

Orgone Therapy of A Child: A Narrative

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The following narrative describes the treatment of a severely emotionally disturbed boy with medical orgone therapy beginning when he was seven years old. It comes from two sources: observations of the boy, T, by his mother throughout his therapy and observations made by the child's medical orgonomist. The two points of view are presented together to provide a unique perspective of the medical orgone therapy of a child. The mother's description shows in poignant detail the ongoing process of treatment. This includes her struggles to get help for her son and to have professionals make sense of his problems, as well as her own increasing awareness of her son's illness and her emotional contribution to it. It also shows the incremental nature of treatment, that it is not a "quick fix." That even with improvement, there are plateaus (periods of time with little or no apparent change) as well as regressions (with the reemergence of previous symptoms, though less intense and shorter-lived than previously experienced).

Mother's Introduction

From the time T was a very small child, I was concerned about his behavior. He had what I thought were temper tantrums at least once a day. They were usually unexpected and occurred no matter where we were. Public places were a nightmare. Most of the time I didn't know what was upsetting him. Things that were fine one minute would "set him off" the next. When this happened he seemed confused and didn't know himself what he wanted. The littlest thing triggered a twenty minute nagging and crying session, after which he appeared to be fine and happy again. Family members made comments all the time that he was like Dr. Jekyll and Mr. Hyde. Everyone around me saw these "temper tantrums" as a "bratty" kid just wanting to get his way. They said he acted that way because I let him get

away with it, that he was the baby of the family, and that I was over-protective. I did feel a need to protect him, since I sensed that he was not able to cope in many "normal" situations.

Over the years, I tried different approaches to try to help him overcome whatever it was that was bothering him. I have always felt that you could never give a child too much love and understanding, so, of course, that was my first approach.

When the tantrums continued, I decided to try being strict and forceful. That was a total disaster. The twenty-minute tantrums would then last an hour and twenty minutes and he couldn't calm down until I was the "understanding parent." I learned quickly that it was better to just let him get it out of his system than to try to force him to act the way I wanted him to.

T always clung to me and always wanted to be near me. When he was about eighteen months old, I began to notice an unusual thing. T normally stayed up very late, but on Thursday nights when I went to a ceramics class, he would crawl on the couch and go to sleep even before I left the house at 6:30 p.m. At first I thought he was just tired from a busy day, but I noticed a pattern developing. As soon as he saw me get my paints and things ready to go, he went to sleep. I remember commenting to S (T's father) that I felt as though it was so hard for him to be home without me that he was "shutting down" his entire system. S didn't see it and although it bothered me, I brushed it off as a coincidence.

When we were home, T always followed me from room to room. Even as an older child, he would not play in the living room if I were in the kitchen. If we went to a family gathering, such as a picnic or birthday party, he never left my side. And he never joined in with the other kids no matter how much fun they were having. Sometimes he would go near the kids and watch, but he *never* joined in.

I remember one very hot summer day, when all the kids were on the Slip-and-Slide® in the yard. They were having a great time and trying to talk T into joining them. He was off to the side watching and laughing, but he wanted no part of going in. He was about five at the time and I remember how my heart ached, because I wanted him to be able to have fun and enjoy playing with the kids. I knew if I tried to get him to go in it could turn into a full scale "temper tantrum," so I

just let him be. He seemed happy just to sit and watch. I again found myself rationalizing that he was "too shy" to participate and that when he was ready he would join in.

When he was three, I enrolled T in a play group, thinking that he needed to interact more with kids his own age. In the beginning, moms were asked to stay, which was fine with T. I was concerned, however, because even though I was with him, he wouldn't participate in most of the activities. This included any of the sing-along type things or anything physical, for that matter. He enjoyed listening at story-time and liked when the teacher blew bubbles around the room, but he just watched the other kids do everything else. When I expressed my concern to the teacher, she reassured me, "All kids are different. It takes some longer to adjust and it's fine if he just wants to watch." A few weeks later, when all the other moms were just dropping their kids off, I was still staying in the room. I tried leaving him there, but the teacher said he wouldn't settle down and this disturbed the other children. He really didn't enjoy being there even when I stayed with him. So, I decided he just wasn't ready and I took him out of the group.

