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Published by Orgonomic Publications, Inc.

**Volume 4  
Number 2  
November 1970**

# From the History of Orgonomy

## The Impulsive Character (Part Two)\*

By WILHELM REICH, M.D.

### Editorial Note

*In this chapter, Reich examines the impulse-inhibited neurotic, with a view towards better understanding his sharply contrasting counterpart, the impulse-gratifying "impulsive character." Still in the classical vein, Reich discusses the role of repression in the formation of the neurotic character structure. The impulsive lacks such effective repressing mechanisms. In close adherence to Freudian theory, Reich traces the vicissitudes of psychosexual development in health and neurosis and shows the overriding importance of superego identifications. The dynamics set forth in rich detail are still valid today. Even at this stage, Reich was beginning to question sex-negative attitudes in child-rearing and to signal the desirability of "some genital satisfaction" for children.*

*The sharp rift with psychoanalysis, soon to appear in Reich's publications, centered around just this issue of repression. Whereas the analysts saw the child as an impulse-dominated beast that must be tamed through sexual repression (frustration of the incest wish), Reich felt that sexual repression was at the root of man's illnesses. He advocated the acceptance of childhood sexuality (at an age-appropriate level) and pointed out that the discharge of sexual energy with peers would divest the incest wish of its libidinal charge. With decathexis of the wish there would be no need to repress it. (Cf. Malinowski's study of Trobriand sexual practices.) It should be clearly understood that Reich never advocated child-adult sex, incestuous acting out, parental masturbation of children, or salacious pro-*

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

*motion of child sex activity. Rather, his concept of self-regulation entailed the non-interference with, as well as the protection of, peer-related child sexuality as part of the natural life functioning of children.*

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## CHAPTER THREE

### Ambivalence and Superego Formation in the Inhibited Character

Through Freud, we have learned to grasp how everything we call culture and civilization is based first on impulse repression and second on impulse sublimation. Every human being must recapitulate in abbreviated form, though in full detail, man's cultural progress from primitive savage to today's civilized man. Man is a pure impulse ego when put in this world—a world full of rules and restrictions to which he must conform. He thus renounces the major share of his demands, for fuller gratification of a minor share later on. The adjustment comes about gradually in more or less clearly-etched phases. This is not an automatic process like the growth of the body from the embryo. The "psychic embryo" needs very definite points of reference in its environment, which is a narrow one consisting mainly of the first nurturers. The latter become the objects of the first instinctual demands, as well as the gratifiers of these demands to a certain degree, particularly in the infantile period. They also play a decisive role in impulse frustration, which is the source of the earliest and most significant restrictions.

The impulsive character shows one essential feature: There is no final extinction of his drives, only buildup of drives, only change of goals and pathways. In short, he cannot make any drive gratification "pass away" without replacing it with something else. The existence of various stages of sexual development is dependent on such compensatory maneuvers. That is why a child's anal phase finds fullest expression only if the oral phase has been given up. Each renunciation brings about a splitting up of the corresponding libidinal energy flow. The most obvious results of the splitting up are as follows:

1. The drive is arrested in its original form, more or less unchanged, while the partial drives are destined to play an important role in future sex life in the form of foreplay.

2. Depending on the nature of the impulse, a more or less energetic reaction formation takes place; for example, disgust as a defense against anal-erotic tendencies.

3. Sublimations can occur. Cleanliness, for example, is a primitive type of sublimation of anal-erotic tendencies. In later life, more complex types occur, which psychoanalysis reveals as key motivating forces in all fields of human endeavor.

4. Every erotic impulse serves to promote relationships with the nurturing figures. We can already observe the beginning of clear object love right in the oral stage; this culminates in the most intense object relationship in the genital stage, which we assume reaches its peak around the fourth year of life.

Within the mainstream of development, the splittings outlined above do not occur separately, but are closely interrelated. Thus object love plays an important role in reaction formation, for it makes the renunciation of the drive bearable. At this early age, the child is primarily a creature of pleasure (a pleasure ego, according to Freud), so it can and will only trade one pleasure for another. It adjusts to cleanliness mostly to please the mother. Stubbornness, particularly in the form of anal obstinacy, is an early-seen disturbance of this most primitive object love. When a child renounces a pleasure in order to please the mother, he makes demands on the mother to be his own. We see here the most primitive form of identification. It still contains a great deal of object love, for without it renunciation would not be bearable.

