FROM THE HISTORY OF SEX-ECONOMY

THE MASOCHISTIC CHARACTER*

From Wilhelm Reich’s book Charakter-Analyse (1933)

Editor’s Note: There are several reasons for publishing this chapter from Reich’s Charakter-Analyse at this time.

First, there has been, in recent years, an increasing interest in this book and increasing demands for an English translation of it, particularly from psychoanalysts. Unfortunately, it has not been possible thus far to translate and publish the book. The publication of selected chapters in this Journal may meet these recurring demands, at least in part.

Second, it is a good thing from time to time to go back and point out the historical links between sex-economy of today and the psychoanalytic matrix from which it took its origin. The present chapter plays a singularly important role in the history of sex-economy. Before its publication as a chapter of the Charakter-Analyse, it was published as an article in the Internat. Zeitschr. f. Psychoanalyse, vol. 18, 1932. It was a milestone in that it provided the clinical refutation of Freud’s theory of the death instinct. For the first time in the history of sexual pathology, the following facts were demonstrated on the basis of clinical investigation:

a) The manifestations which were erroneously ascribed to a hypothetical death instinct were actually due to a specific form of orgasm anxiety;

b) masochism is no instinct or drive in the biological sense; it is a secondary drive in the sex-economic sense, that is, a result of the repression of natural sexual mechanisms;

c) there is no such thing as a biological striving for unpleasure, there is no death instinct.

In the succeeding years, parts of this clarification of the problem of masochism were taken over by many psychoanalysts, without mention of their source. But none of them even mentioned the central aspect of the problem, that is, the specific masochistic disturbance of the orgasm function which expresses itself in a fear of dying or fear of bursting. Thus, the solution of the problem of masochism remained the exclusive achievement of sex-economy.

The publication of this article in 1932 was accompanied by some rather dramatic events. Freud, as the Herausgeber of the Internat. Zeitschr. f. Psychoanalyse, wanted to have the article published only on the proviso that he would add a note in which he was going to declare that Wilhelm Reich had written this article against the death instinct theory “in the service” of the Communist party. Certain Berlin psychoanalysts who opposed this nonsense suggested another procedure: Reich’s article was to be published together with a reply. This was done. This “reply” was written by Siegfried Bernfeld under the title, Die kommunistische Diskussion um die Psychoanalyse und Reich’s “Widerlegung der Todestriebhypothese,” and appeared in the same number of the Zeitschrift. This article of some 30 pages did not deal with the problem of masochism at all, but with Wilhelm Reich’s contributions to Marxist sociology. In other words, since Reich’s clinical findings and formulations could not be refuted, an attempt was made to discredit his theory of masochism by the imputation of political, emotional

* Translated by the Editor.
motives. This attempt failed thoroughly. We leave it to the reader of the translation of this article to decide whether it is of a clinical or of a political and philosophical nature.

The fact must again be emphasized that the sex-economic clarification of the problem of masochism—which was identical with the clinical refutation of the death instinct theory—represented an enormous step forward in the understanding of the neuroses. For it showed that human suffering was not due to an unalterable "biological will to suffer," to a "death instinct," but to the disastrous effect of social conditions on the biopsychic apparatus. This entailed the necessity of criticizing the social conditions which created the neuroses—a necessity which the hypothesis of a biological will to suffer had circumvented.

The sex-economic solution of the problem of masochism also opened an avenue of approach into the biological basis of the neuroses. It was precisely the specific masochistic fear of "bursting" which opened the way to an understanding of the functioning of the vegetative life apparatus (cf. The Function of the Orgasm, 1942, pp. 221-255).

The publication in translation of the present work at this time, then, is no less pertinent than it was at the time of its original publication 12 years ago. It shows the nature of certain kinds of so-called scientific criticism in that not a single one of the contentions that were used 12 years ago against Reich's theory of masochism could even be published today. That kind of argumentation never had a rational basis and belongs to a dead past.—T. P. W.
I. Résumé of Concepts

Sexology before Freud held essentially the view that masochism represented a special instinct tendency to derive satisfaction from suffering physical or moral pain. Since these goals are unpleasurable, the central problem was how it is possible that unpleasure should be striven for or should even provide satisfaction. The use of a technical term was only an evasion; "algolagnia" means nothing but a circumlocution of the fact that an attempt is made to derive pleasure from being hurt or offended. Many writers came closer to the truth when they asserted that being beaten was not the immediate aim but only a link in the experience of pleasurable self-depreciation (Krafft-Ebing). Nevertheless, the fundamental formulation was the same: What the normal person perceives as unpleasure, the masochist perceives as pleasure or, at any rate, as a source of pleasure.

Psychoanalytic investigation of the latent content and the dynamics of masochism provided a wealth of new insights. Freud discovered that masochism and sadism do not form an absolute antithesis, that one never occurs without the other. Masochism and sadism can each turn into the other. There is a dialectic antithesis, determined by a change from activity to passivity while the ideational content remains the same. Freud's theory of libidinal development distinguishes three main stages of infantile sexuality, oral, anal and genital. At first, sadism was ascribed to the anal phase. Later it was found that each of the stages of sexual development has a form of sadistic aggression corresponding to it. In following up this problem, I found each of the three forms of sadistic aggression to be a reaction to the frustration of the corresponding partial impulse. According to this concept, the sadism on each level of development results from a mixture of the destructive impulse against the frustrating person with the corresponding sexual demand, in the following way: Sucking, frustration → destructive tendency, biting: oral sadism; anal pleasure, frustration → wanting to squash, to step on, to beat: anal sadism; genital pleasure, frustration → wanting to pierce; phallic sadism. This concept was entirely in harmony with Freud's original formulation that the destructive tendency toward the outer world develops first (usually as a result of frustration) and later turns against the self when it, also, becomes inhibited by frustration and fear of punishment. Sadism, in turning toward the self, becomes masochism; the superego, the representation of the frustrating person, of the demands of society on the ego, becomes the punishing agency (conscience). The guilt feeling corresponding to the destructive impulse which comes into conflict with love.

Later, Freud gave up this concept of masochism as a secondary formation. He replaced it by the converse concept that sadism is masochism turned toward the outer world; he assumed the existence of a primary biological tendency to self-destruction, a primary or erogenous masochism. This concept later turned into that of the "death instinct," the antagonist of "eros." Primary masochism was thought of as an expression of a biological death instinct which was based on the processes of dissimilation in every cell of the organism.

The proponents of the theory of the death instinct again and again tried to substantiate their views by pointing to


physiological processes of dissimilation. None of these attempts was in any way convincing. A recent paper deserves mention because it approaches the problem clinically and sets forth physiological arguments which at first glance seem convincing. Benedek bases her argument on the findings of Ehrenberg. This biologist found that even in the protozoon an antithetical process can be found. Certain processes in the protoplasm lead not only to the assimilation of the food, but also to a precipitation of previously dissolved substances. This first formation of a structure is irreversible; dissolved substances become solid. What assimilates is alive; what develops by way of assimilation, changes the cell, gives it a higher structure which, from a certain point on, i.e., when it gains preponderance, is no longer life, but death. That sounds logical particularly when we remember the hardening of the arteries with advancing age. But this very argument contradicts the assumption of a tendency to death, a death instinct. What has become solid and immobile hinders life and its cardinal function, the alternation of tension and relaxation, in the gratification of hunger as well as the sexual needs. This disturbance of the life process is exactly the opposite of what characterizes instinct. The rigidity renders the rhythm of tension and relaxation impossible again and again. If we wanted to see an instinct in these processes, we would have to change our concept of the instinct.

If, furthermore, anxiety is considered the expression of a "death instinct become free," it would have to be explained how "solid structures" can become free. Benedek says herself that the structure, that which has become solid, can be considered inimical to life only when it becomes predominant and hinders the life processes.

Furthermore, if the structure-forming processes are synonymous with the death instinct, if, as Benedek assumes, anxiety corresponds to the inner conception of this increasing solidification, i.e., death, then one would expect children and adolescents not to have any anxiety, while old people would have only anxiety. The exact opposite is the case: anxiety is most pronounced during the periods when sexuality is at its height (i.e., when it is inhibited during these periods). According to this concept, we would find fear of death in the sexually satisfied individual also, since he is subject to the same process of biological dissimilation as the sexually unsatisfied one.

Following up consistently Freud's theory of actual anxiety, I arrived at a modification of his original formula according to which anxiety developed by conversion of libido. I found that anxiety is a manifestation of the same excitation of the vaso-vegetative system which in the sensory system is experienced as sexual pleasure.

Clinical experience shows anxiety to be nothing but the sensation of a constriction ("angustiae"), of a stasis; fears (the idea of dangers) become affective anxiety only in the presence of such a stasis. If it should be found later on that the social restriction of sexual gratification accelerates the structure-forming process, that is, dying, this finding would not prove that anxiety is the result of these processes; it would only show the life-inimical effect of sex-negating morality.

