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The Impulsive Character (Part Four)*

By WILHELM REICH, M.D.

CHAPTER FIVE

The Isolation of the Superego

The case we discussed in the last chapter may serve as a model for the group of impulsive character types showing partly neurotic (*i.e.*, compulsive) and partly schizophrenic mechanisms, such as we had occasion to observe so often at the psychiatric clinic. Analytic exploration of such a case gives the observer trained in analysis a deeper grasp of cases with similar mechanisms. Yet, even this case left many questions unanswered—mainly because, on the basis of the ego ideal structure, we could not tease out a precise explanation as to why the repressing mechanisms were defective. For the hallmark of the ego-ideal—the striving to be like the father in every way (fatherly superego)—applies even to the female compulsive since the repressing mechanisms are intact except in the realm of the symptoms. We are well aware that in seeking solutions to key questions we must wait for the right case which then, with a single stroke, clears up the dark areas in many another similar case.

A patient with genital masochism, whose character structure remained completely infantile, now furnished me with the long-sought clarification. Her analysis was started about a year and a half ago. Her ego structure was relatively transparent, much simpler than that of the last patient, for example, or of the impulsive characters I treated concurrently or previously. The basic libidinal positions had remained quite constant since earliest childhood, so we did not have to work through the usual confusing complications that are superimposed later.

*Translated by Barbara Goldenberg Koopman, M.D., from *Der triebhafte Charakter*, Int. Psychoanal. Verlag, 1925. Parts I, II, and III appeared in the last three issues of this journal.

Let us recall, once again, our initial problem and briefly restate it: How can unrestrained impulsivity coexist with repressions and amnesias? In other words, what does the ego ideal—which is undoubtedly present and which mediates the well-known function of impulse repression, but in a defective manner—look like?

A twenty-six-year-old single female came to the psychoanalytic clinic because of continuous sexual excitation. She longed for satisfaction but could feel nothing during intercourse, not even entry of the penis. She would lie there "tense" and "listening for the satisfaction to come." The slightest bodily movement would dispel every upcoming pleasure sensation. She also suffered from insomnia, anxiety states, and compulsive masturbation. She would masturbate with a knife handle up to ten times a day, reach a high pitch of excitement, then stop the friction to avoid consummation. She would do this to exhaustion until, finally, she would have no climax at all or she would deliberately make her vagina bleed and get satisfaction from the accompanying masochistic fantasies. The vaginal bleeding was a condition of the satisfaction. She fantasied that she penetrated deep into the uterus: *"I can only be satisfied in the uterus."* During masturbation, she fantasied that her vagina, which she called "Lotte," was a little girl. She would carry on a continuous dialogue with it while playing both roles: "Now, my dear, you will be satisfied: look (during analysis), the doctor is with you. He has a beautiful long penis, but it has to hurt you." Lotte: "No, I don't want it to hurt me!" (She would cry.) "You have to suffer; this is the punishment for your lewdness; you are a slut. It must hurt even more; the knife must come out through your back." And so on in the same vein. Masturbation represented a grievous sin for which no punishment was too great. She had constant fantasies about all the men she knew and even about "Mami," a female analyst who had treated her three years before for a period of eight months. (After a two-year remission, the patient relapsed). The patient's father, older sister, and younger brother were apparently healthy and functioning. The father was unhappy in his marriage and hen-pecked by a domineering wife. The mother was bossy and strict, but extremely efficient. She always ruled the roost. An older brother was serving a jail sentence for "rape" at the time of the analysis.

The patient felt mistreated and rejected by her mother. Even in the transference, which was very strong, she played the role of the rejected, unloved child (to such a degree that it almost brought the analysis to a standstill). Once the attachment to the first therapist was dissolved, the ambivalent feelings for the mother came into full awareness. She

longed for "Mami" but could not recognize in this [the disguised longing for] her own mother, because she was unable to love a mother who perpetually rejected, beat, abused, and neglected her (this corresponded to reality). She had fantasies of nursing on currently chosen "Mamis," and the longing for the womb was uppermost. Her protestation about having to suffer for others and being punished for their wrong-doing was cleared up when we uncovered the following fantasy she had had as a child of eight: The mother was situated in one boarding house, the patient in another. The mother, who was unhappily married to the father, often entertained a tall gentleman, whom she called the "Count." The patient was once introduced to this gentleman. Thereafter she believed that the mother rejected her because she was the Count's child, an upsetting situation for the mother. She had fantasies of being raped by the Count with the mother's help. (It was not clear whether this was fantasy or reality—consider her masturbatory fantasies!) She would feel a big penis enter her vagina, and this would cause her great pain. The room is dark and someone is standing nearby shouting to her to be still and not cry out.

