Experimental DIAGNOSTICS OF DRIVES

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CHAPTER XVI

Character Syndromes

Following the discussion of psychopathologic and physiologic syndromes the question now to be raised is whether conclusions concerning an individual's character might be derived from experimentally obtained drive symptoms.

The question can be answered in the affirmative providing that the term "character" is used in the sense particular to the drive doctrine of the analysis of vicissitudes.

The term character may denote something like "moral volition" and also may correspond to the concept of "personality."' The word "person" is derived from "persona," which in turn comes from "personare" which means "to resound." "Persona" then originally signifies the lifeless mask which in the classic drama has been penetrated by the voice of a God, or an antique actor in his place.

The meaning of "character" to the analysis of vicissitudes is easily grasped if related to the original meaning of the word "persona."

The personal character of an individual, according to the analysis of vicissitudes, is the peculiar formation of his drive vicissitudes in the self. Different drive needs may manifest themselves in various forms, according to the realm of their satisfaction. The individual may satisfy a certain drive need in its original form, or he may do this in a socialized form by way of a vocation; the third possibility is for the person to transform the drive need into neurotic, psychotic or delinquent symptoms; a fourth mode of satisfaction of threatening drive needs may be obtained in an individual's choice in love or friendship. Of particular importance for the person however is the handling of drives by way of introjection, that is by the incorporation of threatening drive needs into the self (personality or character).

The analysis of vicissitudes then conceives of the character as a particular form of drive vicissitude determined by the specific realm of drive satisfaction. Just as a neurosis or psychosis might present the picture of a distorted mode of satisfaction of specific drive needs, so a particular character, or character qualities, is no more than a personalized ego form of certain drive vicissitudes.

The character is merely the mask, the "persona," in back of which invisible archaic drives are looming.

In this sense, character, indeed, is in itself a lifeless mask of a face. The voice resounding belonging to those mythical beings, the drives.

The experimental diagnostics of drives rests upon the "language of choice reactions" by which the drive vicissitudes reveal themselves, regardless of whether the satisfaction of these drives falls into the realm of neuroses, psychoses or of character.

Tables 22, 23, 24, 25 show a summary of the most important character qualities as revealed by specific experimental symptoms.

It should be noted further that the interpretation of drive categories and drive formulas afford another useful method of character analysis.

TABLE 22. –*Sexuality and Character*

Leading drive factor/vector	No. personality qualities	Experimental symptoms							
		h	*s*	*e*	*hy*	*k*	*p*	*d*	*m*
h	1. Maternalism, affection, warmth, devoted yielding love	+		+			+		+
	2. Humanitarian ideation, cultural trends, collective humanitarian kindness	—				±	+		
	3. Conflict between personal and collective love	±					0		±
	4. Infantile affection	0				0	—	0	0
s	5. Life drive, activity drive, initiative, activity		+			+		+	
	6. Aggressiveness, cruelty, destructiveness, sadism, sadomania		+!!	—	+			+ 0	— —
	7. The pious hangman	0	+	—	+			—	+
	8. Sadomasochism		±			0 0	± —	—	+
	9. Anal sadism; trend to criticism and sarcasm		+ 0			—	±	+ 0	
	10. Bizarreness		±						
	11. Need for sacrifice, generosity, humility	0	—!			0	+		
	12. Submissiveness, servility	0	—!			—	—	0	+
	13. Passivity, masochism		—‼		—	0 0	+ ±	+ ±	+ +
	14. Trend towards civilization		—			±	+		
S	15. Asexuality, abstinence	0	0					0	0
	16. Normal, average sexuality (worldly Eros)	+	+			—	—	0	+
	17. Sublimation of sexuality (unworldly Eros)	—	—			+	+	—	—
	18. Femininity in males, goal inversion	+	—			0	±	+	+
	19. Masculinity in females, goal inversion	—	+			± ±	0 0	+	+
	20. Infantile sexuality	0 +	0 0			+ +	— ±	—	+
	21. Bisexuality	±	±					+	±
	22. Homosexuality in the male Homosexuality in the female	+ —	— +	+ —	— +	0 ± 0	± 0 0	+ ±	+ +

TABLE 23.—*Affectivity and Character*

Leading drive factor/vector	No. personality qualities	Experimental symptoms							
		h	*s*	*e*	*hy*	*k*	*p*	*d*	*m*
e	23. Goodness, indulgence, trust, mercy		—	+				—	
	24. Pity, sympathy, benevolence, empathy		—	+			+		+
	25. Tolerance, patience		—	+		+	±	—	
	26. Conscientiousness, sense of duty		—	+		± +	± +		
	27. Devotion, piousness		—	+	—	0 ±	+ ±		
	28. Justice, truthfulness, ethical pathos	—	0	+		±	+	—	
	29. Ill will, rage, hatred, anger		+	—		+ ±	0 —	+	
	30. Vengeance, spite		0	—!	+	—!	±	+	—
	31. Envy, jealousy			—		—	±	—	—
	32. Pitilessness, callousness, coldness	0	+	—	+	+	—	+	—
hy	33. Self-importance				+	+			
	34. Need for personal distinction, acclaim, fame, vanity, shameless self-display	±	0	0	±				
	35. Flirtatiousness, coquettishness	+	0(±)	±	0			0+	0+
	36. Desire to be popular			+	+	+		—	+
	37. Bashfulness				—				
	38. Withdrawal				—	—	—		
	39. Indulgence in unrealistic fantasies				—!	+	—	—!	+
	40. Insincerity	+!		0	—!	+ +	0+ —	0+	±+
P	41. The pure Abel			+	—	—	+		
	42. The pure Cain			—	+	+	—		
	43. Flood of affect; overagitation			+	+				
	44. Ebb of affect; blocked response			0	0				
	45 Anxiety			— 0	0 —				
	46. Panic			—	—				
	47. Lamentation			0	±				
	48. A person of high ethical and humanitarian values		—	+				—	
	49. A person of low ethics		+	—				+	
	50. Ethical dilemmas			±	±	0	0		

TABLE *24.—Ego and Character*

Leading drive factor/vector	No. personality qualities	Experimental symptoms							
		h	*s*	*e*	*hy*	*k*	*p*	*d*	*m*
k	51. Seclusiveness, introspectiveness	±	0	±	0	+ ±	0 0	0	±
	52. Sober mindedness, dryness, coldness; endurance, steadfastness		0 +			+	0	+	—
	53. Intellectual curiosity, dominance of reason	—	—			+	0	+	
	54. Propensity for form, logic & the rational					+	0		
	55. Trend to order and conformance		—			+ ±	0 0	0 0	± +
	56. Callousness, nonparticipation, heartlessness, unfeelingness		0	—		+ ±	0 0		—
	57. Self-interest, egotism		+		—	+!	0	+!	—
	58. Self-reference, egocentricity				+	+	0	—	+
	59. Self-love, narcissism				+0	+	0	—	
	60. Hypocrisy, falsity	—	±0	±	—	+	0	±	—
	61. Self-willedness, stubbornness, autism, self-direction, lack of adaptation to reality		0	0		+ —	— Un-	— real-ity	— score
	62. Pride, need for recognition, vanity, conceit				+	+	+		
	63. Idealism					+	±	+	—
	64. Lack of idealism					— —	± —	0	—
	65. Adjustment to reality	+	+			—	—		
	66. Inhibition, repression	—	—			—	0		
	67. Compulsivity and sadness					±	0	0	±
p	68. Passion, enthusiasm, reverence, worship, partiality, obsessiveness, fanaticism.		—			0	+!	—	+
	69. Ambitendency, psychic inflation	±	±			0	+!	±	±
	70. Need for superiority, prestige, dominance, despotism, authoritativeness, officiousness	+ 0	0 +				+!	+	—
	71. Arrogance, self-importance, megalomania, pompousness, overbearingness.		+! ±	— —	+!	0	+!!	0	—
	72. Rivalry, braggartism						+	+	
	73. Self-effacement, lack of self-confidence, extreme modesty		—!	+	—	0	—!	—	+
	74. Self-torture, self-aggression, suicidal tendencies		—!	0	—	—	± Un-	— real-ity	— score
	75. Caution, prudence, perceptiveness, suspiciousness		0			± ±	± +	0	+!!