The change of the concept of masochism automatically involved a change of the etiological formula of the neurosis. Freud's original concept was that psychic development takes place in the conflict between instinct and outer world. Now the concept came to be that the psychic conflict was the result of a conflict between eros (sexuality, libido) and death instinct (in-
The clinical starting point for this dubious hypothesis was the peculiar fact that certain patients seem to be unwilling to relinquish their suffering and keep seeking painful situations. This was in contradiction to the pleasure principle. There seemed to be a hidden inner intention to hold on to the suffering and to experience it again and again. The question was whether this "will to suffer" was a primary biological tendency or a secondary psychic formation. There seemed to be a need for punishment which satisfied the demands of an unconscious guilt feeling by the infliction of self-damage. After the publication of *Jenseits des Lustprinzips*, psycho-analytic writers, led by Alexander, Reik, Nunberg and others, without being aware of it, changed the formula of the neurotic conflict. The original formulation was that the neurosis results from the conflict between instinct and outer world (libido—fear of punishment). Now they said the neurosis resulted from the conflict between instinct and need for punishment (libido—wish for punishment). The exact opposite. This concept was based on the new hypothesis of the antithesis between eros and death instinct, and made the significance of the frustrating and punishing outer world recede more and more into the background. The answer given to the question, Where does suffering come from? was now: "from the biological will to suffer, from the death instinct and the need for punishment."

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8 The theory of the death instinct dominates psychoanalytic literature at present. Freud, in a talk years ago, called this theory a hypothesis which was outside of clinical experience. In *Jenseits des Lustprinzips* he wrote that "one has to be ready to leave a path one has followed for some time if it does not seem to lead to anything good." In spite of these admonitions, the hypothesis developed into a clinical "theory"; it was not only not given up, it led to no good. Many analysts even contend that they have directly observed the death instinct. This made one conveniently forget the correct answer which was: from the outer world, from frustrating society. This formulation blocked the avenue of approach to sociology, an avenue which the original formulation of the psychic conflict had opened wide. The theory of the death instinct, of a biological will to self-destruction, leads to a cultural philosophy such as that expressed in Freud's *Unbehagen in der Kultur*; a philosophy which asserts that human suffering is inevitable because the self-destructive tendencies cannot be mastered. Conversely, the original formulation of the psychic conflict leads inevitably to a criticism of the social order.

Placing thus the source of suffering from the outer world, society, into the inner world, was in conflict with the basic original principle of analytic psychology, the "pleasure-unpleasure-principle." This is a basic law of the psychic apparatus, according to which man strives for pleasure and tries to escape unpleasure. This principle, according to the original psychoanalytic concepts, determined psychic development and psychic reactions. The "reality principle" was not an antithesis to the pleasure principle; it simply meant that reality imposes the necessity of postponing or relinquishing certain pleasures. These "two principles of psychic functioning," as Freud called them, could be valid only as long as the original formulation of masochism was valid, that is, as long as masochism was considered inhibited sadism turned against the self. This was an explanation of masochism within the framework of the pleasure principle, but it still left unanswered the question of how suffering can be a source of pleasure. This was in contradiction to the pleasure function. One could well understand how ungratified and inhibited pleasure could turn into unpleasure, but not the reverse, how unpleasure could turn into pleasure. Thus, the explanation that masochism
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consisted in experiencing unpleasure pleasurably meant nothing.

Most psychoanalysts felt that the assumption of a "repetition compulsion" solved the problem of suffering satisfactorily. True, it fitted marvelously the theories of the death instinct and of the need for punishment, but it was a more than dubious assumption. First, it was at variance with the pleasure principle. Second, it introduced into the theory of the pleasure-unpleasure-principle, which was clinically well founded, an undoubtedly metaphysical element, a hypothesis which was not only unproven but incapable of proof, and which caused great damage to analytic theory. The assumption was that of a biological compulsion to repeat situations of unpleasure. The "principle of the repetition compulsion" meant nothing because it was only a term, while the formulation of the pleasure-unpleasure-principle was based on the physiological laws of tension and relaxation. As long as the repetition compulsion was interpreted as the law that every instinct strives for the re-establishment of a state of rest, and as the compulsion to experience once-had pleasure again, no objection could be made. In this form, the concept was a valuable amplification of our concept of the mechanism of tension and relaxation. But, interpreted thus, the repetition compulsion is entirely within the framework of the pleasure principle; more than that, the pleasure principle explains the compulsion to repeat the experience. In 1923, still awkwardly, I interpreted the instinct as the characteristic of pleasure to have to be repeated. Thus, the repetition compulsion within the pleasure principle is an important theoretical concept.

However, it was just the principle of the repetition compulsion beyond the pleasure principle which became important in psychoanalytical theory; this concept was used in an attempt to explain phenomena which apparently could not be explained by the pleasure principle. But it was not possible to establish clinical proof of the repetition compulsion as a primary tendency. It was supposed to explain a great many things and yet could itself not be demonstrated or explained. It led many analysts to the assumption of a super-individual "ananke." This assumption was superfluous for an explanation of the striving for the re-establishment of a state of rest, for this striving is fully explained by the function of the libido to bring about a relaxation. This relaxation is nothing but the re-establishment of the original state of rest, and is implicit in the concept of the instinct. Incidentally, the assumption of a biological striving for death also becomes superfluous when one remembers that the physiological involution of the organism, its gradual dying, sets in as soon as the function of the sexual apparatus, the source of the libido, begins to decline. Dying, thus, is not necessarily anything but the cessation of the function of the vital apparatus.

It was the clinical problem of masochism which clamored for a solution and which led to the unfortunate assumption that a death instinct, a repetition compulsion and a need for punishment were the basis of the neurotic conflict. In a controversy with Alexander, who based a whole theory of personality on these assumptions, I myself still adhered to the original theory of masochism as the last possible explanation. True, the question as to how unpleasure could be striven for, how it could turn into pleasure, was already in the air, but I had as yet nothing to say about it. The assumptions of Sadger, of an erogenous masochism, of a specific disposition of buttocks eroticism and skin eroticism to perceive unpleasure as pleasan


ure, was not satisfactory either. For why should buttocks eroticism plus pain be perceived as pleasure? And why did the masochist experience as pleasure what others, when beaten on the same erogenous zone, experienced as pain and unpleasant? Freud himself unravelled a part of the question when he discovered behind the phantasy, “A child is being beaten,” the original pleasurable situation, “Not I, but my rival is being beaten.” Nevertheless, the question why being beaten can be accompanied by pleasure remained. All masochists report that the phantasy or the act of being beaten is pleasurable, and that only with this phantasy can they have pleasure or sexual excitation.

Years of study of masochistic patients gave no clue. Only when I began to doubt the correctness and precision of the patients’ statements did the light begin to dawn. It was astounding to see how little one had learned, in spite of decades of analytic work, to analyze the experience of pleasure itself. Exact analysis of the pleasure function revealed a fact which at first was completely confusing but which, nevertheless, suddenly explained the sexual economy and, with that, the specific basis, of masochism. What was surprising and confusing was that the formulation, “the masochist experiences unpleasant as pleasure,” proved erroneous. It was shown that, rather, the specific pleasure mechanism of the masochist consists in the fact that while he strives for pleasure like any other person, a disturbing mechanism causes this striving to fail and causes him to experience as unpleasant sensations which the normal person experiences as pleasure, when they exceed a certain intensity. The masochist, far from striving for unpleasure, suffers from a specific intolerance for psychic tensions and an overproduction of unpleasant far greater than in any other neurosis.

In discussing the problem of masochism I shall take as my point of departure not the masochistic perversion, as is usual, but its characterological reaction basis. I shall illustrate with the history of a patient who was treated for almost four years and which solved questions which a number of previously treated cases had not answered but which became clear in retrospect from the results of this case.

2. THE ARMORING OF THE MASOCHISTIC CHARACTER

Only the smallest minority of masochistic characters also develop a masochistic perversion. The sexual economy of the masochist can be understood only from an understanding of his character reactions. Therefore, in presenting this case, we follow the path which every psychoanalytic treatment has to follow if it is to do more than explain the case theoretically and is to establish genital primacy with orgastic potency.

Every character formation serves two functions. First, the armoring of the ego against the outer world and the inner instinctual demands; second, the economic function of absorbing the excess of sexual energy which results from sexual stasis, or in other words, of keeping this energy from manifesting itself as anxiety. While this is equally true of any character formation, the form in which these functions are fulfilled are specific, that is, different for the various forms of neurosis. Every character type develops its own mechanisms. It is, of course, insufficient to know the basic functions of the character (defense and prevention of anxiety) in a patient; one has to find out quite early in which specific manner the character serves this function. Since the character absorbs the greater part of the libido (and anxiety); since, further, it is our task to liberate essential amounts of sexual energy from its chronic anchoring in the character and to make it available to the genital apparatus and to sublimation, the analysis
of the character leads us to the root of the pleasure function.

