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Genitality Achieved by a Passive Feminine

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In the passive feminine character, phallic sadism has been given up for anal submission. The first therapeutic task is to mobilize the anal sadistic rage through the systematic elimination of pregenital anal defenses or holding. In the treatment of many passive feminine patients, as this occurs and healthy aggressive impulses emerge, phallic defenses may then appear. If this occurs, the patient is then treated as an ordinary phallic until genitality is established. In the following patient, this defensive sequence did not occur and treatment consisted primarily of increasing his capacity to tolerate healthy aggressive impulses.

A 19-year-old, single, white, male interior designer was troubled by depression, urinary urgency, and feelings of contempt, discovered while in "Reichian" group therapy. He subsequently began therapy with two medical orgonomists, but was dismissed by each because of physically provocative behavior and destructive gossip.

When I first saw the patient, he appeared bewildered, tormented, and full of contempt for his previous therapists. He tried to write them a letter of explanation but was unable to do so because of his fear of openly criticizing them for what he felt to be unfair treatment.

His personal history included three serious attempts at suicide. In the first, five years before, he badly slit his wrists. The second followed an LSD trip and resulted in a three-day coma after ingestion of 25 barbiturate pills. The last episode occurred one year before presentation when he tried to kill himself with carbon monoxide. He acknowledged smoking marijuana in the past but currently had been drug-free for two years. He denied any homosexual experiences and was toilet trained at one year of age. Medically, he was in good health except for recurrent hemorrhoids.

He had a chronic sneer on his face and unremitting, unresolved anger for his previous therapists. With me, however, he appeared frightened, servile, cringing, and unctuous. I encouraged him to express his negative thoughts and feelings. He said he wanted to do away with all the therapists, especially the two who had treated him so unfairly, and had fantasies of blowing up their offices. He immediately lost emotional contact and began crying in a pleading manner. I continued to encourage expression of his anger. He stated that he did not know where he stood regarding his behavior with the previous therapists. He felt blameless and cried briefly. He then looked sneaky and had the thought he might find out something objectionable about me. My diagnostic impression after the first session was passive feminine character.

In the second session, he told me my office was too far and that he wanted treatment with someone practicing closer to his home. He felt guilty and sneaky and had negative thoughts about me: I was weak, contemptible, and he could easily trick me. I told him he was capable of sabotaging therapy with me just as he had done with his previous therapists. This frightened him. I asked him to kick and, while doing so, he appeared frightened as if running away from something. I told him that he felt sneaky because he was afraid of being exposed. He admitted being afraid of me and said I resembled an Oriental barbarian who could physically beat him. Suddenly, he began hitting the couch, shouting angrily: "I hate you for exposing me." At the end of the session, he had sensations of currents in his face and a momentary feeling of gratitude. He felt not only accepted but also that he did not have to be constantly on his best behavior.

In the following session, he announced his decision not to see another therapist, realizing this was giving himself a way out of therapy. After kicking with his typical running motion, he "saw" a hard disapproving look in my eyes. He recalled urinating on the floor as a three-year-old and telling his mother about it. She promptly informed his father who beat him mercilessly. He saw this as a typical behavior pattern persisting to the present — sneakily expressing his anger and then confessing or apologizing for it afterward. At this time, he was in somewhat better contact with himself and breathing produced clonisms in his lower segments. As criticism, he said that he found me more lenient than his previous therapists and was doubtful therapy with me could help him. Feeling sneaky and spiteful, he was looking for a way out. I had him kick and he shouted with brief anger, "No!" He then became cringing and

cried "Don't leave me!" He had a fleeting thought of being terribly disappointed by his mother when he reached out for her as a young child.

At this point in therapy, his transference relationship was as follows: He felt sneaky and was frightened of my rejection; however, he was also full of unexpressed anger in the form of contempt, spite, and envy.

During the following week he felt suicidal. He expressed some anger but with "running" legs, ending with a masochistic impulse to injure his penis. He implored me repeatedly not to hurt him but was unable to sustain contact with the anger underlying this. Imitating his pleading attitude prompted a brief outburst of anger. This time he "stood his ground." He experienced strong, pleasurable streamings but was unsure if he still felt angry or was, in fact, happy.

