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The Divided Body

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The man described in this case-history was treated by me for a total of about 250 sessions. Since the therapy ended, nearly nine years ago, I have remained in touch with him on a basis of friendship, and this case-history will include an account of developments in his life in that period.

At the time the treatment started James was in his mid-twenties and was earning his living in a local government office. He was of medium height, wore spectacles for short-sightedness, and gave as his reason for wanting therapy that he felt generally inadequate, and had done so since adolescence. He mentioned in passing that he often had homosexual feelings, but that his social lcontacts with either sex were very limited. As an adolescent he had had an attack of suicidal depression, and had seriously contemplated taking his own life at one stage.

In the first session he complained of a sense of pressure in his head, which he said was there all the time. Not a pain, but just a sense of pressure. Often he felt his head was not part of his body, and that his brains were all tangled up and needed to be scooped clean. He related these feelings about his head in an unemotional manner, but shortly after he began to chuckle. Often, he said, when he lay down to relax, he found that he began to chuckle. The chuckling was rather violent, and involved a lot of convulsive movements, but I experienced it as very strange because there was nothing it seemed to relate to. Later he added that when he smiled he felt more knit together. On the other hand when he stopped smiling, he felt more serious.

He told me in the same session, as though to reassure me, that he did not always smile,

that he found it very easy to cry, Whenever he became aware of all the things that he lacked, particularly a girl-friend. He described an evening when he had walked through the streets of the industrial town near where he lived, feeling an urge to smash all the windows in, and crying at the same time. He felt horrible. His body had cried, but his head had only looked on.

He also told me that he often got into tempers at home, and at work. His anger, he said, was always with things, never against people. But people always misunderstood, and were afraid of his tempers.

He told me that it was his custom to masturbate very frequently, and usually with little pleasured The fantasies were commonly of other men being treated sadistically, i.e. having their genitals beaten or branded, or being castrated.

Before the end of the first session I began to interpret his smile as a defence, and this brought from him the comment:"I think my smile goes along with feeling I could bash your head in".

One of the most characteristic features of schizoid people is the relative accessibility of material, and the eagerness with which they work on this. Conventional character-analysis, as I learnt fairly early on in this treatment, is of little use in treating such people. There is no character armour to break down in the sense of the rigid structure of defences which one meets in the compulsive characters. Rather, the schizoid person threatens at any time to break out of the very frail system of defences which only just contain him. Whereas the problem in many therapies is one of mobilising energy, the schizoid energy is already in a potentially dangerous state of flood. Removing too soon what defences there are to contain this flood would be a reasonably sure way to precipitate a psychotic breakdown, as Dr. Nic Waal pointed out, in a private communication (1).

So one of the first things which I learned in treating James was to discard the textbook and to follow the patient, pacing the therapy carefully so that a "mutual understanding could eventually grow between us of exactly what was going on in his body and mind. The treatment was scarcely at all analytic therapy; it soon became contact therapy. What the schizoid person needs most of all is a person who can open his mind to make room for all the bizarre forms of behaviour of which the schizoid person is capable; who can open his heart so that genuine affection can be felt for the sufferings of a patient who is one of the first to relapse into illness in the face of any cold intellectual attempt to help him; and who can open his arms, often literally, so that the patient can experience the sense of bodily warmth and energetic skin contact of which he is so deprived, and which is so basic to his condition.

All of this I did not realise immediately; but in the account which follows will be found chiefly descriptions of what the patient did or said, or how he behaved. My role, as therapist, was predominantly passive one, in Braatoy's sense of a midwife who provides encouragement and-support so that the mother can deliver her own child (2). Throughout this treatment my main support in being prepared to let the neurosis unfold in its own way, driven by its own internal energy, and to work itself out upon me, has been the understanding of the schizoid disturbance which I gained from Alexander Lowen. He it was who, by his clear and sympathetic diagnosis of the schizoid predicament, helped me to overcome my own fear of madness, and to learn to trust my schizoid patient.

The Basic Disturbance

The remainder of this account will not attempt to follow the therapy through session by session, but to deal with the general pattern of developments.

