or the patient may take flight into the infantile, may give away what otherwise would be well-guarded secrets, only in order to hold the one position. These communications have, at best, no therapeutic value. Unless one prefers to interrupt, one may listen to them; the important thing is to work on the one position from which the patient escaped. The same is true in the case of the flight into actuality. The ideal is the development and analysis of the transference neurosis in a straight line, corresponding to the original neurosis; in this case, the patient unfolds his resistances systematically and in between produces memories with the corresponding affects.

The much-discussed question whether an "active" or a "passive" attitude in analysis is better, is, put that way, senseless. Generally speaking, one cannot act too early in analyzing resistances, and one cannot be too reserved in the interpretation of the unconscious, apart from resistances. The customary procedure is the reverse: one is too courageous in giving interpretations of meaning and becomes hesitant as soon as a resistance makes its appearance.

CHAPTER IV

ON THE TECHNIQUE OF CHARACTER-ANALYSIS*

1. INTRODUCTORY REVIEW

Our therapeutic method is determined by the following basic theoretical concepts. The topical standpoint determines the technical principle that the unconscious has to be made conscious. The dynamic standpoint determines the rule that this has to take place not directly but by way of resistance analysis. The economic standpoint and the psychological structure determine the rule that the resistance analysis has to be carried out in a certain order according to the individual patient.

As long as the topical process, the making conscious of the unconscious, was considered the only task of analytic technique, the formula that the unconscious manifestations should be interpreted in the sequence in which they appeared was correct. The dynamics of the analysis, that is, whether or not the making conscious also released the corresponding affect, whether the analysis influenced the patient beyond a merely intellectual understanding, that was more or less left to chance. The inclusion of the dynamic element, that is, the demand that the patient should not only remember things but also experience them, already complicated the simple formula that one had to "make the unconscious conscious." However, the dynamics of the analytic affect do not depend on the contents but on the resistances which the patient puts up against them and on the emotional experience in overcoming them. This makes the analytic task a vastly different one. From the topical standpoint, it is sufficient to bring into the patient's consciousness, one after the other, the manifest elements of the unconscious;

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in other words, the guiding line is the content of the material. If one also considers the dynamic factor one has to relinquish this guiding line in favor of another which comprehends the content of the material as well as the affects: that of the successive resistances. In doing so we meet, in most patients, with a difficulty which we have not yet mentioned.

2. CHARACTER ARMOR AND CHARACTER RESISTANCE

a) The inability to follow the fundamental rule.

Rarely are our patients immediately accessible to analysis, capable of following the fundamental rule and of really opening up to the analyst. They cannot immediately have full confidence in a strange person; more importantly, years of illness, constant influencing by a neurotic milieu, bad experiences with physicians, in brief, the whole secondary warping of the personality have created a situation unfavorable to analysis. The elimination of this difficulty would not be so hard were it not supported by the character of the patient which is part and parcel of his neurosis. It is a difficulty which has been termed "narcissistic barrier." There are, in principle, two ways of meeting this difficulty, in especial, the rebellion against the fundamental rule.

One, which seems the usual one, is a direct education to analysis by information, reassurance, admonition, talking-to, etc. That is, one attempts to educate the patient to analytic candor by the establishment of some sort of positive transference. This corresponds to the technique proposed by Nunberg. Experience shows, however, that this pedagogical method is very uncertain; it lacks the basis of analytic clarity and is exposed to the constant variations in the transference situation.

The other way is more complicated and as yet not applicable in all patients, but far more certain. It is that of replacing the pedagogical measures by analytic interpretations. Instead of inducing the patient into analysis by advice, admonitions and transference manoeuvres, one focuses one's attention on the actual behavior of the patient and its meaning: why he doubts, or is late, or talks in a haughty or confused fashion, or communicates only other or third thought, why he criticizes the analysis or produces exceptionally much material or material from exceptional depths. If, for example, a patient talks in a haughty manner, in technical terms, one may try to convince him that this is not good for the progress of the analysis, that he better give it up and behave less haughtily, for the sake of the analysis. Or, one may relinquish all attempts at persuasion and wait until one understands why the patient behaves in this and no other way. One may then find that his behavior is an attempt to compensate his feeling of inferiority toward the analyst and may influence him by consistent interpretation of the meaning of his behavior. This procedure, in contrast to the first-mentioned, is in full accord with the principle of analysis.

This attempt to replace pedagogical and similar active measures seemingly necessitated by the characteristic behavior of the patient, by purely analytic interpretations led unexpectedly to the analysis of the character.

Certain clinical experiences make it necessary to distinguish among the various resistances we meet, a certain group as character resistances. They get their specific stamp not from their content but from the patient's specific way of acting and reacting. The impulsive character develops specifically different resistances than does the hysterical character; the latter different resistances from the impulsive or neurasthenic character. The form of the typical reactions which differ from character to character—though the contents may be the same—is determined by infantile experiences just like the content of the symptoms or phantasies.

b) Whence the character resistances?

Quite some time ago, Glover worked on the problem of differentiating character neuroses from symptom neuroses. Alexander also operated on the basis of this distinction. In my earlier writings, I also followed it. More exact comparison of the cases showed, however, that this distinction makes sense only insofar as there are neuroses with circumscribed symptoms and others without them; the former were called "symptom neuroses," the latter, character neuroses. In the former, understandably, the symp-
toms are more obvious, in the latter the neurotic character traits. But, we must ask, are there symptoms without a neurotic reaction basis, in other words, without a neurotic character? The difference between the character neuroses and the symptom neuroses is only that in the latter the neurotic character also produced symptoms, that it became concentrated in them, as it were. If one recognizes the fact that the basis of a symptom neurosis is always a neurotic character, then it is clear that we shall have to deal with character-neurotic resistances in every analysis, that every analysis must be a character-analysis.

Another distinction which becomes immaterial from the standpoint of character-analysis is that between chronic neuroses, that is, neuroses which developed in childhood, and acute neuroses, which developed late. For the important thing is not whether the symptoms have made their appearance early or late. The important thing is that the neurotic character, the reaction basis for the symptom neurosis, was, in its essential traits, already formed at the period of the Oedipus phase. It is an old clinical experience that the boundary line which the patient draws between health and the outbreak of the disease becomes always obliterated during the analysis.

