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# The Perceptual Function in Armoring: Part II

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## SPECIFIC CHARACTER DISORDERS

Biophysical organization begins at the time of conception and is mostly completed about age four, although it continues on to adulthood. It proceeds in a functionally lawful manner in a cephalocaudal direction. From an emotional standpoint, biophysical unification occurs when the child passes through the various pregenital stages, and genitality is established. A genital or healthy character structure indicates that a favorable resolution to the Oedipal complex has occurred.

Perceptual integration comes about as the several local part-perceptions of the organism become unified. From a neurological standpoint, biophysical organization is based on integration of the CNS and, in particular, of the reticular activating substance of the brain stem. This is accompanied by the development of consciousness (1).

In man, there is a close relationship between the final unification of the perceptual function and the establishment of genitality. Perceptual and cognitive development are, to a large extent, completed with the advancement of genital primacy. Curiosity, both sexual and psychic, is a function of the organism reaching out from both ends. Perceptual integration of the external world takes place within the ocular segment and accompanies the unification of the various inner organ sensations. Although an ocular block can occur at any stage of development, it does not account for the qualitatively specific perceptual distortions encountered in the various neurotic character types.

In the presence of armoring, certain *nonspecific* perceptual distortions

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originate solely on the basis of orgasmic impotence. For example, the various antitheses, such as that between sexuality and culture, intellect and emotion, sexuality and moralism, are universal characteristics of armored man. Reich spoke about these in great detail. There are other perceptual distortions, however, that are specific to the individual's character structure. *When the progress toward genitality is impeded, the blocked energy of the erogenous zone results in perceptual distortions that are related to armoring in that segment.* Moreover, perception of the environment is continually influenced by a multitude of inner perceptions. Because of these factors, external and internal perception become disturbed in a typical manner. The perceptual apparatus is defined as the sum total of the psychic manifestations of the individual's biophysical structure. *Every character type has a specific disturbance in his perceptual apparatus.*

Psychoanalysis unsuccessfully attempted to deal with the perceptual function in terms of metaphysics and ended with present day ego-psychology. Once Freud's original libido theory was discarded, there was no scientific foundation for understanding disturbed perception or for integrating it with the far wider realm of perception in health. The limitations of materialism were discussed earlier (2). This section offers a preliminary discussion of the specific perceptual disturbances encountered in the common *neurotic*, including borderline, character types. This is based on an extension of Reich's discoveries concerning the interrelation between psychic and biophysical structure and his theory of genitality (3). A discussion of the perceptual apparatus of the schizophrenic will be provided elsewhere, although this material also pertains to the neurotic aspects of the various schizophrenic subtypes.

### *The Hysterical Character*

The simple hysteric is blocked primarily at the genital stage. Genitality has been reached but with the presence of anxiety (3). Full genital satisfaction is not possible, so there is never a complete discharge of energy. Symptoms arise when there is an overflow of sexual energy which is not bound by the armor or adequately discharged sexually. If there are no significant pregenital blocks, the hysteric has only one defense mechanism, that of *biophysical dissociation*. *In this process, which is real and physical, final unification of the biosystem which accompanies genital primacy becomes partially reversed.* This is manifested either:

1. *Psychically* (flight, including frantic or calm behavior), or
2. *Somatically* — conversion reactions, such as hysterical paralyses, anesthetics, and other somatic manifestations. Genital excitation finds expression in hysterical symptoms (conversions).

By dissociating, the hysteric in effect relinquishes responsibility for her sexuality.

As a result of a lessening of sexual moralism in recent times, the hysterical conversion symptom has been mostly replaced by purely characterological manifestations. But the underlying disorder is the same: One part of the organism becomes separated (dissociated) from the whole and, by absorbing genital excitation, symbolically expresses the sexual conflict. The hysterical symptom may remain fixed, or it may shift more or less rapidly to various parts of the body (in the form of conversions) or to various characterological manifestations.

Since consciousness is a result of the total integration of part-perceptions, organismic disunity can also result in *dissociated states of consciousness*, including fugue behavior, amnesia, etc. In contrast to schizophrenia, the disorganization in hysteria is at a more superficial level, affecting only the final stages of biophysical development. Therefore, the hysterical symptom has a psychological *meaning* that refers to the specific historical situation from whence it originated.

