

Theodore Lidz

Life Patterns



The Person

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Theodore Lidz

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We have followed the human life cycle, examining the critical tasks of each developmental stage, and how different persons tend to be confronted by similar problems at the same phase of life. We have sought to emphasize the continuity of the process in which progression depends upon how the preceding developmental tasks were surmounted; but also the continuity that arises because the mastery of the tasks of each stage is not an end in itself but subordinate to the goal of the development of a reasonably self-sufficient individual capable of living cooperatively with others and properly rearing offspring while assuming some responsibility for the welfare of the society. In focusing upon each phase of the life cycle in turn, we have noted that themes or patterns develop in each individual that color and sometimes virtually determine the way in which a person responds to the phase-specific tasks and tries to cope with them. In the inordinately complex task of seeking to understand an individual, we can be guided by finding such repetitive patterns and leitmotifs. We strive to grasp their origins and to perceive the variations in the themes as they recur in differing circumstances.

Out of the multiplicity of factors that enter into the shaping of a life, resultant patterns of living and relating emerge. A theme, or a group of interrelated themes, appears that can be modified and adapted to the stage-specific tasks or to the exigencies that arise. Sometimes the dominant theme results from an early childhood fixation and reiterates itself, unable to develop and lead onward, remaining in the same groove like the needle on a flawed phonograph record. The basic themes are more readily detected in emotionally disturbed persons because they are more set, more clearly repetitive, and perhaps more familiar to the practiced ear that has heard similar themes so often before. Still, repetitive ways of reacting and relating occur in all lives. The meaning of an episode in a life can often be grasped properly only through understanding how it furthers, impedes, or disrupts essential themes.

UNDERSTANDING A REPETITIVE PATTERN

Let us consider a woman's behavior that seems absurd as well as pathetic. She had grown up in a home that was miserable as well as impoverished because of her father's severe alcoholism. In late

adolescence, she had married an older man, an alcoholic. Just as she was about to divorce him after ten unhappy years he was killed in an automobile accident. Now she spends her evenings trying to take care of a man who flees from her into the oblivion of an alcoholic stupor every weekend. She cleans him, bathes him, nurses him back to face the work week, and she is distressed because she has failed to convince him that he needs her and should marry her. She knows that she is foolish, but she feels certain that she can make him happy, satisfy his needs, and wean him from the bottle.

We can seek to understand her repetitive involvement with alcoholic men in a variety of ways. In terms of the structural concept, we might consider that she needs punishment by a strict superego because of her rivalry with her mother for her alcoholic father. In terms of fixation of libidinal investment, we might consider her masochistic behavior to be a reaction formation to anal-sadistic impulses against her father, or we might weigh the oral components of her fixation and emphasize that she identifies with the oral addictive behavior of her alcoholic men and provides the care that she would like to have received from a mothering person. However, focusing upon oral or anal character traits, or upon an abstract balance between superego, ego, and id, provides little specific understanding of this woman and why she is seriously upset because an alcoholic man will not marry her. The term “masochistic” is useful in summarizing some of her basic characteristics, but it is also necessary to note that she behaves masochistically only in the fairly specific context of her need to be made unhappy by alcoholic men.

The woman’s compulsion to repeat an unhappy experience with a second alcoholic husband becomes specifically meaningful when the theme is traced back to its childhood origins in her family. In psychotherapy, she recalled the hours she had spent as a little girl with her father, who would tell her wonderful stories of his childhood and of leprechauns while he was repentant and sober between alcoholic bouts; these wonderful hours were disrupted by her mother’s scoldings of her father for his idleness and unworldly dreaming. As a girl she had believed that her father was an alcoholic because of her mother’s coldness and shrewishness. Her late oedipal fantasies dwelled on what her father would have been like with a different wife: herself, grown up into a sensuous and sensitive woman who could care for his needs. She came to despise her mother as an embittered harridan. Differentiation from her mother became a major developmental motive. She sought to be warm and nurturant, the only person who understood and appreciated her father. In therapy she recalled having had vague fantasies in early adolescence in which her mother would desert the family and leave her to care for it; but her mother

remained while her father became a hopeless invalid. The theme developed through her marriage to a man who resembled her father both emotionally and physically. She would prove in the marriage that, had she been her father's wife, her father would have been a very different person. She would demonstrate to herself that she was unlike her mother. Despite her efforts and resolve, she found that her nurturant, protective, and sensual efforts failed. Indeed, in retrospect, she thought it likely that her attempts to be particularly close and protective precipitated her husband's episodes of drinking.

