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Wilhelm Reich and the therapeutic-technical seminar

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Introduction

Sexuality, politics and psychoanalysis were the themes which also brought my attention as a student in the 1970s to Wilhelm Reich. However, my affinity with Reich also had to do with his role in the Ambulatorium of the Vienna Psychoanalytic Society where, as a young analyst, he initiated the first therapeutic-technical seminar, of which he was soon leader. When we think of Reich, his genuinely psychoanalytical achievements usually receive only cursory attention; he is hardly mentioned in psychoanalytical training curricula or in current scientific publications. This is quite remarkable, given that, in his time in Vienna as a clinician, theorist and teacher, he was one of the most influential pioneers of psychoanalysis.

From the beginnings of the Ambulatorium and the technical seminar

After the First World War Reich studied medicine, and came in contact with psychoanalysis through the seminar for sexology given by Otto Fenichel on 1 February 1919¹ (Fallend, 2002, 31). On 22 February 1920, Reich attended for the first time a meeting of the Vienna Psychoanalytic Society; on 13 October he gave his inaugural lecture: "The Libido Conflict in Peer Gynt" (Reich, 1942, 43 et seq.), and was accepted as a member. By September 1919 there is an entry in his diary for the "First Analysis" (Reich, 1994, 124). With his second patient he began an affair, and he married his fourth patient (Fallend, 2002), the medical student Annie Pink, in 1922 after six months of analysis. In the same year he also completed his medical studies.

At the time there was a lot of experimenting; there was a sense of departing for new shores and of being in the thick of developments. It was only in 1920, in the Berlin Polyclinic founded by Eitingon, that a training model was developed that became the international standard. With the Ambulatorium founded soon afterwards in 1922, Vienna also had not only a therapy option for the poor, but also its own training facility. Reich worked there from 1922 – from 1923 (Archive Sigmund Freud House, London) as first assistant, later as deputy director. He describes vividly what it was like at the time for young psychoanalysts:

"There was hardly any discussion of psychoanalytic technique, a lack which I felt very keenly in my work with patients. The counsel to be had from older colleagues was meagre: 'Just go on analyzing patiently,' they would say, 'it'll come.' What would come and how, one did not quite know. One of the most difficult points was the handling of patients who were severely inhibited or even remained silent. Later analysts have never experienced this desolate being at sea in matters of technique. When a patient failed to produce associations, if he 'did not want' to have dreams or had nothing to say, one would sit there, helpless, for hours. The technique of analysis of resistances, although theoretically formulated, was not practised. I knew that the inhibitions represented resistances against the uncovering of unconscious contents; also that I had to eliminate them. But how? If one told the patient 'You have a resistance,' he would look at one uncomprehendingly. Indeed, this was not a very intelligent communication. If one told him that he was 'defending himself against his unconscious', one was not any better off. [...] Yet, the older colleagues kept on saying 'just keep on analyzing.' [...] I went to Freud. Although Freud had a marvellous capacity for solving complicated situations theoretically, he was not of great technical assistance." (Reich, 1942, 44 et seq.)

In Vienna at the time, all of the analysts stood firmly on the theoretical ground of Freud's principle of transfer and resistance analysis. In the practical implementation and in the transfer of the clinical experience, however, they met with great difficulties. Let us just recall what was standard in psychoanalysis at the start of the 1920s: Freud's great case histories had been written. Even though Freud never fulfilled his promise to draw up a "General Methodology of Psychoanalysis", he had developed the main technical principles in his various writings on this subject: In the "Studies on Hysteria" (1895) of his first female patients, Freud was still fully concentrated on the understanding and healing of hysterical symptoms: he explained the psychodynamic processes on which they are based as the result of traumatic events that, due to the lack of an adequate release, led to strangulated – unconscious – affects. Decisive factors for the therapeutic efficacy of this procedure were the reliving and working-through of the corresponding affects. In "Remembering, Repeating and Working-Through" (1914), Freud's aim at least remains unchanged. In descriptive terms it is still about filling in the gaps in memory, but now there was a dynamic concentration on overcoming the resistances due to repression. It was no longer the direct recalling of what was repressed by bypassing the resistances; the direct interpretation of the resistances manifested was the actual analytical work. At the beginning, however, the patients do not remember, but act and repeat. They repeat in the transference that represents the strongest form of resistance, as Freud describes in 1912 in "The Dynamics of Transference". And the struggle between acknowledging and wanting to act is played out almost exclusively on the field of transference. Hypnosis was no longer used as a technical aid. It was displaced by the principles of free association of the patients and the free floating attention of the therapist, who should: "...turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient. He must adjust himself to the

patient as a telephone receiver is adjusted to the transmitting microphone." (Freud, 1912e, 381). Reich complains:

"In 1920 it was believed that the average neurosis could be 'cured' in three to, at most, six months. Freud referred patients to me with a note: 'For psychoanalysis, impotence, three months'. It seemed impossible. Meanwhile the suggestionists and the psychiatrists raged against the "depravity" of psychoanalysis. There was a deep commitment to the work; one was firmly convinced of its correctness. Each case was additional proof of just how right Freud had been. And the older colleagues never tired of repeating: 'Just keep on analyzing!'" (Reich, 1942, 46)

Character analysis

Thus, like all his young colleagues, facing great technical challenges, the ambitious Reich (1942, 51–53) called for the foundation of a technical seminar², which was initially headed up by Hitschmann and Nunberg, and then, from 1924 to 1930, by Reich himself. As Reich set out in his foreword to the first edition of "Character Analysis" (Reich, 1933, 9 et seq.), his technical-therapeutic ideas and the interpretation of the character as a total formation derived largely from the experiences and discussions in the seminar. In the seminar they discussed the analyses of patients from the Ambulatorium, who were from a low socio-economic class and often did not have the classical neurotic disorders. Reich talks about asocial, uninhibited, instinct-driven people with an entirely infantile ego (Reich, 1925, 251). They were often in denial about their disorders, unable to observe the basic rule, the generation of a positive transference was difficult, the principle of free association led to the production of content and symbols without the corresponding affects. Today most of them would probably have been classified as borderline disorders.

Reich (1933, 65) was looking for structural models and technical methods of psychoanalysis that would allow him to work successfully with these patients as well, and began to understand their overall behaviour – that is the character as a whole – as a form of defence, and systematically made this the subject of analysis. He treated the character as a whole as resistance, thus going a step further than contemporary authors in their thoughts on character formation. He traced this back to the forms of the reactions of the ego forged into a character as well as to childhood experiences such as symptoms and fantasies.

"Economically speaking, the character in ordinary life and the character resistance in the analysis serve the same function, that of avoiding unpleasure, of establishing and maintaining a psychic equilibrium – neurotic as it may be – and finally, that of absorbing repressed energies. One of its cardinal functions is that of binding 'free-floating' anxiety, or, in other words, that of absorbing dammed up energy in the body." (Reich, 1933, 64)

In Reich's opinion, the basis of the symptom neurosis was always formed by a neurotic character³. This means that every analysis has to deal with character-neurotic resistances (Reich, 1933, 58). One time a neurotic character can produce defined symptoms, another time the

character formation itself is sufficient for relief from the libido stasis. In terms of its provenance, the symptom is much more simply constructed than a character trait, but the more deeply a symptom is analyzed, the closer one gets to its characterological basis. For Reich this largely cancelled out the distinction between symptom neurosis and character neurosis. As a consequence for his therapy approach, this taught him to pay systematic attention in all analyses to the character resistance – alongside dreams, mistakes, ideas and the other information provided (Reich, 1933, 65 et seqq.):

"The way the patient speaks, how he looks at the analyst and greets him, how he lies on the couch, the tone of voice, the degree of conventional courtesy that is maintained and so on are all valuable indicators for the assessment of the hidden resistances that the patient puts up against the basic rule, and understanding them is the most important means of eliminating them by interpretation." (Reich, 1933, 61)⁴

Reich⁵ had already presented the most important of his therapy approaches in June 1926 entitled "Systematic interpretation and resistance analysis" in the technical seminar of the Ambulatorium (Reich, 1927; 1933, 38). Suggestions and views such as that this or that "has to be analyzed", or it is simply "a matter of analyzing correctly" – these were matters of taste, but not principles of technique, thundered Reich (1933, 27) against his colleagues. In the technical seminar under his direction, an attempt was made to define the technical principles more clearly and to reserve the right more consciously to make certain directive interventions.

