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Major articles

The Impulsive Character ..... Wilhelm Reich, M.D.

America's First Orgonomist .....

The Sex-economic Concept of Psychosomatic Identity and Antithesis ..... Theodore P. Wolfe, M.D.

Orgonomic Functionalism in Problems of Atmospheric Circulation (Part II. The Drought) ..... Richard A. Blasband, M.D.

The Electroscope (Part II) ..... C. Fredrick Rosenblum, B.S.

Hepatitis as a Complication of Therapy ..... Norman M. Levy, M.D.

Orgone Therapy in a Case of Symbiotic Psychosis of Childhood ..... Michael B. Rothenberg, M.D.

The Biological Miscalculation and Contemporary Problems of Man ..... Paul Mathews, M.A.

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The Impulsive Character*

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Editorial Note

The Journal is proud to present the first publication in English of Der triebhafte Charakter. *The original text, published in 1925, belongs to that period of his life when Reich was an active and prominent figure in psychoanalytic circles. During this time, he was first assistant and then assistant director of Freud's Psychoanalytic Polyclinic, as well as director of the Seminar for Psychoanalytic Therapy (the training institute for psychoanalysts). The clinic provided his first exposure to the indigent, working class patient, a type never seen in private analytic practice. Reich worked for three years with such patients, whose case studies form the basis of* Der triebhafte Charakter. *These were the so-called psychopaths or morally insane whom Reich saw as representing a transitional stage between neurosis and psychosis. Reich felt that the impulsive suffers from an inordinate degree of sexual stasis and lacks the usual reaction-formation type of defense shown by the neurotic, who early in life is subject to instincutal repression. Instead of repression, the psychopath undergoes all kinds of sexually perverse stimulation early in life. As a result, he develops a psychic structure that is mainly pregenital and lacks the capacity for a healthy outlet in genitality. At the same time, he has little in the way of repressing mechanisms to fall back on. His grotesque antisocial behavior becomes, then, the defense against the unconscious fears arising from his poorly-contained libidinal impulses. The first two chapters, presented in this issue deal with nosology and with Reich's increasing emphasis on character analysis as opposed to symptom analysis.*

BGK

*Translated by Barbara Goldenberg Koopman, M.D., from *Der triebhafte Charakter,* Int. Psychoanal. Verlag, 1925.

CHAPTER ONE

Introduction

We are, at the present time, without a single systematic theory of character rooted in psychoanalysis. Basically, psychoanalytic research focuses first on isolated phenomena and only later synthesizes the separate findings into an overall working hypothesis. This approach applies to the individual analysis, as well as to the broader realm of psychopathology. To evolve a psychoanalytic theory of character, we must know the exact mechanisms of psychic development, down to the finest detail. We are still a far cry from fulfilling this requirement.

The theory of psychosexual development appears sound in its basic aspects, yet it still does not go far enough toward achieving a characterological interpretation of personality. Those who are thoroughly familiar with psychoanalytic developments and Freud's key works on the subject—those who, in the dual role of analyst and analysand, "caught on" fast to the analytic experience—will also grasp that ego dynamics are far harder to formulate than id dynamics.

As Freud has repeatedly stressed in his basic works, recently in *The Ego and the Id,*[1] psychoanalysis has zealously avoided dealing with psychopathology by resorting to ready-made, constructive theories. Since analysis focused mainly on a genetic interpretation—on a "psychic embryology" so to speak—it had to take the longer and harder route of detailed probing, which surely had an impact on the therapeutic process. For the analyst must first recognize and understand developmental defects and then use this knowledge to modify them wherever possible. For this reason, psychoanalysis is presently as incomplete as its theory. The ideal theoretic basis of analytic therapy would be the complete genetic understanding of the patient's character.

Psychoanalysis stopped being symptomatic treatment a long time ago; rather, more and more it is becoming a therapy of character. We can trace this change to Freud's first awareness that the essence of analytic work does not lie in guessing a symptom's unconscious meaning and sharing it with the patient, but in the recognition and removal of resistances.[2] In resistance, two basic elements regularly find expression: First, every resistance contains repressed material relating to the spe-

[1][First published in] 1923 [and in] *Ges. Schriften,* VI, Wien, 1925-34.

