

## table of contents

Editorial . . . . .	1
Physical Sciences	
<b>Applied Orgonometry VII: The Creation of Matter in the Non-Living Realm</b> <i>Charles Konia, M.D.</i> . . . . .	4
Medical Sciences	
<b>Orgone Therapy of an Impulsive Character</b> <i>Charles Konia, M.D.</i> . . . . .	10
<b>Clinical Applications of Reich's Work with Impulsive Characters: The Ego, Ego-Ideal, Superego and the Id</b> <i>Robert Harman, M.D., CFA</i> . . . . .	20
<b>Unbridled Impulses, Unfulfilled Dreams: The Life History of an Impulsive Character</b> <i>Edward Chastka, M.D.</i> . . . . .	46
<b>"Not So Fast!": The Treatment of a Paranoid Schizophrenic Character</b> <i>David Holbrook, M.D.</i> . . . . .	53
<b>Mechanistic Psychiatry at Its Worst II</b> <i>Howard Chavis, M.D.</i> . . . . .	63
Social Sciences	
<b>Armored Language</b> <i>Dale Rosin, D.O.</i> . . . . .	69
<b>What Happens in Vagueness Stays in Vagueness</b> <i>Clark Whelton</i> . . . . .	78
Communications and Notes . . . . .	83
Contributing Authors . . . . .	91

# Unbridled Impulses, Unfulfilled Dreams: The Life History of an Impulsive Character

*Edward Chastka, M.D.*

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## **Abstract**

*This article presents the life history of a young woman with an impulsive character and documents the limited effectiveness of treatment for such patients.*

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Psychiatry has long recognized that there are those who suffer from mental illnesses that are neither psychotic nor neurotic. In 1925, while still a prominent member of the psychoanalytic community, Wilhelm Reich, M.D. wrote about this group when he published *Der triebhafte Charakter (The Impulsive Character)*, based on his work in the Vienna Psychoanalytic Polyclinic. The patients he saw at the Polyclinic were often different from the patients he saw in his private practice:

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... These unbridled, impulsive types constitute their own special category... 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. (Reich 1925)

Previously, psychiatrists, including the notables Emil Kraepelin and Eugen Bleuler, attempted to define impulsivity by its symptoms, an approach that continues today in the *Diagnostic and Statistical Manual of Mental Disorders* used in modern psychiatry. In contrast, it was one of Reich's great contributions to psychoanalysis to establish the *priority of character* over symptom for both diagnosis and treatment. Concerning the impulsive character, Reich wrote,

...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 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. (ibid, page 16)

In his classic work, *Character Analysis*, Reich outlined how character develops out of the conflicts between the instinctual wants of the child and the authority of the outer world, primarily the parents in traditional families. A child in conflict with the outer world typically represses the forbidden (sexual) impulse, but this causes anxiety. Character formation allows the binding of both the instinctual energy and the subsequent anxiety. Reich described three steps in this process: Identification with the person primarily responsible for the frustration (and internalization of their attitudes); turning the anger caused by the frustration against the self, and specifically against the impulse that is forbidden; and forming negative attitudes toward the sexual impulses that effectively ward them off. Reich noted that once an impulse is fully developed it can no longer be fully repressed by using these three steps; furthermore, if the fully developed impulse meets a sudden unaccustomed frustration, the basis is laid for the development of an impulsive character. The following case history records the life of a young woman with an impulsive character structure.

### **Case History**

Julia was a 14-year-old adolescent when her mother brought her to my office in February of 1994. Her mother reported that Julia was “out of control.” She yelled and screamed, threw things, lied, ran away, used foul and disrespectful language, and smoked in her room despite frequent reprimands. She refused to listen and yelled “I don’t hear you!” when her mother tried to talk to her. She refused to follow

rules. She threw things at her mother and on one occasion hit her. When I met with Julia, I was shocked. I found her to be sweet and engaging, a little angel. Sitting next to Julia, her mother seemed stiff and moralistic.

Julia was adopted at four years of age. She was the biological daughter of her adoptive mother's sister, who had a severe psychiatric illness and was a drug addict. Julia was severely abused as an infant. At three years of age she was found crawling naked in the street with cigarette burns on her abdomen. She was taken by the authorities and legally adopted by her current parents. Julia was described as having no close friends except for her boyfriend, and was very impulsive with other boys. An example from my notes: Julia's mother took her out for lunch and Julia struck up a conversation with a 19-year-old boy with multiple piercings. After they came home from lunch, her mother went out shopping and when she returned a short time later the multi-pierced young man was in their living room and Julia had already given him her boyfriend's skateboard. Julia had two psychiatric admissions that year, one after jumping out of a moving car to go to her boyfriend's house and the other after becoming agitated and threatening at home. She was suspended from school three times, then her parents enrolled her in a strict Mennonite school but she was expelled from there as well. In high school she was arrested twice, once for shoplifting and once for stealing from a store where she worked. She graduated from high school but it was a convenient fiction as she had accomplished very little in the special education system there. She could be charming and was hired for several jobs but never held one for long. She studied to be a cosmetologist but walked away from her first job in a salon because of anxiety. For a while she earned good money as a used car saleswoman but again quit because she found it too stressful. Jobs as a nail technician, Internet sales person and as a telephone solicitor all ended quickly after some initial success. She was either fired or she quit, or sometimes she simply walked off the job. With her parents encouragement she made her first application to getting Social Security disability benefits in 2000.

