

The Development of the Character-Analytic Technique

Chapter V in "The Function of the Orgasm" (written by Reich: in mid-1940's)

I have transcribed the chapter, put significant formulations in **bold**, and added a few footnotes, translating what he is saying into terms I frequently use. This part covers p 117 - 130, with most of the really poignant stuff in the first few pages, and then p 138 - 149.

DIFFICULTIES AND CONTRADICTIONS

The psychoanalytic technique made use of free association to ferret out and interpret unconscious fantasies. However, the therapeutic effect of interpretation proved to be limited. There were but few patients who were capable of free, unconscious association. The improvements which were achieved were ascribable to breakthroughs of genital energy. They were usually brought about accidentally through the 'loosening' of the psychic apparatus, as a consequence of free association. I could see that the release of genital energies had enormous therapeutic effect, but I did not know how to direct and control this factor. It was never really possible to say which processes in the patient were responsible for the accidental breakthrough. It became necessary, therefore, to make a careful study of the psychoanalytic technique itself. I have already described the hopelessness of the technical situation at that time. When I became chairman of the Vienna Seminar on Technique in the fall of 1924, I had a good idea of the work that had to be done. In the preceding two years, the lack of systematic presentation in the case reports was disturbingly conspicuous. I sketched a plan for systematic reports. The cases offer a bewildering profusion of experiences. Hence, I suggested that only that material should be presented which pertained to the problems of technique. Other matters would come up by themselves in the discussion. Prior to this, it was the custom to give a thorough presentation of the childhood history of the case without reference to the therapeutic problem and, at the conclusion, to offer random suggestions; I saw no point in this. If psychoanalysis was a causal scientific therapy, **then the specifically necessary technique had to result by itself from the structure of the case. The structure of the neurosis could be determined only by the fixations in childhood situations. It was further shown that the resistances were circumvented, partly because they were not recognised and partly because it was believed that they were an obstruction to the analytic work and, hence, to be avoided as much as possible.** For this reason, only situations having to do with resistance were discussed during the first years of my activity as head of the seminar. In the beginning, we were completely helpless. However, we soon learned a great deal and rapidly added to our knowledge. The most important fruit of the first years of our work in the seminar was the decisive insight that, in speaking of 'transference', the analysts meant only positive transference and not negative transference, though the theoretical differentiation between the two had been made by Freud long before.

The analysts were afraid to listen to, examine, confirm, or refute deprecatory opinions and embarrassing criticism by the patient. In short, the analyst felt insecure both personally and professionally, because of the sexual material and the vast complexity of human nature. It was further shown that unconscious hostile attitudes on the part of the patient formed the basis of the neurosis as a whole. Every interpretation of the unconscious material glanced off from this secret hostility. It followed, therefore, that no unconscious material should be interpreted until the secret deprecatory attitudes had been uncovered and eliminated.

True, this was in line with known principles of practical work, but its application still had to be learned. The discussion of practical questions removed many incorrect and complacent attitudes on the part of therapists, e.g. so-called 'waiting', which was supposed to have a meaning. Usually, it was sheer helplessness. **We condemned the habit of many analysts who simply reproached the patient when he or she demonstrated resistance to the treatment. For it was wholly inherent in psychoanalytic principles that we had to try to comprehend the resistance and to eliminate it with analytic means.** At that time analysts were in the habit of setting termination dates when the treatment stagnated. The idea behind this practice was that the patient was supposed to decide before a certain date 'to give up the resistance to getting well'. If he or she was not able to do so, then he or she simply had 'insurmountable resistances'.

It must be borne in mind, however, that the clinic was constantly making high demands on our skills. **No one had any idea of the physiological anchoring of such resistances.** There were a number of incorrect technical procedures that had to be eliminated. Since I myself had made these mistakes for five years and had treated many patients unsuccessfully as a result of them, I knew precisely what they were and recognised them in other analysts.

One of these incorrect procedures was the unsystematic way in which the analyst dealt with the material which the patient produced. **It was interpreted "just as it came", without taking into account its depth and the resistances which precluded genuine understanding.** This procedure often resulted in grotesque situations. The patients readily divined what the psychoanalyst expected in terms of theory, and they produced the appropriate 'associations'. **In short, they produced material to oblige the analysts.** If they were cunning individuals, they half-consciously led the analyst astray; e.g. produced extremely confusing dreams so that no one knew what was going on. It was precisely this continual confusion of the dreams, not

their content, that was the crucial problem. Or they produced one symbol after another - the sexual meaning of which they readily divined - and in no time they were able to operate with concepts¹. They would speak about the 'Oedipus complex' without any trace of affect. **Inwardly, they did not believe in the interpretations of their associations, which the analysts usually took at face value.** Almost all treatments were chaotic. **There was no order in the material, no organisation in the treatment, and, therefore, no evolving of a process.** Most cases were forgotten after two or three years of treatment. There were improvements now and then, but no one could explain precisely what had brought them about. **Thus, we came to realise the importance of orderly and systematic work on the resistances.**

In the treatment, the neurosis breaks up, so to speak, into individual resistances. These the analyst must keep clearly separated from one another and eliminate individually, **always proceeding from the one closest to the surface, i.e. nearest to the patient's conscious perception**².