The central problem of the disturbance in James was the relationship of his head to his body. Moshe Feldenkrais has drawn attention to how crucial the alignment of the head with the trunk is, in determining a person's total posture:

"A coherent picture of the whole course of adaptation to gravity is obtained if the head is regarded as the support of the teleceptors, i.e. the instruments through which our relation with the outside world is extended beyond our body. Thus the anatomy of the head determines the conditioning of response to sound, and the reflective response to gravity. Next the motility of the eyes is integrated into the already existing basic movements of the head. The first manifestations of consciousness will appear with the control of the head which allows the child to follow and direct itself towards moving objects or sources of sound" (3).

In the schizoid person there is a specific disjointedness in the neck area which involves tension in the deep muscles at the base of the skull. My patient felt this tension in the form of a noose drawn round his neck, and pulled tight, with the threat that he would have his head cut off from his body if he did not do what was expected of him: When his head felt all right, his body was wrong. When his body felt all right, his head felt wrong. His head was literally cut off, that is, dissociated from his body by the tensions. Whereas the compulsive character is stiff-necked, and it is possible to mobilise aggression by working on the muscles at the nape of the neck, the schizoid neck tensions are not so readily accessible.

Lowen has described the longitudinal swing of energy in the healthy organism as being pendular in character. Energy moves to the head-end, as it does, to the genitals and the musculature. The pattern of energy movement which seemed to explain James best was as follows: the normal pendular swing had been grossly disturbed in the direction of over-charging the head end. The constant movement of energy upwards into his head James described as "surging". But instead of swinging downwards again and flowing back into the body to be discharged normally in coordinated movements or pleasurable sexuality, the energy became stored, held back by the tensions at the base of the skull. He showed a perversion of the normal reservoir function of the head cavity. "One cannot comprehend the reality principle if one ignores the fact that the brain, and in fact the whole head, can contain the most powerful impulses", Lowen writes. "The brain, too, functions like a condenser, equal in capacity to the condenser-like function of the genital apparatus. The actual amount of energy which can be held and focused in the human brain is tremendous. In very healthy organisms it creates a glow about the head" (4).

In this schizoid head, however, the energy is caught in a bottle-neck. It is constricted from beneath, and it is also blocked 'from being expressed outwardly in the form of mobile facial expression and warm lively eyes. The schizoid person does not have the furrowed, worried forehead of the average neurotic. Rather he has a flat, dull, forehead, which my patient experienced like an iron curtain. Energy is frozen in the front of the head and face, just as it is frozen in the top of the neck. This block in the forehead is deeply connected with the typical expression in the schizoid eyes.

Wilhelm Reich, in his brilliant pioneering study of the schizophrenic split, in which bio-

energetic principles were applied for the first time to this condition, gives a full description of the remote schizophrenic expression in the eyes. It occurred to him that this expression has a focal significance in understanding the nature of the split:

'One thought stuck in my mind and did not budge: is it possible that the schizophrenic attack or process is locally anchored just as are other disease symptoms such as anorexia or a headache or cardiac anxiety? Is it the base of the brain, the region of the crossing of the optic nerve? Would it be reasonable to assume that schizophrenia is a true "brain disease" induced by some specific type of emotional upheaval, '"with a local contraction of special parts of the brain, due to severe anxiety?' (5).

There were three kinds of expression I learned to expect from James' eyes. The first was a cold, glassy, rather impersonal look, which I experienced as fish-like. He looked at me like a cold fish. The second expression was an intense burning look, which had a quality of desperation about it. The third expression was when his eyes "went off" that is to say all focusing went, and the eyes began to go "swimmy".

The meaning of these three expressions as they were explored during the treatment was as follows. The glassy, fish-like expression was the normal frozen look, which he felt as a "clouding over". Maurice Nicoll, writing not of the schizoid person, but of the dissociated state of the average neurotic, once wrote:

"We would like the power of feeling meaning in all the experiences we have had. As a rule we are not there. We are never at home. We are nearly always out. If a person lives in the imagination and its meanings, he is then always out. He is not at home. Such a person does not see you. He sees his dream-of you, his imagination of you, his illusion of you" (6).

