was asked, for example, whether his hour could be changed, he did not simply say, Yes, but assured me at length that he was completely at my disposal, that he was agreeable to any change I wished to make, etc. When he asked for something, he would stroke the analyst's arm. When I first mentioned the possibility of a distrust of the analysis, he returned on the same day, highly perturbed, saying that he could not stand the thought of my thinking him distrustful; he asked repeatedly for forgiveness in case he should have said something that could have given me any such impression.

### *The development and analysis of the character resistance*

The analysis developed according to the resistances which were determined by this kind of character, as follows:

After being told the fundamental rule, he talked rather fluently about his family and the hereditary taint. He asserted that he loved both his parents equally well but had more respect for his father whom he described as an energetic, clear-thinking person. The father had always *warned him against masturbation and extramarital sexual intercourse*. He had told him about his

\* [As already indicated, to Reich all neuroses result from the damming up of libido and are, therefore, at their core "actual neuroses."]

own bad experiences, his syphilis and gonorrhea, of his relationships with women which had come to a bad end; all this with the intention of saving the patient from similar experiences. The father had never beaten him but had always gotten his way by telling him, "I'm not forcing you, I only advise you to . . ."; this, however, had been done very forcefully. The patient described the relationship with his father as very good and his father as his very best friend in whom he had the greatest confidence.

Soon he switched to an extensive description of the relationship with his mother. She was always very solicitous and kind. He was also very kind to her; on the other hand he let her wait on him hand and foot. She took care of his laundry, brought breakfast to his bed, sat beside him until he went to sleep, even now, she combed his hair, in a word, he led the life of a pampered mother's boy.

After six weeks, he was *close to becoming conscious of the wish for coitus*. Apart from this, he had been fully conscious of the tender relationship with his mother, in part he had known it even before the analysis: he had often thrown his mother on his bed to which she had reacted with "bright eyes and flushed cheeks." When she would come in in her nightgown to say good night to him, he would embrace her and press her against him. Though he always tried to emphasize the sexual excitation on the part of his mother—undoubtedly in order to give away less of his own intentions—he mentioned several times, parenthetically as it were, that he himself had definitely felt sexual excitation.

A very cautious attempt to make him understand the real significance of these things, however, led to a violent resistance: he could assure me, he said, that he felt exactly the same thing with other women. I had made this attempt by no means in order to interpret the incest phantasy to him but only in order to see whether I was correct in surmising that this straight advance of his in the direction of the historically important incest love was actually a manoeuvre to divert attention from something that *at present* was much more important. The material about his mother was unequivocal; it really appeared as if he needed only one more step to arrive at the core. But something militated against the interpretation of this material: the content of his communications was in striking contrast to the content of his dreams and to his over-friendly behavior.

For this reason, I centered my attention more and more on his behavior and on his dream material. He produced no associations to his dreams. During the session, he enthused about the analysis and the analyst, while outside he was very much concerned about his future and ruminated about his hereditary taint.

The content of the dreams was of a twofold nature: On the one hand, they also contained incest phantasies; what he did not express during the day he expressed in the manifest dream content. For example, in one dream he

went after his mother with a knife, or crept through a hole before which his mother was standing. On the other hand, there was often some obscure *murder story*, the hereditary taint, a crime which somebody committed or *derisive remarks made by somebody*, or *distrust* expressed by somebody.

During the first 4 to 6 weeks of the analysis, we had obtained the following material: his statements regarding the relationship with his mother; his anxiety states and the heredity idea; his over-friendly, submissive behavior; his dreams, those which continued the incest phantasy and those of murder and distrust; and certain indications of a positive mother transference.

Confronted with the choice of interpreting his clear-cut incest material or to emphasize the signs of his distrust, I chose the latter. For there could be no doubt that here was a *latent resistance* which for many weeks did not become manifest because it consisted precisely in that the patient presented too much and was too little inhibited. As was shown later, it was also the first important transference resistance the specific form of which was determined by the patient's character. *He was deceiving*: by offering up all the material on his experiences, which was therapeutically useless, by his over-friendly behavior, by his many clear-cut dreams, by his seeming confidence in the analyst.\* He tried to *please* the analyst, as he had tried to please his father all along, and for the same reason: because he was *afraid of him*. If this had been my first case of this nature I could not possibly have known that such behavior was a decisive and dangerous resistance. Previous experience in such cases had shown, however, that such patients are incapable of producing a manifest resistance, over periods of months or even years; and further, that they do not react therapeutically in the least to the interpretations which, prompted by the clear-cut material, one gives them. One cannot say, therefore, that in such cases one should wait until the transference resistance makes its appearance; it is, in fact, present from the very first moment in a fully developed, but typically *hidden* form.