These early identifications are destined to pave the way for the later and final ones that have to do with present-day culture. But, before this, a stage of the most intense object relationships slips in—Freud summed this up under the concept of the Oedipus complex. The young boy more or less openly tries to take his father's place with the mother and wishes to eliminate him as an irksome competitor. The little girl adopts a similar attitude corresponding to her sex. A heterosexual object choice implies identification with one's own sex. But this simple oedipal relationship becomes complicated by a counter-struggle, which is outspoken in some cases and barely apparent in others: The boy loves the father, also, and identifies with the mother, while the girl loves the mother and identifies with the father. Freud suggests postulating a "double Oedipus complex," since the bisexual tendency has a universal importance. This oedipal phase is among the most meaningful in human experience. Without exception, its conflicts stand at the core of every neurosis and mobilize powerful guilt feelings, the origins of which are still obscure, according to Freud. The guilt feelings develop with particular intensity

into attitudes of hate, which are part and parcel of the Oedipus complex. I do not mean to imply that hate originates here; rather, it seems to be all ready and prepared, so that we come to regard the young child's first possessive and destructive impulses as early forerunners of hate. We can demonstrate that no renunciation is accepted without production of hate, even in favorable cases where the hate is covered up by a substitute pleasure or substitute love object. It remains ready to break through whenever the renunciations are too intense.

Freud postulated an antithesis between libidinal and destructive tendencies; the latter, originally directed against objects, yield to repression via reaction formation and sublimation. They constitute the basis for social conscience and ethical principles, and undergo special vicissitudes, as shown in studies on melancholy. That is, the destructive drives, turned against the self, underly masochism in all its various manifestations. (We allude, in passing, to Freud's assumption<sup>1</sup> of a primary erogenous masochism which becomes sadism if directed to the outside, or secondary masochism if turned against the self.) As we see it now, the primitive impulse ego is held in check by a structure Freud dubbed "ego ideal" or "superego." It has its origin in the abandoned object cathexes and is made up of all those demands imposed upon the impulse ego by parents or other nurturers. In the final stage, the parents are given up as objects, and retained in the form of the superego through the process of identification. Thus, object relations become desexualized. The driving force [behind this process] is sadism in its sublimated form of moral "masochism" (as distinguished from the erogenous form of masochism, the perversion): The incipient ego structure employs it to hold the impulse ego in check; in other words, to do the work of repression.

### *The Fulfillment of the Superego Demands*

Frustration stands at the very source of superego formation. It culminates basically in abandonment of the oedipal wish. Since we experience frustration at every stage of libidinal development, we may say that superego formation begins right after birth. Even training the infant to scheduled feedings is a frustration of the constant need to suck. Yes, we may go even further and tie the first nay-saying to birth, when the peace and pleasure of life in the womb come to an end.<sup>2</sup>

<sup>1</sup>"Das ökonomische Problem des Masochismus," *Int. Ztschr. f. PsA.*, 1924, [and in] *Ges. Schriften*, Bd. V.

<sup>2</sup>See especially Rank, *Das Trauma der Geburt*, *Int. PsA. Bibl.* XIV, 1924, and Garley's excellent article "Der Chok des Geborenwerdens," *Int. Ztschr. f. PsA.*, X, 1924.

These primitive stages in superego formation now come to full fruition. Without fulfillment of the demand, "You must defecate at specified times and places," there would be no progress in libidinal development, for every impulse tends to repeat itself unchanged, over and over again. But this fulfillment would be impossible if the other outlets for gratification, mentioned above, were not available. Later this changes. The more developed the child's personality becomes, the more he rebels against restrictions, especially in the narcissistic stages preceding the stage of full object love.

Almost all children, even those who remain healthy later on, go through a phase of intense rebellion against restrictions. In fact, extreme compliance may well presage a later well-known neurotic weakness—the inability to fight life's battles. The accomplishment of training is only partially successful then. The impulse ego more or less succeeds in maintaining itself against the superego demands. Thus, a part of one's development is arrested, and infantile gratification holds sway. Thus, the tension between unfulfilled superego and impulse ego gives rise to feelings of guilt. *The real ego, which is just unfolding, develops mainly from the gratified superego demands.* Fulfillment of ego ideal demands never stops; rather, there exists throughout life a constant oscillation between real ego and ego ideal. The ego ideal keeps growing; so do its demands, ever broader and more profuse. The more they are gratified, the more one attains what one aspires to be. Mainly, the typical conflict we see is between "being-thus-and-so" (real ego) and "wishing-to-be-thus-and-so" (superego). The inferiority complex (in Adler's sense) and its compensatory mechanisms are an expression of such a conflict. The real ego of the child differs from the adult's in one important respect. The child's is composed only of fulfilled superego demands, while the adult's also contains sexual components—all those reality-based sexual strivings which do not conflict with the superego. Most neurotogenic conflicts are based on this evolution from a sex-negative to a sex-affirmative real ego, which normally starts some years after puberty. But the child's sex-negative real ego stems wholly from the prevailing moral upbringing. Psychoanalytically speaking, it would be highly feasible and desirable if even the child's real ego contained some sex-positive elements. There is much to be said for permitting the child some genital satisfaction: Since childhood masturbation is part and parcel of physiological development, it is senseless, prophylactically speaking, to divorce the child's ego from such things. This would create a masturbation conflict, which is always felt in puberty and often becomes pathological.

