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A Case of Masochism

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Masochism is one of the most difficult problems the therapist has to meet. Most patients show some masochistic features and, in the end stages of therapy, go through what is essentially a masochistic stage. However, the true masochist is quite rare. I saw only one in analytic therapy. This case under discussion is the first I have had while practicing medical organomy. Reich cites the following characteristics, all of which must be present for a diagnosis of masochism:

1. A constant whining and complaining, which mirrors an inner sense of chronic suffering.
2. The compulsion to torture others in order to wring from them a violent reaction, possibly even a beating, which will bring relief of tension.
3. An awkward, atactic gait, secondary to severe tension.
4. A chronic need to damage and derogate the self, a defense against exhibitionism.
5. An excessive demand for love, stemming from a fear of being abandoned. His need for love (warmth) is as boundless as it is unattainable. With it goes skin erogeneity. The masochist is chronically contracted and feels cold. He likes the warmth of the bed.
6. The sexual behavior is specifically pregenital in character.

Most masochists do not show the typical masochistic perversions, and, as Reich has pointed out, the diagnosis may not become clear until late in therapy. This certainly was true in the present case. At the outset, I was aware of some masochistic traits but did not discern the full-blown masochistic picture until further symptoms became evident and confirmed the diagnosis. I only knew that I was dealing with one of the most difficult and frustrating cases I had ever worked with.

The patient was a 27-year-old, single, white, foreign-born male. His father was Jewish, his mother English. He was extremely intelligent, had a good scholastic record, and, when he came to me, he was a college instructor. He complained of the following symptoms: stuttering,

which was especially troublesome and embarrassing to him, as his job required extensive lecturing, and, secondly, his fear of women. He had a few married women friends, but he never went out with girls and had had no sexual experience. The female body was unexciting to him, although not repulsive. His sexual interests and fantasies were all of men, and, although he had never had a homosexual contact, he considered himself a homosexual.

He was also much ashamed of his penis, which he considered unusually small, and found it extremely painful to appear nude in front of other men, which he avoided whenever possible. It did not, however, prevent him from attending a men's club for physical exercise, massage, and baths, where nudity was frequently necessary. He had a morbid curiosity to look at the other men's penises and felt absolutely miserable with envy whenever he saw a man with a large phallus. Masturbation was usually accompanied by fantasies of fellatio, while he massaged his penis.

He was rather stiff and formal, but likeable, and seemed to make good contact. He was highly thought of by his superiors in college for his ability and efficiency, and, during the course of his therapy, he progressed to associate professor and second in his department. He wrote many scientific papers and gave lectures throughout the country. Physically, he was well built, athletic, but rather small of stature. Biophysically, he was quite rigid, with anxious, piercing eyes, sharp features, and spastic jaw; the neck muscles were rigid, the occiput very contracted and hard, the chest did not move, and there was marked spasm in the epigastrium. The pelvis was immobile. Thighs and buttocks were tender and spastic. His spinal muscles were spastic. My first impression was that he was basically phallic, with anal features and a throat block.

He was cared for in his early years mostly by two young English nursemaids, sixteen and eighteen years of age, but had little memory of their treatment of him. He was the youngest of five children, having two brothers and two sisters. His oldest brother was already away at boarding school when he was born, and he never had much contact with him as a child. His oldest sister was unpleasant and treated him badly. He never got along with her, but he had quite a good relationship with his other sister. His second brother, just slightly older than he, was a real problem. He always demanded his own way and would refuse to eat or throw temper tantrums if thwarted. The mother, to avoid such scenes, always gave in to the brother and made the patient do likewise despite the fact that the patient was his mother's

favorite. The mother was superficial and contactless, and he never felt any rapport with her, nor did he ever feel loved. Later, he came to despise her but felt obliged to cater to her whims. As a child, he was alone with her a great deal and played with dolls while she sewed. The father was cold and stern but was always telling jokes of an anal nature and frequently insisted on his wife giving him enemas. He was at business most of the time.