Since symptom formation does not serve as a distinguishing criterion we shall have to look for others. There is, first of all, insight into illness, and rationalization.

The lack of insight into illness is not an absolutely reliable but an essential sign of the character neurosis. The neurotic symptom is experienced as a foreign body and creates a feeling of being ill. The neurotic character trait, on the other hand, such as the exaggerated orderliness of the compulsive character or the anxious shyness of the hysterical character, are organically built into the personality. One may complain about being shy but does not feel ill for this reason. It is not until the characterological shyness turns into pathological blushing or the compulsive-neurotic orderliness into a compulsive ceremonial, that is, not until the neurotic character exacerbates symptomatically, that the person feels ill.

True enough, there are also symptoms for which there is no or only slight insight, things that are taken by the patient as bad habits or just peculiarities (chronic constipation, mild ejaculatio praecox, etc.). On the other hand, many character traits are often felt as illness, such as violent outbreaks of rage, tendency to lie, drink, waste money, etc. In spite of this, generally speaking, insight characterizes the neurotic symptom and its lack the neurotic character trait.

The second difference is that the symptom is never as thoroughly rationalized as the character. Neither a hysterical vomiting nor compulsive counting can be rationalized. The symptom appears meaningless, while the neurotic character is sufficiently rationalized not to appear meaningless or pathological. A reason is often given for neurotic character traits which would immediately be rejected as absurd if it were given for symptoms: "he just is that way." That implies that the individual was born that way, that this "happens to be" his character. Analysis shows this interpretation to be wrong; it shows that the character, for definite reasons, had to become that way and no different; that, in principle, it can be analyzed like the symptom and is alterable.

Occasionally, symptoms become part of the personality to such an extent that they resemble character traits. For example, a counting compulsion may appear only as part of general orderliness or a compulsive system only in terms of a compulsive work arrangement. Such modes of behavior are then considered as peculiarities rather than as signs of illness. So we can readily see that the concept of disease is an entirely fluid one, that there are all kinds of transitions from the symptom as an isolated foreign body over the neurotic character and the "bad habit" to rational action.

In comparison to the character trait, the symptom has a very simple construction with regard to its meaning and origin. True, the symptom also has a multiple determination; but the more deeply we penetrate into its determinations, the more we leave the palm of symptoms and the clearer becomes the characterological reaction basis. Thus one can arrive—theoretically—at the characterological reaction basis from any symptom. The symptom has its immediate determination in only a limited number of unconscious attitudes, hysterical vomiting, say, is based on a repressed fellatio phantasy or an oral wish for a child. Either expresses itself also
characterologically, in a certain infantilism and maternal attitude. But the hysterical character which forms the basis of the symptom is determined by many—partly antagonistic—strivings and is expressed in a specific attitude or way of being. This is not as easy to dissect as the symptom; nevertheless, in principle it is, like the symptom, to be reduced to and understood from infantile strivings and experiences. While the symptom corresponds essentially to a single experience or striving, the character represents the specific way of being of an individual, an expression of his total past. For this reason, a symptom may develop suddenly while each individual character trait takes years to develop. In saying this we should not forget the fact that the symptom also could not have developed suddenly unless its characterological neurotic reaction basis had already been present.

The totality of the neurotic character traits makes itself felt in the analysis as a compact defense mechanism against our therapeutic endeavors. Analytic exploration of the development of this character "armor" shows that it also serves a definite economic purpose: on the one hand, it serves as a protection against the stimuli from the outer world, on the other hand against the inner libidinous strivings. The character armor can perform this task because libidinous and sadistic energies are consumed in the neurotic reaction formations, compensations and other neurotic attitudes. In the processes which form and maintain this armor, anxiety is constantly being bound up; in the same way as it is, according to Freud's description, in, say, compulsive symptoms. We shall have to say more later about the economy of character formation.

Since the neurotic character, in its economic function of a protecting armor, has established a certain equilibrium, albeit a neurotic one, the analysis presents a danger to this equilibrium. This is why the resistances which give the analysis of the individual case its specific imprint originate from this narcissistic protection mechanism. As we have seen, the mode of behavior is the result of the total development and as such can be analyzed and altered; thus it can also be the starting point for evolving the technique of character-analysis.

c) The technique of analyzing the character resistance.

Apart from the dreams, associations, slips and other communications of the patients, their attitude, that is, the manner in which they relate their dreams, commit slips, produce their associations and make their communications, deserves special attention. A patient who follows the fundamental rule from the beginning is a rare exception; it takes months of character-analytic work to make the patient halfway sufficiently honest in his communications. The manner in which the patient talks, in which he greets the analyst or looks at him, the way he lies on the couch, the inflection of the voice, the degree of conventional politeness, all these things are valuable criteria for judging the latent resistances against the fundamental rule, and understanding them makes it possible to alter or eliminate them by interpretation. The how of saying things is as important "material" for interpretation as is what the patient says. One often hears analysts complain that the analysis does not go well, that the patient does not produce any "material." By that is usually meant the content of associations and communications. But the manner in which the patient, say, keeps quiet, or his sterile repetitions, are also "material" which can and must be put to use. There is hardly any situation in which the patient brings "no material"; it is our fault if we are unable to utilize the patient's behavior as "material."

That the behavior and the form of the communications have analytic significance is nothing new. What I am going to talk about is the fact that these things present an avenue of approach to the analysis of the character in a very definite and almost perfect manner. Past failures with many cases of neurotic characters have taught us that in these cases the form of the communications is, at least in the beginning, always more important than their content. One only has to remember the latent resistances of the affect-trance, the "good," over-polite and ever-correct patients; those who

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3 Footnote, 1943: The form of expression is far more important than the ideational content. Today, in penetrating to the decisively important infantile experiences, we make use of the form of expression exclusively. Not the ideational contents but the form of expression is what leads us to the biological reactions which form the basis of the psychic manifestations.
always present a deceptive positive transference or who violently and stereotypically ask for love; those who make a game of the analysis; those who are always “armored,” who smile inwardly about everything and everyone. One could continue this enumeration indefinitely; it is easy to see that a great deal of painstaking work will have to be done to master the innumerable individual technical problems.