Shortly before her husband's death, she had been forced to recognize that she could no longer tolerate the situation. Her husband was neglecting and mistreating their children, and when drunk he often turned against her and struck her. She was not even as capable as her mother, who had managed to remain with her father and nurse him during his years of chronic illness. Much of the hostility she had felt toward her mother was now directed against herself. She had not only mourned her husband but had become depressed after his death, tending to blame herself for his hapless life and premature end. She emerged from her depressed and somewhat apathetic state when she again became involved with an alcoholic whom she hoped to marry and sought to save. She entered therapy in part because she found herself becoming upset because he avoided marriage, and in part because her priest sized up the situation and urged her to seek help. The priest had recognized her compulsion to repeat a pattern that would lead her into another hopeless and desperate situation. She would continue to try to solve the old problem of proving to herself that she, in contrast to her mother, could have prevented her father's alcoholism. A primary task of psychotherapy was to release the patient from her bondage to such unconscious repetitive and frustrating efforts to solve old problems in the wrong generation, and, through viewing her parents from a more adult and realistic perspective, enable her to gain a new self-image and more mature motivations. The therapeutic task was to overcome a fixation involving a failure to resolve the oedipal situation adequately, but the designation of the problem in such terms means little without the more specific knowledge of the repetitive pattern, how it arose, and how it reappeared in new situations.

REPETITIVE PATTERNS AND THE NATURE OF TRAUMA

Without an appreciation of the nature and force of the life pattern, it often is difficult to grasp the emotional impact of events on a person, or even what is beneficial and what traumatic. A brother's

marriage is usually considered a happy event, but a young woman became severely upset when her older brother's marriage upset her lifelong pattern of security operations. As a child of six she had suffered from desperate anxiety when her mother died and the family almost broke up. She had thrown herself into the task of helping her father care for the home and her brothers in order to make it possible for the family to remain together. She feared that unless she constantly proved her usefulness she would be unwanted and sent to an orphanage.

As she grew older she developed little faith in obtaining security through marriage—for as a black woman she had seen many men desert their wives. She felt that only relationships between a parent and a child provided security that could be trusted. Her father would never desert her because she was essential to him, caring for him and his household. Still, her father was growing old and death would eventually take him from her. She developed two safeguards against feeling lost and deserted after he died. Marriage was not one of them. Indeed, she refused to marry a persistent suitor, for marriage would take her away from her home. But she sought to have a baby by him out of wedlock, a child to whom she would give so much love that the child would never leave her. In addition, she made a home for her older brother and worked to supplement his income.

She filled all of his needs, other than sexual, so that he had no reason to marry. He needed her and would remain with her after her father died. However, her plans went awry. She failed to become pregnant by her boyfriend; and while considering finding another who might be more fertile, she had herself examined and found that it was she who was sterile. Then, soon after her father's death, her brother decided to marry—perhaps because her intense solicitude, which included unconscious seductive behavior, frightened him into marriage. Suddenly, the pattern she had developed to insure against the recurrence of being deserted collapsed, in part because of the intensity of her defense.