In the following session, more anger was expressed and directed this time toward women. He again became cringing, however, pleading for my help. When I told him he was being *submissive and impotent*, he flew into a violent rage, shouting, "I hate you!" accompanied by thoughts of slandering and murdering me. He was very frightened and upset at being exposed. He understood his red thread to be his sneakiness and recognized this feeling in his relationships with women. They always became dissatisfied with him. I told him if he behaved in a direct manner things might turn out differently. He became frightened and retreated into passivity. When I told him he was hiding, he became intensely agitated, raised his buttocks by pulling his knees toward his chest, and made sounds associated with defecation. Feeling as if he had, indeed, defecated on the couch evoked fears of punishment. He again became sneaky and tentative, stating he was still undecided about therapy and talked about quitting. He said he could not tolerate being exposed. I told him he could quit if he wanted to, and he did.

Feeling miserable for quitting, he called during the following week to resume therapy. In a clinging manner, he blamed himself for being so angry with me, believing this interfered with his ability to receive my love. He could not reconcile feeling angry with me on the one hand, and wanting my love and approval on the other. In typical passive feminine fashion, he twisted my every comment into an expression of love and approval, effectively thwarting any expression of his underlying anger. As a result, he was incapable of doing practically anything. He recalled praying as a child out of a fear of being "swept away."

To help break the stalemate, I mobilized his legs and paraspinal muscles and had him kick. He looked at me, pleading and crying, "Don't

hurt me!" I told him to squeeze his buttocks and legs. This produced explosive anal rage. He again raised his knees with his arms and made anal sounds. This was accompanied by a great deal of nasty rage with thoughts of defecating on me.

The next week, he reported the following dreams:

1. He is following a car driven by an old girlfriend. He is near where his father is giving a lecture. His father has a headache. He then finds himself with his mother playing with three small feces nicely wrapped in the shape of a penis. He feels guilty for playing with it.
2. He is watching a movie of Dr. Reich in which he behaves in a pedantic fashion. The order of the film is reversed and part of the film is snipped off.

Fears of castration by his father with regression to the anal level were expressed in these dreams and were the basis for his sneakiness with me, as well as his passive feminine tendency to cling. With further mobilization of his anal rage, he became intensely frightened and had thoughts of his circumcision. He felt a weakness in his chest and resorted to his characteristic pleading and crying.

Ocular mobilization helped him sustain contact with his fears. He fought angrily and shouted, "No!" He felt his strength sapped by fear of his father's wrath and larger penis. He recalled both parents undermining his ability to express anger — his father by being righteous with subtle threats of punishment by God, his mother by questioning his feelings and asking him to justify his anger. The end result in both cases was to render him impotent, helpless, and cringing before his father and other males.

I asked if he felt I also undermined him in some way. He admitted defecating in the woods on my property before the session and feeling guilty afterward. He justified doing this because he was afraid of making sounds in the waiting-room bathroom. As he spoke, he became frightened and felt his paraspinal muscles tightening. I encouraged him to squeeze his buttocks and to kick. He looked like a helpless child pleading with his mother. He saw himself as a baby on the potty with his mother standing over him. He was torn between producing feces to win her love and being angry at having to. This was followed by a sensation of a connection between the paraspinal muscles and his penis.

During the following weeks, he felt stuck and spiteful and demanded

that I help him get well. This was the expression of his passive feminine transference which served to maintain his subservient (anal) attitude to me.

He then had the following dream: He is entertaining some older men and in doing so makes himself appear ridiculous. They throw money on the floor expecting him to pick it up but he refuses. Then he is riding a horse with his girlfriend. The horse gets out of control, bites his finger, and pulls him into the barn.

This dream revealed both his ingratiating attitude toward men and his passive relationship to women. At this point he was able to briefly express some phallic rage through hitting. This produced a strong energetic connection from *his eyes to his fists*.

He had a dream of being attacked from behind by aborigines throwing poison darts at his back. His girlfriend leaves through the front door; he follows but cannot find her. He locates her with the help of another man, someone he sees as despicable, but she is with another man. He is then able to take her for himself.

This dream with unmistakable Oedipal overtones accompanied the emergence of his phallic rage. During this phase of therapy, his phallic position was unstable — phallic hitting alternated with retreat into anality when his fears got the upper hand. In the transference, his anger toward me gained primacy. He hated seeing me more potent than he. Strong rage was accompanied by streamings in his chest and genital with a partial erection. He felt stronger and more hopeful.

The transitional state between anal and phallic levels was shown in the following sequence of dreams:

1. He is a mail handler. He takes mail to a new part of town where it becomes lost. He returns to the post office and the postmaster directs him to another part of town. He again becomes lost and quits. (Note pun on the word "mail.")
2. He sees his parents and wants to shoot them but his gun does not fire. He chases them all over the country.
3. He sees his girlfriend with another man who reminds him of his father. He pummels him with his fist and the man falls apart. He then has sexual relations with her.