This was not new - merely a consistent application of the Freudian conception. I dissuaded analysts from trying to 'convince' patients that an interpretation was correct. If the resistance to an unconscious impulse has been comprehended and eliminated, the patient will proceed further of his own accord. **That element of the instinct against which the resistance is directed is contained in the resistance**³.

If the patient recognises the meaning of the defence, then he is also well on his way to comprehending what is being warded off. This means, however, that the **analyst must consistently and precisely uncover every minute trace of distrust and rejection on the part of the patient. Every patient is deeply sceptical about the treatment. Each merely conceals it differently.**

I once presented a report on a patient who concealed his secret distrust in an extremely clever way, i.e. he was very polite and agreed with everything. Behind this politeness and acquiescence lay the real source of anxiety. Hence, he revealed a great deal, but always very cleverly concealed his aggression. The situation demanded that I should not interpret his very clear dreams of incest with his mother until he had manifested his aggression toward me. This was flatly at variance with the practice at that time of interpreting each individual dream fragment or association⁴. Yet, it was in keeping with the principles of resistance analysis.

I very soon sensed that I had become entangled in a conflict. Since psychoanalytic practice was not commensurate with psychoanalytic theory, it was clear that some analysts would take issue with my approach. For, in effect, they were required to bring their practice into conformity with theory, i.e. to make readjustments in technique. This, in their eyes, was an unreasonable demand. Without having any inkling of it, we had come up against the peculiarity of modern man's character, i.e. **the tendency to ward off genuine sexual and aggressive impulses with spurious, contrived, deluded attitudes. The adaptation of technique to the patient's characterological hypocrisy had consequences which no one divined and everyone unconsciously feared. At issue was the concrete releasing of aggression and sexuality in the patient. At issue was the personal structure of the therapist who had to deal with and handle this aggression and sexuality. But we analysts were the children of our times. We were operating with subject matter which, though acknowledged in theory, we shied away from in practice. We did not want to experience it.**

It was as if we were fettered in formal academic conventions. The analytic situation required freedom from conventional standards and an attitude toward sexuality untrammelled by moral prejudices. During the first years of the seminar, there was no mention of establishing the capacity to experience orgasm. I instinctively avoided the subject. It was touchy, and one generally became very excited in discussing it. I myself did not feel completely secure about it. Nor was it at all easy to comprehend correctly the toilet habits and sexual peculiarities of the patient and still retain one's social and academic dignity. One preferred to speak of 'anal fixation' or 'oral desires'. **The animal was and remained untouched.**

The situation was difficult in other respects also. On the basis of a number of clinical observations, I had formulated a hypothesis on the therapy of the neurosis. To compass the desired goal in practice required considerable skill in technique. It was like an arduous march toward a definite goal which, clearly visible, seemed to move further and further away with each step. While, on one hand, clinical experience repeatedly confirmed that neuroses were cured quickly when genital gratification was made possible, it revealed, on the other hand, that cases in which this gratification was not (or inadequately) achieved, were all the more difficult. This spurred one on to make a conscientious study of the obstructions to the goal and of the many stages to it.

It is not easy to give a lucid exposition of this. Nonetheless, I want to try to give as vivid a picture as possible of how the orgasm theory of the therapy of neuroses gradually became more and more closely related to the development of the characteranalytic technique. In the course of a few years, they became an inseparable unity. As the foundation of this work gained in clarity and firmness, conflicts with the psychoanalysts of the old school became more frequent.

There were no conflicts during the first two years, but then a growing opposition began to make itself felt from the

1 i.e. what I call the 'internal therapist'

2 i.e. what is also called 'working closest to the ego'; decades later this was formulated more systematically as anxiety, defence, impulse (see Malan, D. H. (1995) *Individual Psychotherapy and the Science of Psychodynamics*. Butterworth/Heinemann: Oxford

3 this was an insight which Perls later elaborated

4 with the analyst proceeding as if there was a working alliance when actually a negative transference was in the way of an interpretation being actually let in - that implies that interpretations are believed by the analyst to be 'helpful' when actually they are received as re-enactments

older colleagues. They simply refused to grasp what we were doing; they were afraid of losing their reputations as 'experienced authorities'. Hence, they had to take one of two attitudes toward the new material which we were investigating:

(1) "There is nothing new here - Freud knew all about it"; or

(2) they declared that our approach was all "wrong."