Repetitive Patterns, Personality, and Ego Functioning

Freud's major contribution, among his many contributions to the understanding of human functioning and malfunctioning, was his elucidation of the limits of people's conscious decision making and of the rationality of their behavior. He clarified the force and scope of unconscious determinants in the service of sexual and aggressive impulses and desires, and demonstrated how the avoidance of

anxiety leads to the construction of mechanisms of defense that limit or distort the perception and understanding of reality. The directive capacities of the self that we term ego functions are never free from repressed unconscious influences. At times, the ego functions seem to serve primarily as a front to maintain self-esteem by transforming underlying irrational motives into an acceptable form. For a time during the development of psychoanalytic theory and practice, the pendulum swung far in the direction of underestimating the role of rational, reality-oriented decision making. Currently, a new theoretic balance has been achieved by an assimilation of studies of cognitive development into psychodynamic theory. However, in studying the limits of reality-oriented behavior—of the capacity of the ego to direct the self by balancing reality needs, id demands, and superego injunctions—we must be concerned with the limitations imposed by the personality configurations and life patterns that emerge during the developmental years.

PSYCHOSEXUAL FIXATIONS AND CHARACTER

Psychoanalysis has developed two interrelated approaches to the study of personality types and how such personality patterns limit the adaptive range of individuals but at the same time make their ways of reacting and relating more comprehensible and predictable. The first approach is based upon fixations of psychosexual development—originally conceived in terms of libidinal fixation at one or another erogenous zone. Failures to work through the essential developmental tasks of the period result in fixation of interest and attention on these tasks or regressively on those satisfactions gained in an earlier period before the frustrations occurred. Fixation can be taken to mean, as in this volume, that when the tasks of a developmental phase are not mastered adequately the child is unprepared to cope with subsequent developmental tasks and continues to seek fulfillment of the frustrated needs in a repetitive manner. Such fixations can be major determinants of basic life patterns. The major traits of “oral” characters were discussed at the end of the chapter on infancy, and of “anal” characters in the chapter on the toddler. Some shortcomings of the concepts of “oral” and “anal” characters were also discussed. These are the two best-developed categories, but a “urethral” character and a “phallic” character have also been described.¹ The concept of the “genital” character is not used to describe a personality type but rather to designate more or less normative development in which no serious fixations occur at pregenital phases. Originally the term connoted that the libido was free for mature

investment in a gratifying sexual relationship, with pregenital investments subserving forepleasure to sexual intercourse rather than remaining a goal of sexual desire. In terms of Erikson's concepts of psychosocial development, the attainment of genital sexuality is approximately akin to the capacity for intimacy after an ego identity has been achieved. The concept of the genital character emphasizes the deficiencies of a characterology based on phases of libidinal development. It pays little, if any, attention to the developmental tasks of adolescence, and it has required profound modifications to include interpersonal and intrafamilial influences on character formation.

Characterologic Syndromes

The second common way of characterizing persons used in psychoanalytic psychiatry is borrowed from clinical syndromes. A person is termed "hysterical," "narcissistic," "phobic," "obsessive," "schizoid," "paranoid," "sodomasochistic," "depressive," etc., but these terms do not necessarily designate obvious psychopathological conditions. The usage rests upon the recognition that there is no sharp line of demarcation between the normal and abnormal, and that psychopathological syndromes are essentially aberrations of personality development rather than discrete illnesses. Each of these terms derived from pathological states also designates a characteristic combination of mechanisms of defense that gives a particular pattern to the person's ways of thinking, relating, and behaving—a pattern which is found in more exaggerated and more rigid form in persons suffering from the clinical syndrome. The way in which these designations are used depends somewhat upon the user's conceptualization of the psychiatric disorders. A proper discussion requires careful consideration of psychopathology, and thus extends beyond the province of this book; but we shall define several terms briefly, simply to illustrate the usage of terms which not only is common in the psychiatric literature but has entered the general vocabulary of the language.