[2]See "Zur Geschichte der psychoanalytischen Bewegung," [published] 1914 [and in] *Ges. Schriften,* IV, Wein, 1925-34.

cific analytic situation; at the same time, it contains the repressing mechanism, which constitutes the defense. Secondly, in addition to these specific components, or, rather, in addition to the content, a special form of resistance exists. Every resistance takes its specific character from the total personality structure, so to speak. The defense against an incestuously-based transference resistance has the same content in a compulsive as it does in an hysteric, but an altogether different form; namely, the compulsive or hysterical character structure, respectively. An understanding of content suffices for the most probing analytic work; noting how the patient's character reveals itself in resistances is not so meaningful at first. Yet, if we go beyond thinking in terms of mere symptom analysis, we realize the following: The most important consideration is not the removal of symptoms but the substrate of the neurotic reactions; that is, the neurotic character structure itself. If we wish to render the patient incapable of regression—in other words, effect a real cure—we must replace symptom analysis with character analysis. But it is only recently that character analysis has gained prominence in analytic work. It did not happen *expressis verbis*.[3] Ferenczi and Rank[4] point up the importance of analyzing neurotic behavior and are critical of the main approach now in use, that of analyzing the symptom or the complex; rather, they stress the need for dealing with the patient primarily in terms of his actions. However, this creates the impression that they are neglecting the memory work which Freud always put first in the therapeutic endeavor. But it is certainly in the analysis of neurotic behavior that character analysis gets its greatest leverage; far more so than in "memory analysis." This is because the sum total of character attitudes and traits unfolds most vividly in behavioral manifestations. Yet, analysis of behavior must lead to recollection and to analytic reconstruction of the sources of behavior if we are to derive an adequate understanding of the genetics. On the other hand, experience has taught us that patients who do not act out tend to be untouched by therapy, despite deep-reaching memory work.

Fragments of a psychoanalytic characterology first appeared in Freud's study of the anal erotic character,[5] a theme greatly expanded

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[3]In the interim, Abraham had published his highly informative *Psychoanalytische Studien zur Charakterbildung,* Internat. PsA. Bibl., XVI, 1924, in which he considers character analysis absolutely essential (see p. 64).

[4]"Entwicklungsziele der Psychoanalyse," *Neue Arb. z. ärztl.* PsA., I, 1923.

[5]"Charakter und Analerotik" [published] 1908, [and in] *Ges Schriften.* V. Wein, 1925-34.

by Jones[6] and Abraham[7] in particular. Here, for the first time, Freud signaled the role played by drives in the formation of specific character traits: Frugality, orderliness, pedantry, cleanliness, obstinacy, etc., he recognized as direct, rather than neurotic, derivatives of the anal erotic character. We have yet to explain how an instinctual drive gets discharged in one patient through a neurotic symptom, and in another through a character trait. In a similar vein, urethral erotic drives sometimes give rise to neurotic symptoms like premature ejaculation (Abraham) and nocturnal enuresis (Freud, Sadger, Stekel), and at other times to traits such as envy, which is a specific character trait, not a symptom.

The same applies to the role of sadism in the compulsive character, a type far easier to see through characterologically than the hysteric, for example. Also difficult to explain: why, in some patients, that universal phenomenon a "repetition compulsion"[8] predominates as a character trait (in the form of a compulsion to experience a given situation over and over again), while in other patients it does not seem to play the role assigned it by its biological nature. There are neurotic characters without neurotic symptoms; there is symptom neurosis without character formation, in which the total personality is essentially pathological. All these problems belong in the realm of a psychoanalytic characterology: Its basic methodology must evolve a comparative analytic psychology, analogous to the development of a comparative embryology.

The medical analyst may take great intellectual satisfaction in interpreting symptoms, tracing the sources of various character traits, and practicing causal therapy; but he could never fool himself about the need for a systematic theory of character, a lack more sorely felt as clinical experience has begun to signal the overriding importance of character analysis.