On the couch, breathing produced twitching of his legs and trembling of his pelvis with the first appearance of the orgasm reflex. With

this, he suddenly turned to me and said nastily, "Don't push me!"[1] feeling I might push him too quickly and make a mess out of his therapy. More negative criticism followed.

As his anal rage diminished, he became more aggressive, and armor in the oral and cervical segments began to surface. The rage contained in this armor was released with biting and fierce facial expressions. The "weak" pleading expression was briefly eliminated and efforts to mobilize the oral segment were intensified. Having him move his face produced an outburst of nasty rage toward his mother with shouts of, "No!" He recalled his early toilet training and the agony of being forced to defecate. Unable to sustain his anger, his only thought was how could he love someone who treated him so cruelly. Vigorous work on his jaw produced more oral rage directed at his mother and expressed in facial grimacing with biting. Again he retreated into passive anal pleading, becoming spiteful and not wanting to move. I told him he did not want to give his mother a bowel movement. He felt this interpretation of his withholding attitude to be correct. Kicking and squeezing his buttocks temporarily relieved the stalemate. He felt more expanded and capable of reaching out to a new girlfriend. When he learned his old girlfriend was dating another man, intense jealousy and rage exploded in an outburst against him. He then made strong contact not only with the holding in his buttocks, paraspinal muscles, and lips but also with how this bodily attitude made him appear and feel "tight-assed." Relaxation of his mouth and lips, which had appeared chronically tense until then, accompanied this awareness.

He dreamt of submitting to the sexual advances of his father. His associations were to having thoughts of cheating my therapeutic efforts by deceiving me into believing he was healthier than he actually was. This was followed by more spiteful rage toward me for continuing to expose him.

I continued to mobilize the paraspinal muscles. He felt terror traveling into his thighs with pain radiating into his penis. Screaming in a feminine falsetto voice and feeling like a helpless piece of protoplasm, he was terrified of being "wiped out like a flower easily crushed." I told him he was submitting out of fear, and he admitted seeing people with the eyes of a frightened child. Further mobilization of the paraspinals, buttocks, and legs produced more fear which quickly turned into angry

[1] This was the appearance of the viper typically seen in passive feminine characters.

defiance. Similar mobilization of the facial muscles brought out sneering, contempt, and cursing, all derived from anal holding. His face appeared more alive and relaxed, and he felt "cleaned out." His buttocks became looser as the muscular tension shifted ventrally into the abdomen and pelvis.

His eyes became brighter and more mobile, and he was able to tolerate a greater degree of expansiveness. As a result of his increased aggressivity, his work capacity improved dramatically, and he was able to find more productive and gratifying work. A wonderful sense of humor also began to emerge.

On the couch, he was able to express greater intensities of rage. Strangling a sheet with smashing and kicking, produced strong pelvic clonisms followed by generalized weakness. The sudden, sharp jump in charge provoked an anorgonotic reaction which gradually assumed greater significance as therapy progressed.

At this point, more and more attention was given to the oral segment. He expressed strong rage at his mother for abandoning him, and his mouth felt more open and mobile. Manifestations of anal dragback were quickly and easily eliminated.

He had the following dream: He follows a girl home from a party and has intercourse with her. She has a very sensuous lower lip. He feels strong pleasure in his mouth. On penetration, she complains he is too rough and criticizes him for being tight-assed and a poor lover.

On the couch, vigorous angry shouting yielded to intolerable sadness and then resignation. Intense fantasies of biting his mother's breasts began to surface. Mobilization of the left side of the jaw and occiput facilitated the expression of this rage. He felt and looked like a spiteful brat making nasty faces. With vicious hatred for his parents, he shouted, "Die! Die!" and fought them with everything he had.

The major focus during this period was keeping his oral segment free. Indeed, as a result, his head appeared more open with the experience of strong pleasurable sensations in his arms. As his throat and jaw remained open, a strong field reaction could be seen radiating from his face. In addition, as his breathing was occasionally able to travel into his pelvis, he felt genital sensations as well.

This was followed by more angry resentment of me and dissatisfaction with his rate of progress. Still expecting me to get him better, yet hating me for needing me, he angrily shouted, "Die!" and accused me of not being as good as other therapists.