Paranoid personalities utilize *projection* as a major defense against recognition of unacceptable impulses and motives. There is a failure in establishing proper boundaries between the self and others, and one's own motives are ascribed to others. Persons who constantly feel belittled, and misjudged, and who bear grudges because they feel thwarted by others who they believe are against them, are often termed *paranoid*. *Hysterical* personalities readily *repress* upsetting situations and impulses, particularly sexual desires, and bolster the repression by *conversion* into some physical symptom and through

displacement of affect. The failure to recognize motives that seem obvious to others may create an impression of prevarication or malingering—as in a soldier who emerges from a harrowing combat experience without awareness of having experienced any fear but suffering from an inability to walk. The term “hysterical” is often used to refer to women who are unaware of their habitually seductive behavior and who are upset or insulted when men respond and make advances to them. Such personality traits are related, with some justification, to fixations at the oedipal phase. The term may also refer to persons who are emotionally labile because of uncontrolled outbursts of repressed feelings or impulses in a disguised or displaced form. *Obsessive* personalities tend to seek to control their impulses and also the contingencies of the future by being meticulous, by carefully following routines and perhaps by being particularly neat and orderly, and by the use of the defenses of isolation, undoing, reaction formation, and intellectualization. The relationship to the “anal character” has been noted in the chapter on the toddler. The term *compulsive personality* is sometimes used almost as a synonym for “obsessive personality,” but it may also indicate persons who need to satisfy or placate the needs of others in order to feel secure though unconsciously resenting the demands they believe others place upon them. The relationship to rescinding initiative in order to comply with parental demands during the period of ambulation can be noted. The use of these terms in categorizing persons is approximate, and in general they serve primarily as means of communicating some concepts about a person’s characteristic ways of behaving and relating.

The term *narcissistic* character or personality, now widely used in discussing sociopathic, addictive, borderline, and schizophrenic patients, does not derive from a definitive clinical syndrome; and the use and abuse of the term vary greatly. In general, narcissistic refers to persons with a fundamental disturbance of self-esteem, and who may seem self-satisfied, haughty, and even contemptuous of others, but who require constant admiration or praise from others and therefore develop various ways of gaining admiration. Their relations to others are superficial because their interest in others is almost wholly in what they can gain from them in the way of admiration and protection. They are apt to become hostile when others do not fulfill their unrealistic expectations and take care of all their needs. The origin of the character disorder seems to relate to failure to individuate adequately and to establish suitable boundaries between the self and others; but it probably also involves deficiencies in the nurturing persons.²

There are many other ways of categorizing personality types, all of which have serious shortcomings.³

LIFE PATTERNS AND FIXATIONS

In the study of life patterns or basic life themes, we are concerned with a type of fixation, but not a fixation that can be defined in terms of developmental stages alone. The fixation is to a way of gaining security that is more specific and usually relates to a way the child found security within the family. The fixation may, however, be to a life pattern that was developed in order to defend against the recurrence of a situation that caused severe or intolerable anxiety or depression—as in the case of the woman who found a major guide and motivating force in securing her relationships to her father and brother in order to prevent a reexperience of the unbearable separation anxiety that followed her mother's death. Such clearly defensive patterns will usually have their origins in the family because that is where the immature child is usually most vulnerable. A life theme may be basically adaptive, in the sense of being concerned with the development of assets, or defensive—that is, adaptive in defending against a trauma. Perhaps adaptation and defense, in this context, are never clearly separable.

Defensive Life Patterns

Defensive life patterns are not the same as patterns of mechanisms of defense of the ego against anxiety. The mechanisms of defense operate by repressing awareness of a disturbing impulse or experience or through altering the proper perception of it. The defensive life pattern seeks to avoid the recurrence of an unbearable threat. It will usually include mechanisms of defense, but the pattern may sometimes prevent the establishment of satisfactory defense mechanisms. Thus, persons who find means of always remaining dependent upon a parental figure may not develop defenses against experiencing separation anxiety or gradually gain confidence in their capacities to manage on their own. Then if the defensive pattern is undermined—as occurred when the woman's father died and her sibling substitute for him married—the person is left relatively defenseless and prey to severe anxiety.

