

A Case of Conversion Hysteria

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Developmentally, hysteria is the closest to health of any of the character types except the genital character which is healthy. It is therefore usually the easiest to treat therapeutically. However, this depends to a great extent on the integration of the particular case. Some can be the most difficult candidates to help and may be totally unable to function in our society. All hysterics are timid, due to their marked genital anxiety, and must be watched constantly for signs of running from therapy. The following case was quite well integrated and turned out to be my shortest adult case in which a cure was obtained.

The patient was a twenty-nine-year-old married female who was referred to me by her attending physician directly from the hospital in which she was treated for an inability to take any food. She had not eaten for twelve days and was being fed intravenously. Her doctor had become worried about her health and, recognizing her condition as emotional, referred her to me before she could become even more debilitated.

Her presenting condition started two weeks before the referral, when she had spent a weekend with her husband and married friends at a summer resort in the mountains. The night before her departure from the resort, she had drunk quite a lot at a party and felt that it unnerved her. She awoke in the morning not feeling well and remained in bed. She was nauseated, unable to retain food, vomiting anything she ate, was lethargic, and felt that she had lost her ability for emotional response. She was unable to focus her eyes, even to the point of being able to read, which she loved to do. This frightened her. She felt a reluctance to go home, did not want to see her daughter and, when she did go home, she could not stand to hear her daughter's voice. Not showing any improvement and rapidly going downhill physically, she was taken to the hospital after a week. She remained in the hospital six days, being given intravenous glucose and was then referred to me.

She was born in England and came to the U.S. at the age of three. She went only to the third year of high school because her father became very ill, and she left school to take care of him. He died soon after. After leaving school at fifteen, she worked various jobs, chiefly office work, and she was married at the age of 22 years. She had known her husband since she was 17. She insisted they got along well and loved each other very much. They had only one child, a girl, six years old. She had several love affairs before marriage, she was very active, the life of the party, and liked to enjoy herself. At presentation she had no desire even to get out of bed. Her appetite was never too good, although prior to the

onset of the illness, she had been gaining weight. Menstruation was profuse, and she menstruated just prior to the onset of her illness. Sexually, she said she would be "just as happy being left alone" but was agreeable to it for the sake of her husband. She did not react against sex, it was not disgusting, and she usually had a climax, but only by manual manipulation. She was usually too tired to really enjoy sex. She had been faithful during marriage. Her bowels were constipated.

When she first married her husband, he was a diamond importer and lived in New York. Later they moved to a farm. She said she came from a beautiful home in New York to a shack on the farm. She had always had difficulty with her only sibling, a brother, six years older than she. He had always bossed her and told her what to do. She constantly rebelled. She wanted to study medicine, but he told her they did not have the money. Her father died of tuberculosis shortly after she left school to take care of him. Her mother was still living and remarried.

She was a perfectionist, very emotional, subject to outbursts of temper and critical of her husband, particularly as he had not brought her the wealth she expected. She expected her child would be a boy, but said she accepted a daughter, although she added significantly that she named her Joseph Abraham. They call her Joan Anne. She went overboard in buying her things and believed she spoiled her. A great worry was that her daughter was a poor eater. While in the hospital she noticed that she did not miss her daughter and, in fact, did not want to see anyone. She was totally unable to understand what might be behind her illness, why she had no emotions, and was so lethargic, because she wanted to get well. She had so much to live for, but she literally could not stomach her situation. She did think of suicide on one occasion but dismissed it immediately as she wanted to live. She came into the interview walking very slowly and stiffly with her head down and, during the whole examination, she was quite dramatic, showed an affected manner of speaking, and certainly wished to convince me of the seriousness and bizarre nature of her condition.

The husband said she had always been very carefree, liked to enjoy herself, but wanted to make a good home for him and their daughter. He thought the routine was too much for her, that she had been trying to do something that was not suitable for her. She was too meticulous and had been too afraid he would lose patience with her. After she got sick she could not stand her daughter and, whenever she would look at her, she would clench her fists. She did not want to go home from the hospital.

On the couch she lay rather stiffly but was passively cooperative. There was very little muscular armor, although she was holding very tenaciously. She was very thin, having lost considerable weight. Her face was drawn, worried, and depressed. Her eyes were anxious but freely movable. Her face was stiff. She

could not make a face. Her hitting and kicking were feeble and without feeling or motivation. Her pelvis was movable. With some difficulty I got her to scream in a very stifled way. I could elicit no emotional response, and I felt that therapy would be difficult. I concentrated on her breathing and loosening the paraspinal muscles, in an effort to overcome her holding back. I hoped to elicit some of the rage I knew was there. I was, as far as I could tell, wholly unsuccessful and felt that I had been able to accomplish little. The next three sessions were essentially repeats of this. I worked on the chest and paraspinals and got her to hit repeatedly, hoping to bring out some rage which she neither felt nor did she have any contact with. I was no more successful that I was the first time. Usually I see patients once or twice a week but, because of the urgency of the situation, I saw this woman daily.