Let us summarize the main traits of the masochistic character. These traits are found, individually, in all neurotic characters. Together, they form the masochistic character only when they are all present, and when they determine the key to the personality and its typical reactions. Typical masochistic character traits are the following: subjectively, a chronic sensation of suffering, which appears objectively as a tendency to complain; chronic tendencies to self-damage and self-depreciation ("moral masochism") and a compulsion to torture others which makes the patient suffer no less than the object. All masochistic characters show a specifically awkward, atactic behavior in their manners and in their intercourse with others, often so marked as to give the impression of mental deficiency. There may be other traits, but these are the typical and specific ones.

It is important to remember that this character-neurotic syndrome may be obvious on the surface in some cases, while in many other cases it is covered up by a superficial mask.

Like any other character attitude, the masochistic attitude shows not only in interpersonal relationships, but also in the inner life of the person. Attitudes which originally were attached to objects are maintained toward the introjected objects, the superego. Frequently, this is of decisive importance. What was originally external and then became internalized, must again be externalized in the analytic transference: in the transference behavior that is repeated which was acquired in infancy in the relationship with the object.

The patient from whose case history excerpts are given here came to analysis with the following complaints: Since the age of 16, he had been completely incapable of working and had no social interests whatsoever. Sexually, there was a severe masochistic perversion. He never had had sexual intercourse, but masturbated every night for hours in a way which is typical of pregenital libidinal structures. He would roll around on his stomach with the phantasy that a man or a woman was beating him with a whip; during this he would squeeze his penis. That is, he did not masturbate like a genital character who will induce sexual excitation by more or less regular friction. Instead, he would knead the penis, squeeze it between his legs or roll it between the palms. As soon as the ejaculation approached, he would hold back and wait until the excitation had subsided, whereupon he would start anew. In this way he would masturbate for hours, every night, often also during the day, until he was completely exhausted and finally permitted an ejaculation. The ejaculation did not take place in rhythmic spurts; the semen would simply flow out. Afterwards he felt exhausted, leaden, incapable of doing anything, depressed, tortured, "masochistic." He found it almost impossible to get himself out of bed in the morning. In spite of the most severe guilt feelings, he could not stop this "lazing in bed." The whole thing he later called the "masochistic bog." The more he rebelled against it, the less was he able to work himself out of this "masochistic mood"; on the contrary, he got into it all the more deeply. At the time when he came for treatment, this kind of sexual life had already lasted several years. The effect on his whole being and his emotional life had been disastrous.

The first impression I gained of him was that of an individual barely able, with all his will power, to hold himself together. This was partly covered up by a very refined and poised behavior; he talked about his ambition of becoming a mathematician. In the analysis, this turned out to be a well-developed idea of grandeur. For years he had been wandering alone through the woods of Germany,
thinking out a mathematical system which would make it possible to calculate and change the whole world. This superficial compensation disintegrated very soon in the analysis when I made him understand its function. It served the function of counteracting the feeling of his absolute worthlessness which, in connection with his masturbation—which he experienced as "filth" and a "morass"—was constantly being reproduced. The "mathematician," the symbol of the pure scientist and asexual individual, was to cover up the "morass individual." The fact is not important here that the patient gave the definite impression of an incipient schizophrenia of the hebephrenic type. What is important here is only that the "pure" mathematics was a protection against the "filthy" feeling of himself which was due to his anal type of masturbation.

With the dissolution of his superficial mask the masochistic attitude made its full appearance. Every treatment hour began with a complaint. Soon there was frank masochistic provocation of an infantile sort. When I asked him to amplify or explain some statement, he would try to nullify my endeavors by such outcries as "I won't, I won't, I won't." In this connection we found that as a boy of 4 or 5 he had gone through a phase of the most severe spite with attacks of yelling and kicking. These occurred on the slightest provocation and made his parents desperate, helpless and furious. Occasionally, such attacks would last for days, until they ended in complete exhaustion. Later he found out by himself that this phase of spite had ushered in his masochism.

The first phantasies of being beaten appeared at the age of about 7. Not only did he fantasy that he was taken across somebody's knee and beaten; he often went to the bathroom, locked himself in and tried to whip himself. A scene from the third year of life, which did not appear until the second year of the analysis, was undoubtedly a traumatic scene. He had been playing in the garden and had soiled his pants. Since there were guests present, his psychopathic and sadistic father got furious, carried him inside and put him on a bed. The boy immediately turned on his stomach and waited for the beating with great curiosity, mixed with anxiety. The blows were heavy, but the boy had a feeling of relief; a typically masochistic experience which was his first.

Had the beating given him pleasure? Further analysis showed unequivocally that he had anticipated something far worse. He had so quickly turned on the stomach in order to protect his genitals from the father, and for this reason had experienced the blows on the buttocks as a great relief; they were harmless compared to the anticipated injury to the genital and this relieved him of a good deal of anxiety.

In order to understand masochism as a whole, one must clearly comprehend this basic mechanism. With this, we are ahead of our story, for this did not become fully clear until after one and a half years' treatment. Until then, the time had been mostly taken up with the attempts, at first fruitless, to master the patient's masochistic spite reactions.

Later on, the patient described his masturbatory behavior like this: "As if I were turned with screws from my back to my stomach." At first I thought this was a beginning phallic sexuality; until I found that it was a defensive action. The penis had to be protected; rather suffer blows on the buttocks than have the penis injured. This basic mechanism also determined the role of the beating phantasy. What later became a masochistic wish had originally been a fear of punishment. The

8 This mechanism was stressed by Freud in his article, Das ökonomische Problem des Masochismus (Ges. Schr., V, p. 378). Its clinical examination, however, does not lead to the hypothesis of a primary masochism, but, on the contrary, to its refutation.
masochistic beating phantasy thus anticipates in a milder form an expected heavy punishment. Alexander’s formulation that by satisfying the need for punishment one purchases sexual pleasure has to be correspondingly interpreted. One does not punish oneself in order to placate or “bribe” one’s superego, whereupon pleasure can be experienced without anxiety. Rather, the masochist approaches pleasurable activity like any other person, but the fear of punishment interferes. The masochistic self-punishment is not the execution of the dreaded punishment, but of a milder substitute punishment. It represents a specific mode of defense against punishment and anxiety. A part of this is the passive-feminine attitude toward the punishing person so frequently found in masochistic characters. Our patient once proffered his buttocks in order to be beaten, as he said. In reality, this wanting-to-be-beaten was an offering of himself as a woman (in the sense of Freud’s interpretation of the passive beating phantasy as a substitute for a passive-feminine desire). The non-masochistic passive-feminine character fulfills this function of defense against the threat of castration by a purely anal attitude, without adding the beating phantasy to ward off anxiety.

This leads in a straight line to the question whether a striving for unpleasure is possible. We shall postpone the discussion of this question until the character-analysis of this patient has provided the necessary basis.

In the analysis, the infantile spiting phase of our patient was reactivated in a completely undisguised and uninhibited manner. The analysis of the crying spells lasted about six months, but it resulted in the complete elimination of this way of reacting. At first it was not easy to induce the patient to reactivate the spiteful actions of his childhood. His reaction was that a refined person, a mathematical genius, could not do such things. However, it was unavoidable. If this layer of the character was to be unmasked as a defense against anxiety and was to be eliminated, it had to be first reactivated to the full extent. When the patient started his “I won’t,” I first tried interpretation, but my endeavors were completely ignored. So I began to imitate the patient; when I gave an interpretation of his behavior, I immediately added the “I won’t” myself. At one time he reacted suddenly with involuntary kicking: I seized the opportunity and asked him to let himself go completely. At first he could not understand how anybody could ask him to do a thing like that. But more and more he began to thrash around on the couch, which behavior turned into highly emotional spiteful yelling and inarticulate, animal-like sounds. A particularly violent attack of this kind occurred one day when I pointed out to him that his defense of his father was only a mask for his tremendous hatred of him. I did not hesitate to grant to him that this hatred had a good deal of rational justification. After this, his actions began to assume an almost frightening character. He yelled so that the people in the house began to get fearful. However, this was the only avenue of approach to his deep emotions; only in this way was he able to re-live his infantile neurosis fully and affectively, not just in the form of recollections. Again and again, it was possible to deepen his insight into his behavior. Its meaning was a grandiose provocation of the adults; and, in a transferred sense, of my person. But, the question was, why did he provoke?

Other masochistic patients try to provoke the analyst with the typical masochistic silence. Our patient did it with infantile spite reactions. It took a long time until I could make him understand that his provocation was an attempt to make me strict and to drive me furious. But this was only the superficial meaning of the behavior. If the deeper meaning is
so often overlooked it is because of the erroneous belief that the masochist seeks punishment in itself, for the gratification of a guilt feeling. In reality it is not a matter of punishment at all, but of placing the analyst, or his prototype, the parent, in a bad light, of provoking him into a behavior which would rationally justify the reproach, “You see how badly you treat me.” This provocation of the analyst is, without exception, one of the first great difficulties in any masochistic character. Without uncovering this meaning, one will not get one step further.