At age four, I enrolled him in a preschool program that was offered at the high school. The first few weeks of dropping him off were *horrible*. He did not want me to leave and actually grabbed on to me like a baby monkey, with his arms and legs wrapped around me. It literally took four people to pry him off. Although I hated leaving him like that, they convinced me that it was better for him if I just left quickly. The first few days he cried for the entire time he was there (2 1/2 hours). After that he seemed better. He was still uncomfortable about me leaving, but he didn't carry on. We then had a "ritual" each time I left. I would have to say certain things in order, such as, "Good-bye, I love you, have fun." I would have to kiss him a certain number of times (that he would designate) and wave to him standing in the window while I walked to the car. It seemed strange at the time, but it was much better than him screaming and carrying on.

He then began wanting us to go through the "ritual" *whenever* we went out. And if I said it out of sequence or gave one too many kisses by mistake, we would have to start all over again. His preschool teacher did comment that there were many times during each day

that T refused to participate. She too said not to worry, that all children develop at different rates, and it was okay for him to just watch.

When I took T to our pediatrician for a check-up before kindergarten, the doctor said to me he sensed that T might be a little immature to begin kindergarten. He wasn't specific about anything, but he said sometimes it's better to start the kids a year later, to give them more time to mature before they had the pressures of school. When I took T to the school for "pre-kindergarten" testing, I expressed my concerns to the teacher in charge of the testing. She said he had scored very high and she felt there was no need to hold him back. T was always big for his age and she commented that it might be more awkward for him if I held him back another year. So, I enrolled him in school the year that he was five.

During this time, age four to age five, he also had strange habits with his clothing. Each day I set out his clothes for him. He got very upset if I didn't have the clothes in the right order: pants on the bottom, socks on top of them, shirt next, and underwear on top. Not only did they have to be in the right order, but the waist bands and openings of the socks had to be facing the same way. If they weren't, he cried and carried on. I tried to remember to keep the clothes in order so as to avoid yet another "temper tantrum."

He also had a horrible time with his socks and shoes at this time. They never felt "right" and many days were spent putting the same shoes and socks on, over-and-over again, until they felt "right."

When T entered kindergarten, I thought he had finally adjusted to the idea of going to school. He still seemed a little tense when I left him and he wanted me to wait on line with him until his class went into the building. He would turn and wave good-bye with every few steps he took, but it was nothing like the screaming and crying that had gone on with pre-school. He did well in kindergarten, but his teacher did mention several times that occasionally he would not participate in what the other children were doing. He was then given extra class work so he wouldn't have "free" time. This didn't bother him at all: he'd rather do the extra work.

Around the same time, I began to realize how difficult it was for T to communicate with people, especially adults, but also other children. Although his vocabulary was very good and he never had a

speech problem, I noticed that when people spoke to him he never answered them. Or, if he wanted to know something, he wanted me to ask the questions. At first I tried to encourage him to ask, but he would get very frustrated and a "temper tantrum" was never far behind. To try to get him involved I would say things like "T wants to know ..." and then ask the person the question. I don't know when it began, but at this point in his life it was a regular occurrence. Actually, there were very few people he spoke directly to and these were all immediate family members. I remember feeling that he was just very shy and had a hard time expressing himself. When I told my pediatrician of my concern about T's "shyness," he said we shouldn't expect all kids to be outgoing, that maybe he would always tend to be a "watcher" rather than a participant. He told me, "People who love sports don't necessarily have to play; they enjoy being spectators." I began to feel that I should accept T for the way he was and not to expect him to be something he wasn't. Although I felt saddened that he was so different from other kids, his differences had become not only our way of life, but also more and more "normal" to us.