TABLE *24—(Continued)*

Leading drive factor/vector	No. personality qualities	Experimental symptoms							
		h	*s*	*e*	*hy*	*k*	*p*	*d*	*m*
p	76. Touchiness, oversensitiveness, resentfulness, grudge bearing, unforgivingness, implacability		—	0	—	— —	0 +	— 0	+ +!
	77. Envy, begrudging, maliciousness		+0	—	+	—	±		
	78. Argumentativeness, petulance, quarrelsomeness, querulousness		± 0	0	—	+ ±	—! ±		
	79. Ideas of reference and oversensitivity			0	—	+ ±	+ ±	± ±	0 +
	80. Slyness, shrewdness, foxiness			0	—	— ±	0 +		
Sch	81. Ponderousness, contemplativeness, meditativeness, occult and mystic thinking					0	—		
	82. Recalcitrance, contrariness, dogmatism, opinionatedness, obstinacy, autistic-undisciplined unrealistic thinking					+	—		
	83. Inhibitedness; tendency to obsessive thoughts and compulsive acts; one-trackedness					—	0		
	84. Fight against obsessiveness, against ambitendency and inflation, self-restraint					—	+		
	85. Self-torture					—	±		
	86. Intellectual preoccupations with discomfort					±	+		
	87. The drill-ego, pedestrianism; adjustiveness, irrational yet realistic thinking					—	—		
	88. Ego-dilation; ego-crisis; calculativeness, ambitendency					+	+		
	89. The obsessive ego; intuitive thinking, creativity					0	+		
	90. The deserted ego; preoccupation with projection					0	±		
	91. The professional ego; charlatanism, realistic, selfish, self-refering manner of thinking					+	0		
	92. Idealism and adjustedness					±	0		
	93. Need for freedom, independence, self-government, spiritual liberation					±	—		
	94. Desertedness, idealization of the forsaking person					+	±		
	95. Highly differentiated ego; attempted integration of opposing drive tendencies; excessive ego-control; catastrophic anxieties	—	—			±	±		

	96. Ego-transformation; role-acting, temporary loss of self-awareness					0	0		

TABLE *25.—Contact Drive and Character*

Leading drive factor/vector	No. personality qualities	Experimental symptoms							
		h	*s*	*e*	*hy*	*k*	*p*	*d*	*m*
d	97. Loyalty, sincerity							—	
	98. Continuous searching for a new object; fickleness							+	
	99. Unfaithfulness							+	
	100. Continued attempts for ego-expansion; competitiveness						+	+	
	101. Possessiveness, acquisitiveness, parsimoniousness, appropriativeness, avarice, greed						(±) +	— (±)	
	102. Squandering		—			—	±	+0	
	103. Self-denial, generosity			+			+	—	
	104. Trustfulness			+			+	—	+
	105. Conservativism; adherence to possessions							—	0
	106. Rashness and haste		+			—		0	—
	107. Tendency to criticize		0	—	+			0 +	
	108. Dejection and gloom		—			+		+	±
m	109. Clinging dependency, warmth, adherence to the acquired object								+!
	110. Need for beauty and the artistic	+				(+)	+		+
	111. Need for sensory enjoyment and pleasure	+	+						+
	112. "Gemutlichkeit," jolliness, vivaciousness							0	+
	113. Loneliness, isolation from others, estrangement from the world							0	—
C	114. Childish contact with the world, curiosity							0	0
	115. Mature contact with the world							0	+
	116. Fear of losing the object							0	+!!
	117. Loyalty, reliability							— —	+ 0
	118. Unfaithfulness, unreliability							+ 0	— —
	119. Incestuous love					0 0	+ ±	—	+
	120. Contact dilemmas, distractibility							±	±
	121. Lack of contact							0	—

		h	s	e	hy	k	p	d	m
	122. Realistic relationship to the world	+	+			—	—	0	+
	123. Unrealistic relationship to the world	—	—			+	+	—	—

TABLE 25—(Continued)

Leading drive factor/vector	No. personality qualities	Experimental symptoms							
		h	*s*	*e*	*hy*	*k*	*p*	*d*	*m*
C	124. Bi-objective relationship to the world; disturbance in concentration							+	+
	125. Happiness					0	+	0	+
	126. Unhappiness					±	0	0	±
	127. Lack of restraint, licentiousness, immoderacy		+					0	—
	128. Disposition toward drug addiction		—	0 —	—	— —	± +	+	—
	129. Disposition toward alcohol addiction	+ ± +	— — ±	— 0 0	+ + —	0 — ±	± ±,0 0	±, 0 — +!!	+ ±,0 ±,0
	130. Mania; hypomania		+			—		0	—

CHAPTER IX

Drive Formulas

There are two groups of factor reactions which differ in their psychodiagnostic significance; that is, drive factors may be either *symptomatic* or *causative.*

A factor reaction in a given profile is symptomatic if the subject's reactions to the picture were either ambivalent or open. Here the ambivalent reactions are related to subjective symptoms, actually experienced by the subject as an ambivalent attitude towards a particular drive need, but never reaching any outward manifestation. The open factor reactions relate to the objective symptoms. The critical need in this case presents itself more or less directly and is accessible to objective diagnostic means.

This manner of interpreting the ambivalent and open factor reactions affords insight into the subjective (experiential) and objective (behavioral) aspects of a given character structure or disease entity.

The symptom factors, however, do not throw any light on the unconscious dynamics which actually cause these symptoms. These determining and causative factors, "root factors," are represented in the test by the consistently positive or negative

reactions. They are related to unsatisfied needs whose satisfaction may have been denied, either because of interfering environmental forces (as the need in this case is accepted by the ego, positive choice reactions will result), or because of repression of the need by the ego (a condition resulting in negative choice reactions), or because a need is too strong to be satisfied. This last condition can be found in manic patients who cannot achieve satisfaction of their sadistic need in spite of acceptance of the need by the ego (a consistently positive s-reaction **is** a conspicuous peculiarity of the manic pattern in the test). The negative reaction should always be understood as the result of repressive forces. It may also be taken as a sign of adjustment to the social environment.

Both the consistently positive and consistently negative reactions are indicative of a state of nonsatisfaction of a critical need. The implication is that even with the acceptance of the need by the ego, satisfaction may still be missing (see fig. 21).

Given a series of tests, it is an easy operation to record the sum of open and ambivalent reactions for each drive factor. This figure may then be used to differentiate between symptom factors and root factors within the total series.

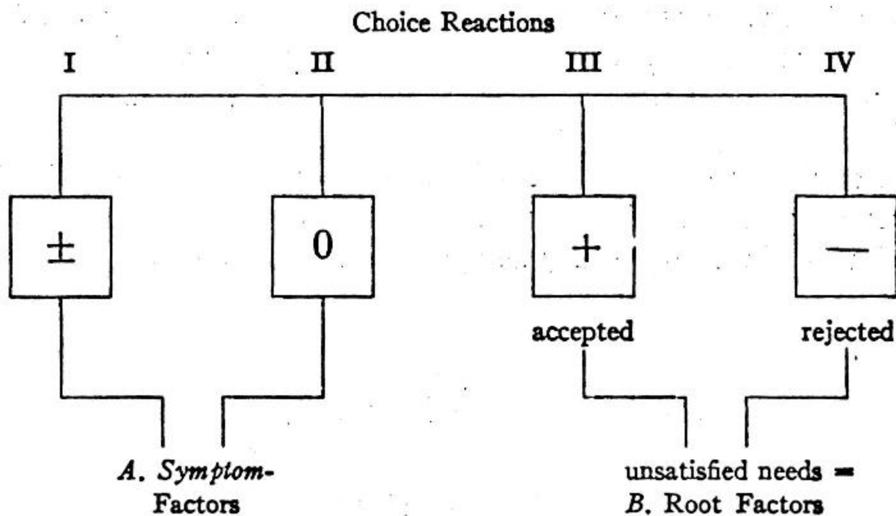

Fig. 21.—System of symptom and root factors

The sum of ambivalent and open reactions indicates the degree of tendency tension within a given factor. "Tendency tension" is the drive tension derived from the two genetic tendency directions found within a single need. Symptom factors denote a low degree of tendency tension, root factors a high degree of tendency tension.

In the drive theory of the analysis of vicissitudes the assumption is made that each drive need contains two opposing drive tendencies, each moving towards overt manifestation. The assumption was made, as previously discussed, that the genetic makeup of needs originates in tendencies derived from both father and mother. The two tendencies operate in opposite directions: for instance, sadism-aggression-activity versus masochism-autoaggression-passivity. Both tendencies are structural parts of the s-factor. The tendency tension within a factor is then due to the rivalry of the opposing tendencies. In this light the

typical reaction of any drive need should be ambivalence. The test provides evidence to the effect that negative or positive reactions usually occur in conjunction with one response in the opposite direction, for example:

+ 3 + 1 + 2 + 1
—1 —3 —1 —2

This degree of tendency tension, however, is usually not maintained by the subject. The opposing tendencies exert a paralyzing effect upon each other causing discharge of the need. Subsequent open reactions, frequently of this ±1 form, are therefore refered to as "postambivalent." Open (postambivalent) reactions are therefore included with the ambivalent responses, in the computation of the degree of tendency tension.