What is the meaning of thus provoking the analyst, of placing him in a bad light? The meaning is: “You are bad, you don’t love me. On the contrary, you are cruel to me, and I have a right to hate you.” The justification of the hatred and the reduction of the guilt feeling through this mechanism are, however, only intermediate processes. True, if one assumes guilt feeling and need for punishment to be manifestations of a biological death instinct, one will be inclined to the belief that with the discovery of the rationalization of the hatred and the provocation of the object one has hit rock bottom. But the main problem of the masochistic character is not his guilt feeling, nor is it his need for punishment, no matter how important they seem to be. Why, then, does the masochist try to place his object in a bad light?

Behind the provocation there is a deep disappointment in love. The provocation is directed especially against those objects who caused a disappointment, that is, objects which were loved intensely and who either actually disappointed or who did not sufficiently gratify the child’s love. The actual disappointments in the masochistic character are intensified by a particularly high need for love which makes a real gratification impossible and which has specific inner reasons which will be discussed later.

As time went on and the patient became convinced that he could not make me furious, the behavior persisted, but for a different reason. Now it gave him obvious pleasure to let himself go. His acting out became a hindrance; the hours were filled with infantile kicking and yelling. Now I could show him that his provocation originally had served a second purpose, namely to see how far he could go with his naughtiness before I would withdraw my love and proceed to punishment. He had convinced himself that he need not be afraid; he could be naughty without being punished. The continued naughty behavior, then, showed the fear of punishment to be unfounded and thus was a source of pleasure. It had nothing at all to do with any wish to be punished though I searched assiduously for it. At the same time there were continued complaints about his condition, about the morass he could not get out of and—implicitly—I did not help him to get out of. Masturbation continued in the same manner and put him daily in the “morass” mood to which he gave vent in complaints, that is, in masked reproaches. Under these circumstances the analysis made no progress. To prohibit the spite reactions was out of the question; it might have stopped everything. So I began to show him a reflection of himself. When I opened the door, he would stand there with a drawn face, in an attitude of utter dejection. I would imitate his attitude. I began to use his infantile language, I lay on the floor and kicked and yelled as he did. At first he was surprised, but one day he began to laugh, in an absolutely adult and unneurotic way; a breakthrough, although only temporary, had succeeded. I repeated these procedures until he himself began to analyze the situation.

What was the meaning of the provocation? It was his way of demanding love, as it is the way of all masochistic characters. He needed proofs of love which
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would reduce his anxiety and inner tension. The more his unfortunate masturbation increased his tension, the more he intensified his demand for love. The more he had the “morass feeling,” the more intensive became his masochistic attitude, that is, his demand for love. But why was this demand made in this indirect, disguised manner? Why did he fight any interpretation of his affection? Why did his complaints continue?

His complaints had the following layers of meaning, corresponding to the genesis of his masochism. “Look how miserable I am; please love me”—“You don’t love me enough, you treat me badly”—“You must love me, I shall force you to; or else I’m going to annoy you.” The masochistic torturing, the masochistic complaint, provocation and suffering all explain themselves on the basis of the frustration, fantasied or actual, of a demand for love which is excessive and cannot be gratified. This mechanism is specific for the masochistic character and no other form of neurosis; if it occurs in other neuroses, one also finds the corresponding masochistic element in the character.

What is the meaning of the excessive demand for love? The answer is given by an analysis of the masochistic character’s disposition to anxiety. The masochistic behavior and the demand for love always increase in proportion to the unpleasurable tension, the readiness to anxiety or the danger of loss of love. It is typical of the masochistic character to avoid anxiety by wanting to be loved. Just as the complaints are a disguised demand for love and the provocation an attempt to force love, so is the total masochistic character an unsuccessful attempt to liberate himself of anxiety and unpleasure. It is unsuccessful because, in spite of these attempts, he never gets rid of the inner tension which constantly threatens to turn into anxiety. The feeling of suffering, then, corresponds to the actual facts of a continuous high inner tension and readiness to anxiety. This becomes clearer if we compare the masochistic character with the compulsion-neurotic affect block. Here, the assimilation of anxiety has been successful. True, at the expense of psychic motility, but the inner tension is completely consumed by a well-functioning psychic apparatus, with the result that there is no restlessness. If the latter is present it means an insufficiency of the character armor.

The masochistic character attempts to allay the inner tension and the threatening anxiety by an inadequate method, that is, by demands for love in the form of provocation and spite. Of course, this has its special reasons, that is, this manner of voicing a demand for love is specifically masochistic. The essential element in the failure is, however, that the spite and the provocation are directed against the very person who is loved and from whom love is demanded. In this way, the fear of losing love is increased; similarly, the guilt feeling, instead of being decreased, increases, because it is the loved person who is being tortured. This explains the peculiar behavior of the masochist: the more he tries to get out of his situation of suffering, the more he gets entangled in it.

The attitudes thus far mentioned are found, individually, in other characters also. Only their combination is specific of the masochistic character. But what causes this combination?

We mentioned the excessive demand for love. We have to add that this is based on fear of being left alone which the masochist experienced intensely in very early childhood. The masochistic character can tolerate being left alone no more than the threat of losing a love relationship. The fact that masochistic characters so often get lonely is the secondary result of the attitude, “See, how miserable, alone, and deserted I am.” Our patient, during a discussion of his relationship with his mother, said once in great excitation:
"To be left alone means death, means the end of my life." This content, in different words, I have heard very often from masochistic characters. The masochistic character cannot tolerate giving up an object (hence the masochistic sticking to a love object), any more than he can divest it of its protective role. He does not tolerate the loss of contact and tries to re-establish it in his inadequate way, that is, by showing himself miserable. Many of these characters develop the feeling of being alone in the universe.

A number of psychoanalytic authors (e.g., Sadger and Federn) have pointed out that skin eroticism plays a special role in masochism. They made the mistake, though, of considering skin eroticism the immediate basis of the masochistic perversion; analysis shows, however, that this is the case only under certain conditions and by way of a very complicated development. Only the fear of being left alone is based directly on the fear which may arise when the contact with the skin of the beloved person is lost. Let us summarize the symptoms which, in the erogenous masochist, refer to the skin. There is always some kind of wish for activity at the skin or at least phantasies of it: to be pinched, brushed, whipped, fettered, to make the skin bleed, etc. The buttocks play an important part here, but only indirectly, as a result of an anal fixation. All these wishes have in common that the patient wants to feel the warmth of the skin, not pain. If a patient wants to be whipped, it is not because he wants to feel pain; the pain is taken in the bargain because of the "burning." Many masochists fantasy directly that their skin is being burned. Cold, on the other hand, is abhorrent. This also explains the "lazing in bed" as a gratification of the need for skin warmth.

This is easily understood from the physiology of anxiety and pleasure. Contraction of the peripheral vessels increases anxiety (pallor of fright, feeling cold when scared); the sensation of skin warmth which is based on dilatation of the peripheral vessels and a greater blood flow, is a specific part of the pleasure syndrome.

It is not easy to understand why bodily contact with a beloved person relieves anxiety. Probably both the direct body heat as well as the innervation of the peripheral vessels in the expectation of maternal protection alleviate the central tension. In this context it is sufficient to point out that the peripheral vasodilatation, which relieves the inner tension and anxiety, is the erogenous basis of the masochistic character. His later striving to avoid the loss of contact is only the psychic reflection of an actual physiological process. To be left alone in the world means being cold and unprotected, and an intolerable condition of tension.

Oral fixation does not seem to have a specific significance in masochism, though it is always present to a marked degree, as in all pregenital characters. There is no doubt that the oral demands contribute to the insatiable character of the masochistic love demands. But the oral demands in masochism seem to be more the result of a regression to an early disappointment in the love object and consecutive fear of being deserted, than a primary cause of the masochistic need for love.

Several cases disclosed another source of their excessive need for love: the fear of being left alone set in at a time when violent aggression and infantile sex curiosity — unlike the previous oral and anal impulses—met with serious rebuff from the beloved parents. The enormous fear of punishment which prevents the progress to genitality is a result of this contradiction.

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9 Footnote, 1944: The orgone energy which was discovered in 1939 provides the explanation for this phenomenon: The alleviation of the child's anxiety by bodily contact with the mother is explained, orgone-biophysically, by the orgonotic expansion of the child's biosystem which reaches out for the mother. There is a contact between the orgone fields of the two organisms.
between sexual impulses which are permitted, even encouraged, on the one hand, and impulses which are threatened with severe punishment on the other hand. Our patient was allowed to eat as much as he pleased, in fact, he was encouraged to eat much; he was allowed to lie in bed with his mother, to embrace and stroke her; there was much interest in his excretory functions. But when he proceeded to new possibilities of sexual gratification, when he began to show interest in his mother's genital and wanted to touch her, he met the full severity of parental authority.