Analysis later uncovered a similiar fantasy (or dark memory?) from her fourth year of life. Two men, tenants of her parents, carry her into their rented room. One is holding her and the other forces his oversized penis into her vagina. She wants to scream but cannot. She also had full memory of sex play with boys her age in a basement. At age ten, she had coitus with an older brother. At age six, while playing with her two-year-old brother, she saw his penis and tried to insert a knitting needle into it. The penis bled, and the patient pulled on it. The boy cried, and the mother beat the girl and pulled her hair. At age twelve, she got a job as a baby-sitter. Every night for two years, her employer stimulated her but did not consummate. At age fifteen, she believed herself pregnant; menses ceased for two years and returned after she broke off her first analysis. At this time, she conceived the idea of tying a piece of wood to her vagina. Subsequently, she often came to analysis with a knife in her vagina; obviously this was possible only through vaginal spasm. She was unable to fall asleep without a knife sticking in her vagina.

The onset of her current masturbatory practices dated back to the age of fifteen, after she spent a night with her father in the same room. She had had a nightmare which she could not remember and awoke early lying on the floor. The bed was broken. Her father asked her what she had done during the night but offered no further clarification. To date, analysis has not been able to solve this detail. Yet everything pointed to

the fact that the father's nearness had excited her and led to the nightmare. It is most likely that the patient had then tried to masturbate.

She suffered a relapse after making the acquaintance of a sadist who beat her with whips, pulled her hair, cursed her, and forced her to criminal activities, as well. Twice she was forced to steal for him and bring him little girls, etc. On top of this, she would call him her best friend, say she could not live without him, and for hours would run after him through the streets of the town. In analysis, it was possible only with great effort, under threat of terminating treatment, to separate her from him. She immediately transferred the masochistic attitude to the therapist, brought a whip to the analytic hour and started to undress to be beaten. Only the strictest intervention could keep her from doing so. She would run after me in the streets and look for me at my home at ten o'clock at night. She could not bear it any longer; I would have to have intercourse with her or beat her up; she had to have a child of mine because only I could satisfy her. So it went for about eight months; no exhortation made any impression upon her. Whenever she did anything wrong, she would masturbate with more vigor and frequency: "For punishment, I must be slaughtered." In the eighth month of analysis, she attempted to poison her older sister and her husband. (Owing to certain circumstances, which we cannot divulge, we know this to be a fact.) The patient had amnesia about the entire matter but revealed the attempt through her dreams and through her especially punitive masturbation. Some days earlier, she had brought rat poison to the analysis: She "loved it so much" she had to collect it.

Only with the strictest prohibitions, under threat of termination, could the patient be maintained in analysis.

In the fourteenth month of analysis, during a calmer phase, scenes from the parental bedroom were recalled from total amnesia. Things she had witnessed, sadistic notions about the sexual act and birth were cleared up here, and a part of her anxiety was dissolved. The patient got a job and remained quite well.

Characteristically, she now developed an eating compulsion and gained a great deal of weight. This corresponded to fantasies of oral impregnation. Her tendency to prolong the analysis *ad infinitum* had to be countered with a deadline for termination (an additional six months) since the major portion was broken through. Masturbation with guilt feelings flared up following a discussion of bedroom scenes and had to be interdicted. The verbot was especially indicated in view of the obvious local damage, such as uterine prolapse and flexion.

The appearance of the undisguised incest wish, hitherto repressed,

brought no self-recrimination. On the contrary, the patient now had conscious fantasies of having intercourse with her father and bearing him a child. At times, her fantasies mounted to vivid hallucinations: She sees a devil who mocks her, for she will be unable to resist masturbation after all; her efforts are in vain. Sometimes he has the features of the "Count"; at other times, he looks like the mother. The devil represented her sadistic and incestuous wishes, against which she had to defend; her mother; and, in particular, her father in the context of the forbidden object.

Let us tie together the threads of the case: We are dealing with a patient who remained infantile not only in her sexual makeup but also (and especially) in her ego development. The masochistic genital masturbation is impulsive and uncontrollable. Originally it is not experienced as a compulsion or regarded as pathological. The verbot of the introjected mother, "You shall not desire your father, nor practice masturbation," is transformed into, "You (the genital—the patient) are a lewd whore, and you must die by masturbation for your sins." The masturbation therefore represents a compromise between the gratification of the incest fantasy ("I can only be satisfied by a large penis in my uterus") and a disastrous coupling of death wishes and destructive tendencies with genital pleasure. In the act of masturbation, she identifies her genital ("the little girl") with herself, and her ego with the punitive mother. *The overly severe superego is entirely borrowed from the mother and its demand is fully gratified during the act of masturbation.* This borrowed part of her ego, the introjected mother, is opposed by her own undeveloped ego, which shows the following features:

1. Masochistic surrender to the punitive mother (later to the super-ego).
2. Complete identification of the genital (the little girl) with the pleasure ego.
3. A fully repressed genital object relationship to the father.
4. An oral and womb relationship to the mother.

The penis wish, though present, did not lead to formation of a male character structure. The patient remained childlike-feminine. This included even the highly-charged, conscious wish for a child.

In the sexual area, we may assume there is a major fixation *at the genital stage*. It is masochistically fixed by an intense castration complex and stands in competition with the oral fixation to the mother. However, we have to wonder whether in this case there exists a fixation of the ego. In considering this, we must stick to ego development in simple symptom neurosis.