Every characteristic of the hysteric can be accounted for by the tendency to dissociate: suggestibility, blind trust, histrionic behavior, unpredictable and inappropriate disappointment reactions, fits of groundless disparagement, as well as the predisposition to flights of imagination, pathological lying, and susceptibility to hypnosis. The dissociated psychic or somatic function becomes the focus of attention as the hysterical manifestation.

Pelvic armoring produces a fear of genital excitation. A lack of contact with sexual excitation is the origin of the hysterical dissociation (Figure 1). The original sexual impulse, which contains both affect and idea, becomes separated and assumes antithetical functions: The sexual affect retains excitation and becomes a defense against the sexual idea which is then lost ("repressed").

Part-perceptions from the pelvis become dissociated from the total organism and lead a separate existence. Because sexual excitation floods the organism, any part of the body can express the sexual conflict. This is the biophysical basis for the displacement of a symptom from below upward and also for the apprehensive behavior. The degree of the hysterical reaction, including defensive sexual behavior (i.e.,

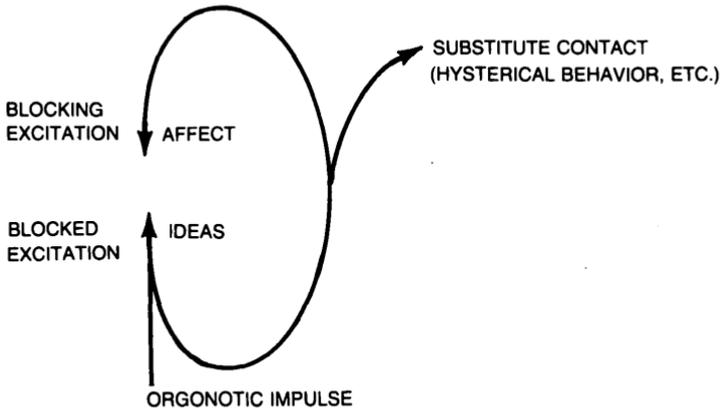


Figure 1

automatic flirting), is proportional to the underlying terror of sexual excitation. Once emotional contact with the repressed *idea* is reestablished in therapy, the hysterical symptom disappears. The process of dissociation is reversed, and organismic unity is partially reestablished.

In the hysteric, perceptual distortion is at the service of running (flight) from intolerable emotions. Because of her fear of sexual excitation, the hysteric often perceives herself as a little girl, and all men are seen as the father. Basically, she wants the love that she never received from her father. This accounts for the frequent fantasy of having to remain young, so that the father can find her once again. Ultimately, she is running from her sexuality. Any genital excitation awakens the incest prohibition. Men are perceived as dangerous and not to be trusted. The hysteric armors herself genitally to protect herself against the desire to commit incest. This leads to stasis and results in an organism which is alive but restless, timid, and flighty. She is unable to fully express her true feelings and needs and is not totally in charge of herself in social situations. She is frequently misunderstood, especially by phallic men who use and manipulate her for their own purposes.

When pregenital blocks are also present, symptoms corresponding to these zones will occur. However, pregenital symptoms function at the service of the underlying hysterical defensive structure. For example, the hysteric with an oral unsatisfied block approaches sexual situations not only apprehensively but also in a demanding manner.

The latter is based on the oral unsatisfied component. The oral repressed hysteric uses depressive mechanisms (introjection) to run from her sexuality. The masochistic hysteric brings in considerable suffering to sexual relationships and experiences them in a painful manner. These pregenital blocks worsen the already poor perception of men and severely interfere with heterosexual relationships.

### *The Phallic Narcissistic Character*

In this character, there is a particularly inflexible manner in which the patient tries to maintain a sense of well-being. Since the energy level of the phallic is above average, and his sexual and aggressive impulses are well developed (that is, outwardly directed), the phallic handles conflicts by *projecting* one aspect of an inner struggle and fighting the battle with the environment. This is done to maintain the phallic position and avoid slipping into anality. In this process, the environment becomes distorted, and an ocular block forms purely at the service of his phallic structure.<sup>1</sup>

The phallic defends against castration fears, resulting from a loss or reduction of genital sensations in two ways. The first is by aggressively controlling his environment according to his needs. This also has the effect of castrating others and maintaining his own superiority. The second is by narcissistically bolstering his own sense of well-being by any means possible. Accordingly, his world outlook is dominated by the following traits:

1. *Phallic aggression.* Both in his personal and social relationships, the patient needs to pierce or penetrate and hence inactivate the threatening environment. Behind this tendency is genital revenge. The choice of work is based in accordance with this principle. The phallic will select work where his aggressive drive and narcissistic strivings can be utilized to the hilt. Aggressive control of his environment, e.g., building (including construction work and engineering) and selling, are typical examples.
2. *Narcissism.* Accompanying an exaggerated self-confidence and sense of his own superiority, the phallic views the world essentially as an extension of his own ego. The external world becomes identified

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<sup>1</sup> In this context, the term "projection" is used in the biophysical and not psychological sense. Because orgonotic impulses are vigorous and outwardly directed, the phallic is capable of putting distance between himself and those traits that he finds objectionable. The exact same process becomes intensified in febrile delirium.

with the pride he feels in his erect phallus. Both his character structure and his perceptual apparatus are governed by this need. For example, personal attachments are narcissistically based. This can be illustrated by examining his recall of a particular event which always is determined by details that satisfy his vanity. Typically, the phallic perceives more or less exclusively that which maintains his neurotic sense of well-being. His own body, needs, feelings, thoughts, property, and everything and everybody pertaining to him are experienced as fully real. Everything else is uninteresting, insubstantial, and is perceived, at best, intellectually and, at worst, disdainfully. His narcissism produces a double standard of perception. Only his world has significance; the world outside is relatively colorless. This results in a basically selfish and self-centered outlook, as well as a severe defect in judgment. People are viewed either as friendly or hostile. There is also a need for inordinate tribute, admiration and approval. He gives little, except when he receives something in return, which is always more than what he gives. His narcissism accounts for his bristliness and defensive aggression, whenever personal issues are discussed. If his narcissism is threatened, he perceives his very existence to be in jeopardy. Relationships lack continuity and consistency. Personal dealings are either exploitative or parasitic. Behind the surface charm is cold ruthlessness. The typical phallic has an incapacity for real feelings of empathy or sadness. Abandonment or disappointment wounds his narcissism to which he reacts with rage and, at times, with a wish for revenge. Because of an underlying distrust and devaluation of others, phallics are unable to genuinely rely on people. They adapt to social demands and standards, not because of inner conviction, but because of fear of retaliation. If they do conform to authority, it is because submission is the price to pay for glory. Behind this is hidden their passive feminine side.

The phallic picks a mate that fulfills narcissistic needs. He may choose a woman for her infantile qualities to satisfy his own need to feel manly, or a spouse may be selected and then clung to and revered as an all-good loving mother, in spite of her open abuse and infidelity.

What has been said here also applies to the repressed phallic, but another feature colors his perceptual structure. Repressed sexuality becomes employed in the service of phallic revenge. These individuals are morally righteous and often use religion or other ideologies to

browbeat people. Like all phallics, they covertly view other men as just a bit beneath them.

A type of humor particularly enjoyed by phallics is that of poking gentle fun at their narcissistic modes of behavior (being "roasted"). It is as if the phallic can tolerate being unmasked by other males, as long as it is done in a nonthreatening manner. This is an expression of their passive feminine aspect.

Because their defenses are unusually efficient (ego-syntonic), phallics rarely seek therapy on their own. When they do, it is because an acute crisis, such as desertion by a spouse, threatens their narcissistic integrity. They come not for self-help, for genuine change, but to reestablish their faltering skills at manipulating, controlling, or extracting something from their environment. Because they view their disturbed feelings as a reflection of environmental rather than internal difficulties, solutions are sought in the real world, rather than within the self. When the particular environmental crisis subsides, they often drop out of therapy.

The breakdown of the aggressive defensive structure and the narcissistic barrier are the two most important goals of therapy. The attack on the phallic structure evokes fears of being penetrated. These fears originate from the mobilization of anal sensations. Intense anxiety is experienced, accompanying the shift in his structure from phallic to passive feminine. Homosexual dreams in a phallic indicate the breakthrough of passive feminine impulses.

Phallics typically do not listen fully. Listening has the significance of being passive, receptive, and ultimately penetrated. When the phallic defenses are successfully dissolved, the patient becomes cringing and very frightened. He may be mistaken for a paranoid schizophrenic. As the patient develops by healthy pathways to genitality, he improves in his ability to objectively see and hear what is happening around him.