Normally, the superego develops slowly. For the boy to remain healthy, his superego must be totally identified with the father; the same applies to the girl in relation to the mother. One must distinguish between positive and negative superego demands for the better monitoring of the drive-affirmative and drive-negative enjoinders corresponding to the two moralistic principles "thou shalt"<sup>3</sup> and "thou shalt not." The demands for impulse denial are fulfilled from the very beginning; the others, much later. But emotional health requires that the superego contain impulse-affirmative tendencies. A totally nay-saying superego creates a state of inhibition, such as one sees in the ambivalent, constricted, religious-ascetic compulsive. The [purely] drive-affirmative ego ideal creates a real ego that inevitably conflicts with reality. The impulsive character is such a type.

### *The Effect of the Partial Impulse upon Superego Formation*

How, then, does superego formation unfold in the healthy boy? In the case of a double Oedipus complex, we see heterosexual striving for the mother and identification with the father. Above all, identification with the father includes even the genital impulses which, however, soon undergo repression and renunciation. The corresponding superego demand is, "You shall not desire your mother sexually or genitally." The fulfillment of this superego demand establishes the incest barrier. Many positive superego demands are met as the boy tries to imitate his father and organizes his games around the central idea of being grown up—except genitally (Abraham). If this genital exclusion does not work, if the held-back genitality presses for discharge, symptom formation results. This sublimated ego ideal demand, stemming from identification with the father, runs as follows: "I want to be as big and strong and smart as my father." Pride in possessing a penis, if not inhibited by castration anxiety, leads to a disdain for the penis-lacking woman or little girl. But this prevents the occurrence of a mother identification, an identification which could be disastrous. As regularly shown in psychoanalysis, the incest wish reawakens in puberty, normally without entering consciousness, provided that the father identification is sufficiently strong and castration anxiety is not overwhelming. Then, following a phase of genital masturbation with heterosexual fantasies, the incest fantasies cease and are channeled mainly into useful sublimations. To remain healthy, the young man must modify the ego ideal

<sup>3</sup>Once, in a private discussion, we raised the question as to whether such positive ego ideal demands exist at the very outset. We entertain the possibility that all "shall" enjoinders themselves evolve from verbots in complex ways.

demand, fulfilled in childhood, "You shall not desire your mother sexually," to read "You shall not desire your mother, but all other women are permitted." By excluding the mother, he overrides the sex-negative superego. Obviously, the guilt-free breakthrough of genital heterosexual tendencies is a must for later health. Identification with the father must be solid—indeed, it must even be able to override the father in the event of a strong, sex-negative father identification. But to triumph over the father, one has to have fully reached the phallic phase in childhood. The fully developed genital activity soon leads to sexual intercourse. The winning of an appropriate young woman leads to sexual devaluation of the mother. When the incest wish dawned on one of my patients, he condemned it with the following exclamation: "How stupid to desire one's ugly old mother, when there are so many young women around!" We may assume that attainment of normal genital object choices takes place through just such an alteration of incest ties. A favorable surmounting of the father largely frees the young man from the original father ideal.

Men with neurotic fixations show a rigid superego: Characteristically, they must emulate the father image without regard to their own talents and abilities. Later, we shall have more to say about the various forms of neurotic fixation stemming from the father-modelled superego ("I must be so-and-so, like my father"). Yet, it is precisely the healthy men who show extensive deviations from the father ideal, in accordance with the formula, "You shall not be like your father." They are able to model themselves after qualitatively different father images and thus achieve a rich rounding-out of their personalities. We cannot imagine cultural progress without an identification with qualitatively different father images—in other words, without the establishment of new ego ideals and dissolution of the old. This change of father ideal through a process of sublimation resembles a neurotic transformation of the type involving reactive superego formation (to be discussed later on). The rebel who bucks society as a reaction against his father is far different from the one who models himself after a revolutionary father image, regardless of the father's beliefs. This favorable superego development can unfold only in the absence of binding libidinal ties to the father.

For the male, genital identification with the father assures emotional health, while his capacity to overcome the father ideal releases his creative powers. Similarly, for the female, vaginal identification with the child-bearing mother is a requisite for sound reality-testing and subjective well-being. As psychoanalysis has shown, the girl has to work



harder at overcoming obstacles than the boy. At first, the wish for a penis veers her strongly towards a masculine identification. Therefore, it is crucial for the mother identification to win out during the oedipal phase. This occurs most propitiously when the wish for a child supplants the wish for a penis. Psychoanalysis has shown that penis envy and penis wish come first and in favorable cases are replaced by the wish for a child.