T had problems right from the start in first grade. He had a nervous stomach, often with diarrhea, every single morning from September through January. I kept in close contact with his teacher who seemed very pleasant, calm, and willing to help. After a few weeks I realized that this soft-spoken woman turned into a "monster" when the classroom door was shut. When I questioned her about some of the things T told me, she denied it all and twisted things to make it look like I was the "overprotective mommy" who was trying to interfere with normal school activities. When I expressed my concerns to the principal, he too made me feel that it was a personal problem that I was having, since T was my "baby." I couldn't get him to believe what was going on in that classroom. About December, other parents, seeing the trouble I was having with T, approached me and said they were going through similar problems with their kids not wanting to go to school and actually being physically sick each day. I was relieved to know that it was not just T. At about the same time, I made an appointment with the school psychologist. He, too, interpreted our problem as a "late separation problem." He never even spoke to T, which to this day annoys me. I told him about T and the other

children who were complaining about this teacher. Both he and the principal insisted that she was among the best! I felt as though I was up against a stone wall. I even thought of somehow “bugging” T’s book bag so that I could get these people to believe me. She began to realize that I could be trouble for her and she must have “lightened up” for a while. Somehow T made it through the school year. When I think back about it, I wish I had insisted on taking him out of her class instead of letting them make me feel as though I was at fault.

When T entered the second grade I once again felt that he had accepted going to school. He had a very creative, caring teacher and he seemed to like school. At conference time, she said that she thought T was an extremely bright child, but that several times during the day when she asked him a question he wouldn’t answer her. She said she realized that he was “shy,” but she knew that he knew the answers to her questions. She said she was taking the time to wait for him to answer. She said sometimes it took him quite a while, but she would not go on until he gave her some kind of an answer. When she told me about it I knew that she was sincerely trying to help him and I wondered if he would ever get over his “shyness.” Now that I look back on it, I am sure that those times he didn’t answer her were times he was “spacing out.” He would get a staring glare and literally not be able to speak. It was almost as though he were stuck in time.

In April of that year, while T was preparing to receive his first Holy Communion, he became totally uncooperative. During practices he wouldn’t even get on line to go into church. I was furious with him for not following simple rules.

Shortly after, at the end of May, T started giving us real problems getting to school in the morning. After a few days of struggling to get him to go to school, he began to totally refuse to go. We literally had to carry him into the building and put him in his classroom. He yelled and screamed and cried most of the day. I called my pediatrician and he recommended seeing a psychiatrist. This is when I contacted Dr. Rosin. T’s teacher was surprised at how quickly we made the decision to get him into therapy. She had only seen a few weeks of “odd” behavior. I knew he had been having a hard time and I couldn’t ignore it or rationalize it anymore. I knew he needed help that I could not give him.

Medical Orgonomist

Before I had T's mother bring him to my office I met with his parents. As they talked it became clear that T's father, S, focused only on T's behavior and had little appreciation for its emotional underpinnings. His mother, on the other hand, seemed very sensitive to her son's emotional suffering while being secondarily concerned with the behavior. It was also clear that she was somewhat overly enmeshed with T — she wanted to protect him from everything, being aware of his inability to protect himself. She seemed unaware that the extent to which she acted as a buffer to the world for T was also crippling him, rendering him unable to fend for himself. I suspected that his "separation problems" and "school refusal" were the result of T's inability to feel "whole" without his mother. Leaving her triggered anxiety and fear. Once he was at school, however, presumably he armored himself and could then have a good time.

His other problems, such as extreme shyness and a seeming inability to have meaningful social contact with anyone other than his immediate family, as well as his staring and whining, were also noted.

Of note developmentally, T's parents told me that although toilet training had seemingly been accomplished without difficulty, there had been an incident when T was three and just learning to control defecation. S came home and discovered that T had soiled his pants. S went into a rage, took off T's soiled pants, and threw them in the garbage. This left T devastated and frightened. T's mother said that for weeks after, T withheld his feces for days at a time. I imagined how traumatic this must have been for a young boy who had just begun enjoying the use of the potty. I also suspected that S had rages that, while infrequent, were terrifying for T.

