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A Phallic Narcissist

*William Frederick, M.D.**

Initial Presentation

At the time of presentation, the patient was a 45-year-old successful owner of a medium-sized corporation. He came to therapy complaining of “bottled-up feelings” (especially rage) and lack of enjoyment in life, work, and sex with his wife.

By early childhood, N. had formed a hardened “fighter” attitude towards his destructive and intellectualized parents. He was rebellious as an adolescent, left home and became totally independent at an early age, and did well despite all obstacles. He fought his way up the corporate ladder from a low position and eventually acquired his own company.

He experienced a strong heterosexual drive in adolescence, and had first intercourse at age 14 with intense fear of premature ejaculation. He had many short-term girlfriends, thereafter. Fifteen years ago he began a steady relationship with his current wife but had girlfriends on the side. He experienced one year of satisfaction with her, followed by progressive loss of attraction. He felt disappointed with their relationship and with her; she felt hurt by and resentful of his lack of interest.

He was intrigued with Reich’s work and had seen two “Reichian therapists” for evaluations but felt they were too sick themselves and wouldn’t be able to help him.

Examination revealed a muscular, aggressive, outgoing man with an arrogant, “born to command,” manner. He struck me as a very decent, likable person. In his business clothes he looked pleasant, friendly, and sophisticated; undressed on the couch he looked like a Marine drill sergeant. Always ready to jockey for position in the struggle to take

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charge, no sign of weakness escaped him. Eye contact was good but eye movement was armored and there was heavy armoring in the oral occiput and the chest. He breathed spontaneously, although with thoracic expiratory restriction. He was able to hit and kick aggressively and reacted in a prickly manner when poked.

Course of Treatment

Initially I was put off by his resistances, which included overt questioning of what I was doing: rolling his eyes was “just mechanical,” ending the sessions at the appointed time was “compulsive.” He put himself across very effectively and could be very convincing in his efforts to take charge. He would express anger easily but if something really got to him, he would stop raging and become prickly. When asked about this, he said that anger was all right, but that “impotent rage” was intolerable.

After beginning therapy with me, he started an affair with another woman. He had a dream: He is in a car with his wife, he cannot control the car, he is frightened as they head for a collision. He said it was a frightening dream but did so in his usual “take charge” manner. My interpretation—“you say you’re frightened but you still put yourself in the driver’s seat”—was more correct than I knew.

The meaning of the dream became clear as therapy went on: He displayed a tendency to create “dilemmas” (unable to choose between wife and mistress, or between two business opportunities). He said this tormented him but from his affect (and the impressive stories he told to describe his position) the point was clear: They care deeply for him but he could go either way, so he calls the shots.

Initially he described his contact with his mistress in terms that gave the impression of a healthy relationship, but he became increasingly conflicted—and unwilling to choose one woman or the other. He reacted with anxiety to my suggestion he live alone until he was clear about how he felt, and he expressed a “no problem, I can handle it” attitude to warnings that he not hurt his wife with knowledge of the affair until he was sure of his intentions.

Despite his protestations, he acted indiscreetly and his wife found out. The function of the affair became clear: now he had two deeply

hurt women trying all out for him. By getting an exact description of his interactions with them, I was able to show him to be an “expert angler,” desperately keeping them both on the line despite his protestations of being “honest” with them. To get better he had to stop doing this, to face his fear of being alone (i.e., without a woman to hurt), and to stop relieving his anxiety by creating “dilemmas,” drinking, and inflicting emotional damage on his wife.

At this point his aggression began to break down and he became tearful and frightened. He had trouble tolerating this and was constantly tempted to keep his wife on the line, to “let slip” hurtful details about his affair, or, as soon as he started to let go of his mistress, to fantasize that he really loved her. This had to be brought into the open continuously, despite his ability to stop the more overt aspects of his revenge toward women. This step alone resulted in intense anxiety, episodes of erectile impotence, cringing, and, occasionally, panic.

For the first time since adolescence he felt his fear of women. The ever-present anger at his mother gave way to tearful, frustrated disappointment. He remembered very early deciding he would “get back” at her by showing her that she was the one responsible for his unhappiness and by finding someone else who would make him happy—“that will show her!” I pointed out that this was a precise description of what he did to his wife (whom he claimed to idealize as being the opposite of his mother). He felt fear and “revulsion” when he recalled his disappointments with women, and he associated this with a “queasy” feeling at seeing his mother’s exposed genitalia.

Discussion

This case illustrates the classic phallic character structure and function: *genital revenge* as a “defense against surrender” and feeling weak (1:111). The phallic wants “to use his phallus against [his mother and the women who have taken her place] as a weapon of revenge. This attitude is a defense against the deeply repressed original love of the mother who has frustrated and disappointed him.” (1:114)

Therapy of the phallic proceeds by stopping the revenge. This can be accomplished by showing the patient the function his actions serve. The patient’s tendency to take charge of the therapy (and everywhere

else) must be overcome at each turn. This may require breaking down his armor biophysically, which an uncomplicated phallic can often tolerate.

As this case shows, stopping the revenge causes the phallic defense to break down spontaneously, which allows the patient to begin development toward genitality.

REFERENCE

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