In Freud's *The Ego and the Id,* we find the groundwork for a psychoanalytically based theory of character. The process of identification holds the key to the characterological interpretation of personality:

> The character of the ego is a precipitate of abandoned object cathexis. . . . Since then, we have come to understand that this kind of substitution

[6]"Beitrage zur Lehre vom analen Charakter," *Int. Ztschr. f. PsA.,* V, 1919.

[7]"Ergänzungen zur Lehre vom Analcharakter," *Int. Ztschr. f. PsA.,* IX, 1923, and a recently published monograph, p. 7.

[8]Freud, S., "Jenseits des Lustprinzips," [published] 1920, [and in] *Ges. Schriften,* VI, Wien, 1925-34.

> has a great share in determining the form taken on by the ego and that it contributes materially towards building what is called character.[9]

This important developmental process may take a pathological turn, as well:

> Should these [object identifications] hypertrophy, should they become too profuse, overly strong, and incompatible with each other, a pathological outcome is inevitable. This can lead to a splitting up of the ego and sequestration of each of the clashing identifications; and perhaps this is the secret of all cases of so-called multiple personality, where distinct identifications successively take over consciousness. Even when the process does not go this far, tension may arise among the various identifications. Such conflicts, while not always considered pathological, may pull the ego apart.[10]

Freud then makes the following distinction between ego and superego: The superego actually represents a replacement of object choices; the ego, on the one hand, subordinates itself to the superego, and, on the other, offers itself as a love object to the latter, just as it once behaved toward the parents. But the superego is "two-faced," for it contains not only the enjoinder, "You must be like your father," but also the verbot, "You must not be like your father; that is, you may not do everything he does, as many things are reserved for him." Thus Freud has provided a frame of reference for further detail work. Specifically, in *The Ego and the Id,* he has left open the question of the role played by the erogenous zones in the formation of the ego-ideal. A closely allied problem is the relationship of the specific erogenous zone to the object choice. The following factors must be of utmost significance in the formation of character, both normal and pathological:

1. Which aspects of the parents' personalities were incorporated by the child into a positive or negative ego-ideal.
2. Whether the boy's ego-ideal followed the father or mother pattern (the same applies to the girl), and how that model for the ego-ideal was actually constituted.
3. And, also important, the stage of libidinal development at which an effective identification takes place. In the chronological interaction of sexual development and ego formation, the specific determinants

[9]Translation from *A General Selection from the Works of Sigmund Freud,* by John Rickman; Doubleday Anchor Books, Garden City, N. Y., 1957 (p. 218).

[10]Translations of quoted material are by the translator of this work, unless otherwise indicated.

of character formation must be sought[11] (for example, an effective identification in the genital or anal phase).

4. Also unknown to us are the conditions under which the ego-ideal sets up its demands; for there is not only a reality-ego, which is the sum total of all the ego-ideal demands, the "so be it," as it were; but also a whole series of unrealized ego-ideal demands, the "so must it be." And we know that the tension between the "so be it" (reality-ego) and the "it must or must not be" (superego) is at the root of many an illness.

5. Finally, we must consider that a primitive pleasure-ego exists long before any identification, and that its attitude toward the identifications plays a decisive role in their outcome.

Although the problems briefly sketched here stem from the characterological aspect of every analysis, inching toward a resolution (even in a mild transference neurosis) is fraught with great difficulty. This is especially true of those patients showing gross defects in their ego structure; such individuals are in constant conflict with the outside world and behave as if they had never advanced beyond the first stages of identification or superego formation. There are certain neurotics who are subject to a typical form of repetition compulsion: The asocial types, the occasional criminal, those who are systematically grandiose or self-abasing, and those who remain totally infantile in their ego development—all these particularly lend themselves to the study of ego-ideal formation *in statu nascendi.* They also provide us with valuable leads in analyzing the milder character anomalies, for they are only a gross caricature of the latter. These unbridled, impulsive types constitute their own special category; so far, only Alexander[12] and Aichorn[13] have attempted to deal with them psychoanalytically in any detail. These patients are still uncharted terrain for psychoanalysis, because they generally do poorly in ambulatory treatment, they lack insight into their illness, and, if put on the couch, never learn to use the fine tool of analysis. All these points we shall explore in detail. The available clinical material consists mostly of severe cases of character neurosis, which I selected for treatment in the Vienna Psychoanalytic