In computing the degree of tendency tension for each drive factor, the eight figures obtained may be arranged according to degree, so as to separate symptom factors from root factors.

The actual drive formula for a given subject is derived from this sequence of degrees of tendency tensions.

The drive formula is a fraction whose numerator is given by the initials of the symptom factors and whose denominator is given by those of the root factors.

The abbreviated formula affords a quick orientation and survey.

The complete drive formula is a multiple fraction. In the top row the initials of the (two or three) factors with the highest tendency tension are entered. In the middle row those of the factors with an intermediate degree of tendency tension are recorded. These factors are "submanifest" or "sublatent," determining merely general themes of inclinations. The last row contains the initials of the root factors, namely those of lowest tendency tension.

CHAPTER X

Illustrative Examples of the Interpretation of Drive Formulas

The following example demonstrates the technic of computation and analysis of the drive formula.

Example 12: The subject is a 30 year old woman. The test was administered in two series, given three years apart and consisting of five test profiles each. Table 4 shows the distribution of tendency tensions as derived from the ten drive profiles. In table 5 the sequence of tendency tension according to degree is indicated for the eight factors.

Both the abbreviated and complete drive formulas can be derived from these tables.

The abbreviated drive formula

$$\frac{m_5}{s_1}$$

The complete drive formula

	± 0			= central symptom factor
	m_5			
$+0$	$+0$	$+\pm$	-0	= submanifest factor
d_6	k_5	p_4	e_4	
$+$	$-$	$-$		= causative root factors
hy_2	h_2	s_1		

An analysis of the two formulas yields the following clinical and psychologic data: Since *m* is the symptom factor in the reduced formula, hypomanic character qualities or five symptoms of a manic disorder can be expected. The cause of these manic symptoms must be sought in the root-factors (reduced formula) that nonsatisfied sadistic needs are causally related to manic development. It is also possible that this need takes the form of unconscious masculine strivings in the patient.

In the complete drive formula *m* again is the symptom factor. In the clinical picture either hypomanic-psychotic or neurotic symptoms of a cycloid type should prevail. Equivalent forms of manic paroxysmal types might also be considered, such as narcomania, alcoholism, dipsomania, nymphomania or inclinations towards even swindling or indebtedness. The fact that the *e* factor is submanifestly present indicates that the manic symptoms in this patient tend to have the character of sporadic paroxysmal attacks. One can conclude that the patient tends towards frequent temper tantrums and outbursts of rage, hostility and vindictiveness, as the $e = 0$ reactions indicate (compare drive profiles VII, VIII, IX, and X).

We will turn now to the analysis of the submanifest factors—*d, k, p,* and ***e.*** The patient's responses to the *d* pictures were consistently positive for the first half of the ten-test series but then turned to a constant 0 reaction. During the period of positive d-reactions the patient obviously was submanifestly depressive, and the depression was a forerunner of the acute manic state.

With *m* as the symptom-factor and *d* as the most effective submanifest factor, there is an indication that the patient went through a depressive state just prior to the testing, and became manic during the test period. The manic state here must then be understood as a reaction to the preceding depression which in turn was a consequence of the loss of the object of original dependency.

The *k* and *p* follow in the sequence of submanifest factors. The subject gave

Table 4.—*Table of Tendency Tensions Derived from the Record of a 30 Year Old Woman Pharmacist (Example XII).*

Profile		*S*		*P*		*Sch*		C		Degree of T.T. per day		
No.	Date	*k*	*s*	*e*	*hy*	*k*	*p*	*d*	*m*	Σ 0	Σ ±	Σ 0 & ±
	1939											
I	7/5	−	−!!	−	+	+	+	+	0	1	0	1
II	7/10	−	−!	−	+	+	+	+	0	1	0	1
III	10/14	−	−	−	+	0	±!	+	±!	1	2	3
IV	10/28	±!!	−!	−	0	0	+	+	±!	2	2	4
V	12/15	−	−!	−	+	0	+	+	±!	1	1	2
	1942											
VI	4/14	±!	−!	+	−	0	±	0	+	2	2	4
VII	4/16	−	−!	0	±!	0	+	0	±!	3	2	5
VIII	4/16	−	±!!	0	+	+	+	0	−	2	1	3
IX	4/18	−!	−	0	+	+	±!!	0	0	3	1	4
X	4/18	−!	−!!	0	+	+	±!!	0	0	3	1	4
Σ	0	0	0	4	1	5	0	5	4	19	—	—
Σ	±	2	1	0	1	0	4	0	4	—	12	—
Degree of factorial T.T.		2	1	4	2	5	4	5	8	—	—	31

Table 5.—*The Sequence of Tendency Tensions by Degree (Example XII).*

Order	I	II	III	IV	V	VI	VII	VIII
Factors	*m*	*d*	*k*	*p*	*e*	*hy*	*k*	*s*
Degree of factorial T.T.	8	5	5	4	4	2	2	1
Symptomatic reactions	± 0 4 4	0	0	±	0	0 ± 1 1	±	±
Root reactions and others	+, −	+	+	+	− (+)	+ (−)	−!	−!

five 0-responses and five positive responses to the *k* pictures, and there are four ambivalent and six positive reactions to the *p* pictures. It can be derived from these submanifest *k* and *p* reactions that prior to the manic reactions a schizophrenic change of the ego structure with both catatonic and paranoid characteristics had taken place. The most frequent catatonoid symptoms are: hypochondriasis, conversion hysteria, schizoid neurotic states characterized by constraint, apathy and inability to work. As a submanifest factor, *p* suggests that prior to the actual mania, the patient struggled with ideas of persecution or of grandeur. The *e* factor evolves as a submanifest factor with four zero reactions, five negative choices and one positive choice. All the zero reactions occurred during the second phase of the period covered by the tests. Temper tantrums correspondingly occurred during the second phase of the illness, preceded by the accumulation of crude affects during the first phase.

The root factors may be analyzed as follows: The latent originating factors, which in the present case are causally related to the patient's disorder, are *hy, h* and *s.* The low degree of tendency tension, 2, 2, 1, indicates that needs for self-display, for affection (and also homosexuality), and particularly for masculinity have remained unsatisfied and are still dynamically operative in the form of unconscious strivings.

The patient gave seven positive responses to the hy pictures. Her ego obviously consistently accepts the need for self-display, yet fails to achieve full satisfaction of these exhibitionistic claims.

The subject gave a negative reaction to the pictures of homosexuals eight times, indicating that her need for affection (or homosexuality) has remained highly unsatisfied. At the same time these negative reactions are a sign of the patient's considerable cultural standing. The patient obviously has attempted without much success to cope in a socially acceptable way with her bisexual inclinations, using self-coercive mechanisms for this purpose. This can be deduced from the vector-reactions *S* = ± — (twice) and *S* = — ± (once) (compare profiles IV, VI, and VIII). The four ambivalent *p* reactions are further evidence for this repression of bisexual (or homosexual) strivings. The underlying bisexual drive-structure is clearly revealed in profile VI, with the typical response pattern *s* = —, *hy* = —, *p* = ±. Additional evidence is furnished by the vector-configurations *Sch* = 0 ± (compare drive profiles III, VI) and *C* = 00 (compare drive profiles IX, X).

The most effective root-factor in this patient is the *s* factor. Nine out of the ten profiles show negative *s* reactions. They are quantitively high with five responses of s = — 4 and two of *s* = — 5. Such high quantitative ratios in negative reactions reveal a corresponding critical drive situation. In women it points towards excessive masculine strivings which however remain unsatisfied. When it appears along with such ego patterns as *Sch* = 0 —, *Sch* = 00 or *Sch* = 0±, in addition to *S* = + —, it may be indicative of an approaching disorganization of the ego structure. In the case presented the patient at no time gave positive *h*-reactions. This might be construed as leading away from a diagnosis of pure paranoid schizophrenia, yet the overt manic pattern justifies the assumption of a latent paranoid-homosexual drive structure. The manic adjustment is a relatively easy means of at least temporarily avoiding paranoid-homosexual claims.

Ultimately the question arises whether the patient's drive structure is to be regarded as normal or pathologic. If pathologic, is the patient to be diagnosed as neurotic, as psychotic, or as an antisocial defective personality? This last possibility is ruled out by the reactions given for the *S* vector from which the patient emerges as a culturally constructive individual. There are however, definite symptoms indicative of pathology. Among these are: (1) The high quantitative ratio in the *h* and *s* factors; (2) the excessive tendency tension in the central factor *m*; (3) the accumulation of zero reactions in the submanifest factors *d, k,* and *e;* and (4) the vector pattern *C* = 00, indicating infantility in the 30 year old patient.