Mother's Journal:

First Entry: May 30, 1990

T is having major problems separating from me. Mornings before school are horrible. He is crying every day, can't eat breakfast, and has at least one attack of diarrhea each morning. He keeps saying he is afraid but doesn't know why. He has to be physically carried into school. At the end of the school day, he is all smiles and says he had a great day.

When I took T for his first visit with Dr. Rosin I was doubtful that T would cooperate with him. I knew that T was “shy” and I wondered how Dr. Rosin would get him to communicate. I was glad that Dr. Rosin said I could go in with T, since T was definitely having a “separation” problem and I knew he would not go in willingly alone. Before we arrived at Dr. Rosin’s office, I remember T asking me, “What will the doctor do? What will he say?” I told him I didn’t know, we would just have to wait and see.

When we went into Dr. Rosin’s office, T sat quietly in the chair next to me. I don’t remember Dr. Rosin asking about too many things during that first visit. I remember he told T about the brook near his property. He opened the blinds on the window and T looked out at it. Dr. Rosin then said to T, “Let’s go outside, you can see it better,” as he walked toward the door. T was still standing by the window and froze in his tracks. I knew he wouldn’t go outside. He just stood there and stared at me, not saying anything. I wished T would respond to Dr. Rosin, but I knew he wouldn’t. This had become T’s normal behavior. Whenever anyone spoke to him he “clammed up.” Sometimes I’d think he wasn’t listening or was just ignoring people to be difficult. Dr. Rosin then said it was okay for me to join them and T and I followed Dr. Rosin outside. As we stood outside, I remember Dr. Rosin explaining how the brook filled with water after a heavy rain. T said nothing, he just listened. Someone was driving a four-wheeler a few houses down the way, but T didn’t seem to notice the noise. Dr. Rosin pointed it out to him. T almost seemed disinterested and we went back inside. We sat back down and Dr. Rosin tossed a koosh® ball to T. I remember they were tossing two at a time and Dr. Rosin wanted T to count how many times they could toss them without dropping one. T did not count in a very loud voice. I remember thinking at first that Dr. Rosin was trying to distract T by playing ball. I thought he would begin asking him questions about his feelings and what might be bothering him as soon as he was preoccupied with playing ball. That never happened.

Occasionally, Dr. Rosin asked T a simple question but never directed his questions toward T’s feelings. I was very surprised that T played with Dr. Rosin at all on that first visit. It was not often that T interacted with anyone, especially someone he had just met. When we

left that day, I remember T asking me, "How can he help me if I don't know what's wrong?" I told him that was a good question and that Dr. Rosin had gone to school for a lot of years to learn how to help people just like him. (I was very hopeful that Dr. Rosin would be able to help T, but I still wasn't sure that he would really be able to get through to him.)

My first view of T was striking. A handsome little boy, he clung to his mother's side as he came in the office. His face looked waxen and yellow, his affect was flat. He moved stiffly, robot-like, and seemed uncomfortable with his body. Respirations were shallow at best. His eyes appeared dead and immobile and had no spontaneous expression. He looked trapped and cowed. Any question I put to him caused him to look at his mother as if she should answer.

I wanted to see at what level I could engage him. Thinking that getting out of my office into the open might put him more at ease, I suggested a visit to the stream outside my office. I also wanted to see how he responded to everyday outdoor stimuli. When I suggested we go outside, he froze in place, staring at his mother, and looked like someone in a catatonic stupor. I realized that the key to getting him to move was to bring his "adaptor" into the equation and I suggested his mother come with us.

Outside, T seemed to hear nothing and responded to little in the environment. Vegetatively, he appeared to be severely contracted. I still had not heard T speak.