Clearly, the presented heterosexual incest material could not really be material which had broken through from the depths. If one pays any attention to the actual function of the presented material one often finds that deeply repressed impulses are temporarily used for the purpose of warding off *other* contents, without any change in the state of repression taking place. This is a peculiar fact, not easily understood depth-psychologically. It is obvious from this fact, though, that the direct interpretation of such material is a definite mistake. Such interpretation not only has no therapeutic effect; more than

\* [Reich's view of the patient as a deceiver is similar to Ferenczi's use of the term, "unconscious mendacity." He regarded all patients as deceivers. In 1936, Anna Freud said to this point; "In my opinion, we do our patients a great injustice if we describe these transferred defense-reactions as 'camouflage' or say that the patients are 'pulling the analyst's leg' or purposely deceiving them in some other way. . . . The patient is in fact candid when he gives expression to the impulse or affect in the only way still open to him, namely, in the distorted defensive measure" (1936, pp. 20-21).]

that, it interferes with the maturing of the respective repressed contents for later interpretation. Theoretically one might say that psychic contents appear in consciousness under two totally different conditions: either born by the affects which specifically belong to them, or born by extraneous interests. In the first case, it is the result of the inner pressure of dammed-up excitation, in the latter case it occurs in the service of defense. It is the same difference as that between freely flowing love and manifestations of love which serve to compensate for hatred, that is, reactive love.\*

In our patient, the handling of the resistance was, of course, far more difficult than it is in the case of manifest resistances. The meaning of the resistance could not be deduced from the patient's communications, but it could be deduced from his behavior and from the seemingly incidental details of many of his dreams. From these it was evident that, for fear of rebelling against his father, he had camouflaged his spite and distrust by reactive love and had escaped anxiety by being submissive.

The first resistance interpretation was given on the fifth day on the occasion of the following dream:

My handwriting is submitted to a graphologist for an opinion. His opinion was: "This man belongs in a mental institution." My mother is completely desperate. I want to commit suicide. Then I wake up.

To the graphologist, he associated Professor Freud. He added that the Professor had told him that analysis cured such diseases as his with "absolute certainty."† I called his attention to the following contradiction: since in the dream he was afraid of having to be committed to a mental institution, he apparently did not believe that the analysis would help him. This he could not see; he refused to accept the interpretation and kept insisting that he had the fullest confidence in the analysis.

Until the end of the second month he dreamt much, though little that would have lent itself to interpretation, and continued talking about his mother. I let him talk, without urging him on and without giving interpretations, being careful all the time not to miss any indication of distrust. After the first resistance interpretation, however, he had camouflaged his secret distrust even more thoroughly, until finally he produced the following dream:

A crime, possibly *a murder*, has been committed. Somehow and against my will, I have been implicated in it. *I am afraid of discovery and punish-*

\* [The term "reactive love" was based on Reich's assumption that all manifestations of positive transference at the beginning of treatment are reaction formations against the latent hostility. He does not operate with the concept of ambivalence, that gives equal value to both feelings.]

† [If the patient has indeed quoted Freud correctly, then Freud did not follow Ferenczi's (1928a) admonition that no promises be given about the outcome of an analysis (see this volume, Chapter 17).]

ment. One of my fellow employees, who impresses me with his courage and decision, is there. I am keenly aware of his superiority.

I emphasized only the fear of discovery and related it to the analytic situation, telling him that his whole attitude indicated that he was hiding something. As early as the following night, he had the following confirmatory dream:

*A crime is going to be committed in our apartment. It is night and I am on the dark stairs. I know that my father is in the apartment. I want to go to his aid but I am afraid of falling into the hands of the enemies. I want to call the police. I have a roll of paper with me which has all the details of the intended crime on it. I need a disguise, otherwise the leader of the gang, who has placed a lot of spies, will prevent me. I take a large cape and a false beard and leave the house, bent over like an old man. The leader of the gang stops me and asks one of his men to search me. He finds the roll of paper. I feel that I am going to be lost if he reads its contents. I act as innocently as possible and tell him that they are notes which don't mean anything. He says he'll have to have a look anyhow. There is a moment of painful tension, then, in desperation, a look for a weapon. I find a revolver in my pocket and fire it. The man has disappeared, and suddenly I feel myself very strong. The leader of the gang has changed into a woman. I am seized by a desire for this woman. I pick her up and carry her into the house. I am overcome by a pleasurable feeling, and wake up.*

At the end of the dream, we have the whole incest motif before us, but earlier in the dream unmistakable allusions to the patient's masquerading in the analysis. I entered only upon the latter because the patient would have to give up his attitude of deceit before deeper interpretations could be given.\* This time, however, I went a step further in the resistance interpretation. I told him that not only was he distrustful of the analysis; that, furthermore, by his behavior, he pretended the exact opposite. Upon this, the patient became highly excited, and through six sessions he produced three different hysterical actions:

1. He thrashed around with arms and legs, yelling: "Let me alone, don't come near me, I'm going to kill you, I'm going to squash you!" This action often changed into another:

2. He grabbed his throat and whined in a rattling voice: "Please let me alone, please, I'm not going to do anything any more!"

3. He behaved not like one who is violently attacked but like a girl who is sexually attacked: "Let me alone, let me alone." This, however, was said

\* [In this dream, heterosexual impulses break through (the patient finds he has a revolver), but these are not acknowledged by the analyst, who is afraid of being deceived by the patient. One may well ask if the behavior of the patient after such a one-sided interpretation, was not partially, at least, a response to the analyst's persistent suspicion. It is difficult to know whether the patient was indeed so suspicious, as Reich claimed, or whether he became so as a result of Reich's suspicions of him. Here we see, again, how Reich avoids the interpretation of dreams at this stage of the analysis.]



without the rattling voice and, while during the action of the second type he pulled up his legs, he now spread them apart.

During these six days he was in a manifest resistance, and continued to talk about his hereditary taint, from time to time falling back into the actions just described. Peculiarly enough, as soon as the actions would cease he would continue to talk calmly as if nothing had happened. He only remarked, "Certainly something queer goes on in me, Doctor."\*

\* [Limitations of space unfortunately prevent the complete reprinting of Reich's thorough description of his work with a patient.]