The other appearance of being out, not with it, was experienced inwardly also as a feeling of not being there. The basis of this feeling is the withdrawal of energy from the body as a whole towards the head, and from the outside of the head (the face) to the interior. The high central head tension of the schizoid person has indeed little contact with the outside world, and the feeling of islolaiion and unreality corresponds exactly to the energetic state.

The second expression in the eyes, the intense burning look, was always associated with a sense of strain. He willed himself, as it were, to overcome the difficulty in 'meeting the world, and forced his eyes to make contact with someone. This was one reaction to the sense of clouding over, the attempt to snap out of it. and drill a hole in the clouds with his eyes. The trouble was that maintaining this strained sense of focusing meant forcing even more energy up to the head, and the usual effect was to increase the sense of pressure. So he suffered for years from frequent very painful headaches, and a sensation of bursting in the head. This is how he once described the sensation, in a letter to me between sessions:

"The pressure in my head ac the moment is definitely pulsatile. Pressure mounts and mounts, and I feel desperate, and then, snap, for a while there is relief. I almost heave a sigh of contentment, and then the pressure starts mounting even more, and inwardly I cry out "Oh no, not any more, not again". And so on, ad infinitum. Sometimes my scalp itches, at other times I feel a fierce pain in my head." I feel I'm constantly shutting something out with my eyes. When I first thought about it, I thought it might have something to do with the glare of the sun, but my forehead is still contracted in the dim light of this room. Raising my eye-brows affords

temporary relief, but only serves to aggravate the sensation in my forehead not being open and clear. Makes me feel like cutting a slit in the middle of it."

What happens to all this energy piling up into the head end? It cannot stay there for ever. What manifestations does it give rise to, and what happens to it eventually? On the one hand it helps to explain the particularly vivid dreams, nightmares, and hallucinations which the schizoid person is prone to. It undoubtedly colours the fantasy-life. It was certainly no accident that fantasies of hanging, or decapitation, had an obsessional interest for my patient. Related to these fantasies was the idea he had that it would be wonderful if he could take off his alien head, and replace it with a good one, namely mine. At other times when he was particularly desperate, feeling the pressure would make him feel like banging his head against a wall 'so hard that all my grey matter would come oozing out. I actually slapped my face, once, until it was sore. I was also filled with the desire to shave my hair off.'

Since the energy does not discharge normally and rhythmically it must discharge abnormally and unrhythmically. If this discharge, in movement, and sexual behaviour takes place in bits and pieces by a process of leak-back, it explains the familiar uncoordinated nature of schizoid body movements. If on the other hand the energy rushes back into the body (and we must remember that it is under pressure) the effect is explosive and disturbing.

Such sudden breakthroughs of energy from the compressed area of the head, with its overcharged reservoir, into the rest of the body, were experienced by James as very frightening. It is in such circumstances that the third characteristic expression of the eyes could be seen: the swimmy look. Usually James fought against giving in to this expression, and tried to maintain his eye-contact in the intensely focused way. I learned however that this swimmy expression was the prelude to more energy coming through to the surface of his body, in muscles and facial expression, and he was, after a time, deliberately encouraged to yield to this expression whenever he felt it coming on during a session.

This swimmy expression, which always went with a rolling upwards of the "eyes, and a marked change in the breathing rhythm, was first described clearly by Reich:

"Her eyes would become veiled, the expression would become one of looking into the far distance, and in addition the eyeballs would turn sharply upwards when the melting organ sensations became very strong." (5).

One schizoid person once said to me: "My body does not keep my head up. Rather my head keeps my body up." James similarly felt his head as his "stronghold". Whenever energy went surging upwards he felt (for a time) strong, superior, inflated, and omnipotent. He felt as though he was no longer tied to the ground. It was an ethereal, spiritual, heavenly feeling of soaring. Not out-going, but up-going. He related a dream he remembered from adolescence in which he was in a building like a cathedral, of immeasurable proportions. He was in contact with everyone inside it, and had a sense of peace and one-ness. Since he had difficulty in moving outwards to meet the world, he wanted to expand sufficiently.to invite the world into himself, to share it on his terms. Unfortunately this dream of heaven soon turns into a nightmare: the upsurging energy does not find immeasurable space to expand into. Sooner or later it meets the vault of the human skull, which he dreamed of recurrently in the form of an underground cellar in which he was imprisoned, and the lid of which he could not raise. To let the energy swing back was difficult for him, as for all schizoid people. He was confident-only while the

upsurging lasted. The downward flow of energy if tending to lower the pressure in his head, was experienced as collapse. Any strong spontaneous flow downwards, in the direction of the body and discharge, was felt as a loss and as an even greater disorientation. Hence the lost, swimmy expression in die eyes, as though drowning.