To the extent to which oral demands play a role in masochism, they determine, as in other forms of neurosis, the depressive tendencies. What is specific for masochism is the combination of skin eroticism, anality and the fear of being left alone which the masochist tries to master by bodily contact. This erogenous disposition is one of the chief causes of the excessive demand for love which has the specific nuance of “warm me” (= “protect me”). The “beat me” is already a disguised expression of this demand. It looks as if the masochist had received too little love and for this reason had developed such a strong demand for love. This is correct only insofar as he has always suffered severe frustrations of love; but very often the excessive demand is also a result of over-coddling. This excessive character of the love demand is in turn the result of certain harmful educational influences which are characteristic of the patriarchal system.

The question here is what determines the erogenous disposition of the masochistic character. It is not simply an anal or skin-erotic disposition, but the result of a specific combination of external influences upon the erogenicity of the skin as well as upon the total sexual apparatus which create the basis of the masochistic character. Only when we know these influences can we understand the other character traits of the masochist.

3. INHIBITED EXHIBITIONISM AND TENDENCY TO SELF-DEPRECIATION

We shall now turn to the discussion of a few other masochistic character traits, this time in connection with the sexual structure of the masochist. I shall report only those analytic findings which, taken together, are specific for masochism, as well as those which are at the basis of the masochistic disturbance of the pleasure mechanism.

It had taken about a year to break through the character armor of spite, provocation and complaining sufficiently to break through into early childhood and, more importantly, to the point where the patient actively participated in the analytic work. After this, particularly after the repression of his hatred for his father and his fear of him had been dissolved, there was a powerful breakthrough of his genitality. He had erections, his masturbation was no longer masochistic, and he had genital desires for a woman. An initial failure of his genital attempts led to the analysis of his deep, specifically anal love for his mother. While he made rapid progress, the following was striking:

His approach to women was very vigorous, but at the same time he could not get rid of a feeling of an inner struggle and artificiality. This again and again gave rise to masochistic complaints that, in spite of external improvement, he did not feel well: “Nothing has changed about the masochistic morass.”

The slightest incident was enough to cause an immediate disappointment; the least difficulty made him retreat from reality into his masochistic phantasies. This oscillation between attempts to establish genital reality and rapid retreats into masochism lasted for many months. I knew that his castration anxiety had not been worked out and that this was the
reason. The concentration of the work on this aspect brought a wealth of interesting results. To begin with, the patient, who previously had shown no trace of genital interest, proved full of genital anxieties. Only a few examples: the vagina is a "morass," full of snakes and worms; the tip of his penis is snipped off; one sinks into an abyss and does not find one's way out. The discussion of all these anxieties, however, did not change his labile condition in the least; for months, every hour began with his masochistically voiced complaint that he was "inwardly broken." An analysis of the transference situation showed again and again his passive-anal tendencies, specifically, the fact that he retreated from the woman as soon as a rival appeared. The idea of having a small penis seemed for some time incapable of correction. His attitude toward a rival was one of envy. This was, however, immediately covered up by a passive-feminine attitude; this is a well-known mechanism of warding off the fear of the father. However, even deep-reaching analysis of these attitudes did not change his feeling that, in spite of external successes, he remained a masochist.

After the first attempts at coitus in which he had been erectively potent, though unsatisfied, he developed a syphilophobia. One day he showed me his penis, asking me whether a small erosion was the sign of syphilitic infection. It was immediately clear that he wanted to exhibit himself. Now, the analysis immediately clarified an important point in his genital development. It turned out that as a child he had reached the genital phase only in the form of exhibiting his penis and that his mother had rebuffed him severely. This genital disappointment was all the more severe in that his mother had not only not prohibited his anal exhibition, but encouraged it by the intense interest which she had shown in his excretory functions. In fact, she used to go to the bathroom with him when he was as much as ten years old. The pleasure which he had derived from anal exhibition was the reason for his initiating the genital phase with exhibition of the penis. The analysis showed that his first attempts at a genital approach to his mother had been exhibitionistic. This impulse had soon been repressed and this repression resulted later in a severe inhibition in his general behavior. In his attempts at coitus, he never dared to show himself naked to the woman or to let her touch his penis. After the analysis of this element he seriously began to look for a profession, and decided to become a photographer. He started out by buying a camera and by snapping everything that he came across. This showed again how important the elimination of genital repression is for sublimation. Today he is very good in his profession. But for a long time he still lacked the inner satisfaction in his work: "I don't feel myself, but when I do, masochistically miserable."

Exhibitionistic onset of the genital phase with immediate strict prohibition and repression of exhibitionistic impulses and complete inhibition of further genital development is specific of the masochistic character. It is just as typical and specific as early phallic sadism and its inhibition and anal-sadistic fixation are for compulsion neurosis. This is at the basis of some character traits which determine the awkward, atactic manner of the masochist. Our patient described this inner situation as follows: "I feel like an officer who, sword drawn, runs far ahead of his troops, suddenly turns around and finds that nobody has followed him."

This feeling is connected with another character trait: Masochistic characters cannot stand praise and have a strong tendency to self-depreciation. In spite of a great ambition, our patient could not stand being near the top in his class. "If I remained a good student I would feel as
if I were standing in front of a crowd, showing my erect penis." This was by no means an incidental remark such as are made so often during an analysis; it went to the core of the matter. The inhibition and repression of genital exhibition leads to a severe impairment of sublimation, activity and self-confidence in later life. In the masochist, this inhibition goes as far as the development of contrary traits. The narcissistic character exhibits in a disguised form; the masochistic character uses a reaction formation, the exact opposite of exhibition: self-depreciation, in order not to stand out. He lacks the self-confidence of the genital character.

For these reasons, the masochistic character cannot be a leader, although he usually develops grandiose phantasies of heroism. His anal fixation makes him passive, and in addition, the inhibition of exhibitionism leads to self-depreciation. This structure of the ego is in conflict with an active, phallic ego-ideal which cannot make itself felt. This conflict creates another tension and another source of suffering which reinforces the masochistic process. The picture of the officer illustrates this ego-ideal which the masochist must hide, must be ashamed of, because the ego (the troops) do not—and cannot—follow.

In this connection a character trait needs to be mentioned which is common in masochists and children with masochistic tendencies: to feel stupid or to make oneself appear stupid. To exploit every inhibition for the purpose of self-depreciation is in full harmony with the masochistic character. One patient said one day he could not stand praise because it made him feel as if he were standing there with his pants down. One should not underestimate the significance of the anal fixation, of the exhibition of the buttocks, for the genital development of the child. The feeling of shame acquired in connection with anal activities is later transferred to the genital. Since any praise represents a provocation of exhibitionistic tendencies, since, further, to show oneself is connected with severe anxiety, the masochist must make himself small in order to avoid this anxiety. Having done so, he has an additional reason to feel neglected, which in turn provokes the whole need for love.

"Stupidity" or pretending stupidity also belongs here. Our patient once described an infantile scene in which he pretended stupidity, as follows: "I want something I don't get, then I get annoyed and stupid. But how much do they love me, even though I make myself stupid? When I'm not loved, I'm not worth loving and must make myself all the more ugly and stupid."

Now we can answer the question why the masochistic character expresses his demand for love in such a disguised form, why he is completely incapable of showing or demanding love directly. Another patient would always, when he wanted to win a woman, show himself miserable. He had a panicky fear of showing his love directly because the woman might get angry and might punish or shame him. He had the same inhibited exhibitionism as our patient.

All this taken together causes a feeling of inner ataxy, often a painful embarrassment about appearance. The inhibition of the ability to show and demand love openly brings about all kinds of distorted expressions and makes a person, as our patient put it, "bureaucratic," that is, unnatural and stiff. Behind this there is always a fear of disappointment or rebuff. Our patient once said: "I am confronted with the task of inserting a penis which is not erect into a vagina which is not offered to me."

In the place of frank manifestation of love, the hysterical character develops anxiety; the compulsive character, hatred and guilt feeling; and the masochistic character shows and demands love under the
disguise of complaining, provoking and showing himself miserable. These differences correspond fully to the specific genesis: the hysterical character has developed his genitality fully, but it is anxiety-laden; the compulsive character has replaced his genitality by phallic sadism; the masochistic character has reached genitality on the exhibitionistic level, then repressed it and now expresses his love in a specifically distorted form.

4. UNPLEASURABLE PERCEPTION OF INCREASE IN SEXUAL EXCITATION: THE SPECIFIC BASIS OF THE MASOCHISTIC CHARACTER

There is no neurotic structure without some form of genital disturbance. In the masochistic character the disturbances of the orgasm are of a specific form. Often they do not become obvious until the impotence or anesthesia have been more or less eliminated; this explains the fact that hitherto they were completely overlooked. We have already seen that the masochistic character has an increased production of unpleasure which gives his feeling of suffering a real basis. We have further seen that the masochistic character constantly tries to master his tension and disposition to anxiety by inadequate mechanisms; more than that, it is typical of the masochistic character that his attempts to avoid anxiety only cause more tension and unpleasure, which, in a vicious circle, again increases the disposition to anxiety. We have also found that the masochistic punishment, or the phantasy of it, represents a substitute for another punishment which is expected.

