

Intermittent Intensive Orgone Therapy *

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Medical orgone therapy is the most effective method now known to bring an individual into better alignment with his true nature and to increase his capacity to function. Through this method, which blends the art of character analysis and direct biophysical work, the organism is slowly relieved of its chronic contracture and, with this dissolution of the armor, achieves better contact with both self and environment. The improvement in contact and the accompanying increase in energy allow the individual to pursue and enjoy life more fully, and to do so in accordance with his or her individual structure and unique capabilities.

But therapy moves too slowly. I doubt that there is a treating therapist who has not pondered what might be done to speed up the process. It is true that therapy must move slowly because the neurosis is structurally rooted, and we do know that the armoring process begins at the least, with birth, and most probably before. We appreciate that change can only come about at a rate the organism can tolerate, that an increase in energy and, with it, the perceptions of feeling, emotion, and fuller contact can be brought about and incorporated only so fast. The problem of reestablishing healthy functioning goes deeper than just relieving armor; it extends to the environment that serves to maintain the contraction. The madness of the neurotic world impinges upon us to prevent healthy functioning. Not to be discounted is the ever-present DOR-laden atmosphere that deadens our energy and limits our ability to expand. In addition, every therapist has limiting factors that modify the treatment process and render its application difficult.

Baker writes in *Man in the Trap* (Reference 1) that, "Still too few . . . reach that approximation of health we term orgastic potency." But because too few reach it is no reason to abandon genitality as the benchmark of health. Genitality is not just a useful theoretical concept without practical application. Reich was a theoretician without peer, but his theories grew from his clinical experience, and the attainment of genitality through treatment was fact before it was theory. That it does sometimes occur serves to confirm the validity of the theory and reinforces the correctness of the method of treatment, a treatment that dissolves armoring to allow the energy to concentrate and be discharged through the genital.

Character types rarely occur as a pure form without admixture, and a diagnosis is based upon the predominant area or areas of segmental armoring. Genitality is a state in which one functions predominantly as a genital character, and

demonstrates those characteristics described by Reich (Reference 2) and later by Baker (Reference 1). The genital character will express itself in accordance with its own singularity, because, like any other character type, it has its own, unique personality.

Medical orgone therapy has a true treatment goal: the removal of armor and the establishment of genitality with the realization of orgasmic potency. These parameters, while not routinely obtainable, serve to define healthy functioning and to measure progress with an objective standard. They provide an objective dimension to the patient's subjective impressions of improved functioning and increased feeling of well-being. Altering the frequency and spacing of sessions in no way modifies the goal of treatment. Reich's discoveries remain sound, withstanding quite well the test of time with thousands of patients treated. His theories are not in need of modification or redefinition. Genitality remains the goal, whether or not it is achieved. If this endpoint is accomplished through methods now employed that is fine. If it can be more quickly brought about through modified techniques or methods yet to be discovered, then that will certainly be an improvement. But the endpoint of genitality, a state that is qualitative, will remain the goal of treatment. Reich has stated this quite clearly. Yet it never seems to fail that the discoverer of a great truth always has disciples ready to modify the essential element, the one that is central to the discovery. Here, of course, it is genitality and orgasmic potency. The range of modification spans the gamut, from those who entirely disregard the importance of genitality, to those who pay it lip-service, to those who acknowledge it but alter it in subtler ways (Reference 3). Opinions, colored by character, are presented as clinical fact. Any redefinition will require the closest scrutiny.

Successful treatment outcome depends upon the skill of the therapist, the extent of the patient's neurosis, and the drive to get well that the patient brings to treatment. For the purposes of this paper I will focus less on the factors of the therapist's skills or the severity of the neurosis under treatment, and more on the frequency and spacing of therapy sessions as an element affecting progress. Mention will be made of the most critical ingredient for the successful outcome of treatment, that is, the patient's unflagging drive to attain health.

A review of some of the literature that examines variations in the frequency and spacing of psychotherapy sessions reveals equivocal findings (Reference 4). Overall, it appears that there is a significant positive association between both the amount and duration of treatment and the therapeutic benefits so derived.

Orgone therapy treatment sessions are usually scheduled weekly, sometimes every other week. Both Reich and Baker had occasion to treat patients daily over a period of several days with relatively long intervals between treatment sessions. It was Dr. Baker's observation (Reference 5) that the patients he

treated in this manner did at least as well as those seen on a regular weekly or fortnightly basis. The ideal and most functional approach, sometimes employed by Reich, would be to gear the frequency and duration of sessions strictly to the needs of the patient as correctly perceived by both patient and therapist. However, for most therapists and patients, given the reality of their busy lives and scheduling needs, such an ideal is impractical.