We returned to my office. T's mother sat in one chair, T in the chair next to her. I looked at him as I sat down and his vacant gaze made it clear he had closed me out. My main goal was to make contact with him. However, given how contracted he appeared, I realized the futility of trying to converse with him, including asking the detailed questions of a formal mental status exam. I picked up a koosh® ball and tossed it gently to him. Having little choice, he caught it. The first spontaneous thing he did in my presence! Whether T knew it or not, we had now had an interaction. I suggested he throw it back to me, which he did. We threw it back and forth several times, more of a relationship forming. This much contact he could sustain. I wanted to improve his respiration and get him to make a noise to open up his throat. We began using two

balls. I had one and he had one and we'd both throw them at the same time. I told him to say, "Go!" when we should each throw them. I finally heard his voice as it came out in a soft constricted rasp, "Go." We continued to toss the balls at each other when he'd say "Go." I told him to say it louder. As we continued and as he became used to hearing his own voice out loud in my presence, I occasionally asked him some non-emotionally charged question to draw him out as much as possible. ("What color is this ball?" or "Is it hot in here?") I later learned that T's mother thought I was trying to distract T. Quite the contrary, I was simply trying to make contact with him and to help him expand, however minimally. For him to answer any question I asked was a triumph.

At the end of the session, T looked somewhat more alive and this, in itself, was an improvement. It was clear that treatment would take much more time. T had responded to me in an unemotional and affectively constricted manner. His tendency to use ritual to bind anxiety and the history of significant early toilet training trauma indicated an anal character structure. The presence of a severe ocular block was evidenced by T's staring, "going off" in his eyes. Freezing up and immobilization followed. This pointed to a characterologic diagnosis of catatonic schizophrenia. Though very disturbed and armored, his young age was in his favor: the earlier in life therapy begins with a child, the better the prognosis. As children get older, their armor, both characterological and muscular, becomes more fixed.

With such a degree of over-bonding between mother and child, a symbiosis that is both life-sustaining for the child (and sometimes for the mother) as well as life-limiting, one must proceed carefully and slowly. To disrupt the pathological enmeshment too quickly leads at best to therapy being terminated and at worst to a strengthening of the enmeshment. The "overprotective" mother often has a realistic sense that her child cannot take care of himself. Thus, she becomes the child's protector, buffer, and adaptor to the world without realizing that her actions simultaneously limit the child's ability to interact with the world autonomously.

I met with T's parents again two days later and told them what I saw in their child. We discussed how often he "spaced out." Addi-

tional information they provided about these episodes corroborated my impression that T showed no evidence of an epileptiform disorder. I recommended a trial of six sessions of weekly therapy for T and at the end of that time, a review of his progress, i.e., had there been any discernible change? They agreed to this plan.

June 4, 1990

T had his second visit with Dr. Rosin today. When we got home, T was very happy. He stayed outside and rode his bike up and down the street singing songs that he was making up. He was very talkative that evening and even talked to close neighbors. I remember thinking, could this be the results of therapy or is he just having a good day?

Although I do not remember details from each of T's sessions that followed, I do remember lots of koosh® ball tossing. In the beginning, I noticed that Dr. Rosin initiated the tossing and that T always sat in the chair next to me. Eventually, T began initiating tossing the koosh® ball and then throwing freely. Although there was little dialogue between them, whenever Dr. Rosin asked T a simple question, T would sometimes not answer at all or in one or two word answers. T always looked at me before he spoke. I wasn't sure if he was looking at me for approval or if he wanted me to help him with an answer. I couldn't understand at the time why T wouldn't answer simple questions. I knew how smart he was and I knew he knew what Dr. Rosin was asking. I didn't realize at the time that T was "stuck." I thought he was being difficult and not cooperating. Many times when T did answer Dr. Rosin, I found myself wanting to clarify his answers but I didn't. *It made me realize how often I did answer for him [author's italics].*

T's second session was quite similar to his first. Again, his mother came into the office with him.¹ His voice was louder as he shouted "Go!" and louder still at subsequent sessions. I could see that his face had a little more color, that his respirations were a bit deeper,

¹I had decided that for T, his mother's presence in the sessions would be necessary for a long time to come. For her, the sessions would gradually help her to see T in a clearer perspective, allowing her to slowly withdraw from their pathological enmeshment.

and that he was making better eye contact with me by the end of this and subsequent sessions. These results may seem insignificant, but their effect began to be seen in the ensuing weeks and months. At each subsequent session, I talked a little to T, sometimes addressing him in a way that required an answer, sometimes not.