Karen Horney<sup>4</sup> also pointed out another typical sequence, which I can verify from my own experience with female neurotics. In this second group, an intense wish for a child develops in accordance with the normal mother identification; it is, then, the denial of this wish which gives rise to the wish for a penis. In the first case, the child becomes a substitute for the penis, while here the opposite occurs: The fantasied penis becomes a substitute for the denied child. However, the first sequence seems to occur far more frequently.

For emotional health, which implies acceptance of the mother role, it is more propitious if identification with the mother occurs first and if the necessary willingness to give birth is prepared for long in advance. At first, the little girl is inculcated with the mother ideal, "You shall not desire your father sexually," and she represses her genital readiness. But generally, the infantile genitality of the little girl has a demonstrable clitoral quality, which is equivalent to the phallic eroticism of the boy. However, while the boy's phallic eroticism is fully compatible with his burgeoning, ultimate sexual role, clitoral sexuality conflicts with the woman's later, necessary vaginal attitude. In puberty, the change from clitoral to vaginal eroticism normally occurs following a reinforcement of the clitoral—"Aktivitätsschub"—as H. Deutsch has emphasized in a recent lecture. The final renunciation of the penis goes hand in hand with a reinforcement of the mother ideal. However, we are still in the dark as to the sources of vaginal erogenicity. The theory of "the clitoral erotic shift" does not explain how the psychically-determined clitoral eroticism, so phallic-aggressive in nature, undergoes transformation to the vaginal receptive state. According to H. Deutsch, what occurs here is a typical change from an actively-directed impulse to a passively-directed impulse. Be that as it may, from my own study of vaginally-frigid analytic patients and certain aspects of vaginal eroticism, I would assume that the vagina is prepared to "take over" clitoral eroticism whenever it is strongly linked to the various types of erogenicity. Primarily, anal impulses appear to underlie vaginal

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<sup>4</sup>"Zur Genese des weiblichen Kastrationskomplexes," *Int. Ztscher f. PsA.*, IX, 1923.

eroticism. Vagina and anus are equally meaningful in the unconscious: "The vagina is leased from the anus," (according to Lou Andreas-Salome; see also Jekels<sup>5</sup> and Ferenczi<sup>6</sup>). In her lecture at the Salzburg Psychoanalytic Congress, H. Deutsch correctly derived the vaginal coital "sucking" movements from oral impulses. The vaginal eroticism of later life must stem from a pre-existing forerunner in childhood. If, however, it is later synthesized from anal and oral qualities, the development of normal femininity must entail a partial return to earlier libidinal stages, following phallic renunciation.<sup>7</sup>

The normal postpubertal change of ego ideal, from purely drive-negative to drive-affirmative, applies to the female, as well as the male. But the so-called "double standard" of sexual morality generally precludes this crucial change. The result is a striking and overwhelming majority of frigid women. Rough estimates place the figure at 80 to 90 percent, if we define frigidity as the incapacity for vaginal orgasm.

The popular concept of the "ideal woman" is mainly an offshoot of the "mother ideal," based upon oral and anal qualities. Hence the bourgeois ideal of the serene, tidy, frugal, submissive Hausfrau, who must cook, keep house, and hush the children. We could dispute the value of such a model; we could affirm that the male conjured it up for his own comfort and that he seeks in a woman the ultimate and all-caring nursing mother. But this has changed in past years, particularly since the war. The mother ideal has absorbed some elements from the father ideal: The woman should hold a job to help support the family; she should be active in all areas of human endeavor, like the man. This change (which not only women have wrought) in the time-honored ideal of pure motherhood serves to mitigate the conflicts around renunciation of the penis. Whereas, before, the wish for a penis could only become the wish for a child, today there are many possibilities for sublimating the former. At first, it may happen along father-image lines. But, by the next generation, perhaps we shall look upon woman's social and scientific activity as a consummation of the mother, rather than the father, ideal. In today's neurotic woman, the two ideals are mutually exclusive, since living up to the father ideal is a reactive maneuver, not a sublimation. Women who take "masculine" jobs are usually unable to give up the penis and fulfill the mother ideal (vaginal receptivity and child-bearing).

<sup>5</sup>"Einige Bemerkungen zur Trieblehre," *Int. Ztschr. f. PsA.*, I, 1913.

<sup>6</sup>*Genitaltheorie*, *Int. PsA. Bibl.*, XV, 1924.