The patient thus appears as a person of cultural standing. The underlying drive structure is that of a paranoid homosexual; at the time of the clinical examination this drive structure was still dominated by a neurosis of the hypomanic type.

The disease process, the operating pathologic mechanisms and the diagnosis as derived from the drive formula, must be explained as follows:

1. The patient's illness has come about through her inability to find a socially acceptable adjustment for her basic unconscious, unsatisfied bisexual strivings. Her unconscious dynamically active need for masculine identification and her intensive need for self-display are the determining factors of the disease (root factors *s, h, hy).*

2. The patient has tried to adjust to the turmoil caused by these unconscious needs by using reactive depression, transformation of the ego in a paranoid direction, a catatonoid form of hypochondriasis and a paroxysmal type of temper tantrum as safety valves (submanifest factors *d, k, p, e).*

3. These means afford the patient only a transitory escape and are not a solution of her deep-seated drive problem. She senses that she cannot hope to regain her lost object of love and dependency. This phase of actual awareness corresponds to the hypomanic state. As time progresses, the patient no longer maintains a healthy attitude toward the world's value objects, and she transgresses the boundaries of ethics and acts like the dying individual who measures life's assets in terms of approaching death. Even during the manic phase the controls of the culture will help the patient to ward off psychosis (compare the reactions *S* = — —).

The following is a comparison of the results of the above analysis of the drive formula with the case-history, clinical findings, and information concerning family background.

With the *m* as the central factor in the drive formula, it was concluded that the other logical pattern in this patient should include hypomanic symptoms and possibly additions such as narcomania, dipsomania, nymphomania or swindling. The first five drive profiles were obtained in 1939 in a psychiatric clinic to which the patient had been admitted under the diagnosis of mania. She is the daughter of a university professor and was described as extravagant even as a young girl, while leading the life of a comparatively settled, distinguished middle-class girl. She subsequently started on a life of high-class swindling, got herself into debt, smoked constantly and frequented night clubs of ill repute. She drank to excess and indiscriminately engaged in relationships with any available man, which finally led to her commitment.

The clinical facts thus are in line with *m* as the central symptom factor. The *m* factor is even genotropically effective. The patient chooses her friends among night club singers and musicians and among demimonde bohemians.

Significant details of the early case history are in line with the test with regard to the submanifest factors *d, k, p,* and *e.* The illness began with a depression, the precipitating event, according to the patient's own version, was disappointment in her father. The father, whom the patient had always adored, became indebted when gambling and lost a considerable part of the family fortune. He attempted suicide, at

which time the patient learned of the admired father's passionate addiction to gambling. She subsequently went through her first major depression. The cause for the depression obviously was the experience of loss of the father. The effect of the *d* factor in this patient extended into genotropic relationships: during the time of these investigations she became engaged to a man whose wife had died only a few weeks earlier. She accompanied her fiance daily on visits to the cemetery where the two decorated the grave of the deceased wife.

Still more significant is the agreement between the interpretations of the submanifest factors *k* and *p* and the case history. The patient had been a hypochondriac since her seventeenth year. She had been bothered at the time of her first teen-age kiss by a phobic fear of syphilis, and as a young girl had been engaged to a foreigner. At this time, she entertained various ideas of reference, particularly when riding a street car or a bus. She felt constantly that she was being watched and refused to meet people or even to eat. She retired to her bed, where she remained completely unresponsive, gazing silently into empty space. The doctors at that time considered the possibility of schizophrenia which however did not then develop.

As for the genotropic effect of the *k* and *p* factors, the following data should be cited from the case history. The much adored father of the patient was known as a hypochondriac who for years tortured himself with imagined sufferings from angina pectoris. Her childhood sweetheart was a medical student whom I have treated for hypochondriacy. This young man—just as the father—was convinced that he suffered from a heart ailment though his heart was completely normal.

The submanifest factors *k* and *p* are also of genetic significance. A brother of the patient's mother was in a mental institution for paranoid schizophrenia. The patient explained to me that she had been imitating this when she remained silently in bed for hours on end, torturing herself with ideas of persecution. The patient showed paranoid symptoms during her manic state, but in the form of delusions of grandeur and power; she insisted that counts, barons and well-known political figures were her personal friends. Even her professional choice is a genotropic correlate of the *p* factor: she was a pharmacist.[12] The submanifest factor *e* has been related to such clinical symptoms as temper tantrums, periods of stubborn negativism and vindictiveness. This coincides with the patient's behavior during the second part of the testing period when she showed *e* = 0 reactions. In this period she lived with her parents, and was in the incipient stages of a manic cycle. Frequent scenes aroused by her uncontrolled and unrestrained behavior were the rule at home.

There remains the relationship between the root factors and the case history.

The root factor *hy:* It was disclosed that, in the early days of her illness the patient was once completely unclothed when welcoming her fiance. Her exhibitionistic needs however remained latent and unsatisfied, as indicated in the test by seven positive *hy* reactions. The fact that in spite of being a pharmacist she took singing lessons and sought out the company of prominent actresses, on whom she had "crushes" is drive-psychologically a genotropic effect of the *hy* factor.[13]

These infatuations are equally related to the root-factor *h*. It has already been pointed out that certain test results indicate the bisexual drive structure of the patient. Her adoration of a notoriously homosexual actress verified this point. Similar evidence to this effect could be derived from the test in the form of her unsatisfied need for masculine identification (*s* factor). The root factor *s* accounts for the chivalrous manner in which she treated the actresses and for the masculine attitudes displayed in her dealings with men. She usually was very chummy with men at first encounter, embarking upon rather drastic conversations and getting drunk with them like a rowdy pal.

CHAPTER XIII [Not in original order]

The Quotient of Tendency Tension

The quotient of tendency tension is the ratio of the number of zero responses (given by the subject to the pictures of the eight factors) to the number of ambivalent reactions.

$$\text{Q.T.T.} = \frac{\Sigma 0}{\Sigma \pm} = \frac{\text{sum of zero reactions}}{\text{sum of ambivalent reactions}}$$

The zero reactions indicate the behavioral symptom factors and the ambivalent reactions indicate the internally experienced symptom factors.

The quotient of tendency tension is then a quantitative measure of the relationship between external and internal symptoms and as such provides a means for evaluating the subject's actual behavior patterns. If this quotient is smaller than 1, the subject's behavior is inhibited, compulsive, and rigid, as is the case in compulsion neurotics, schizoid psychopaths, schizophrenics.

If the quotient is 1, 2, or 3, the behavior of the subject is normal. When the quotient of tendency tension becomes higher than 5 or over 10, the subject's behavior is characterized by excitement, agitation and lack of restraint; as in hysterical, epileptic or manic-depressive patients, or in cycloid psychopaths.

In evaluating the quotient of T.T., we must take into account whether possible inhibitions are necessarily due to ego repressions or to environmental pressures. Even if the quotient is larger than 3, the reactions $hy = -$, $k = -$ or $\pm$ are indicative of inhibition. The individual here is inhibited but still experiences tension. Tension, however, can also be experienced with a low quotient if reactions such as $C = 0$ —, or $hy = 0$, $k = 0$ occur. In other words, the quantity of this quotient alone is not sufficient for an assessment of behavior.

CHAPTER XI

The Drive Categories

1. The Ratio of Relative Differences in Tendency Tension

The analysis of the drive formula is a suitable method by which to determine the character of a normal or pathologic drive structure. As an additional index special drive categories are used to determine what type of individual fits the general drive system.

The two drives supplement each other: the drive category determines the type *(genus proximum)* to which the subject belongs; the drive formula denotes those differential aspects *(differentiae specificae)* which are the peculiar and specific properties of the individual which distinguish him from other members of his "type."

The drive category is used together with the drive formula for the construction of a "drive Linnaeus." This device can be used in determining an individual's underlying basic drive structure, his personality and his differential diagnosis. This is similar to Linnaeus' phylogenetic system of designating individual flowers. Both methods are based upon the assumption of tendency tension. The analysis of the drive formula is primarily concerned with *intrafactorial* tendency tensions, like that tension which results from the ambitendency within a single drive factor.

The drive categories have been set up on the basis of the relative difference in tension, in degree of intrinsic tendency tension existing between the two factors of a given vector.

Suppose that the degree of tendency tension of the factor h = 9, and of the factor s = 2. The relative difference in tendency tension for the entire S vector then is

$T.T._{h} — T.T_{s}, = 9 — 2 = 7.$

The relative difference in tendency tension (D.T.T.) within a vector is obtained by subtracting the lower degree of factorial tendency tension from the higher one.