In the next session, I again mobilized his jaw which was tightly clenched. He became frightened, expressed a high-pitched, effeminate scream, and then began angry shouting. (I regularly discouraged, as premature, the expression of longing which appeared whenever sensation became intolerable.) In a protective gesture, he brought his hands down over his penis and had images of floating alone in space *like a big hole.* He felt castrated and had thoughts of being a female (i.e., a castrated male). A period of contactlessness followed and, with it, an intensification of all his passive feminine defenses. This reaction was not the beginning of pelvic mobilization as might have been suspected but actually the characteristic passive feminine reaction to emergence of a deeper layer of rage from the lower segments.

His chest was held in the inspiratory position, and he felt as if there was a knot under his diaphragm. Mobilization of his chest produced angry shouting then gagging, followed by the appearance of the orgasm reflex and violent clonisms of the pelvis. Armor in the first three segments was for the most part eliminated. This brought him to another plateau. He was handling himself satisfactorily both with men and women. He felt and looked more expanded and was planning to marry.

His chest, diaphragm, and abdominal segments became the primary focus of attention. He began experiencing significant genital anxiety with premature ejaculation and episodes of erectile impotence. He developed, and accused me of causing, a left-sided epididymitis. He also expressed impatience with the duration of therapy and blamed me for this as well. I tauntingly called him a helpless coward. He felt and looked visibly angry but was unable to express it. Although his pupils were noted to be markedly dilated (fear), I persisted in attacking his passive feminine defenses, evoking intense anger at me. Standing up with a devilish expression on his face, he spit on the sheet. He felt "cleaned out" and his pupils returned to normal size.

This episode ushered in a period during which mobilization of the various segments produced a loosening of armor. He began having satisfactory sexual experiences with a surge of energy going into his pelvis. Immediate contraction followed, however, particularly in his mouth and pelvis. I knew this level of functioning would be short-lived. Armoring of the lower segments had not yet been completely dealt with, and I waited to see what would happen next.

With his abdomen becoming tense and bloated, it was soon apparent this segment was now the main problem. Pressure on it produced rage then relief, with a strong generalized increase in orgonotic charge. Ap-

pearance of the orgasm reflex then allowed for work on his pelvis as well. He experienced stabbing pains in his genitals and began to grovel, pleading with me not to hurt him. He again protected his genitals for fear of injury and felt feminine. Typical signs of orgasm anxiety appeared: All interest in therapy was lost, communications became superficial, and thoughts of dying predominated.

He next developed a deep sadistic rage with intense hatred for women and had dreams of stabbing them to death. This alternated with abdominal rage easily elicited by pressure on the abdomen and having a regular bio-expansive effect. A "wall of spite" originating from the same segment was effectively breached by squeezing and arching his back in anger while standing. Crying followed as he identified with his mother's womb from his own abdomen and felt "far away" from his genitals.

He became anxious and had a compulsion to eat. I told him he was covering up his anxiety by eating and continued to mobilize his mouth and abdomen. This produced more deep hatred followed by a great sense of relief. The orgasm reflex began to come through more consistently, accompanied by strong pelvic clonisms. He began to feel better than he had in his entire life.

An acute organismic contraction ensued. Feeling empty and miserable, he became sexually demanding of his wife. He then had the following dream: A terrible crime has been committed. A woman has been killed and mutilated and a policeman murdered. He hides by living with a woman and crouches behind a dresser escaping capture (note pun on dresser).

Contactless disinterest in therapy appeared once again. Fears of being destroyed surfaced, and he appeared contracted especially in the oral segment. I pressed on his temples and he screamed out in terror, "Help me!" He became sexually impotent and had castration dreams. Frightened by the intensity of rage toward his mother, he retreated, typically, into feelings of longing. I pressed on his temples, and he shouted angrily, "Ma, why did you do this to me? Come back!" And later, with pleading, "Ma, don't make me angry with you, I just want to love you!" His body then gave into the reflex. He felt shaken and exclaimed, "I feel so naked."

End Stage

At this point his upper segments were sufficiently open to allow for consistent pelvic mobilization which would, in any event, also help flush

out residual armor. His incapacity for tolerating the intense charge resulting from pelvic mobilization, manifested as attacks of syncope (anorgonia), was evident for some time. Because of this, the danger of breakdown into a somatic biopathy was a distinct possibility. Nonetheless, attempts to mobilize his pelvis proceeded.

He became intensely frightened and recalled the desperation which drove him to take drugs and attempt suicide in the past. An Oedipal dream depicted his wife's interest in another man. Associations to the dream were full of deep disappointment. He exclaimed how could his mother love him if she loved his father.