Taking the compulsive for comparison, we easily recognize that the ego development here is far in advance of the sexual development. In the sexual realm, the pregenital anal-sadistic stage predominates, while the ego has achieved elevated modes that are not only fully developed but also culturally accepted. One may object that the animistic and magical tendency (superstition!) of the compulsive also indicates ego fixation at an earlier stage (Freud, Ferenczi). To this we rejoin that, from the viewpoint of the total personality, only a *partial fixation of the ego occurs*, whereas in our patient's case the entire ego remained fixated at a primitive level.

But what does this total fixation look like and of what does it consist? We note that the hallmark of our case is the enormous discrepancy between ego and ego ideal. The mother is fully represented in the superego, while the ego remains sharply separated—infantile, weak, and ravaged by incest wishes. Normally, the child's ego adapts to the environment by incorporating fragments of it in the form of a superego, a process involving reaction formation and sublimation. The child's development is a gradual one: The external world of reality is incorporated bit by bit in the form of superego demands and is *most intimately blended with the existing ego*. In part, they are modified and molded to the individual ego structure, and the ebullient impulse ego must and does modify itself by means of compromise.

In the analysis of normals or mild neurotics, we cannot trace the formation of the ego ideal back to specific identifications; should we manage to do so, we find the ego ideal in the most diverse and complex relationships—or better, “soldered”—to the sexual and other aspects of the ego. The more we trace the spectrum from the normal to the severely pathological, the clearer is the emergence of the *isolated superego*, and the more we recognize how crucial it is for psychic health *that the ego ideals harmonize organically with the burgeoning personality*.

The ego is made up of a series of identifications. It was created by a process of identification. Yet there must have been a “something” present which accomplished the identifications. This “something” could not have been anything other than a more primitive, differently constructed ego, an ego mainly composed of impulsive tendencies of a sexual and destructive nature. Freud has taught us to understand the complicated route this primitive impulse ego or pleasure ego must take if it is to develop into the ego of a normal adult. From the very outset, the impulse ego is thoroughly ambivalent towards the external world. Only the love for the nurturer impels one to deflect inwardly a portion of one's destructive drives and, normally, to set up “conscience” as a sub-

limited form of barrier. In so doing, one even learns to renounce a portion of his sensuous pleasure.

Now the environment plays a crucial role in *how* successfully these demands are incorporated. As noted in Chapter III, there are two possible ways for the process of identification to become pathological:

1. At the very outset, can the impulse ego oppose the restriction of pleasure, which would mean resisting the identification with the forbidding nurturer? This it always does according to its nature as a pleasure ego. The strength of the resistance will then depend upon the intensity of the autoerotic organ pleasure experienced. The more intense the organ pleasure and the earlier it was effectively felt, the harder it is to set up a negating ego ideal. Of course, constitutional factors (of a hormonal nature?) will heavily influence this process.

2. Is the ambivalence towards the dominant nurturer so strong that each identification will be resisted by a counter-struggle of equal intensity? Identification born of ambivalence becomes clearer if we recall that the positive object love must produce the identification. A child will more easily accept a verbot if it is done "for love of" the cherished object. In the final outcome, the "for love of" part will drop away, and the prohibition remains as an ego ideal demand. But whenever stubbornness or a negative attitude of the same intensity competes with the "for love of," the verbot will indeed take effect; but, at the same time, it will remain isolated. *This isolation can be tantamount to a repression.* The prohibition, then, will be impulsive like a repressed sexual wish: It will try to become operant because of the consummated identification, but the pleasure ego, swayed by the negative attitude, slows it down and prevents its becoming an organic part of the total personality. This must generate a conflict within the ego which in every way is tantamount to the conflict in sexual repression. (The relationship between "isolation" and "repression of the superego" will be discussed later.)

Let us try now to apply to our case the theoretical concept of an "isolated superego." All along, what gave the patient's character its specific imprint was the acute, intense ambivalence towards the mother. The positive pole was produced by an oral fixation to the mother's breast and womb. She does not want any part of adulthood; she is not twenty-six, but two years old. She is rejected, condemned, and cursed by the mother and will not rest until the mother accepts her again. The wish to suck on the mother's breast was fully conscious.

The negative pole of the ambivalence is grounded in an unbridled devotion to incest-tinged objects. Up until the time of analysis, only the father image had undergone the most stringent repression. At age three,

the poorly supervised child had engaged in rough sex play with her brothers and other boys. One day the mother's harsh verbot suddenly materialized: The children were caught, and the patient severely beaten. The mother's beating and scolding ("You are a dirty whore," etc.) only served to intensify the sense of guilt. However, the child's stubborn, negative attitude, buttressed by the sexual pleasure she had felt, prevented the mother's veto from overriding the fully lived-out impulsive activity. The ego, then, is handicapped in its development, since the motherly ideal ("You must not play around sexually") is accepted but not integrated into the rest of the personality. The ego remains infantile at the stage of identification with the pleasure-giving genital and is doomed to battle with the harshly negative superego which it has incorporated. The formula of the never-ending fight differs from that of our other cases—"Though I want to, I must not masturbate or desire my father, etc."; rather, it reads, "*I must die as a penalty for the pleasure I feel from masturbation and intercourse.*" This culminates in the symptom of genital masochism.