June 15, 1990

T is now attending school without a fuss in the morning. His father is taking him.² T is still nervous but not having diarrhea and not fighting. He is walking into school on his own. He has mentioned not wanting to see Dr. Rosin anymore since he has stopped crying about going to school. His “zoning out” seem to be less frequent, especially at home. When it happens, it seems to be in a public place.

After several visits, I remember my husband questioning me as to what went on during these sessions. I briefly described how Dr. Rosin played with T. I remember S saying, “That’s it? They play? We’re paying him to play with T?” I told him I knew it sounded strange but it had to be more than just play, since we were already seeing positive changes in T’s social behavior.

Each week T dreaded his visit with Dr. Rosin. I, on the other hand, enjoyed them and looked forward to them. It was such a comfort for me to know that Dr. Rosin had seen other children like T. I didn’t feel quite so alone. I also felt that finally someone was listening to me and cared enough about my son to want to help him. Dr. Rosin did not seem to see T as a “bratty kid” who was trying to manipulate me. And he didn’t make me feel as though I were the “overprotective mom” who was having trouble letting go of her “baby.” Dr. Rosin was the first professional who made me feel as though my concerns were valid. I realize now that my therapy began when I first stepped into Dr. Rosin’s office during T’s visits.³

² Because of T’s enmeshment with his mother, I had recommended that his father take him to school in the mornings. With his father, with whom he did not have a pathological enmeshment, there was less likelihood of regression. Instead, T would have to rely on the health within himself to go to school.

³ As a result of the emotions her son’s therapy stirred up in her, T’s mother decided to begin her own therapy four months after T began his.

June 17, 1990

When we were seated for Sunday Mass, T sat across the aisle from us with some close friends of ours. He was very happy about sitting with them. Halfway through the Mass, he began to panic and motioned for me to come there. When I didn't go, he began staring and groaning, still motioning for me to come over. This lasted for about ten minutes. When people got up for Communion, I motioned for him to come to me. He came over and was fine after that. On other occasions when I had motioned to him to come over, he seemed stuck, like he couldn't move. When we got home S was very angry that T made a scene in church and disturbed other people. I tried to explain to him that T was not trying to misbehave; that these were the times and kinds of problems we were trying to solve. The couple that was sitting with T came over later that day to discuss what had happened. They also told S that they felt T was somehow "stuck" and couldn't move. They said they held his hand and told him he could move over and sit with us, but his hand was limp and it almost seemed as though he wasn't there. I think S now realizes that anger is not a solution to this problem.

July 5, 1990

During this week, I have noticed T talking with neighbors and friends. Not just speaking when spoken to but actually adding to conversations. He also has a playmate on the street who he is playing with more frequently. They ride bikes and play in the yard — without me! I can't believe it. He even stayed at his friend B's house when I had an important errand to run — A FIRST!

He still questions me when I go out in the evening, but he's not in a panic about it and does not sit and watch the clock for my return. He is able to leave the house freely without me. He has gone on some fishing outings with S and friends.

Neighbors and friends who see T on a daily basis and do not know that he is in therapy have made comments such as, "Gee, he's really coming out of his shell. He used to be so quiet." Relatives who see him only a few times a year and do know that he is in therapy have commented, "He seems so happy. Is he having a good day?" T is also giving hugs to aunts and uncles as we leave their homes. This is

noted because even as a small child he refused to hug or kiss them to say good-bye, or at anytime.