That year she became engaged and after she married in 2001 she left treatment and I did not see her again for several years.

In September of 2005 I received a call from Julia's mom asking me to see Julia. When I saw her, she told me that she and her husband had grown apart. She blamed this on his mother's interference in the marriage, although she had started drinking, had an affair and eventually left her husband. She then went on a long drinking binge from which her parents rescued her and again brought her to see me. I agreed to see her on the condition that she start attending Alcoholics Anonymous meetings, which she initially did. For a time she stabilized, then she began running up a large credit card debt. Again her parents rescued her, again a brief period of stabilization. I referred her parents to Al-Anon and told them to stop bailing her out, advice that they consistently ignored. In 2008 she moved in with a cocaine dealer and became addicted to cocaine. Her parents, brother and I held an "intervention," confronting her with evidence of her drug use and she ultimately agreed to go for treatment. (Of note, she was an exceptionally good liar and could have easily convinced me that she had never used cocaine except for the repeated insistence of her brother and parents.) Again, I did not see Julia for almost two years. During that time she completed inpatient drug treatment followed by an intensive outpatient treatment and then a six-month outpatient Dialectical Behavioral Therapy program for "Borderline Personality Disorder." Later, she was treated for "Bipolar Disorder" with the mood stabilizers lithium and Lamictal, with little benefit. At my reevaluation I could find no serious depression and no mania or agitation. Her thinking and sensorium were clear. She had reconciled with an old boyfriend and they were now living together, although neither of them worked. He was supported by his mother, and she by her parents, in addition to receiving a small welfare check. She was no longer looking for work but instead focused her efforts on getting Social Security disability benefits. I did not encourage this and told her repeatedly that she would not get better until she faced her anxiety. At her appointments with me she usually told me that she was doing well,

although she sometimes complained of anxiety, mood swings or mild depression. She always seemed pleasant and composed and I found it surprising that she considered herself disabled. Recently, her parents came to see me with Julia's permission. They told me that Julia was not telling me the truth of her situation, that at home she has severe, debilitating anxiety and at times extreme outbursts of anger with yelling and abusive language, at other times she becomes severely depressed for short periods. Her mother pointed out that Julia has always tried to present herself to me as having a normal life. Her dreams and aspirations, such as holding a job, getting married and having a family, are typical of many young women, but in fact for Julia it is only a fantasy of living a normal life. In reality, she cannot function and struggles constantly to control her impulsive behavior. They explained to me that they believe Julia will never be able to work and that they cannot continue to support her. They are both retired but are working menial jobs to earn the money to support Julia. When I suggested that they could gradually withdraw their support and leave it to Julia to take care of herself, they objected that she has had over 30 jobs, has never been able to sustain employment, and that they believe Julia will wind up "living under a bridge" unless she gets financial support from the government.

My association with Julia has lasted, off and on, for over 18 years. Both Julia and her parents seem to value her appointments with me, but after years of interventions on my part, I see little change in the way she lives her life. Her relationship with her parents is perhaps a little less antagonistic and she continues to voice her aspiration to lead a normal life, but she has made little progress toward independence or responsibility. When I last heard from her she told me she was pregnant and planned to have the baby.

## Discussion

After years of working with impulsive patients, Reich ultimately concluded that they could not be treated outside of an institution. In *Character Analysis*, he noted that impulsive characters have a largely

unformed character and that instead of binding anxiety in character armor, the impulsive action itself serves as the defense against anxiety. He observed that if a fully developed impulse meets a sudden unaccustomed frustration, the basis is laid for the development of an impulsive character. Elsworth F. Baker, in *Man in the Trap*, added that the frustration in the impulsive character takes place just short of genital primacy, and Charles Konia, in *The Emotional Plague*, observed that while impulsive characters may be charming and clever, their work function is virtually nonexistent. He also noted that because of their lack of a fixed character, they often exhibit character traits from several different levels of development and that these behaviors are drawn from the destructive secondary layer of the armored human character. This often leads to their being misdiagnosed, for example, as manic-depressive.

Examining Julia's case history, we see that her life exhibits many features typical of the impulsive character. She suffered severe abuse at the hands of her biological mother and we know from her history that this abuse took place when she would have been entering the first stages of genital primacy, around age 2 to 3. Her subsequent life with her adoptive parents was able to instill in her the ideals of a normal life, but she was never able to realize them because of her intolerance of anxiety manifested by her impulsive behaviors. She exhibited a wide variety of symptoms that led to her being misdiagnosed with Bipolar Disorder and later Borderline Personality Disorder. While Julia can be quite charming, her capacity to work is, as we would expect, virtually nonexistent.

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