Can the experience of an anxiety, such as our patient had at the age of three, produce the masochistic fixation of the phantasy of being beaten? No, for the patient could, as others do, completely relinquish the sexual impulse which provokes the dreaded punishment; in doing so, he could save himself the masochistic solution of the punishment situation which only brings suffering. Thus, there must be something additional at the basis of the specific masochistic mechanism.

This mechanism cannot be detected until the patient has progressed to the genital level, that is, until he develops genital impulses. Then one encounters a new difficulty. The patient develops a strong genital desire which at first eliminates much of his masochistic attitude, but on the occasion of his first actual genital experience he feels unpleasure instead of pleasure; as a result of this, he is thrown back into the masochistic "morass" of his anal and sadomasochistic pregenitality. It was years before it became clear that the "incurability of the masochist, who wants to hold on to his suffering" was due only to our defective knowledge of his sexual functioning. The solution could not have been found if I had adhered to the concept that the masochist wants to suffer because of an unconscious guilt feeling or need for punishment due to a death instinct.

This does not mean a denial of the fact that self-punishment can ease the conscience. But this fact must be properly evaluated. The relief of guilt feelings through punishment is a superficial process which does not touch the core of the personality; it is relatively rare, and, in addition, is a symptom and not the cause of a neurosis. On the other hand, the conflict between sexual desire and fear of punishment is a central fact in every neurosis; without this conflict there is no neurotic process; it is itself not a symptom, but the cause of the neurosis. The recent psychoanalytic evaluation of the need for punishment has resulted in a misleading modification of the psychoanalytic theory of the neuroses and the theory of therapy; it blocked the way to a prevention of the neuroses and obscured the sexual and social origin of the neuroses.

The masochistic character is based on a very peculiar spastic attitude not only
in his psychic but also in his genital apparatus which immediately inhibits any strong pleasure sensation and thus changes it into unpleasure. This constantly nourishes the suffering which is at the basis of the masochistic character reactions. It goes without saying that—no matter how thoroughly we analyze the meaning and genesis of the masochistic character—we will not achieve any therapeutic result unless we penetrate to the genesis of this spastic attitude. Otherwise we cannot establish orgastic potency which alone is capable of eliminating the inner source of unpleasure and anxiety. Let us return to our patient.

On the occasion of his first coitus, he had an erection, but he did not dare move his penis in the vagina. At first we thought this was due to bashfulness or ignorance; it took some time to find the real reason. He was afraid of an increase in pleasurable excitation. This is certainly, at first glance, a peculiar behavior. We see it during the cure of orgastic impotence, especially in previously frigid women. In the masochist, however, it has a specific character. This will become clear from the material.

After the patient had had intercourse a few times it became clear that it provided far less pleasure than his masochistic masturbation. Nevertheless, he was able to imagine genital pleasure vividly, which became a powerful incentive in the treatment. The relative absence of genital pleasure was serious. For there is no other way of putting pregenital pleasure out of function than the establishment of the more intense genital pleasure. The absence of pleasure in the act certainly was no incentive to the development of his genitality.

In the course of further attempts, a new disturbance made its appearance: the erection disappeared during the act. Was this due only to castration anxiety, or was there something more? Further analysis of his castration fears failed to change the condition. Finally it turned out that the cramping of the musculature of the pelvic floor before ejaculation took place in masturbation was of greater significance than it had appeared at first. I am going to summarize the infantile material which shows that the masochist—in spite of his seemingly free and excessive anal and urethral gratification—has an anal and urethral inhibition and anxiety which goes back to early infancy. This inhibition is later transferred to the genital function and provides the immediate basis for his excessive production of unpleasure.

Between the ages of 3 and 6, our patient developed a fear of the toilet. He had the idea that an animal might crawl into his behind. With this, he began to hold back his stools which in turn created the fear of soiling his pants. If one soils one's pants, one gets a beating from father. This he had learned from that impressive scene which occurred when he was about three. If father beats one, there is also a danger of castration; in order to avoid injury to the genital, one must divert the blows to the buttocks. Nevertheless, he developed the fear that on these occasions, when he was lying on his stomach, he might get a splinter into his penis. All this together created a spastic condition of the musculature of the pelvic floor, of the genitals and the rectum. The resulting constipation intensified his mother's concern about his bowel movements, which created another conflict: while the mother showed intense interest in his bowel movements, the father beat him for it. This resulted in the predominantly anal foundation of his Oedipus complex. The patient soon developed the further fear that the bladder or the rectum might burst, that, in other words, the holding back was to no avail and he would again fall victim to his father's beatings. A hopeless situation which certainly was not of biological but of purely social origin. It should be men-
tioned that the father loved to pinch the buttocks of his children and that he used to threaten that he would "take their skins off" if they did not behave.

The boy had an anal fear of his father, together with an anal fixation to his mother, and a tendency to beat himself. Because of the relaxation and gratification connected with it, he felt his evacuation to be punishable; out of fear of his father's punishment, he began to beat himself. Plainly, this simple process is far more important for the pathology of this case than the identification with the punishing father and the masochistic attitude toward a developing anal superego. We have to keep in mind that such pathological identifications are in themselves neurotic formations; they are a result and not a cause of the neurosis. True, we found all the complicated relations between ego and superego, but we did not stop there; the more important task was that of strictly differentiating those masochistic findings which corresponded to the actual behavior of the father from those which corresponded to inner erogenous impulses. This case, like many others, showed plainly that our educational methods deserve much more attention; that we distribute our attention very poorly if we turn 98% of it to analytic detail work and only 2% to the gross damages which are inflicted on the children by the parents. It is in this way that psychoanalytic findings fail to lead to the necessary criticism of patriarchal family upbringing.

In our patient, the infantile conflict situation was mainly due to the conflicting behavior of mother and father, respectively, with regard to anality. This conflict deter-

10 The neurosis is caused by the conflict between pleasure (ego) and punishing outer world, and is maintained by the conflict between ego and superego. The superego continues to function on the basis of the ever-repeated experience that sexual pleasure is punishable. The effect of the childhood inhibition is decisively supported by social actuality.

mined not only his feminine attitude toward the man (father) but also his feeling of emptiness and impotence. Later, the patient would feel himself impotent as soon as he got near an adult man; becoming afraid, he would withdraw his interest from the genital and would become anal, passive; this expressed itself in his admiration for these men.

All this allows the following conclusions: The customary training to experimen
tal cleanliness (too early and too strict) leads to the fixation of anal pleasure; the associated idea of being beaten is definitely unpleasurable and at first anxiety-laden. It would be erroneous to say that the unpleasure of being beaten turns into pleasure. Rather, the fear of being beaten prevents the development of pleasure. This mechanism, acquired on an anal level, later is transferred to the genital.

As late as puberty, the patient still often slept with his mother in the same bed. At the age of 17, he developed a phobia about his mother becoming pregnant by him. The closeness to his mother and her body warmth stimulated his masturbation. The ejaculation had the meaning of urinating at his mother, as was to be expected in view of his specific development. If the mother should become pregnant, this would be proof of his urethral incest and severe punishment would threaten. At this point he began to hold back the semen and to masturbate with vivid masochistic phantasies. This was the actual onset of his disease. He became incapable of work at school. After an attempt at "self-analysis" which failed, there was a progressive psychic emptiness, together with nightly masturbation of the protracted, anal-masochistic kind.

The final breakdown was ushered in by a severe stasis neurosis with irritability, insomnia and migraine-like headaches. At that time he experienced a strong increase of his genital urge. He was in love with a girl, but did not dare approach her; he
was afraid that he would "gas" her, and felt he was dying of shame at the very thought of it. He would follow girls at some distance, having vivid phantasies that they were "pressing their bellies against each other" and that that would result in a pregnancy which would give them away. In this behavior, his fear of being rebuffed because of his anal tendencies, played an important role. We see here a typical puberty situation: inhibition of genitality partly by the social barriers, partly by neurotic fixations resulting from earlier damage to the sexual structure by education.

At first there was, in addition to the genital tension, also an anal tension in the form of an urge to defecate or pass wind which had to be constantly controlled. The patient did not allow genital relaxation to take place. Not until the age of 17 did he succeed in having his first seminal emission; this with the aid of many hours of passive beating phantasies. After this, the stasis neurosis improved. But the first emission itself was experienced traumatically by the patient. He was so afraid of soiling his bed that during the emission he jumped up and grabbed the chamber pot; he was highly distressed because some semen had gotten in the bed.