My patient was the only child in the family not sent away to boarding school; instead, he went to a Catholic school where he felt alone and unwanted. Later, during his high school years, he lived with a relative and eventually went to college. After he completed college, his father expected him to return home and find employment nearby. He was very upset when his son not only refused but insisted on going to America, and he threatened the son with never seeing him again, saying he would die. This turned out to be true. The father shortly became ill and died, leaving the mother independent financially.

As he lay on the couch, the patient was asked to breathe through his mouth. This was not very successful, as his chest did not move and even his abdominal muscles were rigid. It helped some to massage the epigastrium, which was very painful. Pressure on the chest during expiration was of little value, and, when I proceeded to the intercostal muscles, he would not allow me to try to reduce the spasm as it was extremely painful. He grabbed my hand and said he could not stand it, that it only made him tighten up more and inhibited him. I then tried his spinal muscles and had somewhat more success here in freeing some of the spasm. The chest moved slightly, but I could not claim any brilliant success. I now turned to his eyes and asked him to open them. This created a great deal of anxiety and suspicion, and he froze. I asked him to scream, which he did in a stifled way. After several screams, I had him roll his eyes while focusing on the walls of the room, which brought out still more anxiety. Opening and squeezing his eyes seemed to produce no effect, and he was quick to tell me it would be useless, so I concentrated on having him roll his eyes while I massaged the supraorbital area, which was immobile, and worked on the occipital muscles. Frequently, I would ask him to scream and look at me suspiciously. I told him he didn't trust me, and he was frank to admit that he wasn't very impressed and doubted my ability.

Work on the eyes, together with attempts to mobilize the chest and soften the epigastrium, remained more or less standard procedure for the first year. I saw him twice a week. Occasionally, pleasant sensations would travel down his body, which he would stop almost immediately

by tightening his muscles, specially the abdominal, which would go into spasm. This would have to be relieved before proceeding. Eventually, when I had him open his eyes and scream, he became very panicky, stiffened all over, grabbed my arm with an iron grip, and could not breathe. His head was pulled sharply back by his occipital muscles. I brought his head forward with difficulty, and he could breathe again and relaxed. I asked him if he had had any thoughts or seen any pictures. He said he saw a pair of hands momentarily in front of his throat. Immediately he had gone into spasm, and the hands had disappeared. He could tell nothing more about them, nor did he have any memories that could relate to them. His nursemaids had never mistreated him as far as he knew, but I felt rather suspicious of them.

I continued to work on his eyes, and several times he went into panic. His head would jerk back violently; he would scream and grab for my arms or legs and hold on. I had to manually bring his head forward, and each time he would report seeing a pair of hands at his throat. Sometimes, they looked like claws. On one occasion, a face also appeared, but he could not identify it. I felt that this was a screen memory of an actual event and questioned him at length about the nursemaids. He could add nothing more. I then asked him about his mother. He remembered nothing significant here, either, except that he was the last child and his mother had told him that she was upset over the pregnancy and tried to induce an abortion. I began to pay more attention to the possibility that his mother's face was behind the hands.

At this time, he went to visit his mother for two months. When he left, he was feeling in somewhat better spirits, but the visit set him back so much one felt he was right where he started. He returned contracted, depressed, and pessimistic. He could not stand his mother and knew he should stay away from her but always felt duty-bound as an obedient son. It took several weeks before he again was at the point where he had been before the visit. Finally, I could produce no more effects from his eyes. They were open, frank, and freely moveable.

I then proceeded to his jaw. His masseters were spastic. His throat was tight, and of course he stuttered. He tolerated considerable pressure on his masseters and sternocleidomastoids. I had him scream, roar, and hit the couch. He could do so rather vigorously but would always complain that it accomplished nothing. I gave him a sheet to choke and bite, but he said he could not tolerate the sensation of the cloth in his mouth. He would try to but could not continue long, as it made him gag. We vocalized a great deal to mobilize his lips, tongue, and throat. His stuttering began to subside, and at times even his chest moved

freely. I told him to gag every morning as a standard procedure. The chest was peculiar: Although it seemed very rigid, and I could produce little effect by manual work, it could at times give spontaneously and completely with the expression of the right emotion. At the same time, he would object to any work on the intercostals, saying that it only made him tighten the more and accomplished nothing. He was extremely fussy about what he would allow me to do to him, complaining that anything else only made him more inhibited and tense.