<sup>7</sup>As Dr. H. Deutsch informed me, she has reached the same conclusion by a different route, in her forthcoming *Psychoanalyse der weiblichen Sexualfunktionen*.

When we analyze women whose strong clitoral traits lead to reactive striving for the fatherly ego ideal, one of two things may happen. Either the woman gives up the penis and accepts in its place the child (and the man); or she partially sublimates the wish for a penis. For example, a patient of mine who had pursued studies in a frenzied, reactive way—perhaps rejecting all motherly attitudes and stressing masculine traits—achieved the insight that studying or other “masculine” pursuits could be quite compatible with femininity. She accepted her biological role of child-bearing and stopped clinging to the women’s movement paradox that only as a man may one pursue studies or take advantage of “sexual freedom.” Actually, the main goal of a women’s movement should be to encourage the development of wifely qualities. Greta Meisel-Hess<sup>8</sup> quite rightly recognized the fallacy of its goal. The movement verged on breakdown for unconsciously wanting to achieve the impossible—that is, to give the woman the sorely-missed penis. What analysis has accomplished in individual cases, social need has wrought for the broad masses of the working proletariat: It has made the motherly attitude compatible with social activity. In intellectual fields, education has made only some inroads. Here and there the dogma that social and scientific pursuits are masculine, that one must absolutely have a penis, has largely given way.

Let us summarize our conclusions to date:

1. To adjust to reality, the female must live up to the mother ideal, the male to the father ideal.
2. Both goals are largely dependent upon libidinal maturation.
  - a. Fulfillment of the father ideal entails favorable activation of the phallic phase and overcoming of the castration complex. In so doing, the male can even free himself from the father ideal, if life’s vicissitudes warrant it. The pregenital impulses are sublimated to striving in the social arena; the phallic remain intact.
  - b. Fulfillment of the mother ideal entails renunciation of the penis and its replacement by the child (and acceptance of the male). Clitoral qualities mitigate against establishment of the mother ideal. The mother ideal draws far more upon the partially reactivated anal and oral impulses which help make up the feminine character. Clitoral eroticism is partly at the service of establishing vaginal eroticism; partly it is transformed into social activity and gives rise to an active character, for which the woman has a high potential.

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<sup>8</sup>*Das Wesen der Geschlechtlichkeit*, Jena, 1919.

3. Normally, in both sexes, the drive-affirmative demands of the ego ideal unfold in conjunction with the genital phase. For healthy female genitality, the only complication is that three organs (clitoris, anus, and mouth) must combine their erogenous qualities to create a reality-oriented libidinal position. At the genital stage, negative superego constructs exist only to keep the incest wish repressed. In a genitally satisfied individual, this negative superego scarcely makes itself felt, since the incest wish, normally destined for repression, has been discharged. All other negative ego ideals derive from the pregenital stages, inasmuch as the pregenital libido presses for discharge in unaltered form. The more one sublimates the pregenital, the more the negative ego ideals harmonize with those of the genital phase, which are positive. This creates a well-balanced, goal-directed personality, fully attuned to reality. In all instances, the following polarities are reflected: health—illness, reality principle—pleasure principle; and, in the latter, genital—pregenital, positive superego—negative superego, sublimation—reaction formation.

### *Confusion of Psychosexual Identity*

Let us now consider pathological superego formation in the light of faulty sexual identification. Here we will again emphasize the erogenous basis of dysfunctional ego development. A long-known and well-studied fact in psychoanalysis is the daughter's identification with the father ("masculine complex") and the son's identification with the mother ("passive-feminine attitude towards the father"). "In both sexes, the outcome of the Oedipus complex seems to devolve upon the relative strengths of the respective sexual predispositions" (Freud, *The Ego and the Id*). But the "sexual predispositions" make use of certain erogenous stages: For example, the passive-feminine attitude of the male is based on anal libido. But this is not the whole story. We know, for instance, that the male may identify with the mother and not give up the masculine attitude. This occurs typically in the narcissistic male homosexual. According to Sadger, this type quests as a male for the mother with a penis, yet prefers young men as love objects, to whom he can unconsciously play the guiding and nurturing mother. However, in almost all cases, there is an identification with the parent of the opposite sex.

The most crucial factors are the total bearing of the individual and the extent to which the sexual confusion colors it—that is, how masculine the woman appears; how feminine, the man. In other words, *it depends on whether the mistaken sexual identifications occurred in the*

*ego ideal; or in the ego, thus reaching full realization.* Before going into specifics, let us indicate two possible causes of faulty sexual identification:

1. The faulty identification is present at the outset owing to a persistent<sup>9</sup> erogenous predisposition. Thus, a strong anal predisposition will arrest a boy in the anal phase right at the outset and lay the basis for an intense mother identification. A tenacious clitoral position will do likewise for the girl in regard to a father identification.