July 12, 1990

Along with T's speaking up freely, I've noticed that he's sometimes rude, interrupting conversations and not being quiet when asked so other people can speak. It seems he is deliberately defying me at times, saying "No" and looking me right in the eyes. I feel as though he is testing me, to see what he can and can't get away with. I have mixed feelings about this behavior. Although it is frustrating when he does not do what he is told, I feel good that he can say "No. I don't like this or want to do this." I have noticed that sometimes this behavior of saying "No" and not doing what he is told has eliminated the "staring."

Here, T's mother is beginning to see the relationship between his ocular block and his emotions. For instance, in reaction to his anger and rage coming to the fore, T "goes off" in his eyes. Together with respiratory inhibition, this decreases emotional intensity and he becomes further immobilized. His mother's observation is accurate. As he begins to express his "No," the need for him to go off in his eyes lessens. Her own difficulty tolerating anger had to be addressed so she would be able to tolerate the expressions of his anger as they emerged. By now T has moved, albeit tentatively, from sitting on the chair next to his mother to sitting and standing on the couch during sessions. This separation from his mother of only a few feet is significant.

July 19, 1990

The past few visits to Dr. Rosin, T has whined in the car on the way there, saying that he doesn't like going and does not want to continue seeing Dr. Rosin. Today, nothing was said and he seemed very calm about going. In the waiting room, however, he immediately started whining and wanted me to tell Dr. Rosin that he did not want to kick his feet on the couch. I told him to tell Dr. Rosin himself. He was angry with me for not giving in.

T's whining is anger expressed through a profound throat block. For T, the more overtly angry he becomes and the more focused the expression of his "No", the better off he will be. I later explained to T's mother that anything he refused to do in my office was a plus because it was an expression of his "No." I have asked T several times to lay on the couch and kick (to increase his charge and mobilize his energy) but he continually refuses. At this point his persistent refusal tells me that kicking might stimulate too much energy movement but his refusal, becoming ever more emphatic (as well as pleasurable for him), accomplishes the same thing, though at an intensity he can tolerate.

During this visit, T did a lot of angry staring at me. He also groaned and seemed generally uncooperative. By the end of the session, T was smiling and had lost that "stare." On the way home, T questioned me again: "Why do I have to go there? I don't like being there."

Because T's mood was tense during this visit I expected the afternoon and evening to be much of the same behavior. WRONG. When we got home, he was in a great mood and very happy. We went for pizza with my in-laws. T was singing, telling jokes, and having a great time. My mother-in-law, who doesn't know he's in therapy, kept staring at him with a puzzled look on her face. I finally asked her if something was wrong. She replied, "I've just never seen him so happy."

I think T is also beginning to test his independence. The past few times that we've gone shopping he has wanted to go pay on his own, with me standing in the distance. He would never approach a check-out counter alone before. About two weeks ago, we were going to a convenience store for dog food. T planned to go into the store alone and make the purchase. When we got there he was afraid to go in alone. I went in with him but he wanted me to pretend we weren't together. He located the correct dog food but was afraid to pay for it at that time.

July 25, 1990

Today, T made several comments about not wanting to see Dr. Rosin anymore. He doesn't want to see him in September. School will probably start on September 5 and T says he doesn't want to "wreck" the second day of school by seeing Dr. Rosin.

We had dinner at a local restaurant tonight. We usually let T see a menu and decide what he wants, then we order for him, since he has trouble whenever a waitress talks to him. He usually freezes and doesn't answer. Tonight, as he was looking at the menu, he asked if he could order. I said, "Sure," and he did. He even asked the waitress for a second soda halfway through the meal — another first!

At bedtime, T has never been able to go to sleep unless I lay down with him for a few minutes. Tonight, T asked to go to bed on his own. He did call me in several times to ask me nonsense questions. But he did eventually go to sleep without me. He's been talking about doing this for some time, but this is the first night he actually did it.