In the long run, the role of genital gratification in the therapy of neuroses could not be kept hidden. It came up inevitably in the discussion of every case. This fortified my position, but it also made enemies for me.

The goal of enabling the patient to experience 'orgastic genital gratification' shaped technique in the following way: all patients are disturbed in their genital function; this function must be made whole again. Hence, all pathological attitudes that obstruct the establishment of orgastic potency have to be sought out and destroyed. This became the task of technique for a generation of therapeutic analysts, for the obstructions to the genital function were legion and had an endless variety of forms⁵. They were anchored in the social no less than in the psychic framework. Most importantly, as was later discovered, they were anchored in the body.

I began by laying the main stress of the work on the study of pregenital fixations, the devious modes of sexual gratification, and the social difficulties which obstruct a gratifying sexual life. Without intending it, questions pertaining to marriage, adolescence, and the social inhibition of sexuality gradually cropped up in the discussions. All this still appeared to be very much within the framework of psychoanalytic research. My young colleagues were very enthusiastic and demonstrated a great determination to work. They made no secret of their enthusiasm for my seminar. Their distinctly unprofessional and unscientific conduct later, when the rupture in my relations with the Psychoanalytic Association occurred, cannot diminish my appreciation of their achievements in the seminar.

The publication of Freud's *The Ego and the Id* in 1923 had a disconcerting impact on everyday analytic practice, the central concern of which was the patient's sexual difficulties. In practice, it was very difficult to know what to make of the 'superego' and the "unconscious guilt feelings" which were theoretical formulations about facts that were still very obscure. A technique for dealing with these 'phenomena' had not been specified. Thus one preferred to operate with masturbation anxiety and sexual guilt feelings. In 1920, Freud had published *Beyond the Pleasure Principle*, in which, initially as a hypothesis, the death instinct was placed on an equal footing with the sexual instinct, indeed was accorded deeper instinctual force. Young analysts who had not yet begun to practice and those analysts who did not grasp the structure of the sexual theory began to apply the new ego theory. It was a very disturbing situation. Instead of sexuality, analysts

began to speak of 'Eros'. Mediocre therapists claimed that they were able 'to put their hands on the superego', a concept that had been theoretically postulated to help grasp the psychic structure.

They operated with it as if it were a concretely established fact. The Id was "wicked," the superego sat on a throne with a long beard and was "strict", and the poor ego endeavoured to "mediate" between the two. The vivid and fluid description of facts was replaced by a mechanical schema which seemed to make further thinking unnecessary. Clinical discussions drifted more and more into the background and speculation began. Soon strangers who had never analysed came along and delivered 'brilliant' lectures on the ego and superego or on schizophrenics they had never seen. In 1934, when my break with the International Psychoanalytic Association occurred, they functioned officially as the 'transcendental' exponents of psychoanalysis against the sex-economic principle of depth psychology. Clinical investigation stagnated. Sexuality became something shadowy; the 'libido' concept was deprived of every trace of sexual content and became a figure of speech. Seriousness in psychoanalytic communications disappeared. It was more and more replaced by a pathos reminiscent of moral philosophers. Little by little, the theory of the neuroses was translated into the language of 'ego psychology'. The atmosphere was becoming 'purified'!

Slowly but surely, it was cleansed of all Freud's achievements. Bringing psychoanalysis into line with the world, which shortly before had threatened to annihilate it, took place inconspicuously at first. Analysts still spoke of sexuality, but they had something else in mind. At the same time, they had retained a trace of the old pioneer pride. Hence, they developed a bad conscience and usurped my new findings, declaring them traditional components of psychoanalysis, with the intent of destroying them. Form eclipsed content; the organisation became more important than its task. The process of deterioration, which has destroyed every great social movement in history, set in. Just as the primitive Christianity of Jesus was transformed into the Church, and Marxist science became fascistic dictatorship, many psychoanalysts soon became the worst enemies of their own cause. The rift within the movement was no longer reparable. Today, fifteen years afterward, this is evident to everyone. It was not until 1934 that I grasped it clearly. It was too late. Until then, suppressing my inner conviction of my own cause, I had fought within the framework of the International Psychoanalytic Association, officially and for myself in the name of psychoanalysis.