Revising the example above, if D.T.T. of the factor h = 2, and D.T.T. of factor s = 9, the relative difference = 9 — 2 = 7; this favors the s factor.

These two possible tension differences within a vector can be easily distinguished by using a symbol, in which the initial of the factor of lower tension—which is dynamically the one more relevant—is attached to the initial of the vector proper. In this case relative differences in tendency tension then are expressed by S_s, or S_h .

$$T.T._{h} - T.T._{s} = 9 - 2 = 7 = S_{s} = D.T.T.$$
$$T.T._{s} - T.T._{h} = 9 - 2 = 7 = S_{h} = D.T.T.$$

Consequently the eight possible variations in T.T. difference for all vectors are:

S_h, S_s, P_e, P_{hy}, Sch_k, Sch_p, C_d, and. C_m.

These variations are of outstanding significance in the experimental diagnostics of drives since they designate the particular drive category to which the subject belongs at the time of the tests.

The drive system of the analysis of vicissitudes consists of four vectors, *S, P, Sch,* and *C,* which correspond to four drives, so that four intravectorial tension differences must be computed for a given test series.

The resultant differences are arranged in a quantitative order. The highest of these tendency tension differences denotes the drive category, into which an individual fits as a general type.

It has been found that the highest tension difference is found in the action field of that drive which in a given individual is dynamically most effective. This critical drive, latent and only partially satisfied, is the dominant significant radix of a given character structure or disease entity. Most menacing to the individual and to society are those drives in which one component need of the paired factors finds a means of satisfaction, while the other remains unsatisfied. The vector of highest tendency tension difference thus reveals this "critical" drive and so aids in grouping the individual in one of the eight possible drive categories:

S_h, S_s, P_e, P_{hy}, Sch_k, Sch_p, C_d, and C_m.

Proportional Relations of Latencies

The rationale behind the assumption of drive categories determined by the *highest* (rather than the lowest) difference in intravectorial tendency tension can perhaps be clarified by a practical example:

The following table of computed differences in tendency tension could be derived from the 15 drive profiles (see Table 40, page 179) of a 65 year old actress, at the time of the tests an inmate of a mental institution in Budapest:

$$\text{I. } D.T.T._s - D.T.T._h = 13 - 0 = 13 = S_h$$
$$\text{II. } D.T.T._k - D.T.T._p = 4 - 0 = 4 = Sch_p$$
$$\text{III. } D.T.T._d - D.T.T._m = 5 - 1 = 4 = C_m$$
$$\text{IV. } D.T.T._e - D.T.T._{hy} = 6 - 6 = 0 = P_{e\ hy}$$

The relative proportions in tension differences afford an assessment of the relative proportions of latency, that is, the relative distribution of dynamic forces within the drives (vector). This entity may be expressed by the following formula:

$$\frac{S_h : Sch_p : C_m : P}{13 : 4 : 4 : 0}$$

The highest degree of latency in tension differences (13) occurs in the *S* vector, the lowest in the paroxysmal (0), with those in the ego *(Sch* = 4) and contact vector (C = 4) in an

intermediate position. Expressed in quantitative terms this means that the degree of tension difference (latency) in the area of the sex drive exceeds that in the paroxysmal drive area by 13 tension units. The patient thus actually belongs in the drive category S_h.

The meaning of such categories has evolved empirically in the following manner: the vector with the highest degree of tension difference corresponds to that drive of highest latency, which is of greatest potential dynamic force. This drive is of foremost significance in determining the subject's future vicissitudes. If but one of the two factorial component needs is lived out, while the other, remaining more or less unsatisfied, is permitted to operate latently, the latent factorial component need will operate with full dynamic power within the deeper layers of the mind, and this drive will be outstandingly potent in the formation of the individual's life vicissitudes.

Under normal conditions the two opposing component needs (drive factors) within a drive exert a restraining and integrative influence upon each other by virtue of their highly similar degree of tension. This mutual influence may be referred to as a self-regulation of drives. It can be illustrated by the following example of a series which shows the recurring reactions $S = ++$, or $S = ——$, or $S = 00$, $S = \pm\pm$. Here the two components of the sex drive are treated identically eliminating a tension difference in the sexual area.

This example illustrates why a tension difference of zero may mean:

a) Mutual self-regulation of the two factors in a drive (+ +, — —);
b) a simultaneous state of discharge of the drive components (0 0); or
c) a simultaneous ambivalence of the two factors in a vector (± ±).

In all three possible forms of zero tension-difference the particular drive involved has been rendered *ineffective* for the future, since it has lost its dynamic quality through mutual self-regulation of the factor pair.

d) This means that the subject has succeeded in arriving at a synthesis of the two originally detrimentally opposed drive factors (for example $S = ++$ is the most frequent sex pattern of the ordinary person).

The case of the patient under discussion shows what happens if the two drive components go in different directions. There are 13 zero reactions out of 15 possibilities in the *S* factor, with consistently positive reactions in the *h* factor (+6, +5 and one +4 reaction). The tension difference in the *S* vector was as high as 13 — 0 = 13.

In this instance the two drive components fail to have a restraining influence upon each other; since the individual has been unable to achieve a synthesis of the two component needs, the *s* factor was allowed to manifest itself independently. While the patient freely lived out her sadistic needs the *h* factor remained unsatisfied and so became dynamically effective as an isolated deep-seated affecting factor in her drive-life. Freed from the naturally controlling influence of the *s* factor, the *h* factor now can freely continue to exert a determining dynamic influence.

In the present case then, the sex drive and specifically the need for affection (possibly the homosexual component) is the prevailing influential driving force. It should however not be concluded that only the vectors of highest tension difference are to be considered for

diagnostic purposes. *The relative proportions of the four tension differences must be analyzed, that is to say, the proportional degrees of latency of the individual drives.*

The previous and present drive-constellation may be deduced from the lowest tension differences. A diagnosis of vicissitudes however is particularly concerned with the future and is not confined to an assessment of past and present conditioning. Its purpose is to reveal those drives which represent a potential danger for the individual's future life, so as to allow for preventive re-educational and therapeutic measures. In order to further stress this important point the drive categories are based upon the highest tendency-tension differences, emphasizing the highest rather than the lowest degree of latency. Again, however each of the four tension differences has its particular and significant part in the diagnostic process.

The influence and significance of drives with intermediate tension differences depends upon their quantitative relationship to either the highest or the lowest differences. On this will depend whether an "intermediate" drive is proactively or retroactively effective.

To summarize the guiding ideas on this topic:

1. The vector with the highest tension difference and consequently the highest degree of latency reveals the drive area of most acute potential difficulty.
2. The vector with the lowest tension difference and consequently the lowest degree of latency affords information concerning the most reliable channels which are available to an individual as a means of coping with problems.
3. The drive of intermediate degree of latency may have a retroactive or proactive effect upon the vicissitudes of an individual, depending upon their range with regard to the highest or lowest degree of latency.

3. Analysis of a Case

Going back to the previous case of the aged actress, the following data concerning her drive life may be derived from the sequence and relative proportions of the four vectorial tension differences (latencies):

1. The highest tension difference occurred in the vector of the sex drive, $S_h = 13$. At the time of the test the patient obviously could satisfy the sadistic need, while her need for affection remained unsatisfied. This frustrated, unregulated and highly dynamic striving for affection—possibly of a homosexual nature—is the causative factor in her illness and is a wild underlying force in her impulsive instinctual life. She is buffeted by a sex conflict, caused by a lack of integrative self-regulation.
2. The patient tried to escape the latent sexual panic by way of paroxysmal, hysterical or by epileptic channels. This is indicated by the fact that the lowest tension difference occurs in the *P* vector (D.T.T. $P = 0$). She once experienced a paroxysmal crisis, yet no longer negates satisfaction of paroxysmal strivings, but rather uses this mode of discharge as a defense against threats arising from the sex conflict.

Previously the need for self-display, for hatred, rage and vengeance had been allowed to accumulate. At that time the unsatisfied paroxysmal strivings operated in a roundabout genotropic fashion, in every direction, including the patient's choice reactions, for example,

her vocational choice to become an actress. At present however, she is freely living out her paroxysmal needs, showing off and displaying her temper, possibly, too, in the form of hysteric epileptic attacks.

This prognosis, based on the test, has been verified by the case history. The patient was institutionalized for the first time at the age of 24. The diagnosis then was hysteric psychosis. The *P*-need obviously played a decisive part in her previous history. She was an actress and subsequently suffered a hysteroid disorder.