Professional Experience with Intensive Psychiatric Orgone Therapy

In the course of the last two years, 18 patients at eight to ten week intervals with an average of five 45-minute sessions compressed into the space of six or seven days. These were individuals who live at a significant distance from the therapist, thus making it impractical to have regularly scheduled therapy sessions. Two patients had as few as three sessions per series and three as many as seven. Up to the present, all but four have continued in treatment. One discontinued therapy for reasons unclear; two patients terminated therapy after the first series of sessions; and another was not really serious about therapy and stopped after two treatment sessions. The two that terminated after the first series of sessions had come more for training than for treatment.

In most respects, patients seeking intermittent treatment differed not at all from those seen in spaced, weekly therapy sessions. They matched for sex, age, intelligence, and socioeconomic circumstances. Their reasons for seeking therapy were quite usual, dissatisfaction in their love relationships and difficulties with functioning at work or in school. They also represented a quite typical cross section of the character types that seek treatment. However, they did differ in some important respects: They were less dependent and less prone to complaining than many patients, and seemed more determined to make their way in life. This motivation, in and of itself, had served to screen out those not serious about treatment and lacking in determination. Baker (Reference 1) felt that the drive to get well was the sine qua non for successful treatment and the single most critical factor in determining outcome.

The patients seeking intermittent, intensive treatment had read many of Reich's works and had an immediate grasp of the energetic principles and the truth of his discoveries. While it is true that this immediate insight and understanding lessened the need to explore areas of doubt regarding the theoretical basis underlying therapy, it left in its stead other considerations that required clarification. Because orgone treatment does hold out the real possibility of radical change, there were a few who came believing that it would not be too long

before there was a complete metamorphosis, one that would remake them into totally healthy characters. It became necessary with these patients, more so than with those treated on a weekly regimen, to explore and clarify misconceptions and mystical attitudes. The progress of treatment, in and of itself, did much to enable them to see therapy less in absolute terms of a total "cure" and more as a process that brings about expansion, moving them ever forward in the direction of higher functioning. Like so many things that are both an advantage and disadvantage, it was their strong faith in the therapy that, on one hand, aided their treatment, and on the other hand, made necessary the understanding that therapy must be a slow process.

Another characteristic of these strongly motivated patients was their desire to achieve real growth, true transformational changes, and not just obtain relief from distress. There were none who came for treatment in acute distress, wishing only to return to a former level of functioning. That is, they appeared to hold more of an ego ideal, the way they would like to be, and it is this quality that served to continue to motivate them in their treatment.

Therapy sessions, day after day, bring about a great deal of feeling and strong biophysical reactions. Those patients who sought out intensive treatment, at some level, came anticipating these reactions, and, it appears, they were more willing to tolerate strong feelings. The initial series of session before they learned how to defend themselves against therapy, always produced a marked effect (one that was not forgotten) and having experienced so much, sometimes quite dramatically, served to convince even those with hidden skepticism that this was potent therapy. By the end of the first series of sessions most had come into contact with quite a bit of buried emotion and some had experienced and relived traumatic episodes from childhood. All tolerated the sessions well, and there were none who contracted down to any great extent after a treatment series. Intensive treatment forces the organism into a highly charged state, and sessions, back to back, can produce quite an expansion. Patients were encouraged to continue the process between series by remaining active, staying in contact, taking risks, and tolerating anxiety. They certainly did not always feel better but they invariably felt more.

It appears that intermittent, intensive treatment serves to promote an increased desire to re-experience and recapture deep feeling states, notwithstanding the unpleasantness that is sometimes entailed in the process. With sessions scheduled so closely together, there comes security in the knowledge that they will be seen again in a day or two. This allows the patient to work hard and experience stronger reactions, reactions that have a cumulative effect. There is less tendency to shut down with sessions one after another. And, at the end of a series of sessions, they are, of necessity, tolerating a higher level of expansion. It also appears that patients treated with this intermittent regimen seem somewhat

more inclined to strive to maintain the effect between series with eye exercises, gagging, and physical exercise, but this may be in part a reflection of their strong drive and determination to get well.

A word of caution is necessary. Concentrated treatment can and usually does produce intense reactions, with the release of deep emotions marked by strong biophysical reactions. Medical orgone therapy, even more so when applied intensively, requires intensive training and experience. The patient must be understood early on in treatment, especially the severely ill, the psychotic, or the suicidal, as they allow the least latitude for errors in judgment.