2. Another occurrence of major import enhances these erogenous attitudes: Analysis has shown that the superego evolves from that parental aspect which evoked the strongest ambivalence; in other words, from the source of the major frustrations. Owing to the inflexible nature of the libido, relationships of an object-libidinal nature do not lead to identification as long as they exist effectively. Only with denial and the resulting ambivalence is the libido withdrawn and the object incorporated into the ego. Normally, the girl has more or less obvious, positive feelings toward the father and ambivalence toward the mother; the boy, vice-versa. If there are no further complications, this leads to a normal mother identification in the girl and father identification in the boy. Underlying these identifications is conflict, born of ambivalence. The boy experiences denial of the incest wish through the mere presence of the father; the girl, through the mother's presence. The analysis of neurotics with severely defective identifications shows a typical pattern: They have undergone the so-called normal frustrations not only from the parent of the same sex, but from the parent of the opposite sex, as well, to a telling degree. As a result, they develop an acute ambivalence toward the parent of the opposite sex, also. This leads to withdrawal of the object libido and introjection of the object, and hence to faulty identification. A major determinant in ego development is whether the father or the mother is the chief frustrator of masturbation, child play, the incest wish, etc. A further possible complication is the character of the frustrator, or the differences in character of the parents, which must find expression in the child's ego formation.<sup>10</sup> Should both these determinants of faulty identification occur, the final outcome can only be a "masculine complex" in the female and a "feminine complex" in the male. But the pervasiveness of the "Oedipus complex" and the "masculine" or "feminine" complexes is a cliché. The question today

<sup>9</sup>We add here the qualification that the attitude and reaction of the nurturer can reinforce the erogenous tendencies.

<sup>10</sup>Thus a protracted period of nursing reinforces the oral position, while an anally-oriented milieu strengthens the anal position.

is no longer *do* they exist, but how they persist, how the conflicts are solved. Posing the problem this way will guard against one-sided explanations and open up fertile territory for psychoanalysis—the problem of the choice of neurosis. Even today, while we are still groping in the dark vis-à-vis the problem of specific etiology, here and there we find definite types illustrating certain typical developmental defects. The attempt to evolve a psychoanalytic typology based on etiology would surely hinder every step of our research in this direction. Such a task lies at the end, not at the beginning, of our psychoanalytic work. Most of all we lack a psychoanalysis of schizophrenia. We must limit our efforts to formulating some typical mechanisms of character formation and leave the filling of the gaps to broader, long-range research.

Mother identification in the male takes two typical forms corresponding to two different erogenous fixations: the mother identification of the ambivalent genital phase (Abraham) and the mother identification of the anal phase. Typical of the first is the narcissistic, more or less conscious homosexual described by Sadger<sup>11</sup> and Abraham.<sup>12</sup> These superficially self-assured, "compensating narcissists"<sup>13</sup> show this characteristic libidinal development: They never overcome the Oedipus complex; they remain primarily fixated at the ambivalent genital stage,<sup>14</sup> but without any effective regression to earlier stages of development. The concept of the mother with the penis is of overriding importance here.

Two patients of mine dreamed quite openly about women—distinct mother images who had pipes or actual phalluses instead of female sex organs. In this fantasy, typically, two factors are working together. First, due to castration anxiety, the patient cannot tolerate the idea of a penis-lacking female genital—his unconscious holds on to the penis of the woman (Freud); secondly, the female penis regularly has the meaning of the breast.

Such men never overcome even the oral fixation; active and passive fellatio play a large role in their sexual life. In the genital stage, they first take the road to a normal, genital identification with the father. When this fails (fear of castration by the father) they begin to identify with the mother. If they tend toward the active form of homosexuality and allow it expression, their love object is a young, effeminate male—again, the woman with the penis. However, on the other side of the

<sup>11</sup>*Geschlechtsverirrungen*, Wien, 1921.

<sup>12</sup>"Über eine besondere Form des neurotischen Widerstandes gegen die psychoanalytische Kur," *Int. Ztschr. f. PsA.*, VI, 1920.

<sup>13</sup>Reich, "Zwei narzisstische Typen," *Int. Ztschr. f. PsA.*, VIII, 1922.