"Isolation of the superego" also implies a special structural organization of the personality, the genesis of which we believe may be traced in part. We shall shortly tie in this structural peculiarity with economic and dynamic aspects. Some aspect of the personality structure is involved whenever we state that the impulsive's superego is not "organically" fused with the ego, as it is in the impulse-inhibited neurotic; rather, it is separated and isolated from it. *Dynamically*, this leads to a breakdown of the superego as an agent of repression and reaction formation and to the evolution of the impulsive impulse as a "crime born of a sense of guilt" (Freud). The isolated superego functions as a repressed impulse and creates the need for punishment, which largely seeks gratification in an undisguised masochistic form. This gives rise to the economic aspects of such an interplay. The impulsive impulse may, secondarily, even serve to discharge the feeling of guilt as a pathological means of gratifying the need for punishment. But we must beware of overestimating this very basic economic motive since it is in itself only secondary. The primary motive stems from the fact that the original organ pleasure holds an undisputed position, which, in such a personality structure, can be experienced even without manifest guilt feelings.¹

¹We allude here to an observation of Sachs in his "Zur Genese de Perversionen," *Int. Ztschr. f. PsA.*, IX, 1923: "In the pervert, if repression is partly successful it must opt for a compromise: it must allow the retention of pleasure as part of the complex, so that the ego may incorporate it and sanction it, so to speak . . ." It is an open question whether this sanctioning by the ego or the pervert's avoidance of unpleasure implies an ego structure similar to that of the impulsive.

However, we cannot ascribe the impulsive behavior primarily to the need for punishment, even if we consider how largely the "crime born of guilt" mechanism figures in the sadistic type of impulsive, and self-punishment in the masochistic. This is because almost every case of impulse-inhibited neurotic also shows a need for punishment: Here the illness itself serves to gratify the masochistic demand for punishment. Whenever a scoundrel rationalizes his guilt feelings by tormenting those around him, or an impulse-laden masochist gets himself roundly punished, we are dealing with the type of ego dissociation discussed above. While the need for punishment is outspoken in the impulsive character, it is not specific to him.

An interesting variant of the impulsive character showed up in another patient of mine. From earliest childhood to the age of twenty-two, her ambivalence kept her in perpetual conflict with her parents: She lied, deliberately misbehaved, ran away from home, ran around with boys, and repeatedly beat up the mother without any qualms; she would also masturbate and experienced a number of "rapes" without ever having actual intercourse. Only the latter gave her enormous anxiety. She also suffered anxiety attacks and occasional insomnia. At age twenty-two, she finally surrendered to someone who was a father image to her. At this point, the guilt feelings broke through. The mother threw her out and she fled to Vienna, where she experienced an attack of hysterical vomiting and gastric pains. Twice she underwent unwarranted laparotomy because the doctors suspected cardiospasm and did not recognize the functional nature of her symptoms. All of a sudden, the impulsive behavior slackened; the patient became quiet and depressed and began to invoke situations which replayed the maternal rejection in every detail. Even in analysis, she behaved in this manner. Before the onset of symptoms, she had resisted accepting her superego. It was only after intercourse had gratified her incest wish that the hitherto isolated ego ideal made itself felt as a repressing agent: it slowed down the impulsive behavior and created a symptom neurosis. (The vomiting and gastric pains corresponded to pregnancy fantasies.)

Let us compare such cases to the uninhibited impulsives, with particular emphasis on those who show, along with their impulsive behavior, symptoms of effective repression, such as anxiety, compulsive rumination, and phobias. We quickly recognize that acute ambivalence towards the nurturer does not always lead to pathological isolation of the ego ideal. Another possibility then presents itself: The nurturer's attitude, which is the blueprint for the child's ego ideal, does not oppose the original impulsive behavior but, on the contrary, fully sanctions it.

In psychoanalysis, we often underestimate the importance of a defective model for the ego ideal. Aichhorn (*loc. cit.*) has shown that often such individuals were born out of wedlock, grew up fatherless, or were orphaned at a very early age. But it is not so clear why such children did not borrow their ego ideals from other caretakers or why they are so constantly erratic in exercising self-restraint. It would be of great value to ascertain whether and to what degree a constant change of nurturers weakens the defensive mechanisms. One might readily postulate that frequent changes in child-rearing practices produce a fragmentation and disorganization of the ego ideals.

Such a clash of diverse ego ideals was shown by a twenty-eight-year-old patient brought to the clinic by the Vienna Welfare Department because of hysterical mutism. She also showed enormous anxiety, as evidenced by startle-prone behavior, defensive arm gestures, and sudden flight movements. The mutism represented an hysterical defense against carrying out a compulsive impulse. The patient lived with her three children in severe financial straits on a ridiculously meager income which she earned as a seamstress. She therefore decided to kill herself and her children. She failed to follow through because of the crying and screaming of her youngest child, a two-year-old girl. She then developed an impulse to blurt out compulsively what she had decided to do but feared she would wind up in a psychiatric ward. (The patient had already been hospitalized for a suicide attempt.) Hence the patient's silence was a defense against carrying out the compulsive impulse. The attack of mutism occurred one night following a nightmare: She dreamt that the second oldest child was already dead. She had been pregnant with this child when her first husband was killed. At that time, she had cursed the child in her belly and thought it were better off dead.