Collapse of the body is what is feared as the energy moves downwards and outwards strongly. This feeling of loss of self and disintegration is rationally based, since it is precisely in this way that the schizoid disturbance can be removed. Only the convulsive body movements which the schizoid fears can bring the integration and coordination which he lacks. At the same time, to give in to expressive movements of the body, including the head is tantamount to the collapse of the special schizoid way of life.

The schizoid person hangs on to his head in the same way that the homosexual character hangs on to his penis. Lowen (7) suggested that the homosexual is afraid of the "little death" of orgasm because all his feeling of life is concentrated on the genitals, so that the loss of genital feeling after intercourse is felt as a reduction of personality. The homosexual is afraid to lose his genitals (castration anxiety); but the schizoid person is afraid to lose his head (capitation anxiety). It can also be said that James was constantly trying to maintain his head in a state of erection.

At first I did not understand this process properly, and tended to avoid situations which induced strong streaming and the swimmy look, with the collapse feeling. To bring all this on was tantamount to robbing the patient of that spurious reality sense which he had developed. I was afraid, simply, to send him mad: Perhaps it was as well that I did not rush him into too powerful sensations by pressurised treatment. At the same time he did not begin to get well until he was able to let the charge in his head collapse, and let the energy find its own pathways in his body.

I have spent some time describing the blockages in his head and eyes, as I feel these are the root of the disturbance. Indeed I would venture the term "ocular character" as an alternative descriptive term, by analogy with the oral character.*

**'This article was written in August 1967 before I had read Elsworth Baker's Man in the Trap, where the term 'ocular character's is also introduced*

When Reich developed his theory of the segmental nature of armouring, he took the view that it was desirable to resolve the tensions of different areas in segmental order, beginning with the facial expression, and in particular the expression in the eyes. Whether or not this is a generally necessary mode of procedure (and Lowen's work suggests a different approach), I believe it to be true that until some degree of resolution of the energetic problem of the expressions in the eyes, in the schizoid treatment little progress can be made (8).

Bodily Co-ordination

The lack of co-ordination in James' body was expressed in a number of ways, and these must now be described. He was unable, for example, to catch a ball, and felt inadequate because he had always failed to achieve anything in sport, swimming, etc. At the time he began therapy he was using a motor-cycle, but on two occasions he lost control of the vehicle and crashed, though it is difficult to know how far this may have been due to errors of vision and discrimination, and how much to schizoid muscle unco-ordination. On the whole in the

material functions of day to day life, his body was not markedly disturbed, except in times of stress. Such times would be tantamount to an over-production of energy to his having more energy than his head could absorb and contain, in other words. There would then be a process of flood-back into, for instance, his limbs, which he experienced as unusual and disturbing. Thus under strong emotional stress he felt weak and shaky in the knees and legs. Also there had been times when his hands had shaken while holding a knife and fork, in a restaurant situation where he had felt particularly self-conscious and embarrassed.

It was the expressive use of his body that was most defective. I shall describe this in relation to three main aspects: facial expression: sexual behaviour and manifestations of anger.

I have already described the prominence his smile took in the first session. His lips were on the thin side, and he felt his whole mouth and chin area as alien. He felt he wanted to cut off his chin because it did not belong to him and to bite off his lip because it was not feeling anything. He felt his face underneath the smile, to be like a skull. He was aware of the sense of dead flesh in his facial expression, and described a hallucinatory feeling he had had, which was most likely a projection of his own facial expression outwards. A man with expressionless eyes and a featureless face beckoned him through a trap-door in the floor of the house, down through the earth into a rock tomb where he was imprisoned. This rock tomb was a literal expression of the sense he had that his energy was shut in, in the vault of his skull, and kept imprisoned there by the petrification in the frontal and basal areas of his head.