3. The degree of latency, the tension difference in the *Sch* vector, was $Sch_p = 4$ and in the *C* vector $C_m = 4$. The difference obviously is toward the lowest ($P = 0$) rather than toward the highest tension difference. This suggests that the patient must show not only paroxysmal reactions, but also those of a paranoid (Sch_p) and manic (C_m.) nature.

The trend indicated by the test should be evident in the character of her symptoms. The following observations made during her hospitalization may serve as an illustration: the patient has frequent attacks, particularly in the presence of the attending psychiatrist. She throws herself down carefully choosing a couch for this purpose and with her body rigid and her mouth foaming she loses consciousness. The convulsions are of a definitely hystero-epileptic character. She subsequently turns hypomanic, talking, singing, and laughing without any restraint, agitated and restless. During a certain period of her illness she manifested ideas of persecution, suspecting her environment and crying all day long, while covering the walls of her room with excreta. (Paranoid schizophrenic reactions. See below.)

The relative proportions afford a clear-cut survey or the need-tensions in the four vectors, of the degree of latency, which indicates the dynamic strength of individual drives. The most acute potential danger spot then corresponds to the highest degree of latency which also denotes the drive category under which the patient might be classified. This information can be utilized for prophylactic purposes, mental hygiene, reeducation psychotherapy.

4. Positive and Negative Subcategories

The eight drive categories can be subdivided more specifically.

The drive theory of the analysis of vicissitudes holds that nonsatisfaction of drive needs may be due to factors other than repression. Sublatency can exist under the following circumstances:

1. The need is so strong that despite the ego acceptance of satisfaction of this need it must still remain unsatisfied. This case is indicated if the test score produces consistently or almost consistently positive responses.
2. The nonsatisfaction of a need may be due to repression. Such repression occurs as an adjustment to environmental pressures; or it may be of a defensive character and in the psychoanalytic mode of thinking effected by the ego or superego. Both the adjustive and defensive type of repression are expressed in the test by *negative* responses.

Consistently negative or consistently positive reactions can endanger the individual's drive-life, particularly if the corresponding drive has been somehow simultaneously

satisfied. This situation is indicated in the test by a very high tendency-tension difference in the drive area involved.

Each of the eight drive categories can be separated into two subcategories, one related to latency of the positive reactions, one to latency of the negative reactions. The sixteen subcategories arrived at in this manner are:

1. S_h+	5. P_e+	9. Sch_k+	13. C_d+
2. S_h-	6. P_e-	10. Sch_k-	14. C_d-
3. S_s+	7. $P_{hy}+$	11. Sch_p+	15. C_m+
4. S_s-	8. $P_{hy}-$	12. Sch_p-	16. C_m-

5. The Equivalent Categories

To implement a quick orientation, the number of possible drive-categories can be supplemented by the so-called "equivalent categories."

In practice, cases are encountered in which the tension differences (degrees of latency) are the same, or nearly the same, in two or more of the four vectors. An analysis of such cases revealed that not only are bi-, tri-, or quadri-equivalent cases similar with regard to the underlying latent drive structure, but also that they are indicative of definite and homogeneous groups of people. It is therefore convenient for diagnostic purposes to employ the constructs of bi-, tri-, and quadri-equivalent categories.

Each of the three categories can be subdivided again. The bi-equivalent category, for instance, has been subdivided according to these two vectors of identical latency degree (tension difference), for example S_h+ C_m+; or $S_s—$ C_m+, etc. The number of possible variations is so large (96) that a description of only the most frequently occurring bi-equivalent categories has been completed. This does not however interfere with an analysis of those individuals who fall within other bi-equivalent categories. These can be considered as previously described for the "nonequivalent" cases. The case $S_s—$ C_m+ thus is treated as a combination of an $S_s—$ and of a C_m+ case.

TABLE 6.—*The System of Possible Drive Categories*

Drive Category		S_h+	S_h-	S_e+	S_e-	P_e+	P_e-	$P_{hy}+$	$P_{hy}-$	Sch_k+	Sch_k-	Sch_p+	Sch_p-	C_d+	C_d-	C_m+	C_m-	Σ
Nonequivalent		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	16
Triequivalent		17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	16
Quadriequivalent		33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	16
Biequivalent	P_e+	49	50	51	52													
	P_e-	53	54	55	56													
	$P_{hy}+$	57	58	59	60													
	$P_{hy}-$	61	62	63	64													
	Sch_k+	65	66	67	68	69	70	71	72									
	Sch_k-	73	74	75	76	77	78	79	80									
	Sch_p+	81	82	83	84	85	86	87	88									96
	Sch_p-	89	90	91	92	93	94	95	96									
	C_d+	97	98	99	100	101	102	103	104	105	106	107	108					
	C_d-	109	110	111	112	113	114	115	116	117	118	119	120					
	C_m+	121	122	123	124	125	126	127	128	129	130	131	132					
	C_m-	133	134	135	136	137	138	139	140	141	142	143	144					
																		Σ 144

Similarly cases of the tri-equivalent drive categories are analyzed on the basis of the fourth, that is, the nonequivalent tension difference P_e. If a subject shows an arrangement of tension differences of the following type:

$$\frac{S_e- : P_{hy}- : Sch_k- : C_d+}{10 : 2 : 2 : 1}$$

the case will most likely be one of the tri-equivalent subcategory *S,—*. Obviously each one of the 16 possible tension differences on the test profile may be the single nonequivalent tension difference so that 16 subcategories are evolved within this triequivalent drive category, usually S_h+, S_h-, S_s+, S_s-, P_e+, P_e-, etc.

Cases belonging to the quadri-equivalent drive category are analyzed on the basis of the highest degree of latency in the equal tension differences. A case with a latency scale of this type

$$\frac{C_m+ : S_e- : P_{hy}- : Sch}{2 : 1 : 1 : 0}$$

would then belong in the quadri-equivalent category, but would be analyzed on the basis of the highest latency vector C_m+.

As in the tri-equivalent category, 16 subcategories are assumed within the system of the quadri-equivalent drive category. Those rare cases in which all four of the tension differences are equal (for example, 2,2,2,2; or 1,1,1,1; or 0,0,0,0; or 5,5,5,5) are analyzed by evaluating each individual vector and combining the results obtained.

Table 6 demonstrates a system of the possible drive categories.

Sixteen subcategories are assumed in the nonequivalent and quadri-equivalent main categories, since the analysis of the cases are based on the highest degree of latency. In the bi-equivalent category however 96 variations are possible since the *two* highest identical (equal) tension differences are used for the analysis of individual cases.

CHAPTER XII

Summary Description of the Drive Categories[14]

A. THE NONEQUIVALENT DRIVE CATEGORIES

I. Main *Category* S_h
Category of Latent Bisexuality

The members of this group are threatened by a primary latent but dynamic-bisexual need. The normal individual tends to adjust to this need by an overaccentuation of masculinity and aggressiveness, more rarely by auto-aggression, or in the socialized form by generosity and self-sacrifice. Sick individuals turn to such disguising mechanisms as hysteria, epilepsy or paranoid ideation.

SUBCATEGORY *1.* S_h+, CATEGORY OF CHLLDISH CRUELTY

This is the most frequent category besides C_m+ ; it includes (a) young children between the ages of 5 and 6; (b) young men of 14 to 20; (c) youthful adults aged 21 to 30; (d) adults from 41 to 60 during the change of life; (e) the very old over 70.

The disposition here is towards (1) paroxysmal disorders such as "examination fear,"[15] anxiety-hysteria, hystero-epilepsy, epilepsy, poriomania, kleptomania, disposition toward affective crimes; (2) paranoid disorders, paranoid depressions, paranoid schizophrenia.

SUBCATEGORY *2.* S_h—, CATEGORY OF MILITANT HUMANITARIANISM

This category contains those who are protectors of all that is "humane"; missionaries, doctors, nurses in missionary capacities, monks, humanitarian writers, psychologists, psychiatrists, psychotherapists, etc.

II. Main Category S_s
Category of Latent Sadism and Dual Unionism

The major difficulty in this group stems from an unsatisfied need for masculinity. The members of this group strive for the creation of an inseparable union with the partner, one

similar to the earlier relationship with the mother. Within this dual union they alternate between the role of active sadist *(S_s+)* and passive masochist *(S_s—)*. The relationship between the partners is thus sadomasochist in character. They torment each other but are unable to part. They seem to be tied together by an unbreakable chain. Individuals in this category may have temporary inclinations toward the drive categories C_m— or C_d+ or P_e+. If this happens they tend to become hypomanic, depressive or puritans. There is a considerable predisposition for pathology.

SUBCATEGORY 3. S_s+, CATEGORY OF "PIOUS EXECUTION"

This group is comprised of manipulators and charmers, whose manner conceals cruelty and aggressiveness. There are among these a number of sexually underdeveloped individuals. They tend to follow all forms of sports, particularly prize fighting.