Reich (ibid., 92) complained that, despite better theoretical knowledge, therapists often regarded resistance as something unwelcome; this is why there was an inclination to bypass the resistance instead of letting it unfold and then tackling it. It was repeatedly forgotten, he believed, that the neurosis itself is contained in the resistance, that with every resistance a piece of neurosis was also being resolved.

Just like the dream, every resistance has a historical and a current significance. Reich (ibid., 45) now tried to reach the unconscious material hidden by the resistances by observing the current situation – today we would perhaps call it the "scene" – its occurrence and its dynamics directly in the session. From the form of the resistance he would ascertain its current purpose and meaning, and influence it by interpretation until its infantile nature was exposed.

However, Reich warned against processing the content of the resistance without also dealing with the corresponding affect (ibid., 92). The aim was not to nip the resistance in the bud, but, on the contrary, to bring it to life in the fire of the transference situation, allowing it to fully unfold. There was no other way to deal with chronic character incrustations. Reich (ibid., 56 et seqq.) was categorically opposed to the technique proposed by Nunberg (1932) to deal with

the inability to observe the basic rule by direct training for analysis, by teaching, reassuring, requesting or demanding. If, on the other hand, we pursue the question as to what the current behaviour of the patient means, why he is in doubt, arrives too late, speaks pompously, only expresses every third thought, criticizes the analysis, then we can perhaps understand why the patient is behaving in this way – for example because he is trying to compensate for feelings of inferiority before the therapist. It is only by understanding this, however, that we can influence the behaviour by the uncompromising interpretation of its meaning.

Reich also warned against trying to seek consolation by trusting in the duration of the therapy (ibid., 27): Time alone is not sufficient. In periods of resistance the therapist has the difficult task of steering the course of the analysis himself (ibid., 54). The patient is only in charge in resistance-free phases. In principle, one could not intervene early enough in the analysis of the resistances, or be too reserved in the interpretation of the subconscious (ibid., 55).

Reich untiringly repeated: In principle, no interpretation of meaning should be given when an interpretation of resistance is necessary. Because, "how" a patient says something is at least as important as the content of what is said (ibid., 45). He warned in particular against unsystematic interpretations (ibid., 42): This could often lead to what he called a "chaotic situation": The analyst has interpreted a lot, but has become bogged down in the abundance of material yielded and the heterogeneous transferences. Despite the abundance of the material, the patient has gained no insight regarding what it means. Everything is put at the service of his secret resistance. Such "chaotic" analyses can be dangerous because one thinks all along that they are going very well just because the patient is providing a lot of material. Until one realizes – usually too late – that the process is just going in circles.

In reverse, Reich often heard analysts complaining that the patient was not delivering any "material" (ibid., 61 et seq.). This generally refers only to the content of the thoughts and communications. But the type of silence or, for example, sterile repetitions is also "material" that has to be evaluated. For Reich there was hardly any situation in which the patient delivered "no material" and, according to him, it was the analyst's own fault if he was unable to evaluate the behaviour of the subject as "material". After all, the fact that the behaviour and the form of the communications have analytical significance was nothing new at the time. But Reich knew from his experience that first it was a matter of form and only then of content.

One of the most stubborn difficulties for Reich was overseeing the negative transference (ibid., 41): In the technical seminar he placed the utmost emphasis on the negative transference – in particular on latent negative transference. Overseeing the negative transference soon appeared to Reich to be not just a personal blind spot, but a general phenomenon that was also reflected in the analytical literature. There, wherever transference was mentioned, he usually found

only the positive variety. And again he criticized Nunberg (1932) who, in his "Principles of Psychoanalysis, Their Application to the Neuroses", advised that the resistances should not be tackled directly but the positive transference mobilized against them.

"As he sees it, the positive transferences should be exploited by the analyst for the purpose of insinuating himself into the patient's ego, from which vantage point he should set about their destruction. It is Nunberg's contention that a relationship similar to the one existing between a hypnotized person and the hypnotist would result from this. 'Since, inside the ego, the analyst is surrounded by libido, he neutralizes to some extent the severity of the super-ego itself.' In this way, he argues, the analyst becomes capable of bringing about the reconciliation of the two cloven parts of the neurotic personality." (Reich 1933, 35).