### *Paranoia and Paranoid Conditions*

Depending on the degree of importance of the pregenital blocking, ocular, oral, and anal traits will modify the typical phallic picture. When these blocks give the major characteristics to the patient's structure, the patient approximates the paranoid, chronic depressive, manic depressive, etc. When the phallic structure is given up entirely for the anal level, a compulsive, passive feminine or masochistic character results. As long as the phallic level is maintained, the basic

phallic structure, dominated by narcissistic strivings and genital revenge, determines the clinical picture and also modifies the perceptual apparatus in a specific way.

Paranoid symptoms are commensurate with the general degree of integration and the severity of ocular armoring. The mildest form occurs in the *phallic with an eye block*. Here, the basic phallic structure is intact, but the patient has some degree of ocular rigidity. This brings about perceptual distortions related to that segment. There is a fair amount of suspiciousness which impairs his general functioning in varying degrees. He is not gregarious or socially mobile, as is the typical phallic. He tends to be somewhat withdrawn, sullen, ill-tempered, and intolerant of the views of others, especially when they are opposed to his own ideas. As the ocular block intensifies, so do the social problems of the individual.

In *paranoid conditions* (paranoia vera), there is a severe ocular block but, unlike the paranoid schizophrenic, the individual still functions at the phallic level. These individuals are rarely seen in therapy. Even more than the pure phallic, the combination of a phallic structure plus an ocular block, results in the *projection* of practically all of his difficulties onto the outer world. In this structure, defenses are extremely rigid, and behavior and ideas are well-rationalized. Behind their perceptual distortions, the expression of phallic revenge is easily recognizable. As in the case of the phallic, his rage is strongly directed against the outer world.

The following are some of the manifestations of the ocular block as seen in the paranoid individual:

1. He has a strong tendency to blame: Other people, situations, etc., are the source of his problems. If only the external sources of difficulties were cleared up, everything would be fine.
2. He has a strong notion that he is somehow the center of interest or attention of others. He has a sense of being under the control of external influences. In the schizophrenic psychosis, this trait progresses to the formation of ideas of reference.
3. He feels slighted, wronged, or misunderstood. Even though these feelings may have some basis in reality, they are greatly exaggerated.
4. There is a preoccupation with hidden meanings. Motives of far-reaching proportions may be attributed to the most innocuous event.
5. He feels secretly inadequate and is concerned about being an outsider.

In the paranoid individual, these ocular-related perceptual distortions do not progress to delusions, as they do in the paranoid schizophrenic.

In order to understand how perceptual distortions originate, we must go back to Reich's original formulations concerning the development of armoring (3). At birth and soon after, until the development of consciousness, the infant does not fully distinguish between perceptions originating from his own organism and those of the environment. Subject/object, inner perception/outer perception, self-love/object-love still form a unity:

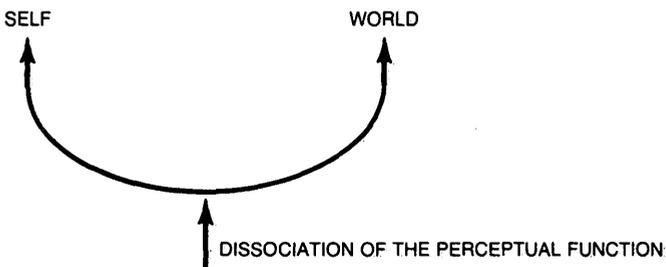


*Figure 2*

At about one year of age, when the organization of the perceptual function has progressed to a certain degree, consciousness, in the sense of self-awareness, first appears. At this point, the individual begins to "orient" himself to his environment, as the self becomes perceived distinct from the non-self (Figure 3).

There is a free oscillation of the perceptual apparatus between the inner and the outer world. For example, when the child masturbates with incest fantasies at the age of 4 or 5, his self-love and his object-love form a unity. The striving toward the parent of the opposite sex and the self-love are in the same direction. They do not contradict each other.