Another problem was that he had an extremely acute sense of hearing, and, if anyone came into the waiting room, he would freeze completely, become immobile, and nothing could proceed until I went out to ask the person to leave. This problem continued throughout his therapy, although it was discussed many times. He could not make a noise or move if anyone could hear him. His only association to this was that as a child he would hear his mother groaning and making noises and thought his father was beating her up. He became disillusioned when he ran into the room and found his parents in the sexual embrace and his mother screamed at him to get out. He would lie very still while he listened to them.

We continued the work on his throat and jaw, with screaming, vocalizing, gagging, and biting. Again he went into panic, pulled his head back sharply, and clutched at me. Again he saw the hands but could add no more to solve the mystery. This was repeated a couple of times as his jaw and throat began to give. His stuttering improved to the point that I would forget he was a stutterer until he would remind me that, outside of therapy, his stuttering returned whenever he became excited.

He definitely began to feel better and more self-confident. With my approval and encouragement, he decided to take a girl to dinner and a show. Afterward, they returned to his apartment, and she seduced him. To him, this was a disaster. He felt embarrassed, awkward, and had an emission before entering. He felt utterly crushed and was sure the girl reacted negatively to him and felt contempt for him. He was so chagrined he never saw her again and held it against me for a long time for encouraging him. He said I should have known he wasn't ready for such an experience.

He began now to show another trait, which, I may say, affected me a great deal until I saw the motive behind it. He would frequently say that, if I had only done so and so a moment before, he could have responded and got a lot of feeling out but now it was too late; that he couldn't respond if he had to tell me what to do. I asked him why he

didn't tell me or give me some sign at the time as to what he wanted me to do. He said that would have stopped everything, that I had to see it myself. I began to feel inadequate and tried hard to foresee such events. Of course, I never could hit on the right thing at the right time. I finally told him I was so stupid that he would have to let go himself at these times, as I could never see them. I finally began to see that he got a great deal of satisfaction out of plaguing me this way, and he admitted it. More and more spite came into evidence, and he rather took pride in confessing how spiteful he really was and said I must not overlook it. I tried not to and did much work on his spinal muscles. At times, he had a good sense of humor, but mostly he was very serious and would not let me forget that if therapy was not successful he would kill himself.

During work on his jaws and throat, it was necessary to return repeatedly to his eyes, but mostly now he began to complain of tightness in his forehead and scalp. This was always difficult to relieve. I felt that behind this was defense against the terror of the hands, and I was anxious to solve that problem. I proceeded to his neck, which was quite spastic, both in the superficial and deep muscles. Working on these spastic muscles, I asked him to scream and yell. This he could now do very well and soon again went into panic, his head drawn back, his body rigid, even his back arched. This time, he saw a face, as well as the hands. He doubted that it belonged to either of the English nursemaids but could not identify it. He continued yelling and screaming with his eyes wide open. This brought on another panic, and this time the picture was clear. His mother's face appeared. But what actually had happened in the past still remained a mystery. He was inclined to believe he had made it up out of thin air. I believed it was real.

At this time, his mother made an extended trip to the United States and arranged to stay with him for about three weeks. I was much opposed, but he did not feel he could get out of it, although he promised to be away from her as much as possible. The visit had its usual bad effect. In spite of continued therapy, he contracted, became discouraged, and could not stand his mother. He said she was completely contactless, superficial, and interested only in herself. We were both glad when she left.

Again it was several weeks until we were back to the pre-visit status. More and more, his forehead and scalp presented a problem. He began to complain that it interfered with his thinking, although to me he seemed as sharp as ever, and he even started telling me where to work on him, usually on his intercostal muscles, to which he had objected so

strenuously before. I encouraged him to give in to any feelings he had, whether I specifically asked him to or not. This he was always reluctant to do. I had to request it.