That would mean nothing other than the therapist offering himself as a positive object. Reich (*ibid.*, 35 et seq.) regarded this attitude as dangerous, because at the beginning there is no tenable, genuinely positive transference. It is always a case of narcissistic attitudes, an infantile need for protection, which can quickly change into hate. This only masks the resistances; after disappointments the old status is immediately restored and, in his experience, such a procedure could only achieve the most difficult, unmanageable, negative transference. "The character armour is the moulded expression of narcissistic defence chronically embedded in the psychic structure" (*ibid.*, 63).

Reich (*ibid.*, 129) agreed with Freud that the positive transference⁶ is the main vehicle of the therapy. But he also believed that the patients – due to their neurotic character – were initially incapable of genuine positive transference, by which Reich meant a strong, non-ambivalent, erotic object cathexis, which could form the basis of an intensive relationship to the therapist that could ride out the storms of analysis. What originally appeared to be a positive transference was in fact either a reactive positive transference – the patients compensate a transferred hatred in the form of love – or a devotion to the therapist, corresponding to a feeling of guilt, a moral masochism, or the narcissistic hope that the therapist will love, console or admire the patient (*ibid.*, 131).

Appreciation of Reich

Reich's method of resistance interpretation in conjunction with an extended transference concept and the concentration on the processing of the negative transference and the development of character analysis was also acknowledged at the time by analysts who would have rejected his genital theory, his political views and his radicalization⁷ (Burian, 1972; Fallend, 2002). His achievements were also the result of many years of work with patients who were not readily accessible to therapy, who could not verbalize their problems, but expressed them-

selves rather in speechlessness, their behaviour and on the somatic level.

The case discussions in the technical seminar brought some fame to Reich. American candidates in particular – at the time an important power and economic factor – attended not only the seminars, but in some cases also carried out the training analysis according to Reich. Most of the seminar participants were fascinated by his personality. Reich's vitality and enthusiasm drove the whole group. They could not resist him. For most of the psychoanalysts, the character analysis as it was presented in the seminar at the time was an important part of their work (Burian, 1972). Richard Sterba tells us: Reich "had an unusual flair for psychic dynamics. His manner of speaking was forceful; he expressed himself well and decisively. His clinical astuteness and technical skill made him an excellent teacher, and his technical seminar was so instructive that many of the older members of the society attended it regularly. [...] In my opinion, Reich's technical understanding of and approach to resistances prepared the way for Anna Freud's opus magnum 'The Ego and the Mechanisms of Defence'" (Sterba, 1982).

But Sterba (1982, 89 et seq.), who was a close friend of Reich in the mid-1920s, also describes him as increasingly rigid in terms of compliance with his technical rules and the systematic resistance analysis, which many perceived as oppressive. He became increasingly zealous in the representation of his orgasm theory and his political views. More and more candidates and members of the society were contradicting him, which only caused Reich to become bitter and fight even harder. His friends were concerned and even persuaded him to go back to analysis⁸.

What became of the seminar

After Reich moved to Berlin in 1930, interest in the technical seminar fell drastically. Without him it had lost its meaning as a creative centre for learning and the further development of psychoanalytic treatment techniques. In the correspondence page of the *Internationale Zeitschrift für Psychoanalyse* in 1932, Grete Bibring announced: "The Viennese seminar for analytical therapy will gradually give up the two great themes of the 1920s – resistance and transference – and concern itself with other problems." Chronic rivalries between the management of the training institute and that of the Ambulatorium were the actual reason for discontinuing the seminar in 1934. It was replaced by a technical seminar that was managed within the framework of the training institute⁹.

In 1938, the Ambulatorium – like all the other psychoanalytic facilities in Vienna – was liquidated. It was only reopened in 1999. Now a case conference again takes place there every Wednesday.

Discussion

Reich saw his work as the logical application of Freud's resistance technique¹⁰ to character analysis – from the symptom analysis to the analysis of the overall personality (Reich, 1933, 28 et seq.)¹¹.