[11]In "Drei Abhandlungen zur Sexualtheorie," *Ges. Schriften,* V, Wien, 1925-34, p. 117, Freud observes: "It cannot be a matter of indifference whether a certain trend shows up before or after its counter-trend . . . a chronological deviation in the synthesis of the components usually leads to a change in the end result." It is thus a question of finding typical deviations from the normal time table of development and relating them to specific pathological results.

[12]"Kastrationskomplex und Charakter," *Int. Ztschr. f. PsA.,* VIII, 1922.

[13]"Uber die Erziehung in Besserungsanstalten," *Imago,* 1923.

Clinic. To avoid misunderstanding, I cannot forego the condensed case presentations offered here, albeit they suffer the same shortcomings as any other abbreviated case history in psychoanalysis. Their publication is especially warranted, since detailing our experience with such patients can afford the analyst the essence and specifics of the cases, minus the usual interpretations.

Our endeavor will take two concomitant pathways which will finally converge: the specific discussion of a type, hitherto poorly delineated in psychoanalysis, which we call, after Alexander, the "impulsive character," and, running parallel to this, an investigation into character formation in the light of this material. We shall in no way attempt a systematic presentation, as such is not possible with the induction-based, empirical method of psychoanalysis. We must content ourselves with the demonstration of a typical developmental anomaly, occurring in the course of character formation and rooted in the better-known mechanisms of psychosexual development.

CHAPTER TWO

The Neurotic and Impulsive Characters: General Considerations

When approaching an uncharted realm in psychoanalysis, it is advisable to stick to phenomena of psychic illness which are already well understood. We may start with the assumption, clearly demonstrated by psychoanalysis, that no sharp distinctions exist between the individual diagnostic types and their pathological manifestations, or even between the "normal" and the "pathological." To begin with, the very concept of normality is unsatisfactory, since the psychic state of normality, if there is such a thing, is a far greater problem, genetically and dynamically, than the well-known mechanism of hysterical symptom formation, for example.

Nevertheless, if we try to differentiate the diagnostic types from the clinical pictures, or the sick from the healthy, we may rightly cite the fact that diverse controlling mechanisms arise from diverse combinations of psychic conflicts—conflicts pertaining to this or that clinical picture, as well as to the normal state. It is a convention, borrowed from the demands of our culture, that a certain set [of behavioral norms] constitutes the capacity for reality-testing (and we cannot conceive of psychic health as anything else). It is a different story if we relate one form of illness to another. It is all the same if we say the neurotic character, the impulsive character, and the psychopath constitute borderline cases between psychosis and health; or, if, with Alex-

ander, we assert that "every neurotic character carries within himself the seed of a specific form of neurosis"—which, again, to a certain extent, bespeaks a borderline condition between neurosis and health. It depends upon our point of view in approaching the question and upon the profit we hope to derive from such a formulation. We lay no particular stress on the viewpoint we take here that the impulsive character is a borderline case between symptom neurosis and psychosis on the basis of his particular defense mechanisms. Alexander observes that "neurotic character types do not suffer from any gross appearance of illness, but their life style is noticeably impulsive and often compulsive, as they are especially under the sway of unconscious tendencies" and that "a category of neurotic characters, certain impulse-laden criminal types, obviously suffer from a dearth of defense reactions." Alexander rightly points out the appearance of transitory symptoms in such patients whenever they fall subject to disappointment in analysis, and raises the question as to "whether the pressure of the etiologic factor—the damming up of the libido—is insufficient to find discharge through alternate channels, *i. e.,* in symptom formation, or whether the organism's defense reaction—repression—is inadequate to totally block the actual gratification."