For the purpose of orientation and of sketching the essential differences between character-analysis and symptom-analysis, let us assume two pairs of patients for comparison. Let us assume we have under treatment at the same time two men suffering from premature ejaculation; one is a passive-feminine, the other a phallic-aggressive character. Also, two women with an eating disturbance; one is a compulsive character, the other a hysterical.

Let us assume further that the premature ejaculation of both men has the same unconscious meaning: the fear of the paternal penis in the woman's vagina. In the analysis, both patients, on the basis of their castration anxiety which is the basis of the symptom, produce a negative father transference. Both hate the analyst (the father) because they see in him the enemy who frustrates their pleasure; both have the unconscious wish to do away with him. In this situation, the phallic-sadistic character will ward off the danger of castration by insults, depreciation and threats, while the passive-feminine character, in the same case, will become steadily more passive, submissive and friendly. In both patients, the character has become a resistance: one fends off the danger aggressively, the other tries to avoid it by a deceptive submission. It goes without saying that the character resistance of the passive-feminine patient is more dangerous because he works with hidden means: he produces a wealth of material, he remembers all kinds of infantile experiences, in short, he seems to cooperate splendidly. Actually, however, he camouflages a secret spitefulness and hatred; as long as he maintains this attitude he does not have the courage to show his real self. If, now, one enters only upon what he produces, without paying attention to his way of behavior, then no analytic endeavor will change his condition. He may even remember the hatred of his father, but he will not ex-

experience it unless one interprets consistently the meaning of his deceptive attitude before beginning to interpret the deep meaning of his hatred of the father.

In the case of the second pair, let us assume that an acute positive transference has developed. The central content of this positive transference is, in either patient, the same as that of the symptom, namely, an oral fellatio phantasy. But although the positive transference has the same content in either case, the form of the transference resistance will be quite different: the hysterical patient will, say, show an anxious silence and a shy behavior; the compulsive character a spiteful silence or a cold, haughty behavior. In one case the positive transference is warded off by aggression, in the other by anxiety. And the form of this defense will always be the same in the same patient: the hysterical patient always defend herself anxiously, the compulsive patient aggressively, no matter what unconscious content is on the point of breaking through. That is, in one and the same patient, the character resistance remains always the same and only disappears with the very roots of the neurosis.

In the character armor, the narcissistic defense finds its concrete chronic expression. In addition to the known resistances which are mobilized against every new piece of unconscious material, we have to recognize a constant factor of a formal nature which originates from the patient's character. Because of this origin, we call the constant formal resistance factor "character resistance."

In summary, the most important aspects of the character resistance are the following:

The character resistance expresses itself not in the content of the material, but in the formal aspects of the general behavior, the manner of talking, of the gait, facial expression and typical attitudes such as smiling, deriding, haughtiness, over-correctness, the manner of the politeness or of the aggression, etc.

What is specific of the character resistance is not what the patient says or does, but how he talks and acts, not what he gives away in a dream but how he censors, distorts, etc.

The character resistance remains the same in one and the same patient no matter what the material is against which it is directed.
Different characters present the same material in a different manner. For example, a hysterical patient will ward off the positive father transference in an anxious manner, the compulsive woman in an aggressive manner.

The character resistance, which expresses itself formally, can be understood as to its content and can be reduced to infantile experiences and instinctual drives just like the neurotic symptom. During analysis, the character of a patient soon becomes a resistance. That is, in ordinary life, the character plays the same role as in analysis: that of a psychic protection mechanism. The individual is "characterologically armored" against the outer world and against his unconscious drives.

Study of character formation reveals the fact that the character armor was formed in infancy for the same reasons and purposes which the character resistance serves in the analytic situation. The appearance in the analysis of the character as resistance reflects its infantile genesis. The situations which make the character resistance appear in the analysis are exact duplicates of those situations in infancy which set character formation into motion. For this reason, we find in the character resistance both a defensive function and a transference of infantile relationships with the outer world.

Economically speaking, the character in ordinary life and the character resistance in the analysis serve the same function, that of avoiding unpleasure, of establishing and maintaining a psychic equilibrium—neurotic though it may be—and finally, that of absorbing repressed energies. One of its cardinal functions is that of binding "free-floating" anxiety, or, in other words, that of absorbing dammed-up energy. Just as the historical, infantile element is present and active in the neurotic symptoms, so it is in the character. This is why a consistent dissolving of character resistances provides an infallible and immediate avenue of approach to the central infantile conflict.

What, then, follows from these facts for the technique of character-analysis? Are there essential differences between character-analysis and ordinary resistance analysis? There are. They are related to

a) the selection of the sequence in which the material is interpreted;

b) the technique of resistance interpretation itself.

As to a): If we speak of "selection of material," we have to expect an important objection: some will say that any selection is at variance with basic psychoanalytic principles, that one should let oneself be guided by the patient, that with any kind of selection one runs the danger of following one's personal inclinations. To this we have to say that in this kind of selection it is not a matter of neglecting analytic material; it is merely a matter of safeguarding a logical sequence of interpretation which corresponds to the structure of the individual neurosis. All the material is finally interpreted; only, in any given situation this or that detail is more important than another. Incidentally, the analyst always makes selections anyhow, for he has already made a selection when he does not interpret a dream in the sequence in which it is presented but selects this or that detail for interpretation. One also has made a selection if one pays attention only to the content of the communications but not to their form. In other words, the very fact that the patient presents material of the most diverse kinds forces one to make a selection; what matters is only that one select correctly with regard to the given analytic situation.

c) In patients who, for character reasons, consistently fail to follow the fundamental rule, and generally where one deals with a character resistance, one will be forced constantly to lift the character resistance out of the total material and to dissolve it by the interpretation of its meaning. That does not mean, of course, that one neglects the rest of the material; on the contrary, every bit of material is valuable which gives us information about the meaning and origin of the disturbing character trait; one merely postpones the interpretation of what material does not have an immediate connection with the transference resistance until such time as the character resistance is understood and overcome at least in its
essential features. I have already tried to show (cf. Chapter III) what are the dangers of giving deep-reaching interpretations in the presence of undissolved character resistances.

