

Unusual and Dramatic Features in Therapy of an Hysteric **Elsworth Baker, M.D.**

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This is not a complete case history but is designed merely to show a rather unusual course in therapy.

The patient was a 41-year-old married, white, female writer, an hysteric, who came complaining of incredible tension, unfulfilled longing, confusion, and difficulty in thinking and concentrating.

She was born in Manhattan, a college graduate, and the older of two daughters. Her mother is living and described as contactless energetic, inane, and emotionally draining. Her father, recently deceased, was also contactless. She longed for him, but he ignored her and she could never make contact with him. She stated that since she was three years old she knew she was different, timid, and withdrawn. Life was painful, particularly in social situations. She felt that she was inadequate. She conquered this attitude when she became a teenager and got in with a group of pseudo-intellectuals. At 19, it was a life style in her group to go into therapy. She had read Reich and knew the truth in what he said. She sensed she was becoming neurotic. She was out of contact, filled with longing which she thought could be fulfilled in a boy, but she was afraid of boys. She felt she was too tall, stupid, and gauche. She developed shortness of breath, and, since the age of 14, when she began having genital feelings and longing for a boy, she has had difficulty in breathing in. Besides shortness of breath, she gasped in breathing and developed tension and headaches. She decided to enter therapy and went to a medical orgonomist in 1947, when she was 19. She gave as her chief complaint severe menstrual cramps, but the motivation was to find a magic solution to her longing.

She remained in therapy for three years but married at the age of 20 in a secret elopement with a boy she had known for two years. Her parents were opposed to the marriage, particularly since he was of a different faith. Her first sexual experience occurred with this boy at the age of 18 years, shortly after she met him. Her sex life has been enjoyable and pleasant but not fulfilling. She has two children, a girl of 17 and a boy 12.

At the age of 22, she left therapy to go to Europe with her husband. She felt nothing had been accomplished in therapy. Returning from Europe two years later, she entered bioenergetic analysis and again remained in therapy for three years. She again did not improve but came to realize that she was out of contact and ran from the possibility of contact. She developed an occasional lump in her throat.

She remained out of therapy for many years, and then she came to me. I had been treating her husband, who was anxious that I see her because she constantly ran from contact with him although as a sexual partner she was very satisfying. He assured me that I would like her. I did. With all her anxiety and hysteria, she had a delightful sense of humor and was a very cooperative patient.

She was greatly contracted in her ocular segment. Her forehead and scalp were tight, with the occiput markedly contracted, as were her ocular muscles. She showed considerable anxiety in her eyes besides obvious overt anxiety. She was not very trusting. Her throat and chest were held, breathing in was limited, but the pelvis was moveable. She had considerable ability to express her feelings, particularly screaming and aggression. Other than some general mobilization, the ocular segment was obviously where concentrated work must take place. This was by no means easy. Week after week seemed to accomplish nothing, but there was nothing to do but to persist in trying to mobilize this segment and hope for the best. During this period, a great deal of rage at her mother and rage, frustration, and longing for her father appeared.

Suddenly, a rather alarming symptom appeared: amnesia, and with it pathological intoxication. A half glass of wine would send her into a stupor with no memory whatever of events of the entire day following her drinking the wine. Even without any alcohol, she was amnesiac. She would, for example, serve the same meal day after day with no memory of having served it before. One day, she went to her neighbor, having promised to show her some sewing, and said she was ready. The neighbor said she had shown her the day before and had a difficult time convincing her. The neighbor finally said, "There is something wrong with you, you should see a psychiatrist."

She was examined by a neurologist who found no neurological condition. This state lasted several weeks and cleared up as suddenly as it had started. Several times during the course of therapy so far, she would have short periods of panic about getting sufficient air into her lungs. Many times she was sure she would suffocate immediately. At times, she complained of noises and explosions in her head, which she found difficult to believe I couldn't hear. Finally, she developed an acute right maxillary sinusitis with an excruciating headache. She consulted a nose and throat specialist, who opened the sinus and removed a cyst. This led directly to the most dramatic event in her therapy, which I think the patient herself can best describe. This occurred after 153 sessions of therapy.

