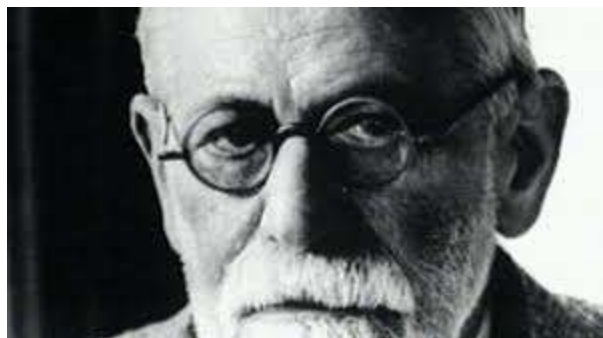


CLINICAL NOTES

ON CHARACTER-TYPES

Sigmund Freud (1916). 'Some Character-Types Met With in Psychoanalytic Work,' *Art and Literature*, translated by James Strachey, edited by Albert Dickson (London: Penguin Books, 1990), Penguin Freud Library, pp. 291-319.



These clinical notes summarize the main features of three important character-types that Sigmund Freud encountered in his clinical work.

These character-types were described in three different essays that Freud published in *Imago* in 1916.

These essays have been brought together in this volume under the aegis of the title mentioned above. They were translated into English in 1925.

Freud begins with the observation that analysts are usually focused on the patient's symptoms and the clinical entity that they are treating with in the clinic. So, in that sense, it is a bit unusual for him to write essays on 'character-types.'

Nonetheless, he felt that he had important insights that he wanted to share because they had implications not only for his theory of the neuroses, but also for his theory of the subject.

The reason that Freud invokes for talking about the patient's character is related to the 'resistance' that patients put up in the course of the analysis.

In order to make sense of why patients resist the treatment, Freud is forced to analyse their character.

Or, to put it simply, Freud describes 'resistance' to the treatment as akin to a character trait.

Needless to say, the patient is not always aware of these character traits. The analysis activates aspects of the patient's character of which he is not consciously aware.

The three character-types comprise the following:

Patients who consider themselves to be 'exceptions';

Patients who have problems in not only coping with failure, but more importantly with success;

And those who commit crimes or misdeeds out a 'sense of guilt.'

These clinical notes will describe all the three character-types and identify what exactly constitutes the insight that Freud wants to share with his readers and fellow-clinicians.

The main challenge in the treatment is to get the patient to engage with reality even if it means that he has to give up on the pleasures that he is accustomed to.

This is however easier said than done.

Freud compares this task to that of the educator who must get his students to renounce the immediate gratification demanded by their instincts in order to gain something more valuable through the process of education.

Analysis is like a form of 'after-education' in so far as it seeks to further this process. The treatment can only be carried out to the extent that the patient is willing to re-shape his instincts.

Ideally, the patient must learn to sublimate his neurosis within the analytic situation through the process of free-association without either dropping out or acting out repressed conflicts.

However, every now and then, Freud would encounter a patient who considered himself an 'exception' to the rules of analysis.

These patients wind up telling Freud that life has been difficult for them and it is not fair on his part to expect them to go through the paces of analysis like just about any other patient.

The first essay then is a description of patients of this order and the approaches that Freud felt might be suitable for handling them.

What do such patients have in common?

Freud points out that all these patients feel that they have suffered a disadvantage by the fact that they were subject to a neurotic affliction from early childhood.

These patients were able to put up with congenital defects in their lives, but not with contingent factors (which they feel could have been avoided had they known better).

In other words, they can't come to terms with the fact that they have a neurosis.

Freud invokes a literary analogue for patients like this. The literary character that he has in mind is none other than Shakespeare's Richard III.

This character was haunted by the fact that he was not good looking in the way that monarchs are supposed to be. So he decided that it was better to be a villain rather than seek to be a lover. This was his excuse for bad behaviour.

Freud examines the famous soliloquy from Richard III in which the latter enumerates his faults. This generates a 'fellow-feeling' in the audience.

While they do not condone his bad behaviour, they begin to feel that they at least know why he is the way that he is.

Richard's fantasy is that he must be treated as an exception because that would be Nature's way of making 'reparations' for his physical short-comings.

Such a fantasy however is not reducible to Richard III.

Freud's larger point is that most of us have fantasies like that.

When such a fantasy gets a patient in its grip, it makes it much more difficult for the analysts to overcome the resistance to the treatment.

Patients of this character-type will make some demand or the other on the analyst.

If the analyst concedes the demand, then, it is tantamount to recognizing the patient's need to be treated as an exception.

Freud last point in the context of the fantasy of exception is that it not only afflicts monarchs like Richard III, but is commonly found amongst women.

It can even mediate the relationship between daughters and their mothers.

The existential burden of this fantasy of being treated as an exception amounts to nothing less than daughters blaming their mothers for giving birth to them as women rather than as men.

Hence, the importance of this character-type; it not only explains resistance to the treatment, but also the propensity of patients of this type to be demanding.

It is also finally a clue to how daughters relate to their mothers.

The second essay explains why some patients are 'wrecked by success.'