As to b): We shall now turn to some special problems of character-analytic technique. First of all, we must point out a possible misunderstanding. We said that character-analysis begins with the emphasis on and the consistent analysis of the character resistance. It should be well understood that this does not mean that one asks the patient, say, not to be aggressive, not to deceive, not to talk in a confused manner, etc. Such procedure would be not only un-analytic but altogether sterile. The fact has to be emphasized again and again that what is described here as character-analysis has nothing to do with education, admonition, trying to make the patient behave differently, etc. In character-analysis, we ask ourselves why the patient deceives, talks in a confused manner, why he is affect-blocked, etc.; we try to arouse the patient's interest in his character traits in order to be able, with his help, to explore analytically their origin and meaning. All we do is to lift the character trait which presents the cardinal resistance out of the level of the personality and to show the patient, if possible, the superficial connections between character and symptoms; it is left to him whether or not he will utilize his knowledge for an alteration of his character. In principle, the procedure is not different from the analysis of a symptom. What is added in character-analysis is merely that we isolate the character trait and confront the patient with it repeatedly until he begins to look at it objectively and to experience it like a painful symptom; thus, the character trait begins to be experienced as a foreign body which the patient wants to get rid of.

Surprisingly, this process brings about a change—although only a temporary one—in the personality. With progressing character-analysis, that impulse or trait automatically comes to the fore which had given rise to the character resistance in the transference. To go back to the illustration of the passive-feminine character: the more the patient achieves an objective attitude toward his tendency to passive submission, the more aggressive does he become. This is so because his passive-feminine attitude was essentially a reaction to repressed aggressive impulses. But with the aggression we also have a return of the infantile castration anxiety which in infancy had caused the change from aggressive to passive-feminine behavior. In this way the analysis of the character resistance leads directly to the center of the neurosis, the Oedipus complex.

One should not have any illusions, however. The isolation of such a character resistance and its analytic working-through usually takes many months of sustained effort and patient persistence. Once the breakthrough has succeeded, though, the analysis usually proceeds rapidly, with emotionally charged analytical experiences. If, on the other hand, one neglects such character resistances and instead simply follows the line of the material, interpreting everything in it, such resistances form a ballast which it is difficult if not impossible to remove. In that case, one gains more and more the impression that every interpretation of meaning was wasted, that the patient continues to doubt everything or only pretends to accept things, or that he meets everything with an inward smile. If the elimination of these resistances was not begun right in the beginning, they confront one with an insuperable obstacle in the later stages of the analysis, at a time when the most important interpretations of the Oedipus complex have already been given.

I have already tried to refute the objection that it is impossible to tackle resistances before one knows their infantile determination. The essential thing is first to see through the present-day meaning of the character resistance; this is usually possible without the infantile material. The latter is needed for the dissolution of the resistance. If at first one does no more than to show the patient the resistance and to interpret its present-day meaning, then the corresponding infantile material with the aid of which we can eliminate the resistance soon makes its appearance.

If we put so much emphasis on the analysis of the mode of behavior, this does not imply a neglect of the contents. We only add something that hitherto has been neglected. Experience shows that the analysis of character resistances has to assume first rank. This does not mean, of course, that one would only analyze char-
character resistances up to a certain date and then begin with the interpretation of contents. The two phases—resistance analysis and analysis of early infantile experiences—overlap essentially; only in the beginning, we have a preponderance of character-analysis, that is, "education to analysis by analysis," while in the later stages the emphasis is on the contents and the infantile. This is, of course, no rigid rule but depends on the attitudes of the individual patient. In one patient, the interpretation of the infantile material will be begun earlier, in another later. It is a basic rule, however, not to give any deep-reaching interpretations—no matter how clear-cut the material—as long as the patient is not ready to assimilate them. Again, this is nothing new, but it seems that differences in analytic technique are largely determined by what one or the other analyst means by "ready for analytic interpretation." We also have to distinguish those contents which are part and parcel of the character resistance and others which belong to other spheres of experiencing. As a rule, the patient is in the beginning ready to take cognizance of the former, but not of the latter. Generally speaking, our character-analytic endeavors are nothing but an attempt to achieve the greatest possible security in the introduction of the analysis and in the interpretation of the infantile material. This leads us to the important task of studying and systematically describing the various forms of characterological transference resistances. If we understand them, the technique derives automatically from their structure.

d) Derivation of the situational technique from the structure of the character resistance (interpretation technique of the defense).

We now turn to the problem of how the situational technique of character-analysis can be derived from the structure of the character resistance in a patient who develops his resistances right in the beginning, the structure of which is, however, completely unintelligible at first. In the following case the character resistance had a very complicated structure; there were a great many co-existent and overlapping determinations. We shall try to describe the reasons which prompted me to begin the interpretation work with one aspect of the resistance and not with any other. Here also we will see that a consistent and logical interpretation of the defenses and of the mechanisms of the "armor" leads directly into the central infantile conflicts.

A CASE OF MANIFEST INFERIORITY FEELINGS

A man 30 years of age came to analysis because he "didn't get any fun out of life." He did not really think he was sick but, he said, he had heard about psychoanalysis and perhaps it would make things clearer to him. When asked about symptoms, he stated he did not have any. Later it was found that his potency was quite defective. He did not quite dare approach women, had sexual intercourse very infrequently, and then he suffered from premature ejaculation and intercourse left him unsatisfied. He had very little insight into his impotence. He had become reconciled to it; after all, he said, there were a lot of men who "didn't need that sort of thing."

His behavior immediately betrayed a severely inhibited individual. He spoke without looking at one, in a low voice, haltingly, and embarrassingly clearing his throat. At the same time, there was an obvious attempt to suppress his embarrassment and to appear courageous. Nevertheless, his whole appearance gave the impression of severe feelings of inferiority.

Having been informed of the fundamental rule, the patient began to talk hesitatingly and in a low voice. Among the first communications was the recollection of two "terrible" experiences. Once he had run over a woman with an automobile and she had died of her injuries. Another time, as a medical orderly during the war, he had had to do a tracheotomy. The bare recollection of these two experiences filled him with horror. In the course of the first few sessions he then talked, in the same monotonous, low and suppressed manner about his youth. Being next to the youngest of a number of children, he was relegated to an inferior place. His oldest brother, some twenty years his senior, was the parents' favorite; this brother had traveled a good deal, "knew the world," prided himself on his experiences and when he came home from one of his travels "the whole house pivoted around him." Although the content of his story made the envy of this brother and the
the character of the patient, whatever the repressed id-impulse may be. Conversely, the same id-impulse is warded off in different ways in different individuals. If we interpret only the id-impulse, we leave the character untouched. If, on the other hand, we always approach the resistances from the defense, from the ego side, we include the neurotic character in the analysis. In the first case, we say immediately what the patient wards off. In the latter case, we first make clear to him that he wards off "something," then, how he does it, what are the means of defense (character-analysis); only at last, when the analysis of the resistance has progressed far enough, is he told—or finds out for himself—what it is he is warding off. On this long detour to the interpretation of the id-impulses, all corresponding attitudes of the ego have been analyzed. This obviates the danger that the patient learns something too early or that he remains affectless and without participation.