Around 1925, a cleavage occurred in the formulation of psychoanalytic theory that initially was not perceived by the representatives, but is clearly evident today. To the same extent to which a cause loses ground, it becomes susceptible to personal intrigue. What is outwardly passed off as objective interest is backstage politics, tactics, diplomacy. It is perhaps to the painful experiences of this development within the International Psychoanalytic Association that I owe the most important fruits of my

⁵ here he formulates his 'credo', his basic and underlying belief and habitual position (liberating repressed sexual impulses and establishing 'orgastic potency' = surrender to orgasm)

efforts: the knowledge of the mechanism of every kind of politics.

The description of these facts is by no means irrelevant. The critical stand I took against these signs of disintegration within the psychoanalytic movement (e.g. the theory of the death instinct provided the groundwork for my successful breakthrough, several years later, into the realm of vegetative life).

Reik published a book, *Geständniszwang und Strafbedürfnis* [Compulsion to Confess and Need of Punishment], in which the whole original conception of psychic illness was turned upside down. The worst of it was that the book met with approval. Reduced to the simplest terms, his innovation can be described as the elimination of the fear of punishment for sexual transgressions committed in childhood.

In *Beyond the Pleasure Principle* and in *The Ego and the Id*, Freud assumed the existence of an unconscious need for punishment. This need ostensibly explained the patient's resistance to getting well. At the same time, the 'death instinct' was made a part of psychoanalytic theory. Freud assumed that living substance was governed by two antithetical instinctual forces. On one hand, he postulated the life instincts, which he equated to the sexual instinct (Eros). According to Freud, these instincts had the task of rousing the living substance out of its inorganic state of repose, creating tension, and concentrating life into greater and greater unities. These instincts were loud, clamorous; they were responsible for the hubbub of life. However, operating behind these life instincts was the 'mute' but 'far more important' death instinct (Thanatos), the tendency to reduce living substance to an inanimate condition, to nothingness, to Nirvana. According to this conception, life was really only a disturbance of the eternal silence, of nothingness. In the neurosis, according to this view, the death instinct counteracted the creative life, i.e. sexual instincts. To be sure, the death instinct could not be perceived. But its manifestations were said to be too evident to be overlooked. In everything he did, man demonstrated the tendency toward self-annihilation. The death instinct manifested itself in masochistic strivings. It was because of these strivings that neurotic patients 'refused to get well'. They nourished the unconscious feeling of guilt, which could also be called the need for punishment. The patients simply did not want to get well, because this need for punishment, which found gratification in the neurosis, prevented them.

Reik made me realise where Freud had begun to go wrong. Disregarding all Freud's precautions, Reik simply used the patient's death instinct to excuse his own psychotherapeutic inadequacies. Reik exaggerated correct insights, e.g. that criminals easily betray themselves or that many people feel relieved when they can confess a crime. Until this point, a neurosis was looked upon as the result of a conflict between sexual demand and fear of punishment. Now it was said that a neurosis was a conflict between sexual demand and demand for punishment, i.e. the exact opposite of fear of punishment for sexual activities. This was a complete liquidation of the psychoanalytic theory of neurosis. It was at variance with

every clinical insight. The latter left no doubt that Freud's first formulation was correct, i.e. neuroses were caused by fear of punishment for sexual activity and not by desire to be punished for it. On the basis of the complications in which some patients became involved due to the inhibition of their sexuality, they subsequently developed the masochistic attitude of wanting to be punished, to injure themselves, or to stick to their illness. **It was undoubtedly the task of the analyst to treat these desires for self-punishment as a secondary neurotic formation, to eliminate the patient's fear of punishment, and to liberate his sexuality.** It was not the task of the treatment to confirm these self-injuries as the manifestations of deep biological strivings. The exponents of the death instinct, who appeared in greater and greater numbers and with increasing dignity, because now they could speak of 'Thanatos' instead of sexuality, traced the neurotic self-injurious intent of the sick psychic organism to a primary biological instinct of the living substance. Psychoanalysis never recovered from this.

Reik was followed by Alexander, who investigated a number of criminals and ascertained that, in the main, crime was the consequence of an unconscious need for punishment which compelled the person to commit a criminal act. He did not inquire into the origin of this unnatural behaviour. He did not devote a single word to the powerful social basis of criminality. This saved the trouble of any further questioning. If the analyst failed to cure a patient, it was the death instinct that was responsible. If people committed murder, they did so to get themselves put in jail. Children stole to free themselves from the pressure of a tormenting conscience. Today, I look back in amazement at the energy expended at that time in the discussion of such views. Nevertheless, Freud had meant something worthy of great effort. I shall go into this later. Indolent analysts, however, fastened upon his idea, and frittered away decades of effort.