August 2, 1990

T again did not want to go for his visit with Dr. Rosin today. He stated several times that he does not like to go but didn't really put up a fuss. When we entered the room, T was very quiet and sat in his usual chair. Dr. Rosin was also silent for a while. T does not speak to Dr. Rosin unless he is spoken to. After a short time, they began playing with the koosh® balls. T was definitely not tossing it as he has done in the past. He was aiming at Dr. Rosin or aiming out of Dr. Rosin's reach so he'd have to keep getting up to get it. T cooperated with his "eye light" exercises but still refused to kick his feet. Dr. Rosin began telling T that he would have to come for sessions two or three times a week. This seemed to trigger T's aggressive behavior and, before long, he was pounding his fist on the couch, shouting his negative answers to Dr. Rosin. Dr. Rosin held one of the cushions from the couch and T proceeded to pound his fists into it. At first, I think T just enjoyed hitting the pillow. It did not take long for him to become very aggressive: leaning off the couch onto Dr. Rosin's chair, putting his angry face near Dr. Rosin to tell him, "NO, I will not come here two times a week!" His shouting was louder than it had ever been in the office and his face looked very angry at times. His pounding on the pillow became more of a forceful punching. Each time he hit the pillow in front of Dr. Rosin, T glanced at me. I'm not sure if he was looking at me for approval. When Dr. Rosin said, "OK, let's stop hitting and look at your mom," T refused to look at me. As T was

punching and looking angry at Dr. Rosin, I realized that I couldn't remember ever seeing T angry. I've seen him in many different negative moods, such as being frustrated, uncooperative, nagging, whining, pesty, but I don't ever remember seeing him angry. I never realized this before.

As things settled down and T was sitting quietly on the couch, Dr. Rosin said to him, "That's a good boy, just sit quietly, don't make any noise, just sit there and be a good little boy." T immediately gave Dr. Rosin the couch cushion and said, "Hold this, you're going to need it!" and began punching again.

In the past, when T's session was over, he was immediately ready to leave. Today, even though Dr. Rosin mentioned that his time was up, T was still throwing punches, as though he would have liked to have stayed longer. He, of course, would not admit this. At the end of the session, T looked refreshed. Dr. Rosin looked like he needed to rest for a while.

I am really seeing the difference in T from when we first walk into Dr. Rosin's office to when we leave. When we get there, T is very quiet and I think a little apprehensive because he's not sure what Dr. Rosin will ask him to do. When we leave, T actually has a bounce in his step and is generally more lively. As the afternoon goes on, he is happier and happier.

At this point, T has had about twelve weekly sessions. I have focused on expanding him biophysically: by having him throw koosh® balls to me, call out when to throw, yell out when to throw (opening his throat block), slowly engaging him, mildly provoking him while encouraging his angry reactions and having him hit the couch or a pillow that I am holding. I often tell him to do something and he delights in saying, "No." I respond with, "Yes." We then go back and forth, "No." "Yes." "No." "Yes." "No." His shouts become increasingly louder and defiant. This provides some discharge of his rage and improves his tolerance for emotional expression. As a result, his need for armor is reduced.

While he arrives at sessions looking quite contracted, I am now able to get him moving again. As a result, he is starting to function better at home, in school, and with family, neighbors and friends. This progress is the result of the dissolution of the most superficial

layers of his armor. I expect it to take more time for T to let go more fully and I know that the deeper layers will be more difficult.

His characteristic tendency to contract by “going off” in the eyes, freezing up, and withdrawing is still very much present. As mentioned previously, this may point to a characterologic diagnosis of catatonic schizophrenia.

And significant problems remain. As yet he has not been able to have a real conversation with me. He still has much separating to do from his mother — she is still in the room during his sessions. Also of future concern is the question: How much of T’s health will his parents be able to tolerate as he improves? I know that as his emerging health becomes more firmly integrated into his character structure, it will be felt by every member of his family, especially his mother.

(To be continued)