Analyses in which so much analytic attention is centered upon the attitudes take a more orderly and logical course while the theoretical research does not suffer in the least. One obtains the important infantile experiences later, it is true; but this is more than compensated for by the emotional aliveness with which the infantile material comes up after the analytic work on the character resistances.

On the other hand, we should not fail to mention certain unpleasant aspects of a consistent character-analysis. It is a far heavier burden for the patient; he suffers much more than when one leaves the character out of consideration. True, this has the advantage of a selective process: those who cannot stand it would not have achieved success anyhow, and it is better to find that out after a few months than after a few years. Experience shows that if the character resistance does not give way a satisfactory result cannot be expected. The overcoming of the character resistance does not mean that the character is altered; that, of course, is possible only after the analysis of its infantile sources. It only means that the patient has gained an objective view of his character and an analytic interest in it; once this has been achieved a favorable progress of the analysis is probable.

e) The loosening of the character armor.

As we said before, the essential difference between the analysis of a symptom and that of a neurotic character trait consists in the fact that the symptom is, from the beginning, isolated and objectively looked at while the character trait has to be continually pointed out so that the patient will attain the same attitude toward it as toward a symptom. Only rarely is this achieved easily. Most patients have a very slight tendency to look at their character objectively. This is understandable because it is a matter of loosening the narcissistic protection mechanism, the freeing of the anxiety which is bound up in it.

A man of 25 came to analysis because of some minor symptoms and because he suffered from a disturbance in his work. He showed a free, self-confident behavior but often one had the impression that his demeanor was artificial and that he did not establish any genuine relationship with the person to whom he talked. There was something cold in his manner of talking, something vaguely ironical; often he would smile and one would not know whether it was a smile of embarrassment, of superiority or irony.

The analysis began with violent emotions and ample acting out. He cried when he talked about the death of his mother and cursed when he described the usual upbringing of children. The marriage of his parents had been very unhappy. His mother had been very strict with him, and with his siblings he had established some sort of relationship only in recent years. The way in which he kept talking intensified the original impression that neither his crying nor his cursing or any other emotion came out really fully and naturally. He himself said that all this was not really so bad after all, that he was smiling all the time about everything he was saying. After a few hours, he began to try to provoke the analyst. For example, he would, when the analyst had terminated the session, remain lying on the couch ostentatiously for a while, or would start a conversation afterwards. Once he asked me what I thought I would do if he should grab me by the throat. Two days later, he tried to frighten me by a sudden hand movement toward my head.
I drew back instinctively and told him that the analysis asked of him only that he say everything, not that he do things. Another time he stroked my arm in parting. The deeper meaning of this behavior which could not be interpreted at this time was a budding homosexual transference manifesting itself sadistically. When, on a superficial level, I interpreted these actions as provocations, he smiled and closed up even more. The actions ceased as well as his communications; all that remained was the stereotyped smile. He began to keep silent. When I pointed out the defensive character of his behavior, he merely smiled again and, after some period of silence, repeated, obviously with the intention of making fun of me, the word “resistance.” Thus the smiling and the making fun of me became the center of the analytic work.

The situation was difficult. Apart from the few general data about his childhood, I knew nothing about him. All one had to deal with, therefore, were his modes of behavior in the analysis. For some time, I simply waited to see what would be forthcoming, but his behavior remained the same for about two weeks. Then it occurred to me that the intensification of his smile had occurred at the time when I had warded off his aggressions. I tried to make him understand the meaning of his smile in this connection. I told him that no doubt his smile meant a great many things, but at the present it was a reaction to the cowardice I had shown by my instinctive drawing back. He said that may well be but that he would continue to smile. He talked about unimportant things, and made fun of the analysis, saying that he could not believe anything I was telling him. It became increasingly clear that his smile served as a protection against the analysis. This I told him repeatedly over several sessions but it was several weeks before a dream occurred which had reference to a machine which cut a long piece of brick material into individual bricks. The connection of this dream with the analytic situation was all the more unclear in that he did not produce any associations. Finally he said that, after all, the dream was very simple, it was obviously a matter of the castration complex, and—smiled. I told him that his irony was an attempt to disown the indication which the unconscious had given through the dream. Thereupon he produced a screen mem-

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in the beginning of the analysis and added the new interpretation that he had tried to test me with his provocations, that he wanted to see how far he could go, how far he could trust me. That, in other words, he had had a mistrust which was based on an infantile fear. This interpretation impressed him visibly. He was struck for a moment but quickly recovered and again began to disavow the analysis and my interpretations with his smiling. I remained consistent in my interpretations; I knew from different indications that I was on the right track and that I was about to undermine his ego defense. Nevertheless, he remained equally consistent in his smiling attitude for a number of sessions. I intensified my interpretations by linking them up more closely with the assumed infantile fear. I told him that he was afraid of the analysis because it would revive his infantile conflicts which he thought he had solved with his attitude of smiling but that he was wrong in this belief because his excitement at the time when he talked about his mother’s death had been genuine after all. I ventured the assumption that his relationship with his mother had not been so simple; that he had not only feared and ridiculed but also loved her. Somewhat more serious than usually, he related details concerning the unkindness of his mother toward him; one time when he had misbehaved she even hurt his hand with a knife. True, he added, “Well, according to the book, this is again the castration complex, isn’t it?” Nevertheless, something serious seemed to go on in him. While I continued to interpret the manifest and latent meaning of the smiling as it appeared in the analytic situation, further dreams occurred. Their manifest content was that of symbolical castration ideas. Finally, he produced a dream in which there were horses, and another where a high tower arose from a fire truck. A huge column of water poured from the tower into a burning house. At this time, the patient suffered from occasional bedwetting. The connection between the “horse dreams” and his horse game he realized himself, although accompanied by smiling. More than that, he remembered that he had always been very much interested in the long penes of horses; he thought that in his infantile game he had imitated such a horse. He also used to find a great deal of pleasure in urinating. He did not remember whether as a child he used to wet his bed.