What follows is a straight narrative account of something that happened to me as a result of therapy. I started therapy with Dr. Baker after two earlier false starts elsewhere, neither of which were of any real consequence. I stumbled into therapy this time in such a state of confusion, bewilderment, and tension, that

only Dr. Baker could give you an accurate description of the fog I was in. Therapy this third time was directed at the right place, my head. A relentless assault that went on for such an incredible length of time that even Dr. Baker was, I think, quite pessimistic about the prognosis.

Some other time I can give you the gory background account of my tranquilizer and sleeping pill-popping days and of the various techniques I had of keeping myself glued together. Of the subjective agony I was in. Of how the symptoms increased in severity in the first few years of therapy. And of physical complaints which developed -- insomnia, allergy, something called pathological intoxication, recurring and terrifying amnesia, some strange dreams, and ultimately the growth of a cyst and a monumental headache which resulted in surgery to a sinus in my head. This operation was the climax of the battle of the century: my head vs. Dr. Baker.

The incident which follows occurred a few weeks after surgery. It describes the climax of the tenacious holding in my head. It was heralded by an inconsequential occurrence one day on the couch.

Namely, with poor, exasperated Dr. Baker rolling his OWN eyes in exasperation upon just having heard from me, rolling my own goddam eyes as usual, that I just heard a sound of "bzzzz-zzzppp" in my left ear, and that, I swear, a fly just flew in and lodged inside my head. Dr. Baker's reply (in jest?) was something about a prefrontal lobotomy. And so much for that inconsequential exchange, which was soon forgotten.

I had bigger problems to be concerned with. Severe insomnia had become a way of life, for one thing. Falling asleep at night was not the problem; I couldn't stay asleep, and my nights consisted of a series of naps, an hour or two each, and separated by long hours of wakefulness, eating, reading, and wandering around while the world slept. I was extremely fatigued, and my tension was at an all time record high. One Wednesday night, a week after the "fly flew in," I totaled up all the night-naps and found I had gotten 7 hours sleep over a period of three days. Explosively tense and fatigued, I resolved to see it through without sleeping pills.

I awoke at 2:15 A.M. after a three-hour night-nap, to an adventure so unprecedented that it strains the limits of credibility. What follows is a straight, unembroidered account of that remarkable night, exactly as it occurred.

It began with a faint, brief sensation in my upper right teeth, almost imperceptible at first. Tick, tick, tick, tick, period. Several minutes passed, and then I felt it again, tick, tick, tick, tick. Stronger than the first time, very pleasant. These were the same teeth that had been numbed by surgical nerve damage. It was five weeks since surgery; the sensation, I supposed, must be returning to the area as

the surgeon had said it would. The ticking recurred, over and over again. It would start at the outer top right molars and move in a wave inward toward the center top tooth, in sequence, each tooth being the tooth next in sequence. It increased in intensity and pleasure until it felt very much as though my teeth were lightly cracking, gently bursting, in sequence with each subsequent wave. It went on for quite a while, I don't know how long. This was nothing like the sensation of Novocain wearing off. It was a totally different way for a numbed area to come alive. I perceived it as an electrical wave through my teeth. After a while, the waves got very strong. They no longer encompassed only the numbed teeth, but gradually began to travel through all of my teeth, and the sensation became exquisitely pleasurable. It mounted with each succeeding wave and traveled from right side to left, tooth by tooth, in very rapid succession.

Several hours passed. The waves continued to build, each followed by a pause. It reminded me in a way of labor contractions and their regular, strong, building, rhythmic sequence, but this was unmixed pleasure. I had the feeling that my head was giving birth. By now the sensations that had begun in my teeth and spread to my mouth, began to enlarge in waves that encompassed my whole head. The only word that describes it is Joy.

Along with the sensations came sounds of a new dimension. Internal "sounds" of cracking and clicking and a sound-sensation of swooshing in my head. The rumbling sounds of distant rolling ocean waves. The sound the wind makes when it vibrates a picture windowpane. The faraway sound of distant rolling thunder, or fireworks far away in another town. Sounds expanded to another unheard-of dimension, partly felt, partly heard. If to see is to "know" then to hear is likewise to "know." A kind of hear-know, a process of capturing with the senses and incorporation. Inner knowledge. None of these quite say it.