His chest was now quite mobile but would vary a great deal from session to session; and always, when breathing was full, his abdomen would go into spasm. On the whole, he was feeling much better, had a more active social life, and went to the club regularly to maintain his physical condition. This was rather an issue with him. He reported many homosexual fantasies and feelings of excitement for the nude men at the club, but he never considered an actual relationship. Once, when I told him I did not consider him a homosexual, he scored me for my stupidity. I asked him if he would consider one a painter who only fantasied painting. His reply was, "He could have artistic tendencies." For a long time, he insisted on being considered a homosexual. He went out occasionally to a dinner or a show with one of his women friends but was always afraid they would expect sex, the thought of which was rather repulsive to him; but even more, he was afraid he would fail, and he didn't want them to see his small penis.

There seemed to be some real progress, since he felt easier and more confident, but one could not forget the tight scalp and forehead, the unsolved problem of the hands, and his quick and easy return to former total contraction. I could not feel complacent about the status of the case. However, he soon became involved with one of his married women friends. She made a great play for him, flattering him and insisting that she wanted only to be his good friend. She would invite him to dinner when her husband was away, and he told her of his sexual fears. She understood perfectly and set about to help him. She really did a wonderful job, seducing him and making him feel so much at ease that he was successful without feeling embarrassed or chagrined. This relationship went smoothly for a couple of months until she began to talk of leaving her husband and marrying him. This she had previously assured him she would never do. He became frightened, felt betrayed, and left abruptly, again dismayed at his relationship with women. He was, however, still functioning well, his chest and abdomen were soft, and I decided to proceed to his pelvis. At this point, I had seen him for about three hundred sessions, which, although slow, I felt was not bad for a very difficult case involving a constant return to and freeing again of upper segments. If only the pelvis would respond without too much disaster and difficulty, then energy could flow through his body and relieve the tightness, still a problem, in his scalp and forehead. I had, of course, done considerable work on his legs in

the meantime, to allow some energy to come down. I knew his pelvis was very spastic. Breathing would stop abruptly above the pelvis and the musculature would balloon out. One felt there was a real brick wall here.

His thighs and legs never remained free, and now they were quite spastic. I relieved some of the spasm and had him kick; then I went to the buttocks and sacro-iliac region. His pelvis was immobile. I had him kick some more. So far things went well, and I turned to the suprapubic and iliac areas. I had scarcely started, when he went into a chaotic spasm of his whole body, with violent jerking movements of the abdominal muscles, pulling back of the head, and arching of the back. Any breathing would immediately bring this on. I started over again from the beginning, very alarmed and dismayed. Repeatedly, the slightest movement would produce irregular jerking of the whole body, ending in opisthotonos. I had precipitated a chaotic situation. It took me a whole year before I could get him to breathe at all without this effect, and even then we were right back where we started. He became very discouraged, made frequent suicide threats, and once, when he left, he said I would not see him again. I telephoned as soon as I knew he would be home, called him by his first name, and told him I was concerned about him. He was very grateful for this, as he had complained that I was too professional and not friendly enough.

During this time, I tried to delve more into his past. He had been very lonely as a child, never belonged, and was always sad and forlorn. He could never remember being happy. His mother had given him many enemas as a child and was always concerned about his bowel movements. Sex was never mentioned and was a taboo subject. Once his older sister asked a question about sex at the table, and the father made her leave her meal and go to her room. I felt a great compassion for him but found it difficult to show it as his attitude was one that warded off any show of kindness. At the same time, he would say he needed a kind word and that I never gave it to him. Whenever I did, he would reject it, saying that I did it just because he said he needed it. One could never do anything right with this chap.

More and more, he began to complain of an inability to think and a loss of memory. He could not remember the simplest words or the names of his friends. Writing papers became impossible, and he said his working ability had dropped to almost zero; he would sit at his office all day unable to concentrate or do any work. However, during the worst of this period, he successfully passed his comprehensive exams, which he was certain he would fail. In the session, I never ob-

served any evidence of his inability to think or loss of memory. His scalp and forehead remained very tight, and he complained constantly about it.

Up to this point, he had never been able to sob fully. Tears of course would come to his eyes, and he would cry momentarily but he could never give in completely to the sadness and loneliness I knew were there.