On another occasion of discussing the infantile meaning of his smile he thought that possibly his smile on the occasion of the horse game had not been derisive at all but an attempt to reconcile his mother, for fear that she might scold him for his game. In this way he came closer and closer to what I had now been interpreting for months from his behavior in the analysis. The smiling, then, had changed its function and meaning in the course of time: originally an attempt at reconciliation, it had later become a compensation of an inner fear, and finally, it also served as a means of feeling superior. This explanation the patient found himself when in the course of several sessions he reconstructed the way which he had found out of his childhood misery. The meaning was: “Nothing can happen to me, I am proof against everything.” It was in this last sense that the smile had become a defense in the analysis, as a protection against the reactivation of the old conflicts. The basic motive of this defense was an infantile fear. A dream which occurred at the end of the fifth month revealed the deepest layer of his fear, the fear of being left by his mother. The dream was the following: “I am riding in a car, with an unknown person, through a little town which is completely deserted and looks desolate. The houses are run down, the windowpanes smashed. Nobody is to be seen. It is as if death had ravaged the place. We come to a gate where I want to turn back. I say to my companion we should have another look. There is a man and a woman kneeling on the sidewalk, in mourning clothes. I approach them to ask them something. As I touch them on the shoulder they jump and I wake up, frightened.” The most important association was that the town was similar to that in which he had lived until he was four years of age. The death of his mother and the infantile feeling of being left alone were clearly expressed. The companion was the analyst. For the first time, the patient took a dream completely seriously, without any smiling. The character resistance had been broken through and the connection with the infantile had been established. From then on, the analysis proceeded without any special
difficulty, interrupted, of course, by the relapses into the old
character resistance as they occur in every analysis.

It goes without saying that the difficulties were far greater than
may appear from this brief synopsis. The whole resistance phase
lasted almost six months, characterized by derision of the analysis
for days and weeks on end. Without the necessary patience and
the confidence in the efficacy of consistent interpretation of the
character resistance, one often would have been inclined to
give up.

Let us see whether the analytic insight into the mechanism of
this case would justify some other technical procedure. Instead
of putting the emphasis consistently on the mode of behavior,
one might have thoroughly analyzed the patient's scarce dreams.
Possibly he might have had associations which one could have
interpreted. It may not be important that previous to the analysis
the patient did not dream or forgot all his dreams and did not
produce any dreams with a content relevant to the analytic
situation until after the consistent interpretation of his behavior. One
might object that the patient would have produced these dreams
spontaneously anyhow; this cannot be argued because it cannot
be proved one way or the other. At any rate, we have ample
experience which teaches us that such a situation as presented by our
patient can hardly be solved by passive waiting alone; if so, it
happens by accident, without the analyst having the reins of the
analysis in his hand. Let us assume, then, that we had interpreted
his associations in connection with the castration complex, that is,
tried to make him conscious of his fear of cutting or of being cut.

Perhaps this would have finally also led to a success. But the
very fact that we cannot be sure that it would have happened,
that we must admit the accidental nature of the occurrence, forces
us to refute such a technique which tries to circumvent an existing
resistance as basically un-analytic. Such a technique would mean
reverting to that stage of analysis where one did not bother about
the resistances, because one did not know them, and where,
consequently, one interpreted the meaning of the unconscious
material directly. It is obvious from the case history that this
would mean, at the same time, a neglect of the ego defenses.
silence, a negative attitude or a defense? And that, to judge from his dreams, it is a matter of sadistic impulses which, by his over-friendly behavior, he tried to compensate and camouflage. Why does one dare to deduce certain unconscious processes from a slip such as a patient’s forgetting some object in the consultation room, and why does one not dare to deduce the meaning of the situation from his behavior? Is the total behavior less conclusive material than a slip? All this did not seem plausible to my colleague; he continued to insist that the resistance could not be tackled because there was “no material.” There could be no doubt that the interpretation of the murderous impulses was a technical error; it could only have the effect of frightening the patient and of putting him all the more on his guard.

The difficulties in the cases presented in the Seminar were of a very similar nature: It was always the same underestimation or the complete neglect of the behavior as interpretable material; again and again the attempt to remove the resistance from the id side instead of by analysis of the ego defense; and finally, almost always, the idea—which was used as an alibi—that the patient simply did not want to get well or that he was “all too narcissistic.”

In principle, the loosening of the narcissistic defense is not different in other types than in the one described. If, say, a patient is always affectless and indifferent, no matter what material he may be presenting, then one is dealing with the dangerous affect-block. Unless one works on this before anything else one runs the danger of seeing all the material and all the interpretations go to waste and of seeing the patient become a good analytical theorist while otherwise he remains the same. Unless one prefers in such a case to give up the analysis because of “too strong narcissism” one can make an agreement with the patient to the effect that one will continue to confront him with his affect-lameness but that, of course, he can stop whenever he wants to. In the course of time—usually many months, in one case it took a year and a half—the patient begins to experience the continued pointing out of his affect-lameness and its reasons as painful, for in the meantime one has acquired sufficient means of undermining the protection against anxiety which the affect-lameness presents. Finally the patient rebels against the danger which threatens from the analysis, the danger of losing the protective psychic armor and of being confronted with his impulses, particularly with his aggression. This rebellion activates his aggressivity and before long the first emotional outburst in the form of an attack of hatred. That achieved, the road becomes clear. When the aggressive impulses make their appearance, the affect-block is breached and the patient becomes capable of being analyzed. The difficulty consists in bringing out the aggressivity.

The same is true when narcissistic patients express their character resistance in their way of talking; they will talk, for example, always in a haughty manner, in technical terms, always highly correctly or else confusedly. Such modes of talking form an impenetrable barrier and there is no real experiencing until one analyzes the mode of expression itself. Here also, the consistent interpretation of the behavior results in narcissistic indignation, for the patient does not like to be told that he talks so haughtily, or in technical terms, in order to camouflage his feeling of inferiority before himself and the analyst, or that he talks so confusedly because he wants to appear particularly clever and is unable to put his thoughts into simple words. In this manner, one makes an important breach in the neurotic character and creates an avenue of approach to the infantile origin of the character and the neurosis. Of course, it is insufficient to point out the nature of the resistance at one time or another; the more stubborn the resistance, the more consistently does it have to be interpreted. If the negative attitudes against the analyst which are thus provoked are analyzed at the same time the risk of the patient’s breaking off the analysis is negligible.