Similar to Reich, in 1924 Ferenczi (223 et seqq.), in the book written in collaboration with Rank, "The Development of Psychoanalysis", also criticized the contemporary clinical practice. Ferenczi attributed the main role in analytical technique not to remembering but to repeating, and believed that the subjective role of the analyst in the therapy process was of central importance. That went so far that he – rejecting the expert role – increasingly loosened up the separation of professional and private sphere, right up to mutual analysis.

Haynal (1989) presents Reich as the figurehead of a movement striving to establish rules, "which should be scientific, objective and, if possible, external, reassuring truths" (Haynal, 1989, 67). Haynal is praising "his" so human hero Ferenczi at Reich's expense here wrongfully to the extent that, in his own way, Reich developed an extremely high level of engagement in his clinical work, risked a lot personally, and often struck out on new paths. He treated severely ill people, and some of his reports read like a psychodrama with two extremely active protagonists¹². But I do agree with Haynal to the extent that, although Reich was conscious of the contribution of the analyst to the psychoanalytical process, he did, however, "formulate the considerations of the analyst in a system that refers mainly to the contributions of the patient. The interventions of the analyst are seen from the angle of view of the rules concerning premature, non-systematic, non-logical etc. interpretations" (Haynal, 1989, 68). Reich (1942, 53) also described the technical seminar in the Ambulatorium as the birthplace of systematic analytical therapy. For him (1933, 136 et seq.), the analytical process can be normally understood as an initial up and down in the dissolution of the sadistic and narcissistic energies and pregenital fixation bound up in the character armour. The libido liberated by interpretation is first concentrated on the pregenital positions. If it is released analytically from this fixation¹³, it strives to reach the genital stage until it ultimately remains fixed in the genital position, and genital transference fantasies are established instead of narcissistic wishes. Now the core of the neurosis, the anxiety of dammed up libido, is clearly restored. It corresponds to the stasis of the now freely floating libido. The genuine positive transference establishes itself at full strength. The patient masturbates with fantasies from the transference. The stage for the resolution of the transference is coming close. Now the "transference of the transference" to a real object is necessary. "Finally liberated from all the ballast such as hate, narcissism, spite, willingness to be disappointed etc, the object libido" is transferred by the analyst to another object, to an object that corresponds to the needs of the patient (Reich, 1933, 143). According to Reich (1933, 33 et seq.), the aim of the therapy is "the establishment of genital primacy not only in theory but in practice; that is to say, the patient must, through analysis, arrive at a regulated and gratifying genital life – if he is to be cured and permanently so."¹⁴

Although Reich always refers specifically to Freud's approach, he falls back on a Freud of actual neurosis (Freud, 1895, 338)¹⁵ and the first anxiety theory. In the case of actual neurosis, the anxiety cannot be reduced any further to repressed thoughts of different content, and there is no symbol formation; it is simply the result of a libido stasis:¹⁶

"Hence the ultimate therapeutic agent is an organic process in the metabolic sexual economy, a process that is related to the sexual gratification in the genital orgasm and, with the elimination of the actual neurosis, the somatic core, also erodes the groundwork of the psychoneurotic superstructure[...]" (Reich, 1933, 32 et seq.).

Reich thus uses the criterion of genitality normatively as a parameter for mental health. He believes that he can continue the psychoanalytical sexual and libido theory in a straight line with the energetic definition of the genital function and the orgasmic potency. But again he has fallen back behind Freud because he fixes these concepts biologically, and reduces the lust principle concretistically to biology (Kage, 1986), which later causes him to see the character armour as muscle armour which he can tackle with the orgone accumulator.

Given that he believed that libido was the energy that was shaped by society, and saw conflicts between the instinctual urges of the id and the failing outer world, it was only logical for him to reject the concept of the death drive and, in view of the extent of the neurotic misery which he encountered, to turn away from the treatment of the individual, and to try and directly alter the society from which this superfluous, pathogenic sexual repression proceeded.

Freud originally appreciated Reich as a psychoanalyst, and maintained a positive attitude towards him in early conflicts, particularly with Paul Federn and Helene Deutsch. As late as 12 December 1929, Reich gave a presentation on neurosis prophylaxis in Freud's house. Freud was of the opinion, however, that it was not the job of psychoanalysis to save the world (Produktionsgemeinschaft, 1976, 37).