He hated the sight of himself in a mirror, and felt completely cut off from what he saw. He experienced his facial appearance as revoltingly ugly. At the same time he had covered this up with a spurious vanity, and a boosted up idea of his own self-importance. The rational root of this superior feeling was his sense that his energy charge was stronger and more lively than many people's. The fund of tenderness and sensitivity and understanding was waiting within him to be harnessed. What stopped this taking place was, amongst other things, his cold frozen facial expression.

Sometimes, usually in situations where he was sexually attracted, the feeling broke through into his face and cheeks in the form of blushing. He experienced this as something disturbing and unsettling which he wanted to get rid of. Blushing was itself a kind of collapse, in the same way that any spontaneous autonomic reaction was. He had to learn during the course of the therapy to tolerate and identify with this blushing and to recognise it as one of the ways in which his body, in spite of its disturbance, still proclaimed its aliveness.

Sexually, he was strongly aroused by other men, whose bodies he felt to be more lively, and graceful and co-ordinated than his own. However, his sexual fantasies were predominantly at this time, sadistic, and left him feeling alienated from himself. It was as though he needed to punish the fantasy figures for having better bodies than his own. His behaviour, as he described it, in masturbation, involved great muscular concentration and pressure to focus the energy on the genitals. He himself expressed

it that "I deliberately use genital sensation to take away energy from my head". Thus genital discharge was very hard work, the motive force was supplied from the over-charged head end, with its elaborate visual fantasy structure, and the result, as with all sexuality that one has flogged oneself into, was very poor satisfaction, with most of the energy still left undrained in the head. The pattern that was typical for him, was thus a series of repeated masturbations, each one increasingly dissatisfying, but the overall effect of which was to dull his energy level for a while. This would be followed by a feeling, of remorse, and the need to make a "fresh

start" basically to begin a new rhythm of surging upwards and expanding again. This was associated with a sense of "pitching in" to work, fresh attempts to contact people, etc., until the sense of head-pressure mounted and a new round of masturbation was initiated.

Expressions of anger are always difficult for the schizoid person. What James described as losing his temper, at home or at work, involved verbal activity: shouting at someone who had done something he regarded as stupid, for example. He believed that by verbal attacks of this kind he might break down people's armour sufficiently to get soft contact and a warm response from them. This verbal attack was therefore a focusing of energy, comparable to the focusing through eye contact. It did not in itself provide a very adequate discharge. On the other hand when rage reached his musculature, where it could discharge, he went off and dissociated. He described one such occasion in a letter:

"My head makes me feel desperate. One evening I found myself alone in the house. I felt angry and lonely. I picked flowers off the mantelpiece, and tore them up, throwing them on the floor. I stamped on the ground, and threw a glass bottle to the floor with all my might, expecting a shattering of glass. But the bottle was tough, and in bigger bursts of anger I finally succeeded in permanently denting the kitchen sink. I grovelled on the floor and wept, and cursed you. I spewed saliva all over the floor and cushions. Finally feeling spent, I wrote a diatribe, almost incoherent, against you. I could i really have murdered you. I blamed you for the state I was in".

Having described the main ingredients of the schizoid disturbance in James, and how it unfolded itself during the therapy, it is now relevant to describe the transference situation.

The Transference Situation

According to Frieda Fromm-Reichmann, 'the thorough and sympathetic handling of the transference is the core of psychotherapy with the schizoid person.' (9).

The first, emotion transferred to me, was distrust. He felt superior to me, in so many ways, and did not believe I could really help him. All he needed was love, and all he was getting was a lot of meaningless words. I did not measure up to him, I could never be strong enough to cope with his energies, etc. Now in all transference situations, but particularly when dealing with schizoid people, it is vital for the therapist to be aware of his counter-transferences. Otherwise the therapy can soon be wrecked on the rocks of the therapist's own incipient problems which the schizoid perception has an uncanny way of ferreting out. "They can see through-the-therapist". Lowen comments, "as quickly as any therapist can see through them. And who of us is not free from his neurotic problem?" (4).