Posing the problem in this way is not quite accurate. In the analysis of impulsive characters, one comes across amnesias which are totally comparable to the typical hysterical amnesia. Other repressive mechanisms, such as fragmenting experiences that are logically and genetically connected, displacement of guilt feelings, and reaction formation against destructive drives, are at least as intense in the impulsive character as they are in cases of compulsion neurosis. We shall illustrate this later with some examples.

We cannot talk about a weakness of the individual repressions. Rather, our major focus will be on the following question: What are the determinants of the impulsive's lack of defenses? We shall have to examine the defect in the repression mechanism that enables the impulsive to act with a motility unavailable to the simple symptom neurotic. Even the case which Alexander published belongs to the category of character neurosis without a symptom. But, in addition to the impulsivity (which they mostly do not perceive as illness), the overwhelming majority of impulsives show all manner of symptoms, such as phobic and compulsive behavior, compulsive rituals and ruminations; and, particularly in female character neurotics, all the familiar forms of conversion symptoms may occur.

Grotesqueness is the hallmark of the impulsive character's symptoms.

We may describe them as sick caricatures of the "stolid bourgeois" symptoms. A simple symptom neurotic patient may think obsessively about killing his child or a friend; how banal and harmless this seems next to the impulse disorder's irresistible urge to slowly roast his child with a pine torch. We can no longer call it a compulsive drive (despite its similarity in structure) when one of my female patients derives her greatest pleasure from burning everything in her house and attacking her child with a flaming match. There are patients with self-castrating tendencies who suffer from a compulsive need to lose and misplace things; how mild they seem next to the impulse-driven female patient who can masturbate to orgasm only if she bleeds profusely from the vagina, and who severly injures her cervix with a knife handle and winds up with a dropped uterus. Such patients are not lacking in common neurotic symptoms; but they have an extra something which the simple neurotics lack. This "plus" not only separates them from the conversion hysterias, the anxiety neuroses, and the compulsion neuroses, but brings a goodly number of them very close to schizophrenia. Such bizarre impulse behavior is not a rarity in the history of schizophrenics; later, I shall illustrate with case material how difficult it is, even after months of analytic treatment, to differentiate diagnostically between schizophrenia and transference neurosis.

All the cases I refer to are distinct from Alexander's in one essential point; a different yardstick will put them on a solid foundation. We always speak of the impulsive character whenever the predominant mode of behavior is dictated by the repetition compulsion and directed against the outside world. The diagnosis will also depend upon whether the behavior is expressed in undisguised, primitive drives, or whether it undergoes extensive secondary elaboration and transformation. Alexander's case stands out as one in which the patient was motivated by a deep need for punishment: He repeatedly (but unconsciously) chose friends who would cheat him out of his money until he wound up bankrupt in body and soul. He is one of those to whom Freud refers in *Beyond the Pleasure Principle:*

> The compulsion manifest here differs in no way from the repetition compulsion of the neurotic, even though these individuals show no sign of a neurotic conflict resolved through symptom formation. . . . Thus one knows people with whom every human relationship ends in the same way: benefactors whose proteges, however different they may otherwise have been, invariably after a time desert them in ill will, so that they are apparently condemned to drain to the dregs all the bitterness of ingrati-

> tude; men with whom every friendship ends in the friend's treachery . . . lovers whose tender relationships with women each and all run through the same phases and come to the same end, and so on. We are less astonished at this "endless repetition of the same" if there is involved a question of active behavior on the part of the person concerned, and if we detect in his character an unalterable trait which must always manifest itself in the repetition of identical experiences. Far more striking are those cases where the person seems to be experiencing something passively, without exerting any influence of his own, and yet always meets with the same fate over and over again.[14]

Our cases show essentially the same "daemonic trait"; however, the impulsive's behavior and experiences are permeated with undisguised, primitive drives, such as masochism, sadism, anality, orality, and the like.

It is possible that there are some cases of impulsive character who do not exemplify the question we raised vis à vis the defect in the repressing mechanism; they would show a different psychodynamic conflict.