With armoring, a conflict arises between the antithetical pair, self/world (Figure 4). As soon as the external prohibition becomes activated, the narcissistic defense for self-preservation (perception of the



*Figure 3*

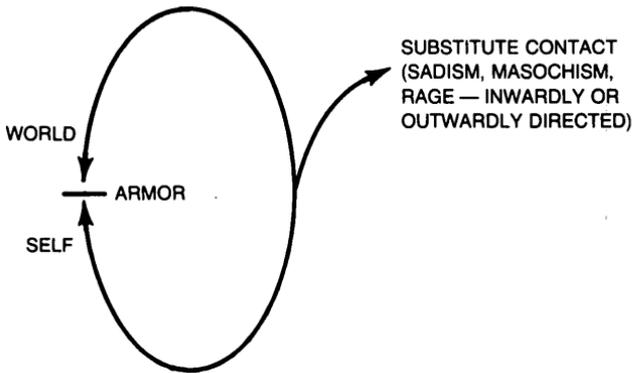


Figure 4

*world*) becomes opposed to the sexual striving (perception of the *self*). It is clear from this formulation that the defensive energy derives its source from the original striving for satisfaction which becomes blocked. This antithesis produces another set of variations: between *tender* feelings for the parent of the opposite sex and the *fear* of loss of love on the one hand, and the *sensual, sexual striving* on the other. This opposition gives rise to sadistic behavior, either overt or covert, in an attempt to establish substitute contact with the love object. At the same time, it wards off genuine sexual sensations.

Armor produces a disturbance in the free movement of energy which gives rise to rage and fear. The perceptual distortions are psychic manifestations, derived from the dissociation and antithesis of the original outward expansive movement.

In paranoia, the eyes appear suspicious. This expression is based on a fear of using peripheral vision. Fear within the eyes themselves limits peripheral vision which, in turn, constricts perspective and generates paranoid ideation. In therapy, when paranoid individuals are asked to look out of the corner of their eyes (peripherally), suspicion and then rage is triggered. Paranoid ideation can be confronted by showing the patient that if he looks with his peripheral vision at what he is afraid of seeing, paranoia will temporarily subside.

The process of splitting distinguishes the schizophrenic as an ocular character and takes him out of the category of phallic with an eye block.

Since he is a phallic, the paranoid patient also projects the pride of his erect phallus onto the world. Because of the ocular block, however,

he does not feel at ease in the presence of others. He harbors a pervasive and longstanding mistrust. He is overly sensitive and easily slighted. Because of the ocular block, he must continually scan the environment for any clues or suggestions that will serve to validate his misconceptions. He misinterprets experiences and has difficulty dealing with the outer world. The superficial trust of the world, normally experienced by the ordinary phallic, turns into distrust. Hidden significance may be attributed to events that go on around him. Minor slights and inequities become magnified far out of proportion to their actual significance and are never forgotten. Because of his superior intelligence and the relative intactness of his structure, his distorted ideas are extremely well-rationalized and consistent, and it is next to impossible to disrupt them. He seems to be defending his very existence with his distorted beliefs. This is because any attack on his paranoid ideas is experienced as an attack on his narcissistic integrity and ultimately as a castration threat.

In addition to appearing suspicious, the eyes of the paranoid individual appear hard and emotionally unyielding. He is markedly out of touch with his feelings. This expression probably stems from his inability to tolerate any type of soft emotions, especially crying. Hypochondriacal ideas originate from a threat to his narcissistic integrity.

### *The Manic Depressive Character<sup>2</sup>*

In the manic depressive character, the oral unsatisfied block results in an individual who is unstable and less well-integrated than the ordinary phallic. This instability is a basic feature of the manic depressive. It sets him apart from the typically self-confident phallic who has a strong sense of his own superiority. When the oral repressed block supervenes, depressive features appear. Depression ensues when rage is totally held back and self-deflected by armor. His self-image becomes that of a worthless, insignificant individual. Interest in the outer world wanes as the self-punitive tendencies contained in the oral armor intensify. He contracts biophysically and is no longer concerned with his environment. His attention centers exclusively around his own needs. This accounts for the frequent use of the pronouns "I" and "me." Phallic narcissism becomes replaced by oral narcissism. "Projection" is replaced by "introjection." In both biophysical states,

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<sup>2</sup> This description applies as well to the depressed manic.

inner impulses and tendencies are warded off. In projection, this is effected by distorted perceptions of the outer world. In introjection, misperceptions originating from within the individual are used defensively against other inner impulses.

When the oral block yields, the patient becomes manic. The pessimistic, hopeless mood, thoughts, and world outlook change to those of optimism, elation, and even grandiosity. The instability of the oral unsatisfied block is the biophysical basis for the fact that his ego is alternately buffeted between a harsh superego (intensification of oral armor) and unrelenting id impulses (yielding of oral armor).