SUBCATEGORY *4.* S_s*—,* CATEGORY OF MASOCHISM

The healthy members of this group tend to socialize their dual-unionistic, sado-masochistic needs in occupations such as nursery school teaching, pediatrics, child psychology, social work, and therapy; also in dancing, music, sculpture, stone-cutting, dentistry, possibly espionage.

The pathologic forms found in this are: compulsion neurosis, paranoid neurotic conditions, dispositions toward nymphomania, logomania, hypomania, frigidity, impotence, anal eroticism (they all are of a heterosexual drive structure). The most severe cases develop towards paranoid schizophrenia.

III. Main Category P_e
Category of Latent Fratricide

The central problem of these individuals is related to an accumulation of rage, and hatred. They are frustrated Cain characters, frequently of the anal adjustment type *(d)*. Theirs is a generalized rage towards purification. They purify style, language, concepts, literature, science, art, ethics, etc. There is an inherent bent toward criticism and moralizing. They also use adjustment channels of the *k* type which makes for narcissism and rigidity in behavior and thinking.

SUBCATEGORY *5.* P_e+, CATEGORY OF MORALITY AND PURITY

The normal member of this group seeks work in occupations concerned with cleaning, such as garbage disposal, and dry-cleaning, or, on a different level, become art critics, doctors, nurses, possibly philosophers and moralists.

SUBCATEGORY *6.* P_e*—,* CATEGORY OF ANAL-EROTICISM

Here there is a disposition towards the following disorders: anal homosexuality, pederasty, coprophilia, paranoid anxiety hysteria, paroxysmal tachycardia, examination

pressure, compulsivity, poriomania, kleptomania and other equivalent states of epilepsy.

IV. Main Category P_{hy}
Category of Latent Exhibitionism

The problem of this group derives from a continuous desire to perform, to make a show of themselves. They tend towards feminine identification, feminine styles, and are unpredictable—often even to themselves. Their most frequent outlets are passive homosexual or paranoid.

SUBCATEGORY *7. P_{hy}+*, CATEGORY OF PURIFICATION AND "SERVICE"

Their somewhat effeminate need for self-display is lived out in socialized pursuits as minister, monk, nun, samaritan and generally as "homo sacer." On a lower level they tend to seek service activities as barbers, tailors, manicurists, pedicurists, butlers, maids, etc.

SUBCATEGORY *8. P_{hy}—*, CATEGORY OF PASSIVE HOMOSEXUAL1TY AND PARANOID STATES

There is a disposition toward bisexual, passive homosexuality, paranoid neuroses, and paranoia juvenilia,

V. *Main Category Sch_k*
Category of Latent Ego-Constriction

The problem of the individuals in this group is caused by their underlying striving for ego constriction, ego systole, of a latent catatonoid character. To live out this need in its original form, would mean that they withdraw from the world and live exclusively within themselves. To avoid this they use the emergency mechanisms of narcissism, depersonalization, or take refuge in a manic-depressive adjustment with paranoid features. There is frequently an incestuous tie (dualism) between son and father, daughter and mother, or between siblings of the same sex. The erroneous identification fosters their development into odd and peculiar individualists and narcissists. The normal individuals in this group frequently turn into pharisaic narcissists.

SUBCATEGORY *9. Sch_k+,* CATEGORY OF NARCISSISM AND PHARISAISM

The main characteristics are: scrupulous pedantry, sobriety, rationalism, rigid formalism, and stiffness. These people tend to be unbending, brusque, taciturn, cold and oversensitive, incapable of true empathy and identification with others. They are narcissistic and self-centered in their choice of relationships to objects; they tend to be selfish and self-biased. Their narcissism, egocentricity and egotism make them ego-oriented, rather than task-oriented, encouraging ruthlessness and attitudes of pharisaic resentment. They are found

mostly among the professional groups: professors, detached logicians, theoretic mathematicians and physicists, rigid ethical and formalistic thinkers and esthetic, overintellectualized psychiatrists and psychologists, coercive educators, military or police personnel, party leaders, etc.

SUBCATEGORY *10.* Sch_k— , CATEGORY OF DAY-DREAMING

The individuals in this group have a peculiar bent towards depersonalization; every aspect of their own personality tends at times to become suddenly dissociated: body, face, hands, language, actions and mannerisms. The corresponding subjective experience is that of a stranger acting, moving, talking, thinking, rather than the self-inverted identification. They are strongly disposed toward hypochondriasis, phobia, compulsion-neurosis and towards hysterical suicide attempts.

VI. Main Category Sch_p
Category of Latent Ego-Dilation

The central orientation in this group is determined by unsatisfied ego-dilative needs. Frequently the members of this group are thrown into a paranoid panic by their self-imposed inability to act out their despotism. As a means of escaping such states they use acute paroxysmal hysterical attacks in which obsessive thoughts, periodic twilight-states, hysterical suicide ideas are dominant aspects. Additions such as narcomania or kleptomania do occur. The general mode of adjustment obviously is of the hystero-epileptic type.

SUBCATEGORY *11.* Sch_p+, CATEGORY OF LOST GENIUS AND PARRICIDE

They are usually highly gifted people who are prevented from using their talents productively by their inability to resolve their incestuous relationship to the parent of their own sex. The son feels persecuted by the father, the daughter by the mother. They accuse the parent of viciously and deliberately attempting to interfere with the free development of their talents. Frequently a sadomasochistic dual union exists in which the individual plays the role of the furiously sadistic partner, ever ready to murder the parent.

Their susceptibility to disease is considerable, particularly to a type of paranoid psychosis on an epileptic basis, but also for pyromania, epileptoid temper tantrums, hystero-epileptic suicide attempts, jealousy motivated murder, paroxysmal sex crimes. Some of them are basically anal sadists or active homosexuals.

SUBCATEGORY *12.* Sch_p— , CATEGORY OF THE LATENT PARANOID STATES

These are individuals who try to avoid the paranoid turmoil by using coercive and hysteric defense mechanisms. There is a tendency towards flight into twilight states or even into criminality.

VII. Main Category C_d
Category of Latent Greed and of Never-ending Search

The common quality of individuals in this group lies in their continued search for an object which has either been actually lost or which they are in fear of losing. The need to cling to this original object is as urgent and frantic as it is insatiable. There is self-depreciation, self-accusation, excessive evaluation of the lost object and excessive identification. They raise an inner shrine to the ideal image of the lost object. Self-aggression and an increased need for affection, more than can be satisfied, are evident. Individuals who are able to socialize this latent need for object search tend to develop into some kind of "lifelong rival" or into a "resigned humanitarian."

SUBCATEGORY *13.* C_d+, CATEGORY OF LIFE-LONG RIVALRY AND DEPRESSION

These are people of the type "Acrobat, Ohhh!"[16] They compete with the successful leaders of every field. Frequently they change their love-partners, professions, interests, when the chance to compete arises. The reason for their rivalry most likely lies in a basic need to identify with the ideal image of success, the father or the mother (positive *k*-reaction), and also in the fact that they have lost the original object. Their continuous rivalry keeps them restless and unfaithful to their object, scatters their talents, and wastes their spiritual and material possessions. One frequently will find among them gamblers, race track fans, etc. The members of this group show a particular tendency towards depression and melancholia.

SUBCATEGORY *14.* C_d-, CATEGORY OF RESIGNED HUMANITARIANISM

Individuals of this category are of the "stick-to-it" type. They cling to the object, even though it has long since been lost. They are love partners of the totally consumed type. On a higher plane there is similar devotion to spiritual substitute-objects, everlasting faith. They are always ready to forgo the pleasures of the world for the sake of the object. They are those rare individuals who resign and renounce.

VIII. Main Category C_m
Category of the Manic States

The trouble area in this group centers on a latent need to cling dependently to an object. These people are unable to possess the object securely and feel insecure even if in reality the object is truly in their possession. The need to cling is just as intense and unstable as it once was in relation to the mother. In this respect they never outgrow the nursery period, the oral-sadistic stage. Their adjustment tends to be of an oral character; they have a propensity for verbosity, singing, drinking, eating and smoking. Therefore they choose such occupations as cook, waiter, innkeeper, bartender, wine taster; or on a higher level, singer, speech-instructor, public speaker, lecturer, delegate, salesman, etc. Their sentimental and

dependent inclinations turn some of them into lyric poets. There is a considerable disposition for mania, hypomania, hypomanic irritative neurasthenia.

SUBCATEGORY *15.* C_m*+,* CATEGORY OF UNRELIEVED DEPENDENCY

The most widespread category among the mentally healthy, especially among adults between 30 and 40 years and later between 60 and 70. These people are most prone to anxiety states; there is a basic fear of losing the love-object.