The counter-transference to the feeling of distrust, is self-justification. One tells oneself really it is only the patient's illness that makes him so critical, etc.; naturally the therapist is not the withdrawn remote figure which the patient thinks he is, and so on. Fortunately I had learnt from Reich the value of taking seriously the schizoid perceptions; in doing so I learned a great deal about myself, and was able to develop in the therapy so that I really was able to help James in ways I could not have imagined. If it is true, as Lowen says, that the schizoid resistance will take the form of distrust, of fear of the therapist and fear of the therapy, it is also true that many therapists have an unrecognised fear of the patient. The schizoid patient is only too ready to overcome his distrust, if the therapist is equally ready to overcome his fear.

The transference situation is further-complicated by the fact that the schizoid person is also prone to project his own states on to the therapist. For several months James complained of my coldness and remotenesss from him. Sometimes he correctly perceived a guardedness on my own part which was obstructing the course of therapy; at other times he projected on to the relationship between us his own feeling of withdrawal and of being out of things. The only solution is for the therapist to be sufficiently in touch with his own feelings, and sufficiently willing to credit he patient with the likelihood of being right at least part of the time, for genuine mutual understanding and trust to grow. Wherever the relationship is blocked, and fails to be established, Frieda Fromm-Reichmann reminds us, it is due to the therapist's personality difficulties, not to the patient's psychopathology.

For a long time I was afraid of James' frozen destructiveness. In this I echoed the world he had already experienced, and it was precisely this fear which fed the destructiveness, because it bred isolation and separation, and re-inforced the split already present between murderous feelings and the undercharged muscles.

John Rosen has realised the importance of focusing the patient's aggression upon himself. "The aim of therapy is to direct this aggression towards the therapist rather than to have the patient dissipate it amorphously in his usual fashion" (quoted by Lowen from Rosen's book, 10). In physically struggling and wrestling with a schizoid patient, much more than a tangible expression of anger is involved. The therapist begins to trust the aggressive force in the patient as the healing and restorative power which it is when it flows cleanly through charged muscles.

It is far less alarming to wrestle Vigorously with an enraged patient who is in contact with the context of the situation, than to meet the remark of the first session: "I could bash your head in", in conjunction with a cold, fixed smile. Needless to say, the situation where such physical activity became possible in this form, occurred only after we had worked through to a large extent the function of the expression in his eyes which has already been described at length.

What James learned in the process of letting the energy come through into his muscles, was that he need not fear his violent emotions. The outward expression of aggression helped him to face more directly the violence of his fantasies, in the sense that these now became focused on me, as a person close to him, rather than on remote people he hardly knew. Thus by degrees he allowed his head and his body to fuse more. I believe that these sadistics fantasies did not finally begin to be resolved until he had focused them on his father, and this did eventually occur quite naturally, as he accepted arid identified with these particular expressions of his energy, without struggling to keep above them, and without feeling disgusted with himself when he had given in to them. Similarly Reich's schizophrenic patient had to learn, slowly, "to produce the expression of murderous hate in her eyes, without becoming frightened by it. This gave her some feeling of security against her fear of commiting murder; she realised that one can express murderous hatred fully, and that this did not mean that one actually had to commit murder."

Just as Rosen, and many bio-energetically orientated therapists have taken up the challenge of physical aggression on their own person, so some therapists have taken up the challenge of physical warmth in their own person. Philip Gold, in his case-history of a manic-depressive patient, describes how she went through a period of feeling the coldness of her skin. "In later sessions she came spontaneously into my arms, nestled close to my body, nuzzled and made sucking and sighing sounds, until again she fell asleep." (11).

The schizoid patient has a similar profound hunger for physical warmth and contact. James

could not move towards this spontaneously. Rather he sought it at first compulsively, in the sense that he would have to come close to my body in a rush, and without any warning or preparatory movements. The first few times that he did so he was overcome with feelings of wretchedness for being so 'abject'. He learned gradually to accept the advantages of approaching without the rush, and with his head involved.