The satisfactory development of defensive life patterns enables many persons to compensate for serious traumatic occurrences in childhood or chronically disturbed childhood environments and lead

satisfactory lives despite them. The outstanding assets of some individuals are developed as part of such defensive or compensating patterns. An exceptional trained nurse entered her vocation as a continuation of a pattern of helping her mother take care of her numerous siblings. She had felt rejected by her mother in childhood as an additional burden, but learned to gain appreciation and praise by becoming a “little mother.” The psychiatrist, however, is likely to see people as patients after the defensive patterns of their lives have been undermined and collapsed, or when frantic restitutional efforts are being made. Indeed, the understanding of the nature of an emotionally traumatic occurrence requires a grasp of how such life patterns are threatened or demolished by the occurrence. The topic will be elaborated further in the next chapter when we discuss physiological functioning, for the disruption of defensive life patterns can place serious strains on the body’s physiological defenses.

The Family and Life Patterns

The family occupies a central position in the understanding of life styles and life patterns because the family is everywhere the essential agent that provides the nurture, structure, and enculturation needed by infants to survive and develop into persons capable of adapting to their physical and social environment; but also because children develop through internalizing their parents’ ways and their interactions with each other, and because they gain motives and directives by the need and desire to relate harmoniously within the family. It is in the family that patterns of emotional reactivity develop and interpersonal relationships are established that pattern and color all subsequent relationships. The family is also central because for most persons, if not all, it is the intimate relationships in both the natal and marital family that provide much of the fulfillment and meaning in life—and because, as we have considered elsewhere, individuals’ satisfactions with themselves and their sense of self-esteem continue to depend to some degree upon internalized parental values, even though the parents may be dead for many years.

In Chapter 7 we examined how children’s transition through the oedipal phase and how their coming to terms with what Freud (1909) called “the family romance” help to crystallize their personalities and to establish basic patterns of interpersonal relationships. The oedipal situation sets a basic pattern for the human condition, not because it is “instinctual” but because it is an inevitable consequence of the human condition. The oedipal transition concerns more than the boys repression of

his erotized attachment to his mother and his identification with his father in order to be rid of his projected fear that his father will kill or castrate him; or the girl's libidinal attachment to her father and subsequent repression of it. All children start life symbiotically attached to their mothers, and soon develop an egocentric understanding of the relationship with her; as the mother necessarily frustrates the attachment, they suffer narcissistic injury, and learn that others are also important to her. In essence the oedipal transition has to do with the child's movement out of a mother-centered world to find his or her place as a boy or girl member of the family unit. The child must progressively learn the prerogatives and limitations of parents and children and of males and females. Reluctantly, the child gradually gives up the special closeness to the mother to gain increasing autonomy and the security that derives from belonging to a sheltering family.

It is not a quibble to maintain that the oedipal transition is a consequence of the human condition rather than instinctual: it is essential to understand that how it transpires differs from individual to individual, depending upon the circumstances—how the parents relate to one another as well as to the child, the personalities of the persons involved, and the sibling relationships. Minimally, a triangular relationship exists between parents and child that affects each of them, and usually other children are present or will later enter into the arena; and relationships with members of the extended family—either in actuality or as internalized in the parents—are also always significant. The manner in which the oedipal resolution occurs sets a basic pattern that may later be modified, but which will never be completely undone. Although it will differ for each person, common patterns recur and lead to similar life patterns. A major task in becoming a psychiatrist lies in gaining familiarity with these various ways of resolving the oedipal situation and the ensuing life patterns, and then from knowledge of developmental dynamics and familiar themes to be able to formulate useful conjectures about new and unfamiliar patterns.

The term “oedipal situation” is used with varying degrees of specificity. Children establish life patterns not only through how their attachment to the parent of the opposite sex is resolved, but also through how they find or seek to find a place within the family, with parents, siblings, and any other significant persons in the home. They are reacting in response not only to their own egocentric appreciation of the situation and their fantasies about it, but also to the way in which the other family members relate to them—which very often is far different from the more or less ideal circumstances

presented in the chapters on childhood in this book. The ways in which the parents relate to the child and to each other guide the child into various patterns. Thus a boy or girl may be led to identify strongly with the parent of the same sex in order to gain the affection of the parent of the opposite sex, and later become capable of marrying a person like the parent of the opposite sex to form a union in which each supports the other and both have a major interest in rearing the next generation, etc. Or it may, as in the case of the woman with the alcoholic father and husband, lead to efforts to be very different from the parent of the same sex—to differentiate rather than identify. Or it may foster a reversed oedipal resolution in which the child identifies with the parent of the opposite sex and seeks a love object of the same sex. It may lead to efforts to relate to two parents who differ so profoundly that the child has an impossible task. There are many such general patterns, and the common variants are too numerous to designate here, for they are properly learned in work with patients.⁴