SUBCATEGORY *16.* C_m*—,* CATEGORY OF ABANDONMENT AND INSTABILITY

These people are forever suffering from the loss of a beloved object. Deeply shaken by this awareness they eagerly reach out for any manner of worldly enjoyment. There is however no object to which they could hold for any length of time. Extravagant and unrestrained hedonists on the surface, they are actually weary of living and close to death.

The outstanding characteristic of this group is the powerful latent need to cling dependently and without the corresponding ability actually to achieve this goal. They frequently tend to expand their ego to the point of megalomania. At the same time however they are no longer capable of identifying with another person or an idea. Their ideals have long since been "disenchanted." This loss of ideals renders them unfit for successful object discovery. The Cain in these individuals is almost as powerful and insatiable as their need for dependency. They are sadists because they cannot find an object to satisfy their exaggerated claim for affection.

In this group are: (1) children in the recalcitrant period from 3 to 4 years of age; (2) children of early school age, 7 to 8; (3) pre-adolescents, 9 to 12; (4) children during puberty, between 13 and 16 years of age.

Their peculiar disease is hypomanic psychosis. Even if they escape the development of manic disorders, they still tend to remain impoverished and forlorn in spite of their unrestrained efforts to gain pleasure. They suffer deeply under the cruel fate of loneliness. This group comprises a vast number of people.

B. THE TRI-EQUIVALENT CATEGORIES

The significant aspect of the tri-equivalent categories is that the individuals in these categories simultaneously use three types of adjustive patterns in order to withstand the threat of a fourth latent need.

To cite some illustrative practical examples:

1. $\underline{S_h+: C_d: Sch_p: P_{hy}}$ 4 : 1 : 1 : 0	1. Neurosis with paranoid depressive aspects; latent homosexuality.
2. $S_s—:Sch_k:P_{\underline{hy}}:C_d$ 10 : 2 : 2 : 1	2. Dementia praecox, pseudodebility with a hidden claim to live with the mother in a continuous sadomas- ochistic dual-union.

3. P_{hy}—:S: Sch: C 4 : 0 : 0 : 0	3. Juvenile homosexuality and preparanoid states.
4. C_d+:P_{hy}:S:Sch 5 : 1: 0 : 0	4. Juvenile kleptomania as a substitute for object loss (C_d), pregenital level; compulsive impulses.

These four examples indicate that cases of the tri-equivalent categories can be analyzed along the line of the nonequivalent categories, centering around the one remaining nonequivalent latent need. In the examples this is the S_h+ category, in the remaining ones S_s—, P_{hy}—, C_d+.

Regardless of possible subcategories, the individuals under the main category of triple equivalence bear the following common characteristics:

1. Fixation at or regression to level of bisexual orientation, both with regard **to**
   a) goal (S = +—, or —+) or
   b) role taking (Sch = 0 ±, or ± 0).
2. Tendency for inverted forms of sexuality with regard to the
   c) object choice (C = + +, +0, 00) or
   d) with regard to all three goals, role-taking, and object choice.
3. Frequently found in manifest homosexuals.
4. Juvenile types of megalomania.
5. Typical for individuals who find themselves in a crisis in regard to their most important object attachment (dual union) and as adjustive device.
6. Use of the mechanisms of compulsion-neurosis.
7. Paranoid traits.
8. Frequently the offspring of paranoid or cycloid ancestors.

The following is a summary description of the main categories of triple equivalence:

17-18. S_h

Inhibitedness, compulsiveness, alternating between arrogance and attitudes of inferiority, mixed paranoid and cycloid traits.

Pathologic disposition for pseudodebility and neurotic states with paranoid and cycloid traits, early preschizophrenic states, compulsion neurosis, vagrancy. Individuals in this category tend to socialize the drive needs listed above.

19-20. S_s

Instability, latent homosexuality, need to form close attachments of a sadomasochistic nature; tendency towards a splitting of self-awareness.

Pathologic disposition for preschizophrenia, pseudodebility, childhood schizophrenia, "vamps" with sadomasochistic traits, dipsomania, nymphomania.

21-22. P_e

Epileptic predisposition; the healthy individuals in this group show a readiness for "homo sacer" professions, and extreme religiousness; the sick ones are inclined towards

paranoid neurotic conditions and paranoia.

23-24. P_{hy}

Constitutional homosexual or bisexual predisposition, constant struggle against homosexual inclinations, pompousness, pseudologia, fantastica, exhibitionistic claims, inversion in roletaking. Vocational preferences: actor, architect, speech instructor, diplomat. Hysterical traits, readiness for passive homosexuality, paranoid schizophrenia.

25-26. Sch_k

Paranoid anxiety states, inhibition, inverted identifications, compulsiveness. Pathologic disposition towards paranoid depression, anxiety neurosis, paranoid kleptomania, that is robbing out of fear of being robbed. Socialized outlets: religion, psychology, child care.

27-28. Sch_p

Superego hypertrophy (both with regard to ego ideals and conscience), stubbornness; sadistic tendencies hidden behind a rigid and close-mouthed front.

The normal and socialized variety has a preference for charitable professions, for example, in the medical field, child care, hygiene, nursing. Pathologic predisposition: convulsive neuroses, paranoid traits, suicidal tendencies.

29-30. C_d

Weakness of will, fixation at the pregenital level, lack of sexual restraint, disposition towards prostitution, inverted identifications, latent homosexuality.

Mixed manic-paranoid types. Manipulators and kleptomaniacs, paranoid schizophrenia behind overt manic traits, schizophrenia.

31-32. C_m

Hysterical preference for the "unpredictable"; deep sorrow because of object loss, coupled however with hypomanic role-playing and clowning. Distractibility (pseudodebility), anal sadism, offspring of paranoid or circular ancestors. Pathologic forms: infantile hypomania, pseudodebility, infantile homosexuality. In adults: anal homosexuality, anal sadism, disposition toward dipsomania or nymphomania.

C. THE QUADRIEQUIVALENT MAIN CATEGORIES

The common characteristics of these categories are:

1. Unresolvable and intimate familial attachments.
2. Anal sadism.
3. Use of coercive mechanisms.
4. Overt or latent homosexuality.

Prognosis of the most severe cases: paranoid schizophrenia, paraphrenia (cyclic psychoses with paranoid features). In frequent socialized forms: "homo sacer" professions

(monks, nuns, etc.).

Summary description of the main categories.

33-34. S_h

Latent homosexuality, anal sadism, inhibition, compulsiveness, problematic intimate attachments. Readiness to sublimate latent needs: cultured sadists. Specific pathology: compulsion neurosis, preparanoia.

35-36. S_s

Passive partners in close attachment. Overt passive homosexuality, paranoid pattern. Specific pathology: passive homosexuality, in men (S_s—), masculine homosexuality, in women (S_s+), paranoid poriokleptomania.

37-38. P_e

Infantile narcissism, behavior mannerisms, exaggerated overevaluation of self, inverted identification, latent homosexuality, jealous inclinations. Specific pathology: conversion hysteria, paranoid jealousy.

39-40. P_{hy}

Paranoid patterns, paranoid kleptomania, shiftlessness.

41-42. Sch_k

Masculine homosexuality in women, compulsion neurosis, covering up active masculine homosexuality. Paranoid ego-disturbances.

43-44. Sch_p

Crisis in the central object attachment, after the disintegration of this dual-union the previously hidden paranoid schizophrenia comes to the fore.

45-46. C_d

Psychopathic shiftlessness; restless and infantile searching.

47-48. C_m

Inverted identification, sadomasochism, tendency towards transvestitism, homosexuality and cyclic reactions.

Specific pathology: transvestitism, manic psychosis, poriokleptomania. Infrequent socialized forms: "homo sacer" professions (monks, nuns, etc.)

End Notes

[12] Szondi, L.: Schicksalsanalyse [Fate Analysis], p. 275; p-Berufe [occupations] and hy-Berufe.

[13] Szondi, L.: Schicksalsanalyse, p. 275; p-Berufe and hy-Berufe.

[14] For a more specific discussion, compare part IV, "The Drive Linnaeus as a method of personality study."

[15] "Examination fear" here refers to the particular state of anxiety and apprehension experienced by certain students when asked to perform in recitations or examinations. Specific analysis has revealed that the experience of pressure at school is related to the anal drive character structure of the student in question.

[16] "Acrobat Ohhh!" was the title of an act of an internationally famous clown. In this act the clown greatly admired the breakneck performances of the other artists with the exclamation, "Acrobat, Ohhh," but then immediately imitated all these performances.