This may seem rather counter-intuitive since Freud had already staked out a position in which the neuroses are explained as a reaction to frustration, i.e. failure.

How can both success and failure both be invoked to explain why patients fall ill?

Is Freud having it both ways?

The significance of this essay is precisely the fact that what causes the patient to fall ill is not success or failure per se, but the affective load on the neurotic subject.

So some patients fall ill of failure; others of success.

While it is not difficult for the reader to understand why somebody might fall ill of failure, it is much more difficult to get around the possibility that success might also lead to an illness.

What Freud means by 'wrecked by success' is not related to stress induced by too much work.

What Freud has in mind is more akin to falling ill more or less at the moment of success.

The neurotic subject falls ill when his dreams suddenly or unexpectedly come true.

This may even lead to a situation when he renounces success or is not able to make it his own.

These then then are just different ways of saying that the neurotic subject is not able to work-through momentous events in his life even if they could change things for the better.



Freud invokes case-based examples to substantiate his point.

There is the case of the woman who finally managed to get her lover to agree to marry her only to find that she falls inexplicably ill when he agrees to do so.

Then there is the case of the academic who fell ill of a melancholia when he was recognized as worthy of being his teacher's successor.

In both these cases, 'the illness followed close upon the fulfilment of a wish' and made it difficult for the subjects concerned to perform in good health.

Freud also invokes a literary analogue in this context – Lady Macbeth.

Freud points out that in her pursuit of ultimate power, Lady Macbeth showed no signs of weakness at all.

But, after the murder of King Duncan, she inexplicably comes undone.

Why did Lady Macbeth suddenly weaken?

Freud doesn't pretend to know the answer to this difficult question, but he cites it as instance of being 'wrecked by success.'

Freud makes the same point in his reading of Ibsen's *Rosmersholm* in which Rebecca, the female protagonist, throws away a marriage proposal from her lover, Rosmer, even though she had to intrigue and get her rival out of the way in order to get closer to him.

When Rosmer proposes, she feels unworthy of being his wife and tells him as much.

What is interesting in these examples is the propensity in the neurotic subject *to throw away the success* for which he or she might have worked really hard.

It is therefore important, Freud argues, to relate these actions *to the residual guilt from the subject's Oedipus complex* that has not been adequately dissolved in the context of individual development.

Both internal and external forms of frustration then can induce illness in the neurotic subject.

The former is related to success; and the latter, to failure in the conventional sense of the term. Both, as mentioned above, can make inordinate demands on the psyche.

The third essay explains what Freud means by the term 'sense of guilt.'

It would not be a stretch to say that like the previous insight, this is an important discovery in psychoanalysis.

The conventional assumption is that guilt arises out of a criminal act or a misdeed of some sort. The Freudian position is the exact opposite of that.

Freud locates the origins of guilt in the Oedipus complex.

Both the fantasy and reality of criminal behaviour is an attempt to relieve the sense of guilt that is endemic to the neurotic subject.

In neurotics, *the sense of guilt always pre-exists an act that is worthy of inducing guilt.*

So when neurotics commit a misdeed, they feel less and not more guilty.

That is because the misdeed or criminal act not only gives them a reason to feel guilty, but it also constitutes a form of 'self-punishment.'

It is not widely known that in almost all types of neurotic behaviour – whether or not it actually culminates in a criminal act or a misdeed in the real world – there is a preoccupation with fantasies of self-punishment.

This fantasy of self-punishment is related to the neurotic pre-occupation with getting ahead of the father or the mother.

Furthermore, all neurotic patients suffer from a constitutive form of 'ambivalence' towards their parents. That is, these neurotic subjects both love and hate or like and dislike their parents.

Neurotic suffering and the chronic sense of guilt in those who have not dissolved their Oedipus complex is related to the *inability to resolve this ambivalence once and for all.*

Freud differentiates between those who commit crimes because they are anti-social (i.e. sociopaths) and those who have fantasies of committing them.

This is analogous to the difference between perversion and the neuroses.

Freud considered the neuroses to be the 'negative of the perversions' because while neurotics merely fantasize about sexual acts, perverts wind up committing those acts.

Likewise, most neurotic patients will have conscious or unconscious fantasies of committing criminal acts or misdeeds to reduce their levels of guilt from the Oedipus complex.

It is therefore important for clinicians to be able to differentiate between the neuroses and the perversions (including narcissistic disorders) to make sense of whether the sense of guilt is related to imaginary or real acts.

Needless to say, narcissistic subjects will not have much by way of the sense of guilt.



These three essays have been chosen for summary in this series of clinical notes because they bring together Sigmund Freud's counter-intuitive insights on the fantasies of exceptions, success, failure, and the 'sense of guilt' in neurotic patients.

Reading these essays will not only help clinicians to situate the fantasies of their patients, but make them more effective in differential diagnosis as well.

While these may be important insights for those who are not at all acquainted with psychoanalysis; they were, as Freud points out, anticipated by the German philosopher Friedrich Nietzsche in his essay 'On the Pale Criminal.'

SHIVA KUMAR SRINIVASAN