His mother made a second trip to visit him; this time for medical consultation about a cancer which had been discovered. She was finally operated on with an unfavorable prognosis, returned home in a month or two, and grew steadily worse. He went to take care of her and was with her until she died a month later. This was a very trying time for him. He had harsh words with his older sister and was a constant attendant to his mother's every need. He returned to therapy contracted, discouraged, and depressed. His head was blocked, he felt foggy, and his body was stiff. His eyes were far away. When I asked him to breathe, he ignored me, and when I insisted, he said, "You do not understand. I am not here, my chest is foreign to me. I don't know how to breathe." As I worked on his chest and back, he whined and groaned, looking very miserable. I started on his legs, to allow some energy to flow down. He would not tolerate it at first and held his legs tightly crossed. I told him he acted like an adolescent virgin. His reply was "Are you as rough on them?" Finally, I relieved some of the spasm and had him kick to generally loosen him up and produce some movement. Returning to his face, I worked on the supraorbital ridges, had him roll his eyes, move his forehead, and open and squeeze his eyes. He began to show spasms in his neck, chest, and abdomen. I repeatedly had to relieve these before continuing, but kept him breathing. I then turned him on his side and manually compressed his chest. He began to sob with misery. I felt this was encouraging and should give him some relief, but his head was as tight as ever. I pressed on his occipital muscles, and he became very frightened. He did not know why, because it was not very painful. He complained that he was getting nowhere and never would. And what did I have to offer him. He could not go on much longer.

Then he said something that finally clicked with me. It was, "You never think of me after I leave the office." I asked, "What are you really saying? You are saying I don't love you." I started to reflect on all of his characteristics, his constant whining and complaining, his always putting me in a bad light, his complaints of an inability to think and concentrate, his feeling hopeless and worthless, his rigidity and ex-

tremely spastic pelvis, and his marked sexual timidity and inadequacy; also, his repeatedly falling back to original levels, and his inability to maintain progress. I suddenly realized I had a masochist here. Now I could see why I had had such a difficult time. I felt chagrined that I had not recognized it before, until I reread Reich and had his assurance that when there are no masochistic perversions, diagnosis may not be made until late in therapy. I could now better understand the 600 hours we had now spent with little apparent success.

He left during one session, saying he was quitting. I merely said, "Okay, but what will you do then?" Two days later, he called for an emergency appointment. This time, he had a better attitude. He was friendly, did not dwell on my deficiencies, but just talked about his childhood. A nursemaid threatened to make him eat his feces when he had soiled himself at three years of age. His father was very anal, always insisting his mother give him enemas. He said he had received a very good offer on the West Coast but did not know if he should take it because of therapy. I suggested he could see someone out there, but he did not want to start with anyone else, and, besides, he was not interested in analysis, which would be the only available treatment where he was going.

Later, he brought two dreams: He had to take an exam in which there were two questions. He sat through the whole period and did nothing. After the time was up, he went up to the proctor, a muscular woman, to try to explain. He is good at getting out of things, but, when he got to her, he realized that he couldn't get away with anything with her. The same night, he dreamed that a man with a huge penis was sitting on a chair, and people were sitting on the penis. The patient made the following interpretation himself: He couldn't get away with anything with his mother and couldn't compete with his father. He always complained of his small penis. He was immobilized.

He came to the next session very contracted and stiff. I loosened his abdomen, chest, back, and eyes. Rolling his eyes, he developed momentary anxiety, which passed. He said he could never let it out without my help and encouragement. We tried again. I held his hand and patted him. He became very anxious and saw a woman lying on top of him. His throat became very tight, and he choked but could breathe. He said it was sexual but nothing definite. He let himself go further than at any previous time.

When next he came, he brought the following dream: He was in a house with a woman. Another man was there. All got in the car to go to the laundry. He thought the woman would get his laundry (although

he had none.) She went in the laundry and returned empty handed. He was angry, and out of spite, went in the laundry himself. There was a Negro man there, who asked him to lie on a couch. Then the Negro came after him with his hands to choke him. He awoke very frightened. The patient made the following association. His father ran a dry-cleaning establishment, and, in the early days, his mother used to help out by sewing and mending articles of clothing. At this stage, I refrained from interpreting the oedipal nature of the dream. Here, again, are the choking hands of his mother. The Negro male replaces the mother, just as, clinically, his homosexual fantasies were replacing his incest fantasies.