The turning point in the whole treatment was when it first became possible for him to reach out with his lips. As his lips became mobilised through work on his smile, and some of the tensions in his jaw were released through biting, his throat area began to thaw out. For a long time he had guarded himself against feeling this need, by his sadistic fantasies, and by the general thinness and tightness of his lips and mouth. James' mouth proved to be the gateway to the integration of his head and his body. Through it poured a torrent of feeling: by turns erotic, tender and sorrowful. For the First time his heart and his head fused in the expressive movements of his body, triggered by the energetic charge which had broken through to his lips. Whereas before whenever he had given in to crying it had been forced out violently and noisily through the bottle-neck of his throat, he now became capable for the first time of deep convulsive sobbing, which relaxed his entire body and flooded it with warmth. He re-lived particularly vividly the need to make warm contact with his mother, and the fact that as a baby this had not been possible. But now he experienced the deprivation sorrowfully, and with bitterness. Above all without freezing.

"The therapist's warmth", Lowen wrote, 'is the therapeutic agent by means of which he can bring the patient more deeply into reality ... The warmth that the patient needs is the heat, produced by the energy flow in his own tissues and musculature. Few patients are more thrilled than when they find their body becoming alive, their extremities warm, their skin pink and rosey. James had almost literally drunk his warmth in at First, using the contact with me as a bridge to his own body. Now for the First time he began to be strongly attracted by the opposite sex. The charging of his body tissues was paralleled by a spontaneous out-going-ness in social life. He established tentative relationships with one or two girls. None of this led to very much at First, and many fears and mistrusts outside the therapeutic situation still remained. Nevertheless the orientation of his life had begun to shift: from homosexual to heterosexual, from sadistic fantasies to tender fantasies; from split-off heady contact, to whole body contact; from eyes that were clouded or 'off, to [eyes that could melt with feeling; and from a head that was clogged and compressed to a head "that felt sweet and clear.

Basically the pattern of disturbed pendular swing of energy had been broken. Whereas before the upsurging movement of energy to the over-charged head, followed by the down-pushing movement of energy to the under-charged genitals (a perversionof the normal rhythm) had been his only way of functioning, he now fell back on this schizoid mechanism, only in times of stress.

Increasingly he experienced that it was possible to masturbate with pleasure, with his head in the experience. The sense of pressure left him, as energy became able to discharge healthily, his legs became strengthened by the now strongly flowing energy, and his body lost its tendency to collapse.

The main problem remaining was a social one; In spite of his out-going attempts to establish a sexual relationship, he did not find a suitable partner. For a time he felt that he was expected to indulge compulsively in partner-hunting activities, even though he felt a reluctance for instance to go to dances, or social gatherings. After a while, his anxiety about never finding

a partner reduced, and he derived considerable pleasure and satisfaction from his varied activities as a single person. Indeed it would be true to say that all the normal functions of his life became pleasurable, and most of the tensions he still felt were due to the outward strains of his professional life.

He had now been in therapy with me for a total of 250 sessions. In that time he had moved much further than I had at one time expected would be possible. I felt that all his major difficulties had been worked through. It remained for him to test out his new co-ordination in the reality of a sexual relationship. I felt there was not much more to be achieved "through therapy, and we agreed mutually to bring treatment to an end.

Developments After the End of Therapy

Too many cases histories finish at this point, and leave one wondering how the patient experienced the return to life outside the therapeutic sessions. With the schizoid person, because of the disturbed reality sense, it is particularly important to make sure that gains made in therapy are maintained afterwards, if one is to gain a true picture of what has been achieved. Therefore I delayed writing anything about this therapy until a further four years had elapsed.

Fairly soon after the therapy had ended, James fell in love with a girl a few years younger than him, who seemed equally drawn to him. An incense relationship developed between them very quickly. Unfortunately the girl concerned proved to have a rather flighty, basically hysterical character, whose behaviour pattern was to warmly encourage a man she felt loving towards, but to go cold and hostile and hard to get, when she met with strong attraction in return. I knew, this girl independently. Although he ' was strongly drawn to the girl in spite of her problems, she became afraid of the changes in her life which a serious relationship would involve, and was in addition subject to powerful pressure from her mother. Amid stormy scenes she therefore broke the relationship off after a few months.