The sibling patterns within a family may be regarded as offshoots of the oedipal situation, and they can also be fundamental in establishing life patterns. Sibling rivalries can establish a pattern of relating to peers in a hostile, aggressive competition for supremacy. In contrast, when siblings provide strong support to each other, in extrafamilial settings they may tend to rely on teamwork in sports and seek cooperative coalitions in occupational ventures. An oldest daughter may develop maternal attitudes toward younger siblings that virtually direct her life efforts into teaching and then toward having a large family of her own. Though they have not been emphasized particularly in this book, sibling relationships can be almost as profoundly influential as the relationships with parents, and a person's relatedness to a brother or sister is often closer and more meaningful than the relationship to parents.⁵

A parent's favoritism for one child over another, preference for one sex over the other, or unfavorable identification of a child with a disliked parent or spouse, and other such matters, can heighten the rivalry between siblings to bitter and lasting animosities.⁶ On the other hand, the rivalry between siblings, which is also a virtual consequence of the human condition, fades—or is repressed and replaced by reaction formation—when parents balance the attention and affection they give their children, and when they teach through their own behavior that the well-being of others in the family is part of their own welfare.

Myth and Life Patterns

Legend and myth are important to the psychiatrist and to the understanding of people because tradition filters out and deposits into such tales significant and commonly experienced patterns; and they are often patterns that can be considered only in myth or dream because they deal with drives and wishes that have been taboo in the society and repressed in the individual. The myth may deal with ancestral figures who lived before cannibalism, incest, parricide, matricide, and the like became taboo, and it may concern fantasies of such behavior that are repressed in the developing child. The myth holds before us, as a sort of cultural superego, the horrors that follow upon such unthinkable behavior.⁷ The Greek tragedies and the plays of Shakespeare and Strindberg survive in part because they are concerned with variations on basic life themes or patterns that transcend individual experience and even eras and differences in cultures. *Hamlet* is not simply the story of an oedipal conflict; it is rather a particular variant of the oedipal situation that followed on a mother's infidelity to a father and therefore also to a son who identified with his father, and sheds light upon the emotional consequences of many variants of the theme. It is related not only to the Oedipus saga through Hamlet's parricide (Jones, 1949; Murray, 1914; Wertham, 1941) and incestuous preoccupations about his mother but even more closely to the Orestes myths, in which Orestes kills his mother because of her infidelity to his father and collusion in his murder. Because he committed matricide, Orestes becomes insane, whereas Hamlet, who has an impulsion to kill his mother upon which he cannot act, verges on insanity and is preoccupied with suicide. Freud gained some of his most telling insights from Shakespeare and Sophocles, and these writers' works remain excellent sources from which understanding of various basic life patterns can be gleaned.

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Notes

1 The concept of the "urethral" character is not well developed. It is related to fixation at a level of urethral erotism—the sexual excitation felt when urinating, perhaps accentuated by irritation from chronic childhood masturbatory play. It relates such burning sensations to burning ambition, and also to the excitement of lighting fires and wishing to extinguish them by urination. Bed wetting is thus related to sexual excitement. The "phallic" character, whose development is related to fixations at the oedipal period, is overmasculine, tending to be a Don Juan, boastful and reckless. The reactive nature of the masculinity becomes apparent after a little study. Incestuous drives are not far beneath the surface, and perverse activities or fantasies are common. The character configuration has been related to fixations caused by castration fears which block the proper resolution of the oedipal conflicts; but it seems more clearly related to a boy's relationship with a mother who focuses her admiration and love on her son's genitalia, which she prizes highly. The penis, so to speak, remains the mother's possession, and the man repetitively seeks admiration through overmasculine behavior, considering his penis a prize that women cannot resist. Women may be termed "phallic" when they habitually use their bodies exhibitionistically as a substitute for the penis they lack; or sometimes the term is used for aggressive women who fantasy and act out fantasies of being dominant masculine persons, either subjugating men or dominating other women homosexually.