I began to wonder if the only solution was to try to gradually open the pelvis in spite of his continued contraction in the upper segments, especially his head. Certainly, until he could tolerate some movement there, we would have an endless job of trying to keep his energy free from being held in contraction. I proceeded cautiously, working on his thighs and buttocks, and asked him to repeatedly contract and relax his anal sphincter. This he should also practice at home. This time no great adverse reaction appeared, but he continued very tense and out of contact. One day, I had the impulse to stroke his arm and the side of his chest. He became very upset and curled up on the far side of the couch. When I continued, he insisted that I stop, that he could not stand it. I persisted, and he got up, dressed, and stalked out. The next day, he asked for an emergency appointment. He said he had left because it seemed like a sexual assault, that it was filthy, and it reminded him of a time, when he was 16 years of old, that a man had done the same thing to him. I explained the need to increase his tolerance to sensation and tickled him some more. He still reacted, but to a lesser degree.

He still complained that his head was tight and that he was out of contact and could not concentrate. I mobilized his eyes and had him hit and kick, and he relaxed and felt very good for three minutes. Then he went back to his usual state. His head continued very tight, and he felt miserable. I consistently worked on his eyes, having him open them and scream, roll them, and then open and squeeze them. Finally, his eyes rolled up and froze. He could not breathe, his neck and trunk became stiff, and he turned ashen. I brought his head forward, and he relaxed again. He said he thought he was dying and left feeling no better.

At the following session, he was still no better. After much insistence and arguing, I got him to make a face. He made one of contempt and responded to it by becoming very contemptuous of me and the therapy, even smirking, and ending by saying, "You think that you accom-

plished something, don't you? Well, you didn't. I promise you I will commit suicide in the near future."

After this, his mood improved, he became helpful in his sessions and even spontaneously expressed rage and kicked. He did complain that he was in a constant fog and that his eyes were usually out of contact. His jaw muscles began to show increasing spasm, and I had him repeatedly say, "Wah." Eventually, he blocked exactly as he did when he stuttered. He remarked about it.

He brought the following dream: His mother, his father's cousin, a "dandy" (*i.e.*, a fop), and he were walking across country. They came to an obstacle, a ditch or a fence. The cousin was telling about his trip to Paris and commented, "It was all right, but eventually you relax," meaning, "you become impotent." His association was that his father never mentioned sex but was always telling anal stories and incidents. [Impotence is the penalty for sex.]

Soon he began again to complain of feeling miserable, withdrawn, and unable to enjoy anything. His eyes, however, were brighter, and he continued to be much more willing to follow instructions in therapy. I continued to have him say "wah," but it produced no effect until I stirred him up by having him kick. Then he began to feel and choked up.

He was always extremely concerned if anyone was in the waiting room, to the point of becoming paralyzed. One day he went through a temper tantrum with vocalizing, ending in a scream, with a woman in the waiting room. He continued to be much more cooperative, with his eyes quite open and in contact. His head continued to feel tight but was more comfortable. Biting and saying "wah" were continued, and he felt good for several hours.

He began to speak more about his childhood and how ashamed he was over his playing with dolls and making dolls' dresses with his mother. His brother and sister were away at school, and his mother sewed to help his father get started in business.

He still complained that he could not remember or think and that this interfered with his work. He had no sexual fantasies.

His attitude remained better, as he was working hard and willingly in the sessions, but he continued to complain that his head was tight. Although his eyes seemed far away a great deal, he was still markedly perceptive and alert. During one session, he began to feel anxious (loosening of armor), became very panicky, clung to me, and again saw his mother's face. Her eyes were open and angry, her mouth was open, and her hands were extended toward him like claws.