The 'negative therapeutic reaction' of the patient later proved to be the result of the analyst's technical and theoretical inability to establish orgasmic potency in the patient; in other words, his inability to deal with the patient's pleasure anxiety.

With these concerns in mind, I paid a call on Freud. I asked him whether he had intended to introduce the death instinct as a clinical theory. He himself, I pointed out, had denied that the death instinct was a tangible clinical phenomenon. Freud reassured me. It was "merely a hypothesis", he said. It could just as well be omitted. Its elimination would change nothing in the basic structure of the psychoanalytic system. We had merely allowed himself to venture a speculation for once. He was well aware that his speculation was being misused. I should not let it bother me, he said, but just go on working clinically. I went away relieved. But I was determined, in my sphere of work, to put up a strong fight against any chatter about the death instinct, and I wrote a polemic against Alexander in which I proved the untenability of his views.

My negative critique of Reik's book and the polemic against Alexander were published in 1927. In my seminar on technique, hardly any mention was made of the death

instinct and the unconscious need for punishment as the causes of therapeutic failure. The meticulously precise clinical presentation of the individual cases precluded this. Only occasionally, one of the death-instinct theorists attempted to set forth his views. I carefully avoided any direct attack on this erroneous theory. It was clear that its complete untenability would have to be proven by clinical work itself. The more minutely we studied the mechanisms of the neuroses, the more certain we were to triumph. In the Psychoanalytic Association, on the other hand the incorrect interpretation of the ego theory gained ever greater influence. The situation grew more and more tense. All of a sudden, it was discovered that I was very aggressive, "riding my own hobby-horse", and wholly exaggerating the importance of genitality.

At the Psychoanalytic Congress in Salzburg in April 1924, I added 'orgastic potency' to my initial formulations on the therapeutic importance of genitality. My presentation dealt with two basic facts: (1) neurosis is the manifestation of a genital disturbance and not solely of sexuality in general, (2) relapse into neurosis subsequent to analytic treatment is avoided to the extent to which orgastic gratification in the sexual act has been secured.

My presentation was well received. Abraham congratulated me on my successful formulation of the economic factor of the neurosis. To establish orgastic potency in patients, it was not enough to liberate existing genital excitations from their inhibitions and repressions. Sexual energy is bound in the symptoms.

[...]

CHARACTER ARMOUR AND THE DYNAMIC STRATIFICATION OF THE DEFENSE MECHANISMS

The theory of 'character armor' was the result of my efforts, which were at first very tentative, to extract the patient's resistances one by one. Between 1922, when the therapeutic role of genitality was comprehended, and 1927, when *Die Funktion des Orgasmus* was published, I collected the countless minor and major experiences which, taken together, pointed in one direction: it is the patient's total 'personality' or 'character' that constitutes the difficulty of cure. **'Character armour' is expressed in treatment as 'character resistance'.**

I want to describe the main features of the preliminary work. This will enable the reader to grasp the sex-economic theory of character and the theory of structure more easily than a reading of the systematic presentation which I gave in my book *Character Analysis*. In that work, the analytic theory of character might still appear to be an amplification of the Freudian theory of neurosis. However, the two theories soon came into conflict with one another. My theory was developed in the struggle against the mechanistic conceptions of psychoanalysis.

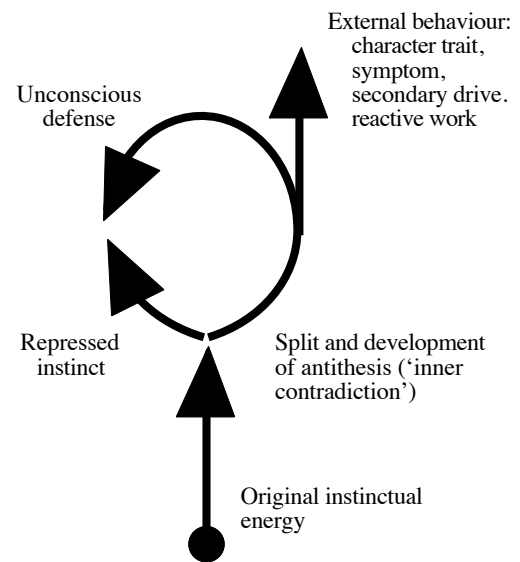
The task of psychoanalytic therapy was to uncover and eliminate resistances. It was not supposed to interpret unconscious material directly. Hence, the analyst had to proceed from the psychic warding off of unconscious

impulses by the moralistic ego. But there was not just one layer of ego defenses to break through, behind which lay the great realm of the unconscious. In reality, instinctual desires and defense functions of the ego are interlaced and permeate the entire psychic structure.