Since the perceptual apparatus is a constituent of an individual's biophysical structure, it is evident that the manic depressive perceives through a weak ego. Unlike the self-confident phallic, the ego ideal is experienced with guilt. He perceives himself and his pleasurable drives and life goals as being fundamentally wrong and unacceptable. This perception is partially justified, since his drives contain elements from both the primary and secondary layers. In contrast, the repressed drives of the chronic depressive originate, for the most part, from the primary layer, or core. The manic depressive will find any excuse to vilify himself. When rage is mobilized and the depression is lifted, he may become demanding, obstreperous, and exhibit poor social judgment in varying degrees. The combination of rage and an ocular block may turn self-hatred into hatred of others. Someone else, and no longer the patient, is to blame for his problems. Whenever his ego ideal threatens to surface, the oral block ("superego") immediately becomes activated in the form of brutal self-punitive impulses and ideas. They may be so well-rationalized that it is very difficult to recognize them. This aspect of the manic depressive drives him into self-destructive behavior at the first sign of success. Depending on the state of oral armoring, genital revenge is either self-directed (self-blame) because of the oral repressed block, or expressed (blame of others) when the oral block yields. It is not easy for the manic depressive to be in touch with his core needs. For some reason, even when much of his rage has been worked through, the armor of the manic depressive is easily excited. This produces a sense of pervasive guilt which interferes with the recognition of his natural strivings.

The terms "projection" and "introjection" describe in psychological terms the state of the perceptual apparatus in the presence of certain specific states of armoring. These distortions result from a fear of perceiving intolerable emotions. As noted earlier, the phallic defensively imparts his inner impulses, wishes, and needs onto the outer

world and fights the battle with the environment. Even when ocular armor is absent to any appreciable degree, this situation already results in a distortion of the environment to some extent. When ocular armor is present, in addition, external reality becomes further distorted (paranoia) and materially interferes with the individual's ability to maintain his phallic position in relation to his environment.

As noted earlier, armor forms when the original outwardly directed impulse becomes blocked as a result of an external prohibition. The original impulse becomes dissociated, with one aspect of the original drive turning inward and assuming a defensive function against the outward impulse. The *psychic* representation of the frustrating individual is functionally identical with the defensive aspect of the armor. Psychologically, this is called incorporation, and the process is known as *introjection*. When an expansive impulse threatens to break through, the defenses become activated, and the armor becomes intensified. Since the primary function of the armor is to protect the individual from experiencing anxiety, this process is usually unconscious. If the armor is successful in completely blocking the expansive impulse (total inhibition), the rage is experienced as deflected against the self.

The oral armor is particularly effective in inhibiting expansive impulses, because it results in a lowering of the total energy level of the individual. Expansive impulses never reach the periphery. Because of this, the patient's perception of the inner and outer world becomes in the service of his self-directed rage.

In the manic depressive, the presence of oral armor further complicates the structure of the phallic's perceptual apparatus by:

1. Intensifying the ocular armor;
2. Producing instability of the phallic structure; and
3. Producing fluctuation in the perceptual apparatus between introjection and projection (inwardly and outwardly directed rage).

### *The Compulsive Character*

Biophysically, the compulsive is in a state of total spasm, based on a fear of losing anal control. Constipation and even obstipation, stemming from very early toilet training, are frequent symptoms. Similarly, the perceptual apparatus of the compulsive serves to exercise control over every aspect of his functioning — in effect, to halt any form of spontaneous motility. Doubting, rumination, a pedantic concern for orderliness, and parsimoniousness are prime examples of the use of the perceptual apparatus to control movement. He has a com-

plete lack of natural spontaneity. In the most severe cases, he may actually appear like a robot. Even in milder cases, there is always a poor sense of social timing, based on his fear of spontaneous movement (losing anal control) and, at the same time, a desire to do so (reaction formation). He says and does things in a machine-like manner and has little awareness of their social appropriateness. In therapy, after some removal of armor, the patient may attempt to free himself by initiating new beginnings in life, or by behaving impulsively. Out of his need for self-control, the compulsive behaves as if he himself is under the control of his environment. His speech and actions are often pressured or rushed, as if he has to meet an external deadline (toilet training) even when none exists. There is understandably a great deal of resentment at being controlled, regardless of whether the constraint is real or imagined.