When, during treatment, his genitality began to develop, the erection would disappear during the act. In this genital phase, masturbation began with normal masculine phantasies; but when the pleasure increased, the masochistic phantasy returned. The analysis of this shift from genitality to masochism during the sexual act revealed the following. As long as the pleasure sensations were mild, the genital phantasy persisted. But as soon as the pleasure increased and—as he put it—the "melting sensation" began to appear, he became afraid. Instead of letting himself go, he produced a spasm in the pelvic floor and thus changed the pleasure into unpleasant. He described very clearly how he perceived the "melting sensation"—normally a pleasurable orgasmic sensation—as unpleasant and with anxiety. He was afraid that the penis would "melt away." The skin of the penis might dissolve as a result of that sensation, he said: the penis might burst if it went on getting increasingly taut (as it normally does just before the acme). He felt as if the penis were a sac filled with fluid to the bursting point.

Here we had the incontrovertible proof that what characterizes masochism is not that unpleasant becomes pleasure. On the contrary. A mechanism which is specific for masochism causes every pleasure sensation, as soon as it exceeds a certain degree of intensity, to be inhibited and thus turned into unpleasant. It is worth mentioning that the patient's castration fear referred to the skin of the penis: "I get as hot as a boiled chicken, when you can pull off the skin."

As a result of the fear of punishment, the "melting" sensation of warmth which occurs with the increase of excitation before the acme is experienced as the advent of the anticipated penis catastrophe; thus it inhibits the normal course of the sexual excitation and produces, on purely physiological grounds, unpleasant which may increase to pain. This process takes place in three phases: 1. "I strive for pleasure"; 2. "I begin to 'melt'—this is the punishment I feared"; 3. "I must kill the sensation if I want to save my penis."

At this point, an objection may be raised. It may be pointed out that the inhibition of sexual pleasure by infantile anxiety is found in every neurosis, that this cannot be the specific factor in masochism. The question may be raised, Why does not every inhibition of the involuntary increase in pleasure sensations lead to masochism? To this, the following is to be said:

Such an inhibition of the perception of pleasure can come about in two ways. The "melting" pleasure sensation was once experienced without anxiety; later, anxiety
inhibited the course of the sexual excitation, but pleasure continued, nevertheless, to be perceived as pleasure. Pleasure and unpleasure are two distinct processes. This mechanism operates in every non-masochistic inhibition of the orgasm.

In masochism, on the other hand, the melting sensation of pre-orgastic pleasure is itself perceived as the anticipated threat. The anxiety which was acquired in connection with anal pleasure creates a psychic attitude which makes genital pleasure—which is much more intensive—appear as injury and punishment.

Thus the masochistic character keeps advancing toward the expected pleasure and finds himself meeting unpleasure. It actually looks as if he were striving for unpleasure. What has really happened is that anxiety always comes between, and thus the desired pleasure comes to be perceived as the anticipated danger. End-pleasure is replaced by end-unpleasure.

This solves the problem of a repetition compulsion beyond the pleasure principle. The masochist gives the impression of wanting to repeat an unpleasurable experience. In reality, he strives for a pleasure situation, but frustration, anxiety and fear of punishment interfere and cause the original goal to be obliterated or made unpleasurable. In other words, a repetition compulsion beyond the pleasure principle does not exist; the corresponding phenomena can be explained within the framework of the pleasure principle and the fear of punishment.

To go back to our case, this disturbance of the pleasure mechanism definitely explained the flattening and protraction of his masturbation. He avoided any increase in pleasure perception. At the time this became clear, he once said, "It is impossible to let these sensations take their course, it is absolutely intolerable." We understand now why he masturbated for hours on end: he never reached satisfaction because he did not allow any involuntary increase in excitation to take place.

This inhibition has, in addition to fear of the increase, another reason. The masochistic character is used to the anal kind of pleasure which has a flat curve of excitation and has no acme; one might say it is a "lukewarm" kind of pleasure. The masochistic character transfers anal practice and the anal kind of pleasure experience to the genital apparatus which functions entirely differently. The intensive, sudden and steep increase of genital pleasure is not only unaccustomed but for one used only to the mild anal pleasure it is apt to be terrifying. If to this is added an anticipation of punishment, all conditions are given for an immediate conversion of pleasure into unpleasure.

In retrospect, this explained many earlier cases; particularly those who showed a suffering, masochistic mood after unsatisfactory (we would add now, after specifically disturbed) sexual activity. It explained, from the point of view of libido economy, the strong masochistic tendencies in the cases of orgasmic disturbance described in my books, Der treibhafte Charakter and Die Funktion des Orgasmus. Concerning a female patient with a masochistic perversion it is stated in the latter: "She masturbated . . . with the masochistic phantasy that she was shackled and completely undressed and put into a cage to starve. At this point the orgasm became inhibited because she suddenly had to think about a piece of apparatus which would automatically remove the feces and urine of the girl who was shackled and not allowed to move. . . . In the analysis, when the transference would take on the form of sexual excitation, she would develop an intense urge to urinate and defecate." If she masturbated with coitus phantasies "masochistic phantasies appeared shortly before orgasm was about to occur."

The masochistic attitude and phantasy,
THE MASOCHISTIC CHARACTER

then, stems from the unpleasurable perception of the pleasure sensation; it is an attempt to master the unpleasure through an attitude which is psychically formulated as, "I'm so miserable—love me!" The beating phantasy must come in because the demand for love also contains genital demands which force the patient to divert the punishment from the front to the rear: "Beat me—but don't castrate me!" In other words, the masochistic reaction has a specific stasis-neurotic foundation.

The center of the problems of masochism, then, lies in the specific disturbances of the pleasure function. It became clear that it is the fear of the "melting" pre-orgastic pleasure sensation which makes the patient adhere to a pleasure of the anal kind. Is this the result of anal fixation or of genital inhibition? It would seem that both factors are equally involved, just as both factors cause the chronic neurasthenic condition. Anality mobilizes the whole libidinous apparatus, without, however, being capable of bringing about a relaxation of the tension. The inhibition of genitality is not only a result of anxiety, but produces anxiety in turn; this increases the discrepancy between tension and discharge. There remains the question why the beating phantasy typically sets in, or becomes intensified, just previous to the acme.

It is interesting to see how the psychic apparatus tries to diminish the discrepancy between tension and discharge, how the urge for relaxation breaks through, after all, in the beating phantasy. Our patient kept maintaining that "being beaten by the woman is exactly the same as secretly masturbating in her (= the mother's) presence." This, indeed, corresponded exactly to his actual experience: as a child and adolescent he did use to lie in bed with his mother while he masturbated in a masochistic fashion. That is, he would squeeze his penis, prevent ejaculation (because of his pregnancy phobia) and would

fantasy that his mother was beating him; only then would ejaculation occur. This had the following meaning which the patient remembered consciously: "My penis seems all boiled to me. With the fifth or sixth blow it is bound to burst, as will my bladder." In other words, the beatings were to bring about the relaxation which he was prohibited from bringing about in any other way. If his bladder and his penis burst as a result of the beatings by his mother and an ejaculation took place, it was not his fault, for his tormentor had brought it to pass. The wish for punishment, then, has the following meaning: to bring about the relaxation after all, by way of a detour, and to shift the responsibility to the punishing person. We see the same mechanism in this basic process as in the characterological superstructure. In the latter it is: "Love me, so I won't be afraid"; the complaining means: "You are to blame, not I." The beating phantasy means: "Beat me, so I can get relaxation without being responsible for it." This seems to be the deepest meaning of the passive beating phantasy.

Since the time when I first recognized this deepest function of the passive beating phantasy, I have found this mechanism in other patients who had not developed a manifest perversion but who had kept their masochistic tendency latent by way of character changes. To mention only a few examples: A compulsive character developed a masturbation phantasy that he was among primitives who forced him to have coitus and to behave without any inhibitions. A passive feminine character without a manifest perversion had the phantasy that he was made to have an ejaculation by blows on his penis; the condition was that he was shackled in order to be able to stand the blows and be unable to run away. Here we have to mention also the common masochistic sex attitude of neurotic women, an attitude which by many analysts is considered the normal
feminine attitude. This passive rape phantasy in the woman, however, serves no other purpose than that of alleviating her guilt feelings. These neurotic women can engage in intercourse without guilt feeling only if—actually or in phantasy—they are raped, thus shifting the responsibility to the man. The formal resistance of many women in the act has the same meaning.