Reich had already decided to move to Berlin because a more open political climate prevailed there. Shortly before he moved in September 1930, there was a final personal meeting with Freud. Reich had just published the first part of the "Sexual Revolution" under the title of "Sexual Maturity, Abstinence and Conjugal Morality". He explained later that it was mainly his criticism of the bourgeois family that angered Freud, not the technique of character analysis or his genital theory. At his last meeting with Freud at Grundlsee Lake there was a bitter dispute: "It went as follows: I said that one has to make a distinction between the family founded on love from the compulsive family. I said that one has to do everything to prevent neuroses. And he answered: Your standpoint no longer has anything to do with the middle path of psychoanalysis." (Reich, 1952, 33)

For Reich the family was an institution which, in the service of a repressive society and with the aid of education, imposed pathogenic sexual repression. In a certain sense Reich equated the Oedipus complex with superfluous sexual repression. But in doing this he was overly rejecting the importance of the introduction of a boundary-setting instance which closes off access to the primarily sought satisfaction and links up desire and reality in an inseparable manner. A central role is attributed to the Oedipus complex in the formation of the mental structures. The substitution of one object by another which is forced by the incest taboo, requires the process of symbol formation, thought, internalization, and conveys it further.

Reich was therefore correct and at the same time naïve. The capacity for genital satisfaction is an important indicator. But he failed to grasp the mediating processes of mental structures needed to reach this goal, because he chose to ignore the conflictual nature of our drives. Desires can never be entirely fulfilled, unless this is to happen beyond all desires in the regressive yearning for an idealized primeval condition, which ultimately corresponds to the essence of pathological narcissism.

- 1 January 1919, flyer: Otto Fenichel's invitation to attend the seminar for sexology: "I am planning, within the framework of the Academic Society of Jewish Physicians, to open a seminar for sexology. This will not be a platform for discussions, but rather for scientific work. I am calling on all colleagues who are interested in filling one of the most serious gaps in the medical curriculum on their own initiative. Anyone who has enough time and interest in the subject (certain basic qualifications will, of course, be required) is welcome. Doctors and, possibly, non-doctors. We will be in contact with leading experts, asking them for their advice and support. In general, however, we want to try not only to learn in the seminar but also to engage actively in research work.
First meeting: Saturday, 1 February, 11.00 am in the premises of the Academic Society of Jewish Physicians, VIII. Alserstr. 9"
Signed: Otto Fenichel (Siegfried-Bernfeld-Archiv, Library of Congress, Manuscript Division, Washington D.C. Quoted from Fallend, Karl [2002]: Otto Fenichel und Wilhelm Reich. Wege einer politischen und wissenschaftlichen Freundschaft zweier "Linksfreudianer", in: Fallend, Karl/Nitzschke, Bernd [Ed.]: Der "Fall" Wilhelm Reich. Beiträge zum Verhältnis von Psychoanalyse und Politik. Gießen: Psychosocial.)
- 2 Reich proposed the foundation of a technical seminar for the first time on 23.11.1921; see also the records of the WPV (Fallend, 1985; Lobner, 1978).
- 3 See W. Reich: "In 1920 there was no hint of 'character and 'character neuroses'. Quite the contrary: The individual neurotic symptom was explicitly regarded as an alien element in an otherwise healthy psychic organism" (1942, 35).
- 4 "This does not mean that one tells the patient, for example, not to be aggressive, not to deceive, not to be abstruse, to follow the basic rule and so on. That would not only be non-analytical, but also