The patient had been twice married: The first husband died in an accident; her second husband she divorced because he drank too much and abused her. It is noteworthy that the patient was totally frigid despite her many love affairs.

It soon became apparent that the patient's murderous impulses, which she condemned, did not stop at the children. In addition, she premeditated crimes that were fully conscious, without self-recrimination, and therefore not compulsive in nature. For example, intent on poisoning her father-in-law, she made the acquaintance of a druggist who, however, refused to furnish her with the poison. During her three weeks of analysis, she would waylay me at my doorstep to "cool off" her rage at me and to "at least tear out a few hairs" of mine. She tried to obtain

a revolver to shoot me. She thought—with full awareness—that it would be a great idea to castrate her doctor and her father-in-law. She gleefully gave into her pyromaniac impulses without any qualms. At home, she burned everything she could get her hands on. She beat her child with a burning torch. At age ten, she had burned down a haystack to get revenge on the owner, who scolded her. Also at age ten, she set fire to a neighboring house and endangered almost the whole village. She rejoiced when “others” were fearful; they should suffer too, not only she.

Her childhood was merciless. She was born out of wedlock, put in an orphanage by the mother, and “educated” there for four years. She then came to live with a distant relative who systematically taught her to steal along with other children. In addition, there were always beatings. She slept with eight other people, some of them adults, in a small, confined room. Not only did she witness the most intimate sexual activities, but was even raped by her uncle and a young man. She did not steal willingly, but only because she was freezing! She hated her surroundings, but only because she was beaten. She took revenge whenever she could. She was malicious, instigated all kinds of mischief in school, which she attended only infrequently; took great pleasure in beating up the boys and tormenting the teachers, and, finally, in setting a fire. (She was enuretic to age twelve.)

When she was twelve years old, the new director of the school took an interest in her, removed her from the home, and became very influential in her life. He taught her how to read and understand what she read, and wanted to educate her at his own expense. But the relative took her away, and the old way of life began all over again. Now, for the first time, she experienced anxiety states and tried to put a brake on her impulses, but was only partially successful.

Her hatred towards her oppressors grew immeasurably, but at the same time the director's influence became operational: *Her hatred collided with countercurrents, corresponding to the newly acquired super-ego, the good director.* She bought herself books, read a great deal, acquired some education and a relatively good writing style. I had occasion to read some letters which she wrote from Steinhof.

At the age of fourteen, she came to know her mother, who took her to live in the city. Here the life of misery and privation continued unabated. The old impulses were as lively as ever but partially braked. She tormented her first husband remorselessly and without letup. After his death, she blamed herself (suicide attempt; hospitalization) and went through a phase of mounting agitation to the point of being delu-

sional. She believed that her husband was still alive and following her through the streets. She attempted new relationships, which ended unhappily. She could not endure staying with her second husband. Finally, she became unable to work and made the decision to die with the children.

Analytic treatment in the out-patient clinic was not feasible because of her dangerous acting out. Therefore, we could not get an analytic history of her sexual development. However, clearly evident was the strong contrast between her failure to develop a culturally effective superego up to the age of twelve and the director's influence upon her. Now, for the first time, she put a curb on her impulses, albeit without much success, and at the same time acquired a sense of guilt, which was superimposed upon her fear of being beaten. The uninhibited impulsivity was partly curbed by the late but intensely incorporated superego and led into neurotic pathways. It was not strong enough to do the whole job of repression only because it became operational too late. We are using the term "repression" here in its loosest sense. However, there is no doubt that our patient's frigidity, for instance, corresponded to a repressed penis wish even though conscious castration wishes existed. And we must wonder, though we cannot opine, what happened as a result of her repressing the masculinity wish.

But we do not overlook the fact that the patient was beaten, and we must assume that a phylogenetic readiness for repression or for guilt feelings could make use of this "educational" method as a means of developing repression. She was assaulted by her stepfather; she resisted it and brought upon herself a rejection by the male; yet, in her adult life, though totally frigid, she made neurotic attempts at establishing relationships. Was there only hatred operating in the child, was the resistance real because she had never experienced tenderness, or was there a deep masochistic love being repressed? Even these questions we cannot resolve.

We should not look for a sharp contrast between this patient and our genital masochist: It seems to make no difference whether one acquires a culturally valid superego at age twelve or age four. The decisive factor will be the striking of a happy balance between pleasure gratification and impulse inhibition, a difficult achievement from birth to adulthood. Every inconsistency in the form of a suddenly-imposed harshness must lead to malformations of the ego; these will approximate to a greater or lesser degree the most blatant form of the isolated (or repressed) superego, described above. But there doubtless exist still other typical ego defects.