This takes us to the problem of so-called "Angstlust" (pleasure in anxiety) which plays such a big role in masochism. Following is a relevant example from another analysis:

A patient remembered that at the age of about four he consciously used to produce night terrors. He would crawl under the covers, masturbate, develop anxiety and then rid himself of it by suddenly throwing the covers off. How tempting in this case is the assumption of a repetition compulsion: he had had a night terror and now wanted again and again to re-experience the anxiety. There are two things which contradict such an assumption. First, he did not want to re-experience the anxiety, but the pleasure, notwithstanding the fact that the experience of the pleasure always led to anxiety. Second, the liberation from the anxiety was a source of pleasure. The essential point in the process, however, was that the anxiety resulted in anal and urethral sensations for the sake of which he was willing to suffer the anxiety. Anxiety as such is not pleasurable; it only gives rise to a certain kind of pleasure. Very often, children experience sensations of relaxation only in anxiety, sensations which they otherwise suppress for fear of punishment. The relaxation connected with the sudden loss of feces or urine in a situation of anxiety is often the reason for wanting to re-experience anxiety. But to explain these facts on an assumption beyond the pleasure principle would be a complete misinterpretation. Anxiety or pain, under certain conditions, becomes the only possibility of experiencing relaxation which otherwise is feared. The expressions of "Schmerzlust" or "Angstlust" thus can correctly mean only that pain or anxiety can become the occasion of sexual excitation.

The fact that in our patient the "bursting of the penis" seems to be the instinctual goal does in no way contradict our concept of masochism. This idea is on the one hand an idea representing anxiety or punishment; but on the other hand it also represents the desire of end-pleasure, of relaxation. It is due to this double meaning of the idea of bursting that end-pleasure itself comes to be perceived as the execution of dreaded punishment.

5. ON THE THERAPY OF MASOCHISM

The establishment of a healthy sex life, of a sound sex-economy, requires two therapeutic processes: the liberation of the libido from its pregenital fixations, and the elimination of genital anxiety. That this takes place by an analysis of the pregenital and genital Oedipus complex is a matter of course. One technical point, however, needs special emphasis: the danger of dissolving the pregenital fixations without, at the same time, eliminating the genital anxiety. Since in this case the orgastic discharge of energy remains inhibited, the danger is that of an increase in sexual stasis. This danger may be increased to the point of suicide, just at a time when the analysis of pregenitality has been successful. If, conversely, one eliminates the genital anxiety without eliminating the pregenital fixations, the genital energies remain weak, and the genital function cannot release the total amount of anxiety.

The main problem in the therapy of masochism is that of overcoming the patient's tendency to put the analyst in a bad light. The most important measure is to show the sadistic nature of this masochistic behavior. This reverses the original process of sadism being turned inward, toward the self; passive-masochistic-anal phantasies
turn into active-sadistic-phallic phantasies. When in this way infantile genitality is reactivated, it becomes possible to uncover the castration anxiety which previously was covered up by the masochistic reaction.

It goes without saying that these measures do as yet not influence the masochistic character of the patient in the least. His complaining, spiting, self-damaging tendencies and his awkwardness—which presents a rational reason for withdrawing from the world—usually persist until it has become possible to eliminate the above-described disturbance of the pleasure mechanism in masturbation. Once genital orgasm has been achieved the patient usually undergoes a rapid change. Nevertheless, there remains for some time the tendency to take flight back into masochism at the slightest disappointment, frustration or dissatisfaction. Even consistent and thorough work on both the genital anxiety and the pregenital fixation can guarantee success only if the damage to the genital apparatus is not too severe and if, in addition, the patient's environment is not such as to throw him back again and again into his old masochistic groove. Thus, the analysis of a young unmarried man will be much easier than that of a masochistic woman who is at the menopause or economically tied to an unfortunate family situation.

The thorough work on the masochistic character traits has to be continued up to the conclusion of the treatment; otherwise, one is apt to run into most difficult situations during the frequent relapses at the time when genital primacy is being established. One also should not forget that a definite dissolution of the masochistic character cannot take place until the patient has led an economic work and love life for a considerable period of time, that is, until long after the conclusion of the treatment.

One has to view with the greatest scepticism the success of the treatment of masochistic characters, especially those with a manifest perversion, as long as one has not understood every detail of the character reactions and therefore has not really broken through them. On the other hand, one has every reason to be optimistic once one has succeeded in this, that is, once genitality has been established, even though at first only in the form of genital anxiety. Then, one need no longer be perturbed by repeated relapses. We know that the treatment of masochism is one of the most difficult of our therapeutic problems. It is not possible unless one adheres to that psychoanalytical theory which has an empirical foundation. Such hypotheses as are criticized here are often only a sign of therapeutic failure.

For if one explains masochism by a death instinct, one confirms to the patient his alleged will to suffer; what corresponds to reality and alone guarantees therapeutic success is to unmask the will to suffer as a disguised aggression.

We have mentioned two specific tasks in the therapy of masochism: changing masochism back into sadism, and progression from pregenitality to genitality. The third specific task is the elimination of the anal and genital spastic attitude which, as described, is the acute source of the suffering.

It goes without saying that this presentation of the masochistic process is far from solving all problems of masochism. But once the problem of masochism is again seen in the framework in which it belongs, that of the pleasure-unpleasure-principle, the path to a solution of the remaining problems, which was blocked by the hypothesis of the death instinct, is again open.
Projeto Arte Org
Redescobrindo e reinterpretando W. Reich

Caro Leitor
Infelizmente, no que se refere a orgonomia, seguir os passos de Wilhelm Reich e de sua equipe de investigadores é uma questão bastante difícil, polêmica e contraditória, cheia de diferentes interpretações que mais confundem do que ajudam.
Por isto, nós decidimos trabalhar com o material bibliográfico presente nos microfilmes (Wilhelm Reich Collected Works Microfilms) em forma de PDF, disponibilizados por Eva Reich que já se encontra circulado pela internet, e que abarca o desenvolvimento da orgonomia de 1941 a 1957.

Dividimos este “material” de acordo com as revistas publicadas pelo instituto de orgonomia do qual o Reich era o diretor.
01- International Journal of Sex Economy and Orgone Research (1942-1945).
02- Orgone Energy Bulletin (1949-1953)
03- CORE Cosmic Orgone Engineering (1954-1956)

E logo dividimos estas revistas de acordo com seus artigos, apresentando-os de forma separada (em PDF), o que facilita a organizá-los por assunto ou temas.
Assim, cada qual pode seguir o rumo de suas leituras de acordo com os temas de seu interesse.
Todo o material estará disponível em inglês na nuvem e poderá ser acessado a partir de nossas páginas Web.

Sendo que nosso intuito aqui é simplesmente divulgar a orgonomia, e as questões que a ela se refere, de acordo com o próprio Reich e seus colaboradores diretos relativos e restritos ao tempo e momento do próprio Reich.
Quanto ao caminho e as postulações de cada um destes colaboradores depois da morte de Reich, já é uma questão que extrapola nossas possibilidades e nossos interesses. Sendo que aqui somente podemos ser responsáveis por nós mesmos e com muitas restrições.

Alguns destes artigos, de acordo com nossas possibilidades e interesse, já estamos traduzindo.
Não somos tradutores especializados e, portanto, pedimos a sua compreensão para possíveis erros que venham a encontrar.
Em nome da comunidade Arte Org.

Textos da área da Orgonomia Bífisica. Casos clínicos.
Texts from the area of Biphysical Orgonomy. Clinical cases.
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International Journal of Sex Economy and Orgone Research
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Orgone Biologics 2. A case History
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01 Wilhelm Reich. The Orgasm Reflex. A case History 1942.
International Journal of Sex Economy and Orgone Research Volume 1 Number 1 1942
Interval 60-69 Pag. 55-64

02 Carl Arnold. The Treatment of a Depression. 1942
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Interval 69-76 Pag.163-170

03 Wilhelm Reich. The Mosochistic Character (1933)
International Journal of Sex Economy and Orgone Research Volume 3 Number 1 1944
Interval 43-66 Pag.38-61

04 Walter Hoppe. My First Experiences the Orgone Accumulator 1945
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01 Simeon J. Tropp. The Treatment of a Mediastinal Malignaney with the Orgone Accumulator 1949
Interval 5-10 Pag. 100-109

02 Ola Raknes. A short Treatment with Orgone Therapy 1950
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Interval 19-24 Pag. 32-43

04 William A. Anderson. Orgone Therapy in Reumatic Fever 1950
Interval 14-15 Pag. 71-73
05 Simeon J. Tropp. Therapy of an Early Breast Cancer 1950
Interval 21-25 Pag. 131-138

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Interval 28-33 Pag. 207-216

07 Emanuel Levine & Elizabeth N. J. Treatment of a Hypertensive Biopathy wit the
Orgone Energy Acumulator 1951
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08 Chester M. Raphael. Orgone Treatment During Labor 1951
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10 A. Allan Cott. Orgonomic Treatment of Ichthyosis 1951
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11 Philip Gold. Orgonotic Functions in a Manic-Depressive Case 1951
Interval 27-34 Pag. 167-180

12 Emanuel Levine. Observations on a Case of Coronary Occlusion 1952
Interval 24-27 Pag. 44-50

CORE.

Orgone Biologics 2. A case History

01 Eva Reich. Early Diagnosis of cancer of the uterus 1943
Interval 25-28 Pag. 47-53