<sup>14</sup>Abraham, "Entwicklungsgeschichte der Libido," *Neue Arb. z. ärztl. PsA.*, Nr. II, 1924.

picture, they play them against the mother, act as their protectors and initiate them into sex life. With the opposite sex, they are fully or partially impotent. During the act of fellatio, passive and active sucking fantasies (mother identification) are, typically, both in operation. Two such patients of mine grew up fatherless. One was born out of wedlock and the other was bereaved of the father early in life. Absence of the father does not seem to hinder activation of the genital phase. On the contrary, it appears to intensify it, and, despite this, allows development of a mother identification. Whenever the boy fears castration from the mother, a mother identification is inevitable, especially if the mother is the main nurturer. Despite such an identification, these active, narcissistic homosexuals will even seek themselves in their love object, as Freud and Sadger noted. Narcissism underlies every love object. Precisely this search for one's self in the object ("narcissistic object choice"—Freud) allows expression of the mother identification.

Mother identification on an anal basis is an entirely different story. Genital activity is absent; there is always impotence, mostly in the form of premature ejaculation, with or without erective potency. These patients have a soft, effeminate character and meekly submit to strong father images. Despite their fatherly superego, which is inordinately strong, they show an attitude of neurotic submissiveness. The father ideal is indeed present, often exaggerated, but never fulfilled; the wish to be a complete man, with social and sexual prowess, unfolds mostly in daydreams. Only the mother ideal is fulfilled, and this stands in sharp contrast to the unfulfilled father ideal. Such individuals show the mechanism of an inferiority complex (as emphasized by Adler) and typically tend to compensate in unrealistic ways. Because they cannot achieve the father ideal, they assume a martyr role. Behind this lurks the narcissistic belief that only they are noble and good, ultimately, better than the rest of the world, at whose cruel and crass hands they must suffer (such is their reality-testing). In so doing, they flirt with cruelty, because they themselves yearn to be mean, crass, and, finally, as potent as their father.

Such a patient once expressed to me his belief that analysis could not free him of impotence—only his father's death would render him potent. He harshly condemned his father, who, like an animal, still tormented the mother with sexual intercourse at their ripe age of sixty years. The patient himself suffered from premature ejaculation of a urethral erotic type, and also showed an anal fixation of a kind not often seen. Since early childhood, he had suffered from severe constipation. Especially while traveling, he often could not defecate for

ten or twelve days at a time. The defecation had certain requirements: He had to squat over a pot filled with hot water or his mother had to give him an enema. Involved here was a crucial anal fixation on the mother. Even in earliest childhood, all he wanted was enemas from his equally anal mother. The whole family suffered from chronic constipation, but the patient's gave way in the course of analysis.

During his first attempt at intercourse, a remarkable thing happened: He turned his back on the woman and fell asleep. Analysis revealed that he had unconsciously expected an enema. He had displaced to this situation his specifically anal relationship to his mother. In his makeup, he was just like his mother: He was pedantic, clean, a lover of order, introverted, and depressed. And, like his mother, he feared and despised his father. Three older siblings had long since married and left home; he could not part from his mother. He felt obliged to be "the cement of this miserable marriage." The wish to receive an enema from the mother was, on a deeper level, the wish for anal intercourse with the father. The patient had never overcome the anal phase and had just barely activated an incipient phallic phase. Masturbation was anal and urethral. There were no genital phantasies of heterosexual intercourse, only the wish to lick the breast or vagina, to crawl between a woman's legs, to be tied up, etc. In his fourth year of life, following a short period of genital masturbation, his older brother threatened him with castration. This totally suppressed his genitality. Then came the mother's reinforcement of the anal stage. He preferred platonic friendships with superior, virile men who were his exact opposite. He would admire them, feel inferior, and finally withdraw on some slight pretext. In analysis, he developed a strong passive-feminine transference and produced striking pregnancy phantasies during analysis of the constipation. In one of his dreams, he reported dropping turds which then disappeared, whereupon, "tiny, little" children played in the room; but "tiny" and "little" also applied to the daily stools he produced. In other dreams, the analyst or a friend would impregnate him through the mouth (oral theory of conception).

After achieving the motherly ideal, with genitality excluded, he consciously added traits that were diametrically opposite to those of his father. The father was nosy and opened every letter that came to the house; the patient was very discreet. The father was greedy and loved money; the patient despised it and squandered it. At home, the father was unrestrained in his personal hygiene: he would break wind regardless of whether other family members were around. The patient suffered severely from being unable to pass wind (a condition which dis-



appeared promptly after the correlation was uncovered). The father was a woman-chaser; the patient was the opposite. Finally, by the patient's standards, the father was "over-sexed"; the patient was impotent.

Thus the identification with the father was a reactive one. Not to be like the father, but the exact opposite, was the motto. Such reactive superego formations are often found in the character of neurotics. They figure in the makeup of the (inhibited) passive-feminine male; the same is true of the female with an inhibited masculine complex. They are most severe if the parents' character structures contrast sharply.