This is where the difficulty lies. Freud's schema of the interrelation of 'unconscious', 'preconscious', and 'conscious' and his other schema of the psychic structure consisting of 'id', 'ego', and 'superego' did not coincide. Indeed, they often contradicted one another. Freud's 'unconscious' is not identical with the 'id'. The latter is deeper. The unconscious comprises the repressed desires and important elements of the moralistic superego. Since the superego has its origin in the incestuous child-parent relationship, it bears that relationship's archaic characteristics. The 'super-ego' itself is equipped with great instinctual intensity, particularly of an aggressive and destructive nature. The 'ego' is not identical with the 'system conscious'. The ego defense against prohibited sexual desires is itself repressed. Moreover; the ego originates from, and is merely a specially differentiated part of the Id, even if later, under the influence of the superego, it comes into conflict with it. If one understands Freud correctly, then early infantile is not necessarily 'id' or 'unconscious', and adult is not necessarily 'ego' or 'superego'.

In the above, I have merely pointed out some of the inconsistencies of psychoanalytic theory, without discussing or drawing any conclusions about them. I am only too happy to leave that part of it to the psychoanalytic theorists. At any rate, sex-economic research on the human character structure has clarified a number of these questions. The sex-economic conception of the psychic apparatus is not of a psychological but of a biological nature. The differentiation between what is repressed and what is capable of becoming conscious played the major role in the clinical work. Also of importance was the differentiation of the child's individual stages of sexual development. This was something the analyst could operate with in a practical way. At that time, it was not possible to operate with the id, which was not tangible, nor with the superego, which was merely a theoretical hypothesis, overtly expressed in the form of conscience-anxiety. Nor was it possible to operate with the unconscious in the strict sense, for - as Freud had correctly pointed out - it can be reached only through its derivatives, i.e. manifestations that are already conscious. For Freud the 'unconscious' was never anything more than an "indispensable hypothesis." Capable of immediate and practical comprehension were the manifestations of the patient's pre-genital impulses and the various forms of the moralistic or apprehensive warding off of instincts. The fact that in their theoretical works psychoanalysts did not render any account whatever on the differences between theory, hypothetical construction and phenomena which were overtly visible and changeable, the fact that they referred to the unconscious as if it were something concrete, greatly contributed to the confusion. This acted as a block to the investigation of the vegetative nature of the id and, consequently, shut off the approach to the biological

foundation of psychic functioning. I acquired my first insight into the stratification of the psychic apparatus in the previously mentioned case of a passive feminine young man suffering from hysterical symptoms, inability to work, and ascetic impotence. Overtly, he was very polite; covertly, his fear caused him to be very cunning. Thus, he yielded in everything. The politeness represented the topmost layer of his structure. He produced material on his sexual tie to his mother in superabundance. He 'produced' without any inner conviction. I did not enter into any of this material but continually focused his attention on his politeness as a warding off of the really affective insight. The concealed hate appeared more and more in his dreams. As his politeness diminished, he became insulting. Thus, the politeness warded off hate. I brought it out, completely by breaking down every one of his inhibitions. Until then, the hate had been an unconscious attitude. Hate and politeness were antitheses. At the same time, his excessive politeness was a disguised expression of hate. Excessively polite people are usually the most ruthless and the most dangerous. For its part, the liberated hate warded off acute fear of his father. It was simultaneously a repressed impulse and an unconscious ego defense against anxiety. The more clearly the hate was brought to the surface, the more distinctly manifestations of anxiety appeared. Eventually the hate gave way to new anxiety. The former was by no means the original childhood aggression but a new formation from a later period. The new anxiety which broke through was the manifestation of a defense against a deeper layer of destructive hate. The superficial layer of hate had been content with ridicule and disparagement. The deeper destructive attitude consisted of murder impulses against his father. As fear of these impulses ('destructive anxiety') was eliminated, the deeper destructive attitude became manifest in feelings and fantasies. Thus, this deeper layer of destruction was the repressed element with respect to the anxiety, by which it was held in repression. At the same time however, it was identical with this fear of destruction. It could not stir without producing anxiety, and the fear of destruction could not rise to the surface without, at the same time, betraying the destructive aggression. **In this way I gained insight into the antithetical functional unity between what wards off and what is warded off.** I did not publish anything about this until eight years later, when I illustrated it in the following diagram.