We may now crystallize out three questions which will occupy our attention:

1. Dynamically, what differences and what similarities does the impulsive character share with a case of simple transference neurosis?
2. Does the impulsive character possess specific defects in the mechanism of repression? And, closely allied to this question—
3. If such defects exist, are they related to the defect in schizophrenia? If so, we would come closer to an understanding of general nosology; for psychopaths "mostly represent the first stage in the development of a full-blown psychosis" (Kraepelin[15]), particularly schizophrenia; or, at least, they are closely allied to this category.

Our definition of impulsive character is certainly much narrower than the concept of "psychopath" generally held in the psychiatric literature. The latter is often too widely applied, so that symptoms found in otherwise stable personalities are dubbed "psychopathic." But even in the narrower sense, the definition of psychopathy is a hodge podge because it fails to include the genetic aspects. Even Bleuler[16] rightly deems every descriptive attempt at nosology a failure. Indeed, only by ex-

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[14]Translation from *A General Selection from the Works of Sigmund Freud* by John Rickman; Doubleday Anchor Books, Garden City, N. Y. 1957 (pp. 149-150).

[15]*Klinische Psychiatrie,* Leipzig, 1916.

[16]*Lehrbuch der Psychiatrie,* Leipzig, 1918.

amining the major mechanisms can we deal with the problem. As Bleuler notes:

> The clinical pictures in these cases show no clear-cut lines of demarcation, either from one case to another, or from the norm. . . . I should say no boundary lines at all, for our yardsticks in designating a psychopath as sick are arbitrary. As a group, the totality of nervous disorders constitutes a broad spectrum of gradations and combinations, verging towards hysteria, in particular. Paranoid trends do not necessarily lead to paranoia in every case. One and the same patient may combine symptoms from a variety of clinical pictures . . . in particular, disturbances of affect and neurotic manifestations are almost never absent. . . .

In determining what constitutes psychopathy, we see that the breakdown by types (which Bleuler himself uses), such as the vagrants, the impulse-laden, and the belligerent; the perverts, liars, and swindlers; and the antisocial and agitators, is quite useful for a preliminary orientation. The basic flaw in such attempts is that a single outstanding trait becomes the yardstick for classification in the group; what is overlooked is the fact, for example, that every impulsive (in Bleuler's sense) is as unstable as he is perverted; that every pervert is antisocial and also, therefore, a troublemaker. Bleuler's classification is borrowed from Kraepelin, though Bleuler has worked out more clearly the relationship of various forms of psychopathy to psychosis. Liepmann,[17] too, defined the psychopaths as "pathological deviations from the norm, whose aberrations do not yet place them in the category of full-blown psychosis, since they lack severe symptoms."

The close affinity of psychopathy to psychosis (dementia praecox, in particular) caught the eye of those authors who did not strain the concept of psychopathy to include emotional disorders like simple hysteria or compulsion neurosis. Similarly, Kraepelin and Bleuler differentiate between neurasthenia and psychopathy, for example, while Schneider[18] depicts the neurasthenic as an insecure, moody, and debilitated psychopath. Kraepelin designates one group of psychopaths as "arrested pre-psychotics" and the other as "poorly nurtured types, whose upbringing was marred by adverse hereditary influences, congenital damage, or other early retardation. If the defects are mainly in the areas of affect and self-control, we consider them psychopaths."

[17] "Die Beurteilung psychopathischer Konstitution (sogenannter psychischer Minderwertigkeit," *Ztschr. f. ärztl Fortbildung,* IX, 1912.

[18] *Die psychopathischen Persönlichkeiten,* Wien, 1923.

With regard to psychosis, Dickhoff[19] found that psychopathic bizarreness mainly leads to hebephrenia, paranoid schizophrenia, and paranoia. "Some psychoses, like simple paranoia, stem fully or largely from an exacerbation of psychopathic defects. . . . Where psychopathic defects are more severe, we find, on rare occasions, different types of psychotic disorders, of longer or shorter duration, offering no consistent pattern in their clinical picture or course. The prognosis for a single episode is generally good, but the probability of future breakdowns is high." Some authors, like Birnbaum,[20] Gaupp,[21] and Mezger[22] have a very broad concept of psychopathy. The last, for example, considers that "every deviation from the norm, every abnormality, is sickness, is pathology."