It is especially disastrous for the male child if a severe, loveless father aligns himself against the rest of the family. Mother and child join in a kind of tightly-knit defense pact; the male child identifies with the mother, whom he loves and wants to protect from the father. In so doing, he renounces the genital position and retreats to the anal stage. He resigns in the battle against the father and never achieves adequate independence (neurotic resignation). Here the reaction towards the harsh father leads to a mother identification. A similar result obtains if the father is soft, gentle, and yielding, and the mother "wears the pants." Then we see not a mother identification, but an identification with the gentle father. There are feminine men who, in their object choice, always gravitate toward the harsh, strong mother; who love the "man-woman"; and who surrender in a rather masochistic fashion. This requirement vis-à-vis the love object also colors the total personality.

The faulty identifications of the female are best studied in the light of the various types of frigidity. We can distinguish two main types of frigid women: those who have kept the motherly attitude and the wish for a child; and those who display a pronounced masculine attitude and often take on "male occupations." Such women either reject the sexual relationship *in toto* or marry but remain cold, harsh, and unapproachable. In the first case, we have a predominant, but inhibited, mother identification. The frigidity of such women is usually easier to remove than that of the second type, since it is rooted, ultimately in an unconscious tie to the father, which was never given up. If the wish for a penis is present, they transform it into the wish for a child, in which case, the child always symbolizes the phallus; however, the wish is never strong enough to form a masculine character. This calls for a finer distinction between the concepts "penis wish" and "masculinity wish." The latter is the broader term and includes the former, but the reverse is not always true. Despite their frigidity, women of the first type can develop an intense love for a husband or lover, but they run into trouble vis-à-vis fulfilling the motherly demand, "You shall not

desire your father." If one frees them from the tie to the father and from the verbot conveyed to them, the frigidity yields promptly.

Women of the second type have never gotten over their disappointed love for the father, so they incorporate him (according to the well-known formulation) and become what they could not have. Foremost are the wish for a penis and the compensated castration anxiety: They inhibit attainment of the motherly ideal and promote fulfillment of the fatherly model.<sup>15</sup> The early infantile history of such women almost always contains the fulfillment of a strong motherly ideal: the surrender as a woman (mother) to the father, and the wish to get a child from the father. Prognosis is more favorable in such cases because analysis can reactivate the repressed, reality-based position of the motherly ideal. In the course of analysis, one can transform the severe form of frigidity into the easier form (first type). But the analytic work is more difficult if the penis wish and castration anxiety appear before the development of the so-called normal, simple oedipal situation. For example, penis envy may arise from too early play-exposure to boys, or the love for the father may be scotched right at the start by the father's rejection. It would be fruitful to explore whether the acting-out, masculine type of homosexual female had such a childhood and never activated an effective feminine attitude toward the father. I myself do not have any material in this area, but can recall cases which showed some deviation from this specific development. Roughly speaking, the libidinal development unfolds as follows: The father is harsh, rejecting, and lacking in love; the mother is kindly, depressed, and loving. Very early in life, the girl is severely conflicted with ambivalent feelings toward the father, which we know from experience weakens the capacity for heterosexual love and makes for a masculinity complex. All the child's love turns toward the mother. The tie to the mother is mainly oral and later gives rise to an intense, child-like submission to a mother figure; masculinity wishes may or may not be present. Such girls suffer from the demands of reality, and over and over again assume the role of spoiled pet. The longing for the womb is also more prominent than in other cases and often leads to deep-seated failure in reality-testing.

Tempted as we are to discuss further departures from reality-oriented character structure, we desist in view of the paucity of empirical find-

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<sup>15</sup>A particular, incipient form of this conflict is described by Freud in "einem Falle weiblicher Homosexualität," *Int. Ztschr. f. PsA.*, 1920 [and in] *Ges. Schriften*, V: The girl turns away from the father and in womanhood seeks out a masculine woman. The special conditions which give rise to the conflict remain unknown. (Strong mother—weak father?)

ings. We are aware of the sketchiness of what we have presented so far, based on our analytic experience and current analytic theories. Yet, concepts alone cannot do justice to the vastness and complexity of human experience. Those who can draw on their own analytic experience will be able to confirm our offerings, and indeed correct them and carry them further.

Faulty identification, *i.e.*, conflict-laden residues of the Oedipus complex, or of other special experiences rooted in a specific, erogenous bent, can—with or without neurotic symptom formation—mold a person's character at the expense of his ability to test reality or enjoy life. The ego ideals are firmly built into the personality; the ego "identifies" with them. Indeed, we believe we have shown that the neurotic character is mainly composed of certain fulfilled ego-ideal demands. The difference between the drive-inhibited neurotic character (which underlies every symptom neurosis) and the uninhibited impulsive character is to be sought in a specific disturbance of ego development. This we shall undertake to air in the forthcoming chapters.

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