2 The concept of the narcissistic personality is unusually complex and the source of many controversies. The reader is referred to Otto

Kernberg's *Borderline Conditions and Pathological Narcissism* and Heinz Kohut's *The Analysis of the Self* for further consideration of the topic.

3 Some seek to relate personality types to some physiological process or to physique. Thus, Hippocrates divided people into choleric, sanguine, phlegmatic, and melancholic types, a personology which brought various body fluids into the language as adjectives describing persons and states of emotion. Kretschmer (1926) related personality characteristics to body structure, classifying individuals as leptosome (asthenic), pyknic, athletic, or dysplastic types—a typology that gained a considerable following in both medicine and psychiatry. Sheldon and Stevens (1942) pursued a related but more complex classification based on physique. Jung's (1938) division of people into extroverts and introverts has probably been the typology most widely followed. In brief, the extrovert's energy and interests are directed toward activities, interpersonal relationships, and objective facts and actions, whereas the introvert is more interested in ideas, subjective states, spiritual values, etc. Such classifications have some utilitarian value, but most persons refuse to fit clear-cut categorizations. Their usefulness has also been limited because of the attempts to link character or personality with some inborn physical characteristics in a rather simplistic manner. As Stern (1938) pointed out, most typologies tend to divide persons on the basis of inward and outward directedness. Riesman's (1954) use of inner and outer directedness has become an integral part of the American intellectual scene. A different approach to classifying people can be found in Chapter 12. The reader is also referred to the review of the topic of personality types by D. W. MacKinnon, in Chapter 1 of Volume 1 of *Personality and the Behavior Disorders*, and to A. A. Roback, *The Psychology of Character*.

4 Not only because the topic is beyond the scope of this chapter and book, but because many such patterns have not been specifically delineated in the psychiatric literature—and still remain part of the more or less conscious knowledge of the experienced clinician.

5 Freud, in "Totem and Taboo," postulated that brothers in the "primal horde" envious of the father's prerogatives with their mother banded together to kill the father. Although there are no indications from anthropological studies that a primal horde ever existed, the idea may be taken as symbolic of the rivalry between generations. The Joseph saga of the Old Testament suggests another basic configuration in which the youngest son of an elderly father does not become involved in clear-cut oedipal rivalry but is favored by the father and identifies with him. The older siblings become resentful and seek to be rid of the favored intruder who is identified with the father and seek to kill him. The story also suggests how a younger child may be able to fare well in a distant land where he is free of the danger of the envy of the older siblings.

The Joseph story is also a story of death and rebirth that relates to the Adonis and Tammuz myths—as well as to the story of Jesus, in which the favored son of God is killed and resurrected; the Joseph story is also, in essence, the story of the "chosen" Jewish people who are repeatedly being exterminated and reborn.

6 We may note that in Genesis, Abraham sent Ishmael into the desert to placate Isaac's mother, Sarah. Similarly, Rebecca had her favorite son, Jacob, steal his father's blessing from Esau. The ensuing conflict between the symbolic descendants of Ishmael and Esau who intermarried, and those of Jacob continues into the present.

7 The myths of the accursed house of Tantalus, for example, move across the generations to tell of the punishment of Tantalus by the gods because he fed them his son, an act which once may have been the essence of piety; of the punishment of Thyestes for seducing his brother Atreus's wife; of that of Atreus for serving a stew of Thyestes's children to Thyestes in vengeance; of the fate of Agamemnon because of his father Atreus's vengeance and for sacrificing his daughter Iphigenia to help recover his sister-in-law from Troy; of the death of Clytemnestra, Agamemnon's wife, at the hand of her son, Orestes, for killing her husband and virtually abandoning her son; of the insanity of Orestes that followed his matricide.