- pointless. [...] We merely lift [...] the character trait from which the cardinal resistance proceeds out of the level of the personality, show the patient, if possible, the superficial relationships between the character and the symptoms, while, of course, leaving it to him whether he also wants to use his insight to change his character." (Reich, 1933, 66).
- 5 Reich, Wilhelm (1927): On the Technique of Interpretation and of Resistance Analysis. *Int. Ztschr. f. Psa.* XII, 141–159. Reich first presented this work in the seminar for psychoanalytic therapy in June 1926, and then included it as a chapter in "Character Analysis" (1933, 38).
 - 6 Reich responded to his critics: "In particular, the attempt to achieve an intensive, positive transference was one of the reasons why I paid so much attention to the negative; the early and complete awareness of the negative, critical, denigrating etc. attitude towards the analyst not only reinforces the negative transference, but cancels it out, and allows the positive to crystallize more purely." (1933, 131)
 - 7 Reich's political radicalization can be seen in the context of the political upheavals that led to the Palace of Justice Fire in 1927. As one of those analysts who were politically active in the "Red Vienna" of the 1920s, he ultimately formed the opinion that libido is the energy formed by society. In January 1929 he founded the "Socialist Society for Sexual Counselling and Sexual Research", in which some of the analysts from the Vienna Society also worked. But the help available there was also limited. In Reich's view, the neurotic misery of the whole population could only be eliminated by changing the political conditions.
 - 8 "We suggested that he should have more analysis with Sándor Ferenczi, whose reputation as a brilliant therapist was acknowledged by all of us. (Helene Deutsch once said to me that 'Ferenczi could even cure a horse.')
 - 9 Instead, Reich left Vienna for Berlin and went to Sandor Rado for therapy, but he broke off the therapy after a short while [...]" (Sterba, 1982, 90).
 - 9 The Ambulatorium itself, however, continued working successfully under Eduard Hitschmann (1932). Thanks to donations on the occasion of Freud's 80th birthday in 1936, it was even possible to rent more suitable, generously equipped rooms. But in 1938 – immediately after the annexation of Austria – the National Socialists closed down all psychoanalytical facilities in Vienna. What had been built up with such effort, but with so much gain, was quickly and permanently destroyed.
 - 10 "Whereas, in the period of cathartic therapy, the idea existed that it was necessary 'to liberate the strangulated affect from repression' to bring about the disappearance of the symptom, it was later stated, in the period of resistance analysis (this was perhaps a carry-over from the direct interpretation of the symptom's meaning) that the symptom would of necessity disappear when the repressed idea upon it rested had been made conscious. Then, when it turned out that this thesis was untenable, when it was repeatedly observed that symptoms, despite the consciousness of their formerly repressed contents, often continued to exist, Freud, in a discussion at a meeting of the Vienna Psychoanalytic Society, changed the first formula to read that the symptom might disappear when its unconscious content had become conscious but that it did not have to disappear. Now one was confronted by a new and difficult problem." (Reich, 1933, 29)1
 - 11 Reich always emphasized that he had nothing to add to Freud's basic principles of the interpretation of the unconscious based on the liberation of the resistances and the handling of the transferences (1933, 28 et seq.).

- 12 See also the case example for the chapter "The armouring of the masochistic character" (Reich, 1933, 223–235).
- 13 What appears first is not the genital Oedipus desire, but a defensive reaction by the ego in the form of castration anxiety. This in turn reactivates the narcissistic defence mechanism. The interpretation work has to continue untiringly from there, thus bringing ever deeper material to light and releasing a piece of anxiety with every advance towards genitality.
- 14 Reich: "It is not without danger to lay less stress upon the therapeutic demand for effective sexual gratification as a goal than upon the demand for sublimation, if only because the ability to sublimate is an ill-understood endowment, whereas the capacity for sexual gratification [...] is on the average attainable through analysis" (Reich, 1933, 33 et seq.).
- 15 Freud S. 46, 1895: "The psyche merges into the affect of fear when it perceives itself unable to adjust an externally approaching task (danger) by corresponding reaction; it merges into the neurosis of anxiety when it finds itself unable to equalize the endogenously originated (sexual) excitement."
- 16 Reich: "Suddenly it was clear where the problem of quantity was to be sought: it could be nothing other than the organic groundwork, the 'somatic core of the neurosis', the actual neurosis which results from dammed-up libido. And, therefore, the economic problem of the neurosis as well as its cure lay, to a large extent, in the somatic sphere, i.e. was accessible only by way of the somatic concept of the libido concept [...] Hence the ultimate therapeutic agent is an organic process in the metabolic sexual economy, a process that is related to the sexual gratification in the genital orgasm and, with the elimination of the actual neurosis, the somatic core, also erodes the groundwork of the psychoneurotic superstructure[...]" (Reich, 1933, 32 et seq.).

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