The Problem of Superego Repression

We may deal with a possible objection by expanding on the structural and dynamic differences between the obsessional neurotic, the hysteric, and the impulsive character. Both the compulsive and the hysteric tend to pit their ego against the brutal severity of the superego. Freud comments on this as follows:

In certain forms of obsessional neurosis, the sense of guilt is over-noisy but cannot justify itself to the ego. Consequently, the patient's ego rebels against the imputation of guilt and seeks the physician's support in repudiating it . . . Analysis eventually shows that the superego is being influenced by processes *that have remained unknown to the ego*.² It is possible to discover the repressed impulses which are really at the bottom of the sense of guilt. Thus in this case the superego knew more than the ego about the unconscious id.³

The difference between the impulsive and the compulsive is clear: Despite its battle with the superego, the ego [of the compulsive] knows nothing about the repressed material (in contrast to the impulsive character) and it behaves somewhat like an angry slave rebelling inwardly against his master's brutality while doing his duty despite the rebellion. The ego of the impulsive perpetrates open and conscious rebellion. Thus the rebellion succeeds in the latter, but not in the former because the impulse-inhibited compulsive was successful at reaction formation (more about this below), *i.e.* he fully incorporated the forbidding figure into his ego, though rebelling against it later on; the impulsive identifies with only a part of his ego and never wholly completes the process of identification.

Hysteria cases are different and more complicated. As Freud notes, the feeling of guilt remains unconscious:

Here the mechanism by which the sense of guilt remains unconscious is easy to discover. The hysterical ego fends off a distressing perception with which the criticisms of its superego threaten it, in the same way in which it is in the habit of fending off an unendurable object-cathexis—by an act of repression. It is the ego, therefore, that is responsible for the sense of guilt remaining unconscious. We know that as a rule the ego carries out

²Italics mine.

³English translation from: Freud, Sigmund, *The Ego and the Id*, translated by Joan Riviere, revised and newly edited by James Strachey: The Norton Library, W. W. Norton & Co., New York, 1962, p. 41.

repressions in the service and at the behest of its superego; but this is a case in which it has turned the same weapon against its harsh taskmaster. In obsessional neurosis, as we know, the phenomena of reaction-formation predominates; *but here [in hysteria] the ego succeeds only in keeping at a distance the material to which the sense of guilt refers.*^{4 5}

Thus, the ego of the impulse-inhibited hysteric represses id impulses in obedience to the superego, whose demands it has *unconsciously accepted*;⁶ but, at the same time, it reacts to the severe threat by a systematic repression of guilt feelings, which we must analytically tease out from the anxiety and conversion symptoms. Thus, every case of impulse-inhibited hysteria and obsessional neurosis shows an unconscious acceptance of the prohibiting superego demands. They differ from one another in the particular attitude of the ego toward the sense of guilt. However, what mainly concerns us here is the matter of *repression of the superego*, for we must clarify the relationship between repression and isolation. As noted earlier, the isolation is equivalent to an act of repression: The superego then behaves like an impulse breaking through the repression.

On closer scrutiny, we at once hit upon a valid objection: Are not the core demands of the superego always unconscious? For example, can the prohibition of incest ever become conscious? Would this not make the incest wish conscious? This intimate network of wish and prohibition condemns both to unconsciousness; as a problem in *The Ego and the Id*, it laid the groundwork for the theory that a portion of the ego—the superego—must of necessity remain unconscious.

But “unconscious” does not mean “repressed.” The question becomes clear if we go strictly according to Freud’s differentiation between the dynamic and systematic (system *ucs.*) and between successful and abortive repression. Only the unsuccessful dynamic repression is pathogenic. In healthy individuals and impulse-inhibited neurotics, the superego core is always under successful systematic repression. The dynamic aspect of the repression does not overcome the coming-into-consciousness barrier, and the systematic repression is compatible with the ego’s unconscious acceptance and performance of superego demands. Indeed, unconsciousness seems to be a prerequisite of acceptance. For, obviously, in the infantile type of impulsive, one often finds that the core super-

⁴Italics mine.

⁵Freud, S., *op. cit.* pp. 41-42.

⁶With regard to the unconscious acceptance of superego demands shown by religious, ascetic compulsives, there is obviously a much deeper unconscious basis for this.

ego demand (incest verbot) is conscious.⁷ (This is especially true in the case of schizophrenics.) *The systematic repression is lacking here, while the dynamic repression turns out to be very strong and unsuccessful.* The following is clearer now, I believe: In the *impulse-inhibited neurotic*, a successful and systematic repression of the superego core is present and the dynamic repression does not overcome the coming-into-consciousness barrier.

The ego may know nothing of the superego core; it knows only its own rationalizations, but it submits to the superego demand to repress the id strivings. We know that the failure of this repression gives rise to symptoms. In the impulse-inhibited symptom neurosis, *the psychic conflict is played out between the ego plus superego on the one hand, and between the repressed part of the id (the tabooed object relations) on the other.*

In the impulsive character, the superego repression is "dynamic" and "unsuccessful"; the systematic repression is lacking. It is easy to grasp that the lack of systematic repression stems from the dynamic repression of the superego by the pleasure ego. (This also applies to the partial drives and to sadism.)

The psychic conflict unfolds here on three levels: On the one hand, the ego defends itself against the id in the service of the superego (the same occurs in an impulse-inhibited neurotic); on the other hand, the ego defends itself against the superego in the service of the id. This dual battle (dual countercahexes) gives rise to the overriding disorganization of the impulsive character.