The defensive structure is exactly the opposite of that of the hysteric. Ideation serves as a powerful block against the perception of emotions. This results in the typical affect block, which is the end result of compulsive repression (Figure 5). In its most extreme form, the compulsive is free to think and dream of the most forbidden impulses with no corresponding emotional excitement. Affect block is based on a more or less complete spasm of the total musculature. The emotional energy of the individual is at a standstill. Armoring of the pelvis, shoulders, and face result in the hard, cold, expressionless features characteristic of the compulsive. The rigidity represents a holding back against anal libidinal urges ("reaction formation"). In

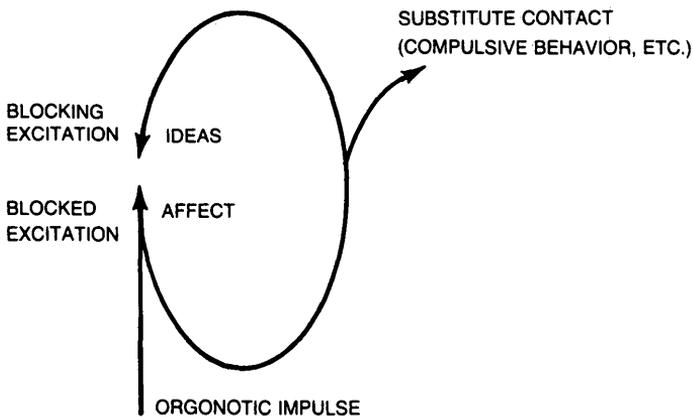


Figure 5

compulsive characters and also in catatonics, armoring in other segments may take on the significance of the anal block, which can be displaced to other parts of the body.

### *Passive Feminine Character*

As a result of the Oedipal conflict, there occurs an antithesis between the strivings for the parent of the opposite sex and the narcissistic striving for self-preservation. The passive feminine individual (always male) experiences an unusually harsh threat to his phallic strivings toward his mother. In order to preserve his narcissistic integrity, he renounces the phallic level, identifies with the mother on an anal level, and defends against genital impulses and natural aggression by anal surrender. Although he identifies with the mother, he has a father identification in the superego and ego ideal without, however, being able practically to realize this position. He always *is* feminine but *wants to be* masculine. This contradiction results in a severe feeling of inferiority and gives the individual an appearance of being oppressed or humble. His structure is exactly the opposite situation of the phallic narcissist who defends against anal and passive homosexual impulses with phallic aggression. The phallic wards off his inferiority feelings successfully, so that it is visible only to the trained observer. He is capable of compensating for all attitudes that do not correspond to the masculine ego ideal. This is not possible in the passive feminine because of his anal fixation. The behavior of the passive feminine character is not only an *expression* of his anal strivings but also a *defense* against phallic aggression. Natural aggression, especially in heterosexual relationships, fills him with terror and creates a need to comply. His fear of phallic aggression results in spastic musculature, although superficially he may appear soft and agile. Compared with the phallic, who takes pride in his erect penis, the passive feminine feels castrated. Biophysically, energy is shifted from the penis backward into the anal zone. This gives rise to the typical passive feminine outlook on life. He has a fantasy of being penetrated anally to be given the penis he does not possess.

The perceptual apparatus of the passive feminine corresponds to his character structure in every detail. He views and interacts with the world as a *passive observer*. He is overly polite, superficially compliant, modest, and retiring. His choice of work is also a reflection of his passive structure. His work capacity is reduced in proportion to his lack of aggression. In contrast to the phallic who pierces his environ-

ment with his work, the passive feminine chooses passive forms of employment. He may become an interior designer or a waiter (from his wish to be waited upon). If he happens to be in a field requiring aggression, such as management, he feels a terrible sense of inadequacy and inferiority. Whenever aggression is expected, he becomes frightened, retreats into anality, and his homosexual impulses become intensified.

Like the phallic, however, his narcissistic needs govern his choice of relationships. Since he feels castrated, he lacks a sense of his own penis and craves one from other men. In his homosexual relationships, he is attracted to masculine men with a fantasied larger penis to whom he offers himself in submission. Homosexual activity is invariably followed by a worsening of his self-esteem and feelings of impotence. He is terrified of aggression and feels genital anxiety in the presence of aggressive individuals. With men, this is experienced as sexual excitation. Toward aggressive women, the passive feminine often feels contempt. In the phallic homosexual, on the other hand, sexual impulses are in the service of his phallic drive, and the sexual object is the weak, submissive, castrated male. When aggression is required, the passive feminine behaves first by belittling himself (castration) and then by feeling sorry for himself (masochism).