As a result of the manner in which the character structure of modern man is developed, an **'inner resistance' is constantly interpolated between the biological impulse and its realization: man acts 'reactively', and is inwardly divided against himself.**

The destructive impulse toward the father was, in turn, a defense of the ego against destruction by the father. When I began to take this apart and unmask it as defense, genital anxiety came to the surface. Thus, the destructive intentions against the father had the function of protecting the patient against castration by the father. The fear of being castrated, that was held in repression by the destructive hatred of the father, was itself a defense against a still deeper layer of destructive aggression - namely the desire to deprive the father of his penis and thus eliminate him as a rival. The second layer of destructiveness was solely destructive. The third layer was destructive with a sexual overtone. It was held in check by fear of castration; at the same time, it warded off a very deep and strong layer of passive, loving, feminine attitude toward the father. To be a woman toward the father had the same meaning as being castrated, i.e. to be without a penis. Hence, the ego of the small boy had to protect itself against this love by means of a strong destructive aggression against the father. It was the healthy "young man" who defended himself in this way. And this "young man" desired his mother passionately. When his warded-off femininity, i.e. the same femininity visible on the surface of his character, was taken apart, the genital incest desire appeared and, with it, his full capacity for genital excitability. Though still orgasmically disturbed, he became erectively potent for the first time.

This was my first success with a systematic, orderly, layer by layer resistance and character analysis. A thorough description of this case appears in my book *Character Analysis*.

The concept of 'armour stratification' opened many possibilities for clinical work. The psychic forces and contradictions no longer presented a chaos, but a systematic, historically and structurally comprehensible organization. The neurosis of each individual patient revealed a specific structure. There was a correlation between the structure and the development of the neurosis.

That which had been repressed latest in point of time in childhood lay closest to the surface. But early childhood fixations which had a bearing on later stages of conflicts had a dynamic effect in the depth and on the surface at one and the same time. For instance, it is possible that a woman's oral tie to her husband, which stemmed from a deep fixation to her mother's breast, is a part of the most superficial layer when she has to ward off genital anxiety toward the husband. In terms of energy, the ego defense is nothing other than a repressed impulse in its reverse function. This is true of all modern man's moralistic attitudes.

Usually, the structure of the neurosis corresponds to its development in reversed sequence. The 'antithetical functional unity between instinct and defense' made it possible to comprehend contemporary and early childhood experiences simultaneously. There was no longer any dichotomy between historical and contemporary material. The entire world of past experience was embodied in the present in the form of character attitudes. A person's character is the functional sum total of all past experiences. These explanations, academic-sounding as they may be, are of the utmost importance for the understanding of human restructurization.

This structure was not a schema which I imposed upon the patients. The logic with which layer after layer of the defense mechanisms were exposed and eliminated through the correct dissolution of resistances showed me that the stratification was actually and objectively present, independent of me. I compared the stratification of the character with the stratification of geological deposits, which are also rigidified history. A conflict which is fought off at a certain age always leaves behind a trace in the person's character. This trace is revealed as a hardening of the character. It functions automatically and is difficult to eliminate. The patient does not experience it as something alien; more often than not, he is aware of it as a rigidification or as a loss of spontaneity. Every such layer of the character structure is a piece of the person's life history, preserved and active in the present in a different form. Experience showed that the old conflicts can be fairly easily reactivated through the loosening of these layers. If the layers of rigidified conflicts were especially numerous and functioned automatically, if they formed a compact, not easily penetrable unity, the patient felt them as an 'armor' surrounding the living organism. This armour could lie on the 'surface' or in the 'depth' could be as soft as a sponge or as hard as a rock. Its function in every case was to protect the person against unpleasurable experiences. However, it also entailed a reduction in the organism's capacity for pleasure. Experiences of severe conflict made up the latent content of the armour. The energy which held the armour together was usually inhibited destructiveness. This was shown by the fact that aggression immediately began to break free when the armor was penetrated. What was the source of the destructive and hateful aggression that came to the surface in this process? What was its function? Was it primary, biological destructiveness?

Many years elapsed before such questions were answered. I found that people reacted with deep hatred to every disturbance of the neurotic balance of their armour. This was one of the greatest difficulties in investigating character structure. The destructiveness itself was never free. It was held in check by opposite character attitudes. Hence, in life situations in which it was necessary to be aggressive, to act, to be decisive, to take a definite stand, the person was ruled by pity, politeness, reticence, false modesty, in short by virtues that are held in high esteem. But there could be no doubt that they paralyzed every rational reaction, every living active impulse in the person. If natural aggression was sometimes expressed in an action, it was fragmentary, lacked direction, concealed a deep feeling of insecurity or a pathological selfishness. Thus, it was pathological aggression - not healthy, goal-directed aggression.