Therefore, isolation of the superego implies unsuccessful dynamic repression, and more: It entails, above all, a special structural organization of the personality, and further (to be detailed later on), a normal "transitional" stage of each superego formation. We may justify the coining of a new term in that we are dealing here with a special case of repression of the superego. Someday the idea of "isolation" may be absorbed by the concept "repression of the superego," when the theory of dynamic "ego repression" is propounded (as an appendage to the theory of sexual repression) and the relationship to personality structure is understood.

⁷This fact only appears to contradict what we observed in the second chapter, namely, that the impulsive character shows repressions as intense as those of the impulse-inhibited neurotic. This clinical fact is fully compatible with the isolated position of the ego ideal in that it certainly hinders the latter's efforts at repression but does not completely block them. Also, it is possible that only a part of the ego ideal has undergone the vicissitude of isolation.

The Isolation of the Superego as a Normal Transitional Phase in Ego Development

At this point, we must deal with a further objection.

Genetically we can trace the isolation of the superego back to the child's ambivalence toward its object, from which the superego derives later on, and we consider this maldevelopment a specific attribute of the impulsive character (in contrast to the impulse-inhibited, classical obsessional neurosis). But it is precisely in the obsessive-compulsive that ambivalence operates as a central factor and stands at the root of so many symptoms, such as doubting, indecision, etc. Why is it that the ambivalence here did not give rise to isolation of the superego? The compulsive is especially noteworthy for his far-reaching fulfillment of the negative ego ideal demands, *e.g.*, pedantry, meticulousness, sexual abstinence, a penchant for ascetic ideologies, etc. We can easily override this objection by considering that the form of the ambivalence is crucial, *i.e.*, the manner in which it is manifest and the stage of psychic development at which it becomes operational. *Vis-à-vis* the latter point, I am referring to the distinction between the two forms of illness discussed in the previous chapter. As for the way the ambivalence is manifested, we should note the following:

1. The emotionally ambivalent attitude may express itself continuously (*manifest ambivalence*).

2. It may undergo polarization towards love or hate. In analysis, we are acquainted with the phenomenon first described by Freud and designated as *reactive love* or *reactive hate* (*latent ambivalence*). In the former case, hate transformed into love is superimposed upon the original love attitude; in the latter case, love transformed into hate through disappointment is superimposed upon the original attitude of hate. The compulsive typically expresses the manifest ambivalence in symptoms mostly attached to trivial matters; the original, ambivalently-catheted object receives either his reactive love or reactive hate. The ambivalence towards the object only becomes manifest in analysis. The impulsive character keeps the manifest ambivalence toward the object and maintains this attitude toward the ego ideal, as explained. The original manifest ambivalence of the compulsive undergoes a modification, which is missing or deficient in the pure impulse disorder: the reactive accentuation of one pole of the ambivalence and the displacement [of the emotion] on to trivial matters. This reactive change of the ambivalence to a manifest love or hate occurs through repression, which we know is defective in the impulsive character. Even the compulsive's

repression and reaction formation may be traced back to the harsh rigidity of the negating ego ideal. The impulsive constellation—defective repression, defective reaction formation, perpetuation of the manifest ambivalence, and isolation of the superego—is quite consistent.

A schematic representation of the extreme types may serve to clarify the differences:

Compulsion Neurosis

1. Manifest ambivalence
2. Reactive modification of ambivalence
3. Severe superego, built into the ego
4. Strong repression and reaction formation
5. Sadistic impulses combined with feelings of guilt
6. Character is overconscientious; ascetic ideologies
7. The ego subordinates itself to the superego

Impulsive Character

1. Manifest ambivalence
2. No reactive modification, or hate predominates
3. Isolated superego
4. Defective repression
5. Sadistic impulses without guilt feelings
6. Character is unscrupulous; manifest sexuality with corresponding guilt feelings possibly linked to neurotic symptoms or totally repressed
7. The ego remains ambivalent; straddles the fence between pleasure ego and superego, a factitious adherence to both sides

Item 2 marks the dichotomy in development between an obsessional neurotic (or other symptom neurotic) and an impulsive character. The further direction taken now depends on the experiences occurring up to the anal stage. If the ambivalence first unfolds at this point, and there are no defects in prior stages, obsessional neurosis (or hysteria) will develop. If well-defined feelings of ambivalence already exist from earlier stages, reaction formation and incorporation of the ego ideal will fail. In line with our earlier discussion, premature sexual activity, particularly the *activation of genitality prior to completion of the oedipal phase*, tends to reinforce the narcissism of the primitive pleasure ego to such a degree that only isolated forms of ego ideals will be evolved. A further decisive factor is the sum total of defects in the love objects and nurturers, which we dwelt on earlier at length.