The immediate effect of the analytic loosening of the character armor and the narcissistic protection mechanism is twofold: First, the loosening of the affects from their reactive anchoring and hiding places; second, the creation of an avenue of approach to the central infantile conflicts, the Oedipus complex and the castration anxiety. An enormous advantage of this procedure is that
one not only reaches the infantile experiences as such, but that one analyzes them in the specific manner in which they have been assimilated by the ego. One sees again and again that one and the same piece of repressed material is of different dynamic importance according to the stage which has been reached in the loosening of the resistances. In many cases, the affect of the infantile experiences is absorbed in character defenses; with simple interpretation of the contents, therefore, one may be able to elicit the memories but not the corresponding affects. In such cases, interpretation of the infantile material without previous loosening of the affect energies which are absorbed in the character is a serious mistake. It is responsible, for example, for the hopelessly long and relatively useless analyses of compulsive characters. If, on the other hand, one first frees the affects from the defense formations of the character, a new cathexis of the infantile impulses takes place automatically. If the line of character-analytic resistance interpretation is followed, remembering without affect is practically out of the question; the disturbance of the neurotic equilibrium which goes with the analysis of the character from the very beginning makes it practically impossible.

In other cases, the character has been built up as a solid protective wall against the experiencing of infantile anxiety and has served well in this function, although at the expense of much happiness. If such an individual comes to analysis because of some symptom, this protective wall serves equally well as character resistance and one realizes soon that nothing can be done unless this character armor which covers up and absorbs the infantile anxiety is destroyed. This is the case, for example, in

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Character Armor and Character Resistance

"moral insanity" and in many manic, narcissistic-sadistic characters. In such cases one is often confronted with the difficult question whether the symptom justifies a deep-reaching character-analysis. For one must realize that the character-analytic destruction of the characterological compensation temporarily creates a condition which equals a breakdown of the personality. More than that, in many extreme cases such a breakdown is inevitable before a new, rational personality structure can develop. One may say, of course, that sooner or later the breakdown would have occurred anyhow, the development of the symptom being the first sign. Nevertheless, one will hesitate about undertaking an operation which involves so great a responsibility unless there is an urgent indication.

In this connection another fact must be mentioned: character-analysis creates in every case violent emotional outbursts and often dangerous situations, so that, it is important always to be master of the situation, technically. For this reason, many analysts will refuse to use the method of character-analysis; in that case, they will have to relinquish the hope for success in a great many cases. A great many neuroses cannot be overcome by mild means. The means of character-analysis, the consistent emphasis on the character resistance and the persistent interpretation of its forms, ways and motives, are as potent as they are unpleasant for the patient. This has nothing to do with education; rather, it is a strict analytic principle. It is a good thing, however, to point out to the patient in the beginning the foreseeable difficulties and unpleasantness.

f) On the optimal conditions for the analytic reduction of the present-day material to the infantile.

Since the consistent interpretation of the behavior spontaneously opens the way to the infantile sources of the neurosis, a new question arises: Are there criteria to indicate when the reduction of the present-day modes of behavior to their infantile prototypes should take place? This reduction, we know, is one of the cardinal tasks of analysis, but this formulation is too general to be applied in everyday practice. Should it be done as soon as
he first signs of the corresponding infantile material appear, or are there reasons for postponing it until a certain later time? First of all it must be pointed out that in many cases the purpose of the reduction—dissolution of the resistance and elimination of the amnesia—is not fulfilled: either there is no more than an intellectual understanding, or the reduction is refuted by doubts. This is explained by the fact that—as is the case with the making conscious of unconscious ideas—the topical process is complete only if combined with the dynamic-affective process of the becoming conscious. This requires the fulfillment of two conditions: first, the main resistances must be at least loosened up; second, the idea which is to become conscious—or, in the case of the reduction, is to enter a new association—must become charged with a certain minimum of affect. Now, we know that the affects are usually split off from the repressed ideas, and bound up in the acute transference conflicts and resistances. If, now, one reduces the resistance to the infantile situation before it has fully developed, as soon as there is only a trace of its infantile origin, then one has not fully utilized its affective energies; one has interpreted the content of the resistance without also having mobilized the corresponding affect. That is, dynamic considerations make it necessary not to nip the resistance in the bud, but, on the contrary, to bring it to full development in the transference situation. In the case of chronic, torpid character incrustations there is no other way at all. Freud’s rule that the patient has to be brought from acting out to remembering, from the present day to the infantile, has to be complemented by the further rule that first that which has become chronically rigid must be brought to new life in the actual transference situation, just as chronic inflammations are treated by first changing them into acute ones. With character resistances this is always necessary. In later stages of the analysis, when one is certain of the patient’s cooperation, it becomes less necessary. One gains the impression that with many analysts the immediate reduction of as yet completely immature transference situations is due to the fear of strong and stormy transference resistances; this fits in with the fact that—in spite of better theoretical knowledge—

resistances are very often considered something highly unwelcome and only disturbing. Hence the tendency to circumvent the resistance instead of bringing it to full development and then treating it. One should not forget the fact that the neurosis itself is contained in the resistance, that with the dissolution of every resistance we dissolve a piece of the neurosis.

There is another reason why it is necessary to bring the resistance to full development. Because of the complicated structure of each resistance, one comprehends all its determinations and meanings only gradually; the more completely one has comprehended a resistance situation, the more successful is its later interpretation. Also, the double nature of the resistance—present-day and historical—makes it necessary first to make fully conscious the forms of ego defense it contains; only after its present-day meaning has become clear should its infantile origin be interpreted. This is true of the cases who have already produced the infantile material necessary for an understanding of the resistance which follows. In the other, more numerous cases, the resistance must be brought to full development for no other reason than that otherwise one does not obtain enough infantile material.