Thus far we have been using the terms "impulsive character," "neurotic character," and "character neurosis" indiscriminately. We must now set about cleaning up the terminology; surely not an easy task, considering the ambiguity of the "character." To this end, we shall try to navigate safely between Scylla and Charybdis. On the one hand, we do not wish to err like the conventional scientist who far too often talks terminology and lets the living essence slip out of sight. On the other hand, we want to steer clear of the confusion that so often arises when we use terms too broad in context and leave the door open for all kinds of misunderstanding.

As a basis for our discussion, we shall loosely define "character" as the specific, personalized expression of one's psychic attitude toward the world; the specificity itself is determined by one's temperament and life experiences, in the sense of Freud's "Eugänzungsreihe."

The neurotic character is seen, then, as one who shows more or less gross deviations from reality-oriented goal-setting vis à vis sex, culture, and social adaptability. All types of neurotic characters have in common conflicting experiences and inner turmoil leading to insecurity in action and attitude. We know from psychoanalysis that these traits are the result of developmental disturbances, that whole fragments of personality are left behind and fixated at earlier developmental levels. On the basis of today's knowledge, the most flexible and cogent distinction between neurotic symptom and neurotic character would be the following: The neurotic symptom corresponds exactly to the personality fragments fixated at various levels, while the neurotic character

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[19]"Die Psychosen bei psychopathisch Minderwertigen," *Allg. Ztschr. f. Psych.*, 1898.
[20]*Uber psychopathische Persönlichkeiten,* Wiesbaden, 1909.
[21]"Uber den Begriff d. psychopath. Konstitution," *Ztschr. f. ärztl Fortbildung,* 1917.
[22]"Die abnorme Charakteranlage," *Arch. f. Krim. Anthr.,* 1912.

is always the expression of the total attitude corresponding to this fixation. Therefore, a fixation (and its resultant psychic conflict) always has two concurrent forms of expression: the neurotic symptom corresponding specifically to the fixation (hysterical vomiting, for example, as an expression of an oral-genital fixation), and the neurotic character reflecting the total personality disturbance caused by fixation of the fragment. Yet, logically we must assume that even minimal fixations are not without effect on the rest of the personality. Thus, every neurotic symptom is built upon a neurotic character. We may then speak of hysterical and compulsive characters (and possible schizoid characters) upon whom symptoms sit like peaks on a mountain. The stage at which the developmental arrest takes place determines the neurotic character structure and its idiosyncrasies, as well as the neurotic symptom. The compulsion neurotic who seeks analysis because of an impulse to stab his friend in the back (compulsive symptom) shows a compulsive character, as well: He is pedantically clean, loves order, and is overly conscientious. The character traits, like the symptom, contain features of the anal sadistic stage. The expression "impulsive character" can mean, then, only a special form of neurotic character, a disturbance of the total personality marked by more or less unbridled behavior. We thus differentiate between neurotic symptom and neurotic character. By the same token, we must make a distinction between the act of a compulsive character (which is an irresistible piece of compulsive behavior) and the act of an impulsive character. The first is encapsulated, like a foreign body, in an otherwise stable personality and is ego-alien; the impulsivity of the second[23] is an attribute of the total personality and is mostly not perceived as illness, except in moments of clarity. The impulsive urges are mostly diffuse, not always aimed at specific objects or tied to specific situations, mostly fluctuating in kind and intensity, and largely dependent on environmental circumstances. These conditions stand in contrast to the rigidity of the neurotic compulsive act, which is largely independent of external circumstances. The interactions of the impulsive with his environment are generally more understandable and obvious than the encapsulated neurotic symptoms. The impulsive's urges never seem as senseless as the compulsive's, and he rationalizes his motives far more than the compulsive does.