When she came in for the fifth session, I was in for a great surprise. She walked with a brisk step, was smiling, and seemed perfectly normal. I asked her what had happened. She told me that, after leaving the last session, she went home and suddenly went into a fury with a desire to tear the house apart. She turned over furniture, pulled down pictures from the wall, tore their elaborate set of files apart and scattered them all over the floor, broke dishes and went on until she was exhausted. The house was a mess. It looked as though a cyclone had struck it. She viewed the sight with great satisfaction and relief. In fact, she felt fine and was very hungry. She persuaded her husband to take her out to dinner where she ordered a steak. She ate all of the dinner which of course she promptly vomited, not having eaten for sixteen days. Since then she had felt well and had been eating normally. I had been more successful than I thought.

There did not seem to be too much left for me to do. On the couch she seemed a little tense and anxious. Her breathing was somewhat restricted, although her chest was quite free. She was still tense in her orbital ridges, and her eyes, although alert and freely movable, showed some anxiety. On the whole the tense rigidity she had previously shown was no longer present. There was merely an attitude of anxious expectation. I got her to breathe more fully and deeply. Soon she began to feel currents in her hands but they did not become a problem.

I then proceeded to her eyes. I loosened the holding in her supraorbital ridges by pressure and rubbing. While leaning over to do this, she suddenly put her arms around my neck and drew me down obviously to kiss me. I freed myself and told her that "My mother would not approve." I pointed out that she was running away from therapy by trying to turn it into an affair; for the sake of her health, she had to stop running and face whatever was there. She said she really did not love her husband and was disappointed in his business ability; besides, he was not a good lover. I told her we would keep all of that in mind and decide about him later. Meanwhile, she had to finish her therapy and consolidate her health. Her eyes lost their anxiety and seemed quite alive and flirtatious. I said she should go

ahead and flirt with me; she was not aware that she was. So I made her consciously flirt. Eventually she was aware of when she was flirting and instead would flirt intentionally.

I then proceeded to her jaw. Here was some holding, and I worked vigorously on her masseters, dissolving the holding, and had her bite a towel. The jaw began to tremble and I encouraged her to just give in to the trembling. She felt quite relaxed and I sent her home to return in one week. She had maintained her improvement and was functioning well at home. I loosened her paraspinals and had her breathe deeply and hit the couch. Although she could hit vigorously, she showed no emotion in the hitting. This was standard in her therapy. During the session she showed no emotional expression, but expressed it all at home. I told her that I did not care where she expressed it, as long as it came out.

After checking her eyes and jaw I examined her throat, the great holding point in hysterics. Although her voice ordinarily now was normal, there was considerable holding here. The sternomastoids and even the deep muscles were quite tense. I worked on them, had her scream and vocalize saying, "aah." Her scream at first was stifled but soon, with repeated trying, she could scream quite freely. I also had her gag and told her to gag every morning. I spent three sessions on her throat and, at the same time, loosened her thighs which were very tense. I wanted to open a place for energy to move down from her throat. The paraspinals also still held some tension which I was able to overcome quite fully. She consistently denied negative thought about me, but she took them all out on her husband. I was suspicious of her trust in me but could elicit nothing to indicate I was justified.

Her abdomen was no problem so that finally we came to the last segment, the pelvis. This was movable to start with, but there was holding in the iliopsoas, suprapubic region, and floor of the pelvis. I worked on these holding points and had her repeatedly tense and relax the vaginal and anal sphincters. There was considerable trembling of the thighs, and she could voluntarily bring her pelvis forward when breathing out, but I was unable to elicit the orgasm reflex. Reich pointed out that, although some cases may attain a high degree of health, they may never show the reflex, and some never feel streamings. One day when I was working on her pelvis, she again reached to pull me down and, in a typical Greta Garbo voice, said "I luv you." I said "That's nice," and asked her if she recognized her affected voice. This rather dispelled her passionate feelings of love. From here on she worked seriously. Although she maintained that she did not love her husband, their sexual life improved, and she developed a strong sexual desire with considerable pleasure and satisfaction. Later she took on a lover and experienced, on occasion, vaginal orgasm. She divorced her husband after several years.

She recognized that she had rejected her daughter because she was a girl, which made her feel inferior for not producing a son for her husband. I informed her that her husband, not she, was responsible of the sex of the child. She had overcompensated by buying her so many things. She began to develop real feelings of love for her daughter. The patient had been very attached to her father, but he showed little affection for her, except when she was very young. This did not allow her to live out her Oedipus phase and thus solve it. She never got along well with her mother.

After several sessions of just breathing in the absence of holding in her organism, I felt that she was sufficiently restructured to go on her own. I told her I would like to see her in six months. She was still well 15 years later when I last saw her. Therapy consisted of 22 sessions.