More deep sadness at maternal disappointment followed continued mobilization of the lower segments. He cried, while holding his genitals, "Ma, don't leave me, I ache so much." He felt helpless with no way out and had thoughts of killing himself. He looked like an infant in misery. He experienced both a fear of losing his mother, as well as a deep love for her. An erection accompanied the latter. When overwhelmed by the intensity of his emotion, he fell into a cataplectic trance. About this time, in response to his inquiry, his mother described the actual details of his birth — a very difficult labor, his early brush with death, and a ten-day perinatal separation. Making emotional contact with this trauma eliminated a great deal of sadness and desperation.

He then developed a "stitch" in his right side. I mobilized the diaphragmatic segment by pressing against the lateral aspect of the costal margin. Spontaneous gagging ensued which broadened into strong convulsions of the torso. He felt energy coursing through his body as if taken by the wind. He was able to tolerate a greater charge, although still within limits.

The primary task now was the prevention of rearmoring in the various upper segments, while increasing tolerance for greater amounts of charge with pelvic mobilization. Once free of armor, his capacity to expand, build up, and discharge energy in the genital embrace made a quantum leap. Periods of emotional health alternated with the return of somatic armor and neurotic tendencies.

His capacity to tolerate greater amounts of charge increased in a *discontinuous* manner. When unable to hold a charge, his organism seemed to *flood* with energy. This would precipitate a syncopal episode followed, on recovery, by crying. To help him tolerate increasing amounts of charge *without losing consciousness*, I had him squeeze my hands or arm. When able to maintain contact with his charge, his field appeared to

expand and radiate strongly. This corresponded with an increased capacity to feel his emotions more intensely, while their expression became deeper and more complete.

Compared to armoring of the pelvis, diaphragmatic holding seemed to be the next most tenacious and persistent. This segment not only contained large quantities of rage but was also exquisitely sensitive to mobilization. Pressure over the epigastrium typically produced a sudden jump of energy. This provoked immediate rotation of his eyes upward and to the right with loss of consciousness lasting 8-10 seconds. This inability to maintain a high orgonotic charge sustained and exacerbated his entire passive feminine structure and was also responsible for his weak characterologic and biophysical appearance. Gradually, he was able to tolerate greater amounts of rage, particularly the squeezing kind, without losing consciousness. As this capacity increased, his rage toward his mother intensified. He shouted angrily at her, "Ma! Look at my penis. I want you to love it!" He then gave in to deep sobbing and, for the first time, felt a connection between his mouth and genitals. More pelvic rage was followed by sensations of his penis being cut. Terrified, he stood up and with forceful pelvic thrusting shouted angrily at me. This brought to mind the primal scene and thoughts of his father taking his mother away. Discussion of this highly charged material was accompanied by intense genital sensation.

Therapy at this point proceeded smoothly except for one significant development. Pelvic mobilization brought to the surface latent diabetes mellitus (elevated FBS and abnormal GTT[2]). This somatic biopathic reaction was associated with the return of an attitude of giving up, his basic trait. A deep fear of death emerged and he realized that one day he too would die. He reacted with a strong desire to fight, to not submit to his fate. Feeling hatred for his entire passive feminine structure, he expressed and tolerated strong bursts of rage from both his chest and diaphragm.

Finally, with deep longing and an ache in his chest, he reexperienced and expressed the infantile heartbreak of maternal rejection.[3] This completely eliminated his armor, leaving him with a deep sense of relief.

As the upper six segments remained more consistently open, intensive

[2] Fasting blood sugar and glucose tolerance test.

[3] Because of self-denial, his mother never allowed herself any pleasure in breastfeeding her son. Thus, for six months at the breast, he was deprived of any genuine contact and gratification.

work on his pelvis continued. Pressure on the superpubic area produced pain radiating to his penis, feelings of deep terror, and a look as if he were being murdered. Fighting back, he stood up and screamed while squeezing rage out of his legs, buttocks, and pelvis.

In his daily life he felt confident, aggressive, and "clean." He was able to express anger in a direct manner and could feel frightened without cringing or crying. Biophysically, he tolerated a strong charge without losing consciousness. Foreplay was very sexual but, when anxiety concentrated in his genitals, he began to lose his erection on penetration. Tolerating this anxiety gradually brought him into full contact with his genital functioning. In the last few sessions, return of any residual armor was easily treated — the orgasm reflex made its unmistakable appearance with energy flowing downward unimpeded by intervening armor. His blood sugar returned to normal levels. He felt expanded and capable of sustained feelings of love for his wife and pleasure in his work. Therapy took 475 sessions.