The borderline between the impulsive and the schizophrenic (especially the paranoid and catatonic) is often just as obscure as the demar-

[23] *Translator's note:* The text literally reads, "the impulsivity of a neurotic personality . . ." It is obvious from the context that the author is referring to the impulsive character.

cation between the impulsive and the classical forms of transference neurosis. What separates the impulsive from the full-blown schizophrenic is a very lively, often outlandish manner of relating to the outside world. [I should like to cite] some cases from the Vienna Psychiatric Clinic[24] who were mainly diagnosed as "psychopathically inferior" vagrants, liars, or agitators. These showed such pronounced delusions of grandeur and persecution fantasies that the grotesquesness of their object relations was viewed as a reactive defense against autistic regression.

Furthermore, instead of the typical schizophrenic splitting of the personality, we find deep-seated states of depersonalization, which none of my pertinent cases failed to show. But we cannot consider depersonalization a valid criterion, for, as Nunberg[25] rightly stresses, the onset of most psychic illness reveals depersonalized states as an expression of libidinal withdrawal. Yet, feelings of alienation, whether from one's own body or the outside world, are rarely as obvious or severe in transference neuroses as in the impulsive disorders or schizophrenia. For several weeks, one of my cases (to be detailed later) had what looked like marked stuporous states during the interval between the Saturday and Monday sessions. She would lock herself in her room, cower on a sofa, and forego eating or talking. This condition always appeared when the analysis hit her hard or the transference seemed to waver.

Moreover, delusions of grandeur and persecution fantasies are absent, although ideas of reference[26] are not uncommon; the latter coincide with a propensity for feeling slighted and are characteristic of the simple transference neurosis. In an impulsive character, the feeling may snowball into a delusional belligerence. Reality-testing and awareness of ego boundaries remains intact, even if obscured by feelings. Only three of my cases of impulsive character experienced auditory and visual hallucinations in the course of a long analysis. In one, they occurred in conjunction with a chronic hysterical condition; in another, during a sudden breakthrough of fear; and, in the third, they appeared in the course of an acute paranoid phase. Despite the frequent occurrence of hallucinations, especially auditory, in cases of hysterical psychosis, it is noteworthy that the first case I cited, whose analysis I had to abandon because of a lasting twilight state, was mainly considered

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[24]I should like to express my deep gratitude to Professor Wagner-Jauregg for affording me the opportunity of studying the excellent clinical material.

[25]"Uber Depersonalisation," *Internat. Zschr. f. PsA., X,* 1924.

[26]Kretschmer, S., *Der sensitive Beziehungswahn,* Berlin, 1918.

schizophrenic. Even the consultants on the case (Doctors Schilder and Jekel of the university teaching staff) did not venture to exclude the diagnosis of schizophrenia, despite the typical hysterical picture. In keeping with the latest psychiatric work on "the spectrum of schizoid types" (especially that of Kretschmer[27] and Bleuler[28]), we may make the following assumption: Whenever schizoid hysteria regresses to hysterical dissociation, with production of a twilight state,[29] it activates latent schizophrenic mechanisms. We believe that schizophrenia (in the organic sense) cannot be qualitatively separated from hysteria and compulsion neurosis. Whoever shares this view must entertain the possibility that hysteria or compulsion neurosis can turn into schizophrenia under certain conditions which are presently obscure.

Consistent with the defect in repression, undisguised perversions are the rule in the case of the impulsive character. They are mainly from the sadomasochistic area. This special affinity to the realm of Freud's destructive drives we will come to recognize as a disturbance in superego development, as per his studies on the superego (ego ideal). Before discussing the specific developmental defects of the impulsive character, we shall briefly describe the typical character neurotic disturbances common to all cases of symptom neurosis, in order to highlight the important differences. In general, our prime concern is a dynamic comparison of the impulsive character versus the impulse-inhibited character neurotic.

(To be continued in the next issue of this journal)

[27] *Körperbau und Charakter.*

[28] "Schizoïdie und Syntonie," *Ztschr. f. ges. Psych. u. Neur.*, 1923.

[29] Reich, W., "Eine hysterische Psychose in statu nascendi," to be published soon in the *Int. Ztschr. f. PsA.*