I gradually began to comprehend the patient's latent attitude of hate. It was never missing. If the analyst did not get stuck in emotionless associations, if he refused to be content with dream interpretations and attacked the character defenses concealed in the patient's attitude, then the patient became angry. At first, I did not understand this reaction. The patient would complain about the emptiness of his experiences. But when I pointed out the same emptiness in the nature of his communications, in his coolness, in his grandiloquent or hypocritical nature, he became angry. He was aware of the symptom, a headache or a tic, as something alien. But his character was the person himself. He was disturbed when it was pointed out to him. What was it that prevented a person from perceiving his own personality? After all, it is what he is! Gradually, I came to understand that it is the entire being that constitutes the compact, tenacious mass which obstructs all analytic efforts. The patient's whole personality, his character, his individuality resisted analysis. But why? The only explanation is that it fulfills a secret function of defense and protection. I was familiar with Adler's theory of character. Was I, too, destined to go astray as Adler had done?

I saw the self-assertion, the feeling of inferiority, the will to power - all of which were ill-suited to be examined in the open. Vanity and concealment of weaknesses were also there. Was Adler right, after all? But he had contended that character, "not sexuality" was the cause of psychic illness. In what way, then, were the character mechanisms and the sexual mechanisms related? For I had not the least doubt that Freud's and not Adler's theory of neuroses was the correct one.

It took me years to become clear about this: the destructiveness bound in the character is nothing but the rage the person feels, owing to his frustration in life and his lack of sexual gratification. When the analyst proceeds into the depth, every destructive impulse gives way to a sexual impulse. The desire to destroy is merely the reaction to disappointment in or loss of love.

If a person encounters insurmountable obstacles in his efforts to experience love or the gratification of sexual urges, he begins to hate. But the hate cannot be expressed. It has to be bound to avoid the anxiety it causes. In short,

thwarted love causes anxiety. Likewise, inhibited aggression causes anxiety and anxiety inhibits demands of hate and love. I now had a theoretical understanding of what I had experienced analytically in the dissolution of the neurosis. I also had an analytic understanding of what I knew theoretically, and I recorded the most important result: the orgasmically ungratified person develops an artificial character and a fear of spontaneous, living reactions, thus, also, a fear of perceiving his own vegetative sensations.

About this time, the theories about destructive instincts began to move into the forefront of psychoanalysis. In his essay on primary masochism, Freud made an important change to an earlier formulation. Initially, it was said that hate was a biological instinctual force parallel to love. Destructiveness was first directed against the outside world. Under the latter's influence, however, it turned inward against itself and thus became masochism, i.e. the desire to suffer. Now it appeared that the reverse was true: 'primary masochism', or the 'death instinct', was in the organism from the beginning. It was an integral part of the cells. Its outward projection against the world caused destructive aggression to emerge, which, for its part, could again be turned back against the ego as 'secondary masochism'. It was argued that the patient's secret negative attitude was nourished by his masochism. According to Freud, masochism also accounted for the 'negative therapeutic reaction' and the 'unconscious feeling of guilt'. After many years of work on various forms of destructiveness that caused guilt feelings and depressions, I finally began to see its significance for the character armour and its dependence on sexual stasis. Having obtained Freud's consent, I began to think seriously about writing a book on psychoanalytic technique. In this book, I had to take a clear stand on the question of destructiveness. I did not yet have a view of my own. Ferenczi took issue with Adler in an essay entitled '*Weiterer Ausbau der aktiven Technik*'. "Character investigations," he wrote, "never play a prominent role in our technique. Only at the termination of the treatment are they of some importance." "The character assumes importance only when certain abnormal, psychosis-like traits disrupt the normal continuation of the analysis." In these sentences he correctly formulated the attitude of psychoanalysis to the role of character.

At that time, I was deeply immersed in characterological investigations. Adler had advocated the analysis of character in place of the analysis of the libido. I, however, was in the process of developing psychoanalysis into 'character analysis'. Real cure, I argued can be achieved only through the elimination of the basis of the symptoms in the patient's character. The difficulty of the task lay in the comprehension of those analytic situations which required not symptom analysis but 'character analysis' . . .

At this same time, my clinical experiences clearly revealed that the goal of therapy was to establish the capacity for full sexual gratification. I knew this was the goal even if I had succeeded in bringing it about in only a few patients. But I had no idea whatever of a technique that would enable me to achieve it consistently. Indeed, the more

firm I became in my contention that orgasmic potency is the goal of therapy, the more aware I was of the imperfections of our skill in technique. Instead of diminishing, the gap between goal and ability became greater. Therapeutically, the Freudian schemata of the psychic function turned out to be efficient to a limited extent only. The making conscious of unconscious desires and conflicts had a healing effect only when genitality was also established. As for the unconscious need for punishment, it had no therapeutic usefulness whatever. For, if there is a deeply ingrained biological instinct to remain sick and to suffer, then therapy is hopeless!