After this, he felt he could do more by himself during the sessions and cooperate better. After a few more sessions, respiration for the first time produced the initial signs of the preorgastic stage of genital anxiety: The pelvis began to draw backward on the exhale.¹ (This marked his entry into the end stages of therapy.) Prior to that time, the pelvis would jerk forward and then clamp down on the exhale, or the patient would go into complete opisthotonos. He was more aware of feeling in his legs and of the severe holding in them and his buttocks. This was really hopeful. Sensations were developing in the pelvis; the energy was moving into it with only the usual reaction of genital anxiety. I now knew he could get well even though many stormy sessions lay ahead.

His overt anxiety steadily increased in subsequent sessions. He was afraid to breathe, because he could feel anxiety in his pelvis. His eyes remained more open and in contact, but he held his chest and neck rigid, desperately trying to maintain control. He said his throat was the greatest problem. Women appeared more prominently in his dreams. Formerly, he never dreamed of any woman except his mother or a close relative.

Dream: He was in prison. A fat woman was lying with her head on his lap. He resented her being more comfortable than he.

He began to feel that he could stand more, and, at this time, he was promoted to associate professor and second in his department.

His throat continued to be the major problem. His scalp had become looser and tightened only when he felt anxious. I had him scream repeatedly, which he did very well, and he got near to panic. He turned pale and broke into a cold sweat, because, as he said, he almost let go. His anxiety continued, and breathing caused him to draw his pelvis backward. Finally, it began to tilt forward and he went into a panic feeling that someone would harm him. His eyes then went off. After this, he again became discouraged and was out of contact a great deal. He brought the following dreams: He was embracing a beautiful girl and was very excited. When he left, someone said, "That is quite a boy friend you have." He was very upset. The same night, he dreamed that he was in bed with the head of the department. He did not want to disturb him but had a great desire to pass flatus. The dream changed, and a woman professor he knows, who is really unattractive and very masculine in appearance, was giving a lecture explaining his field. He thought, "I have forgotten all of that, and she knows it." In the dream, she was attractive. He felt very chagrined. [Submission to the anal

¹Later, the pelvis tilts forward and upward on exhalation. However, initially the patient cannot tolerate the energetic push into the pelvis so responds by drawing the pelvis back.

father; the need to repress his wish for the young, oedipal mother.]

He continued out of contact. His head was tight, and he said his brains felt tight. He sensed he was afraid, but could not make contact with the fear, and looked very sad. Sighing out loud, he began to cry, and his throat tightened to the point of choking. I had him repeat the sighing several times, and eventually he cried rather freely. He said, "It is only the beginning." He was afraid that someone would come in or overhear him. He continued on the verge of tears and sobbed for three sessions.

Dream: Two doctors whom he knows are married to each other. The woman was to be examined by her husband (he was not her husband in the dream). He (my patient) was in a bed in the room. The woman put a sheet up between her bed and his and, in doing so, was bare from the waist down. [Primal scene.]

After this, he asked for a special appointment. He was out of contact. His head was tight. I had him blink his eyes rapidly. His chest and throat tightened and he stopped breathing. I had him repeat it, and he became terror stricken. He again saw the hands. At the next session, his eyes were blank, his head tight. I again had him blink. He again became panicky and saw the hands, but immediately blotted them out.

Following this, I was fifteen minutes late to a session. He was silent and held himself stiff in an abused attitude. I apologized, and he said he was about to leave, that he thought I did not expect him. I told him he felt reproachful. He said, "Perhaps, I don't know." I pointed out that he always said, "I don't know," "I don't know how," or "I don't remember." Tears came to his eyes, and I said, "Come on, give in to it." He said, "I don't know how. A kind word would slay me." I asked him if he thought I was not kind, and he said, "The way you are now just drives me farther away." I pointed out that he always demanded more than he got or could be given, and that he always asked the impossible to make me appear in a bad light. He replied, "This session is destructive," and left sullen and angry.

Later, he said he spent the night withdrawn and hopeless but the next day had felt a little better. I had him blink his eyes, and he started to choke and became terrified. He saw the hands and eyes again but immediately blotted them out. He felt frustrated, and said he felt worse than when he came. (This chap could always make me feel so good.)

He continued to feel desperate and said that he had gone to a farewell party (he was going to the West Coast), where people seemed to be standing at angles. He was out of contact. I produced some move-

ment, and he again became terrified, seeing the claws coming at him.