Hours passed in this remarkable fashion. This incredible childbirth experience. What had begun as a small local sensation, enlarged, swept through me. My breathing changed in a way that defies description. I no longer breathed; IT breathed. And slowly, easily, effortlessly, gently, firmly, strongly, overwhelmingly, sensations developed and awakened from the top of my head downward. And culminated in a reflex wave that repeated over and over, took me over, and incorporated me totally.

I am not a gifted enough writer to be able to convey such ecstasy. The experience is see-hear-taste-smell-feel-know. The emphasis, strangely is on "know." "I know this place, I have never been here before and yet I am intimately and profoundly familiar with it. I was lost all my life and now I am found again." Not the factual, pedantic kind of knowledge that impresses. But a moving, deeply humble, profoundly peaceful, grateful, basic realization that ALL THAT THERE IS

TO KNOW, YOU KNOW. What drug-takers may be trying to describe. But without the illusion.

There is a note of comic relief in this remarkable adventure and this is it. Somewhere between the hours of 2:15 and 6:15 there was one other sound. It was "zzzpppp-bzzzz" and I distinctly heard it emerging from my right ear, and disappearing into the distance. It lasted only a split second, but it was unmistakably heard by me. I recognized it at once. I probably should keep it my own delicious secret forever. It shows, I guess, that truth is even stranger than grade B science fiction. And the truth, so help me, that sometime during the night that poor bastard fly flew out of my head, carrying with him my prefrontal lobe. All ten tons of it.

If you ever see a fly, struggling under a heavy load, bumping into things, confused, bewildered, lost and incredibly tense, hold your ears and run for your life. The poor thing is probably looking for a victim to unload it on.

After this experience, she cried with relief but not fully. Apparently she had a successful simultaneous breakthrough of both the ocular and oral segments, and, except for one or two mild headaches, her head has remained clear.

One would expect that following this throat symptoms would develop. Not at all. The throat was completely bypassed, and she developed acute anxiety in breathing. She could not get enough air in and was sure she would die of suffocation and begged for help. Her symptoms were very real and terrifying. I asked her to scream. While screaming, she suddenly realized her panic was because of deep crying which had been held back since her head opened up. She felt deep heartbreak because of her contactless childhood, which she could not face, and also gratitude for her relief. This state continued for a few weeks, when dramatically another jump occurred. Her chest symptoms subsided, and she developed sensations in the pelvis. She became ambivalent about sex and had considerable anxiety, but continued to have a climax. Now, however, following the climax, she would have severe pains, identical to labor pains. These would last for 5 or 10 minutes. They occurred only in the 10-12 day period before her menstruation. She could feel a holding in the floor of her pelvis, but, at the same time, developed pleasant sensations in her mouth. This running from presenting problems to deeper levels is a mechanism not uncommon in hysteria. We were not yet concerned with the pelvis; the throat, chest, and abdomen had to be dealt with first.

At the present writing, she is back to her chest with difficulty in breathing, intense anxiety that she is going to smother, and a feeling of terrible frustration that she cannot move people. She felt this frustration first with her father and now

particularly with me. Deep sobbing and longing must still be expressed, which she constantly runs from.

We must ever keep in mind that we have not yet dealt with the throat and specifically the lump she has felt at times. So far, work in this area produces nothing and may not until the pelvis is reached. What dramatic events lie ahead we do not know, but I feel that her eventual prognosis is good.

A very interesting phenomenon since her head cleared is that she has occasionally heard a rumbling which appears to come from her brain. She can bring this on voluntarily by rolling her eyes. Lightning starts it, and so does excitement. Dr. Barbara Koopman, who examined her aura, reports that when the patient starts the rumbling, the aura around her head shoots out in wide bursts.

An electroencephalogram was normal in spite of the fact that she elicited the rumbling sounds. It was not expected that the electroencephalogram, which records only gross manifestations, would pick up such a fine excitation as this appears to be. One neurologist does not believe the sounds come from the brain at all but rather from excitation of the vagus nerve, which reacts on the tympanum.

I am inclined to believe that this woman has made contact with the energetic functioning in her brain, just as many can feel their heart beating, and that the sounds do originate in the brain.

A gratifying practical result of her head having cleared is that she began to write and rapidly achieved considerable success. Prior she had done no writing, and she says it would in fact have been quite impossible to write with the tension and confusion in her head then. This facet of the case clearly illustrates the improvement in functioning that occurs when armor is removed.