For someone who had taken so long before gaining the confidence to reach out to a girl strongly, this was a devastating and heart-breaking rejection, which-it-took him a long time to recover from. Nevertheless, he reacted in a relatively healthy way, with justifiable anger, and sadness. Some time after this experience he found a new lease of life in gaining promotion in his work, which took him to a new town where he met fresh groups of people. Before too long he was again in contact with a number of women, through drama circles, and humanist groups of which he was a member. One of these, a divorced art teacher, with two children by her former marriage, felt strongly attracted to him.

There developed eventually a relationship characterised by mutual drawing together and discovery of many pleasures which could be shared; but marred by fear on both sides to commit themselves too far sexually. Once bitten twice shy applied to both. She, however, could not relax sexually in the context of the guilt of an extra-marital situation. He on the other hand was secretly terrified of having to force himself forwards to focus his life on a marriage which everyone was expecting.

This situation of approaching commitment became one of maximum stress in which all the schizoid mechanisms became I temporarily reactivated. He felt caught in an expected social situation which he was in duty bound to go through with, but which he did not feel emotionally committed to, in a way which threw him into a state of total uncertainty and ambivalence in regard to his feelings. He oscillated from day to day between

Strong attraction for and strong repulsion from the woman he was due to marry, yet felt helpless to find out what in his behaviour was genuine and what was-neurotic and induced by fear. Feelings of surging and collapsing. and other old symptoms came back with renewed force. He began to doubt his sanity, and shortly before the marriage was due. he came to me for an emergency session.

This took place purely at the level of counselling. There was only one thing provoking the relapse, and that was the intense sense of pressure surrounding the marriage, a pressure very much bound up with the social conventions that accompany marriage.

The only way to overcome the relapse, and restore the state of being well and in touch with his feelings, and able to function in a basically enjoyable manner, was to remove the sense of pressure. The only advice that was appropriate was to call the marriage off indefinitely, until he felt pleasurably attracted to the idea. This simple advice, which I gave, worked wonders. Every other influence in his environment added up to saying grit your teeth and go through with it; you can't back out now. He realised that to postpone the marriage might mean the risk of alienating his partner for good. At the same time he felt that if she did not have sufficient understanding to see that in the state he was in, this was the only wise course, she was probably the wrong person for him anyway. In the event, the marriage was called off, to the consternation of all friends and relatives, the wife-to-be was not alienated, but felt almost as great a sense of relief, and both felt free to explore their feelings towards each other at leisure.

Some months later, in the quietest way imaginable, and almost as an afterthought and without any sense of pressure at all, they did in fact get married, and the relationship as it exists today is a very alive one.

What is worthy of emphasis here, is that with the exception of this solitary emergency session, and a few supportive letters and discussions which took place at irregular intervals, the process of adjustment to his wife was undertaken without any therapeutic interpretations or comment from me. Many difficulties of personal adjustment remained to be sorted out, and by the account which I received of this period in due course, it was a very hectic and emotionally explosive time. Many average people who have drifted, half-aware, into a conventional marriage, have been shipwrecked on the rapids of an intimate living together which they were personally unprepared for. For a person with a previous schizoid disturbance to have worked so honestly through his difficulties and have won such a happy relationship as a result, reveals once again what powers of vitality and creative life lie buried within the divided body and the dissociated mind.

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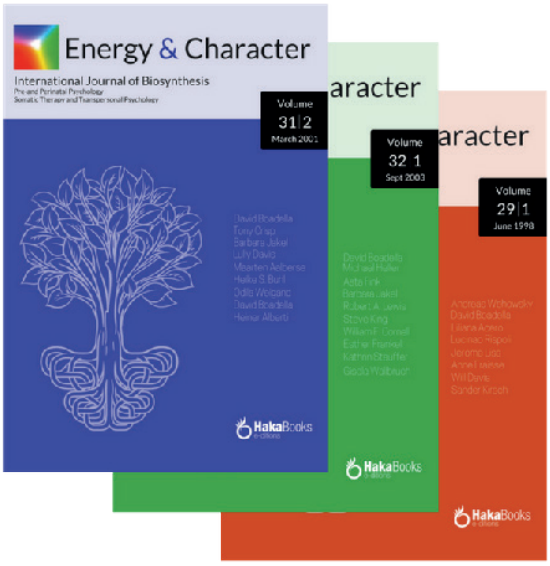

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