I continued to have him blink and roll his eyes, which each time produced terror at seeing the hands. This occurred several times. On one of these occasions, the phone rang and I answered it. He was furious and said he would have broken through if I had not left to answer the phone. I merely said, "Again you put me in a bad light." I then said I wanted him to grow up and stop being a prima donna, that I had to make too many concessions to him, and I was tired of it. I tried to mobilize his eyes again, but he had no reaction. He was too resentful.

At the next session, he was in a much better mood and friendly. We continued with his eyes, and he went into a state of terror and then suddenly said, "I have been wanting to swear at my mother. I have been lying here arguing with her. She looks triumphant and says, 'I have you in my control.' And I say, 'No you haven't.'" I said, "Why not swear at her?" He replied, "You would be disappointed in me." "On the contrary," I said, "I want you to get it out, and I would be pleased." He said that, whenever he would swear, his mother would slap his face.

He again went into a period of severe reactions to movement. His head would jerk back, his neck tighten and constrict, breathing would become difficult, and his chest rigid, with the shoulders fixed backward, the pelvis pulled forward, and the abdominal muscles rigid and contracted.

The time was drawing near for him to leave, and I wanted to send him away at least more comfortable. He was pessimistic, insisting there was not enough time. I said it might take only one session. He could not believe it.

With all this, he became ill and was in bed for three days with a virus, and he then came for his last session. He brought this dream: He came for an appointment. I was swimming in the pool. He got in the pool, and I held him under water until he thought he would drown. Then we got out of the pool, and I said, "Now I will see you." He said, "There isn't time." I said there is fifteen minutes, and he replied that it wasn't enough. [Separation from the therapist is killing him.]

Although somewhat more comfortable, he was little changed over the previous sessions, and I suggested he continue therapy on the West Coast; if not with an analyst, then in group therapy, which I thought would be helpful in overcoming his difficulty in expressing himself, since it was impossible for him to do so in front of other people. He rejected the idea but said he would fly back at intervals whenever possible. He did come back twice in six months and corresponded, but this

was not enough. He continued to be contracted, felt isolated, and did not make friends. I kept insisting he enter group therapy. Finally, he heard of Esalen, which intrigued him, and I encouraged him to go for the five-day course of therapy they conducted. It was not far from him.

I do not usually recommend these courses because I feel they can be dangerous, and I have seen two people who were left in panic. However, this patient had had a great deal of therapy and was basically close to health. I felt that almost any emotional contact would be helpful to counteract his tendency to contract.

He wrote me after taking the course, describing the five days in detail. There were five women and four men in his group, which was led by two psychologists. At first, members made contact by gazing into each other's eyes and by touching. In the second session, they were blindfolded, and he became terrified and broke into uncontrollable sobbing. The other members held and cradled him, which brought out more abandon in sobbing. Next, they all went into a six-foot-square pool nude. He became very rigid, but, with breathing, he felt faint streamings and left the pool to lie in the sun. Another session consisted entirely of looking at each other's genitals.

He soon became aware of a Roman Catholic Brother in the group, who reminded him of the Roman Catholic school of his childhood. A great rage welled up in him, and he poured it out on this chap and ended up sobbing. Following this, his eyes felt wide open and the tightness in his head disappeared.

As the sessions continued, he built up more and more anxiety, with more and more baring of his soul, as his early life poured out. Then he was asked to play rape with a 19-year-old girl. He was surprised how anger welled up in him and that he wanted to choke her. After this, he felt relaxed and smiling. He ended the five days feeling much freer but tired.

After this, he called to tell me that he had taken this same girl to his apartment and had had a satisfactory sexual experience with her. He also added, "You know how worried I always was about someone being in the waiting room. It wouldn't bother me a bit now." He said he had an opportunity to enter a group conducted by Dr. Perls for twenty-eight days, and asked if I thought he should join. I again encouraged him.

Five years have passed since that exchange of letters, and I have had no word from him since, although I have written repeatedly asking about his progress.

I saw him for a total of 700 sessions.