The passive feminine is usually not overtly paranoid, because he has completely given up the phallic level. In therapy, the breakthrough of phallic impulses is typically heralded by paranoid ideation and dreams.

One passive feminine patient, when first confronted with genital sensations, exclaimed warily: "What do I do if I have a penis?" Because of this fear of the vagina, the first heterosexual dreams of the passive feminine individual may be about a woman who has a penis. As aggressive impulses begin to surface, paranoid ideation begins to appear, and the patient resembles a typical phallic. Sooner or later, these phallic impulses and mode of perception assume a defensive function and require therapeutic intervention.

### *The Masochistic Character*

The masochist has also given up the phallic level. In this situation, however, phallic aggression is given up for masochistic behavior, and phallic display is replaced by masked exhibitionism. Although the masochist strives for pleasure like everyone else, a disturbing mechanism, specific to masochism, causes this striving to fail. Every expan-

sive pleasurable impulse, when it reaches a certain level of intensity, is perceived psychically as a threat and may be experienced physically as pain. This condition is based on a peculiar spastic attitude of the skin surface and the genital apparatus. Because of the contraction, pleasure sensations are blocked as they attempt to reach the periphery and are then experienced as pain. There is a severe incapacity to tolerate pleasurable expansion and movement. The masochist perceives the melting sensations of preorgastic pleasure as the castration threat.

It is next to impossible for the masochist to discharge tension. This biophysical condition results in all the symptoms of the masochist. A chronic sense of suffering, which is real and objective, is a result of his inability to discharge tension. Because of this, the masochist must rely on others to provide this service. The masochist is the most crippled of all the character types. His perceptual apparatus is severely distorted, and his poor perspective prevents him from viewing practically any event that has to do with his life in an objective manner. The fear of biophysical expansion constricts the masochist's perspective, so that the external world cannot be seen objectively. The perceptual apparatus tends to become restricted almost exclusively to the inner life of the patient. Every one of his perceptions is colored by his libidinal structure. His psyche reflects the spastic attitude of his biosystem. Expansive impulses are experienced in a painful manner. He is humorless, since humor results in a pleasurable release. Laughter, when present, is accompanied by a pained expression. The masochist can only allow himself to laugh, if he places himself at the butt of a joke or portrays himself as the victim of an ironical twist of fate. These are futile attempts to obtain relief from tension.

The masochist cannot tolerate being complimented, since this also has an expansive effect on the biosystem. He tends to interpret any comment made about him as a derogation. He is unable to make his needs and feelings known to others. When he expresses himself, he appears stupid, thus inviting ridicule and misunderstanding. Behind these traits, the masochist is putting others in a bad light. This intensifies his preconception that no one in the world is any good.

The masochist dwells on negative aspects of his life also to avoid experiencing pleasurable sensations. This is functionally identical to a blockage of expansive impulses. Negative life experiences are exploited and emphasized at the expense of positive ones. Behaviorally, he plays the role of the victim. Or, he may compare himself invidiously with others whom he sees as being better off than he. This only increases the inner tension and further objectifies the reality of his miserable existence.

In listening to the masochist, one has the sense that practically nothing can be taken at face value. Since natural self-expression is forbidden, the masochist resorts to any and every covert means possible to exhibit himself, often going to great lengths to do so. He may describe his ailments in painstaking detail and display parts of his body that are normally covered, such as the buttocks, in an exhibitionist manner. Nothing in his present life is reported as being pleasurable or exciting. The typical view is that "things were always better in the past." A sense of false humility originates from chronic self-effacement. Beneath this is a great deal of secret contempt and feelings of superiority which he dares not reveal. Because he is unable to allow pleasurable discharge, in therapy he perceives any comment or interpretation made by the therapist masochistically. This distortion is a real communication barrier. The therapist has to go to great lengths to objectively convey to the patient the defensive aspects of his structure. Verbal communication is often insufficient. A more effective method is to imitate the masochist's speech and behavior.

The difference between the self-effacing attitude of the masochist and that of the manic depressive character is that, in the latter, it is the ego that is the object of attack and not the pleasure mechanism per se.

### *Conclusion*

Through his investigation of the perceptual function, Reich showed that armoring produces characteristic distortions in how man views both himself and his environment. An extension of this line of reasoning into the common neurotic character types reveals that the pattern of an individual's armoring is functionally identical to certain specific features of his perceptual apparatus. It is hoped that an understanding of the way each patient perceives will help the therapist to understand and treat patients more effectively.

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