The resistance technique, then, has two aspects: First, the comprehension of the resistance from the present-day situation through interpretation of its present-day meaning; second, the dissolution of the resistance through association of the ensuing infantile material with the present-day material. In this way, one can easily avoid the flight into the present-day as well as into the infantile, because equal attention is paid to both in the interpretation work. Thus the resistance turns from an impediment of the analysis into its most potent expedient.

g) Character-analysis in the case of amply flowing material.

In cases where the character impedes the process of recollection from the beginning, there can be no doubt about the indication of character-analysis as the only legitimate way of introducing the analysis. But what about the cases whose character admits of the production of ample memory material in the be-
ginning? Do they, also, require character-analysis as here described? This question could be answered in the negative if there were cases without a character armor. But since there are no such cases, since the narcissistic protection mechanism always turns into a character resistance—sooner or later, in varying intensity and depth—there is no fundamental difference between the cases. The practical difference, though, is this: In cases such as described above, the narcissistic protection mechanism is at the surface and appears as resistance immediately, while in other cases it is in deeper layers of the personality so that it does not strike one at first. But it is precisely these cases that are dangerous. In the former case one knows what one is up against. In the latter case, one often believes for a long period of time that the analysis proceeds satisfactorily, because the patient seems to accept everything very readily, shows prompt reactions to one’s interpretations, and even improvements. But it is just in these patients that one experiences the worst disappointments. The analysis has been carried out, but the final success fails to materialize. One has shot all one’s interpretations, one seems to have made completely conscious the primal scene and all infantile conflicts; finally the analysis bogs down in an empty, monotonous repetition of the old material, and the patient does not get well. Worse still, a transference success may deceive one as to the real state of affairs, and the patient may return with a full relapse soon after his discharge.

A wealth of bad experiences with such cases suggested as a rather self-evident conclusion that one had overlooked something. This oversight could not refer to the contents, for in that respect these analyses left little to be desired; it could only be an unrecognized latent resistance which nullified all therapeutic endeavor. It was soon found that these latent resistances consisted precisely in the great willingness of the patients, in the lack of manifest resistances. In comparing them with successful cases, one was struck by the fact that these analyses had shown a constantly even flow, never interrupted by violent emotional outbursts; more importantly, they had taken place in almost constant “positive” transference; rarely, if ever, had there been violent negative impulses toward the analyst. This does not mean that the hate impulses had not been analyzed; only, they did not appear in the transference, or they had been remembered without affect. The prototypes of these cases are the narcissistic affect-lame and the passive-feminine characters. The former show a lukewarm and even, the latter an exaggerated “positive” transference.

These cases had been considered “going well” because they procured infantile material, that is, again because of a one-sided overestimation of the contents of the material. Nevertheless, all through the analysis, the character had acted as a severe resistance in a form which remained hidden. Very often, such cases are considered incurable or at least extremely difficult to handle. Before I was familiar with the latent resistances of these cases, I used to agree with this judgment; since then, I can count them among my most gratifying cases.

The character-analytic introduction of such cases differs from others in that one does not interrupt the flow of communications and does not begin the analysis of the character resistance until such time as the flood of communications and the behavior itself has unequivocally become a resistance. The following case will illustrate this as it will again show how character-analysis leads of itself into the most deeply repressed infantile conflicts. We shall follow this analysis farther along than those previously described, in order to show the logical development of the neurosis in the transference resistances.

A CASE OF PASSIVE-FEMININE CHARACTER

Anamnesis.

A 24-year-old bank employee came to analysis because of his anxiety states; these had set in a year previously on the occasion of his going to a hygiene exhibit. Even before that he had had hypochondriac fears: he thought he had a hereditary taint, he would go crazy and would perish in a mental institution. For these fears, he seemed to have rational grounds: his father had acquired syphilis and gonorrhea ten years previous to his marriage. The paternal grandfather also was supposed to have had syphilis. A
1. Our case is the prototype of the passive-feminine character who—no matter what symptoms make him seek analytic help—always presents us with the same type of character resistance. It also demonstrates to us the typical mechanisms of the latent negative transference.

2. Technically, the main emphasis was on the analysis of the passive-feminine character resistance, on the deceiving through exaggerated friendliness and submissive behavior. This procedure made the infantile material develop in the transference neurosis according to its own inner laws. This prevented the patient from gaining mere intellectual insight into his unconscious, for reasons of feminine surrender (in order "to please"), which would have had no therapeutic effect.

3. The case history shows that with systematic and consistent emphasis on the character resistance and with avoidance of premature interpretations, the corresponding infantile material appears increasingly clearly and unequivocally of itself. This makes the subsequent interpretations of meaning and of symptoms incontrovertible and therapeutically effective.

4. The case history shows that one can begin to work on the character resistance as soon as one has recognized its present-day meaning and function, that is, without knowing the corresponding infantile material. The emphasis on and the interpretation of its present-day meaning brought the infantile material to the fore, without any necessity for symptom interpretations or suggestions. When the connection with the infantile material was established the resolution of the character resistance began. The subsequent symptom interpretations took place under conditions of full cooperation on the part of the patient. The resistance analysis consisted of two typical phases: first, the emphasis on its form and present-day meaning, and second, its resolution with the aid of the infantile material thus brought to the fore. In this case, the difference between a character resistance and a simple resistance consisted in the difference between politeness and submissiveness on the one hand, and simple doubt and distrust in the analysis on the other. It was only the former which belonged to his character; they were the form in which his distrust was expressed.

5. Consistent interpretation of the latent negative transference resulted in the liberation of his repressed and masked aggressivity toward the analyst, superiors and the father. This eliminated the passive-feminine attitude which, of course, was nothing but a reaction formation against the repressed aggressivity.

6. The repression of his aggression against the father brought with it the repression of his genital urge for the woman. Conversely, under analysis, the masculine genital striving reappeared, together with the aggressivity; this led to the cure of the impotence.

7. The apprehensiveness in his character disappeared with the castration anxiety, when the aggressivity became conscious, and the anxiety states disappeared when he gave up his sexual abstinence. The orgasmic discharge of the energy which had manifested itself as stasis anxiety resulted in the elimination of the "somatic core of the neurosis."

In conclusion, I trust that the presentation of these cases will shake the opinion of some of my opponents who contend that I impose a "ready-made schema" on every patient. It will make clear the meaning of the contention which I have made for years: that for each and every case there is only one technique which has to be derived from its individual structure.