It was not my intention here to detail further the pathological devel-

opment of the ego and the ego ideal, as it is already set forth in our discussion of the impulsive character. Genetic ego psychology, inaugurated by Freud and Ferenczi,⁸ will probably have to deal with characteristic "stages of ego development" analogous to the already established stages of sexual development. But, whenever an isolated ego ideal appears, we may recognize it as the pathological prolongation of a phase through which, presumably, everyone must pass in his evolution from a primitive pleasure ego to a member of civilized society. The civilized reality ego is built upon the model of the ego ideal only through fulfillment of some of the latter's aspects.⁹ A large part of the ego ideal may always remain unrealized, and psychoanalysis can give us good insight into the pathological results of faulty fulfillment. The acquisition of the ego ideal does not proceed without a struggle. It is in the nature of the impulsive pleasure ego to defend itself against the nurturers' restrictions. Object love paralyzes this defense and thus potentiates the building of an ego ideal. However, between the total resistance and genuine acceptance, a phase of acute, *manifest ambivalence* toward the frustrating object intervenes.

There are two possible sequelae: The manifest ambivalence changes to latent ambivalence through the reactive emphasis of love or hate; or the ambivalence towards the object or the ego ideal is overcome. The latter possibility we consider normal and strive for it in the analytic therapy of every single case. Clearly, the ambivalence within the ego yields only when the ambivalence toward the sexual object is overcome (*attainment of the unambivalent genital stage*). The compulsive and the hysteric typify the first possibility and can be schematized as follows:

1. *Stage of the primitive pleasure ego*: overt defense against restraints.

2. *Stage of manifest ambivalent object cathexis, or, in the context of the superego, ambivalent attitude toward the superego*. Fixation at this stage gives rise to the abiding fixation of an *isolated* superego and a tendency toward unbridled impulsivity, as discussed above.

3. *Stage of reactive modification of the ambivalence*: the ego identifies with the frustrating educator (*realization of the latter's demands on an ambivalent basis*). This is the starting point for the faulty identifications.¹⁰ If it occurs at the anal sadistic stage, the tendency is toward

⁸Cf. "Entwicklungsstufen des Wirklichkeitssinnes." *Int. Ztsch. f. PsA.*, Bd. I, 1913.

⁹We do not forget that there are *direct* identifications in the ego. Whether the basic identifications occur in the ego or ego ideal can be of decisive importance for the personality structure. (Cf. my discussion of faulty sexual identifications, Chapter 3.)

¹⁰Cf. Chapter 3.

obsessional neurosis; if it fixates at the genital stage, it predisposes to hysteria.

4. *Stage of (relatively) ambivalence-free ego structure.* No matter how obscure the genesis and dynamics, analytic experience affirms that this reality-oriented ego position cannot occur without the existence of impulse-affirmative elements within the ego ideal, *i.e.*, without the possibility of an orderly libido economy.¹¹

This schema can serve only as a preliminary orientation. We may add that stages 1 to 3 must be accommodated to every phase of libidinal development, since the struggle between pleasure-striving and denial unfolds anew at every sexual stage. We can differentiate the impulsives from the compulsives and hysterics according to whether the phase of the isolated ego ideal became fixated at the anal sadistic or genital stage.

One may object that the attempt to differentiate the unfolding of such phases in cross- and longitudinal section must remain mere speculation, since we can never accurately reconstruct the child's attitude through the fifth year of life. Whoever invokes the analytical reconstruction of childhood will be right to a certain extent, especially if we demur that the firmest part of Freudian theory, the stages of libidinal development, originated in this way and everyone can prove to himself its correctness, *i.e.*, the precise succession of oral, oral sadistic, anal sadistic, and genital stages. Yet our scheme of the developmental stages of the superego is based only minimally upon analytic reconstruction; it rests much more upon experiences gained in the treatment of impulsive characters, especially the analysis of their ambivalence conflicts and transference attitudes. During analysis, they continually change their superego structure in accordance with their transference feelings. This exactly replicates their early object relations and enables us—more clear-sighted since the publication of *The Ego and the Id*—to gain a deeper insight into the evolution of the infantile ego.

We conclude this section with reference to a broader problem: Self-love ("secondary narcissism" in the sense of Freud and Tausk) and object love are *life-affirmative* (love impulse) elements in man, while feelings of guilt (need for punishment) are *life-negative* (death impulse) elements. They bear an antithetical relationship to one another. Sometimes the sense of guilt transforms the self-love into a more primitive form of narcissism, into the primary narcissism of the womb situation. The most typical model for this fusion is suicide in the melancholic. The sense of guilt is ontogenetically later than the narcissism;

¹¹Cf. Reich: "Weitere Bemerkungen über die therapeutische Bedeutung der Genital-libido," (*Int. Ztschr. f. PsA.*, Bd. XI, 1925).

hence the triumph of the life-affirmative tendency. A fully developed narcissism, maintained by unambivalent genitality, works best against the feeling of guilt. A person's later fate most crucially depends upon *the phase of narcissistic development at which an effective sense of guilt makes its appearance, thereby weakening the life-affirmative tendency.* The severity of an illness seems to depend upon how early the sense of guilt initiated its life-negating and reality-negating effect. We may number such homeostatic problems among the most difficult to grasp empirically and count them among the core problems in the specific etiology of psychic illness.

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

*Love, work and knowledge
are the well-springs of our life.
They should also govern it.*

Wilhelm Reich