Daily contact provides the therapist with continual feedback and a good notion of how much the patient can tolerate, allowing better application of the biophysical work session by session. In the initial meetings, there is usually much to discuss, not having had treatment for so many weeks, but in the later sessions, there is not much new to talk about, and therapy can proceed directly to the biophysical work. This is especially valuable in those patients, particularly hysterics and characters with oral unsatisfied blocks, who will try to avoid biophysical work, week after week, by filling the session with a recount of material repeatedly presented.

Another element with this modification of treatment is the freshness that is brought to each series; treatment seems to never quite settle into the routine experienced with weekly sessions. Each series starts fresh, with enthusiasm on the part of both patient and therapist. Increased motivation makes for a charged atmosphere and promotes increased contact, at least initially. As most patients treated intermittently live at a distance from the therapist and because they come specifically for treatment, the week away from home affords them a break from their usual routine. This change of scene, with nothing but therapy on their agenda and little that is boring or customary, helps to sustain the effects of treatment and to promote better focus on perception and sensations.

Sessions one after another lend themselves well to characteranalytic work and allow for continuity with good recall of details. Material tends to be less blurred by time and intervening events, as is sometimes the case with sessions at spaced intervals. Character traits, those deeply ingrained attitudes and patterns of behavior, stand out in good relief and impress themselves upon the therapist, allowing for clearer focus in the treatment. Analysis of character, which requires persistent and thorough attention, can sometimes become the central focus or theme of a series of closely spaced sessions. Concentrated therapy lends itself well to an examination of character issues because there is less pressure felt to begin the biophysical work; there is the knowledge that there will be time enough for that in other sessions. But with advantages, there are drawbacks, and with intermittent treatment, there is lost some of the leisurely discussion and

examination of the flow of life's events that is the case with weekly treatment.

Intensive treatment places increased demands not only on the patient but also on the therapist. Strong reactions surface, characterologically and biophysically, and there is a challenge to understand the patient, remain in contact, and proceed correctly. Intense reactions demand good clinical judgment and the patient's continued cooperation. And, if the therapist is seeing many patients daily, he can become fatigued and drained.

There are some for whom such treatment is less than satisfactory:

Phallic character types must break down and rebuild again through healthy channels and would have to weather difficult times without the support of regular treatment. They could do it, but it would be difficult without periodically scheduled sessions.

Psychotic character types, identified as at risk for some serious decompensation, must agree to seek hospitalization if they come to the point of being unable to function. Of course, the telephone reaches everywhere, and communication and counsel is always available, and that ready availability is reassuring.

Everyone in treatment is subject to crises and should have the availability of the therapist to support him and help him see and deal with such situations in a rational manner. Once again, this is preferable but not always necessary. At times I wonder if patients don't ask for more support than is needed, and if we, as therapists, don't encourage this, fostering an unhealthy dependence and a want of self-reliance. The goal of therapy is to be able to function independent of one's neurotic character and of therapy, and those who choose intermittent treatment seem to have more of this self-directing quality in their character. They come knowing that there will be long stretches without treatment, and they accept treatment under this condition.

There are some patients who reach very deep reservoirs of sadness, sadness that can be well-hidden, and this longing and loneliness surfaces in the course of therapy. Such individuals would be better served with frequent, periodic sessions to allow and promote the release of these feelings.

No patient treated intermittently has yet reached the pelvis, the end stage of therapy, and certainly here the ready availability of treatment would be best. But, if the will to get well is strong enough, and if the patient has come thus far in treatment, I suspect a way will be found to get the necessary treatment.

Because treatment is irregular, I do not hesitate to employ ancillary techniques to advantage and will actively enlist the cooperation of the patient in his treatment,

to do whatever he can to continue the therapeutic process, e.g.:

Eye exercises and daily gagging.

Frequent showers or baths.

Physical exercise, especially swimming or jogging.

I urge them to persevere at work or in school to help them maintain contact and feel a sense of accomplishment.

I also encourage risk-taking and tolerance of the resultant anxiety.

Sometimes I assign homework to focus the patient on a particular aspect of his character.

For selected individuals, I would not discourage participation in responsible, well-run workshops.

Should a patient end a series of sessions with negative feelings, I sometimes ask that they write to me all their negative thoughts, about me and the therapy, to resolve negative transference and pave the way for continued treatment.

And, I encourage them to undertake pleasurable activities, to enjoy living as much as possible, and to feel good and expand.

I do not see these activities as being in any way in conflict with medical orgone treatment. If we do not lose sight of the goal of genitality and orgasmic potency, if we employ characteranalytic methods, dissolve negative transference, and work energetically to dissolve armor, we can employ a wider range of techniques and methods of treatment.

In summary, then, with other factors held equal, overall progress in therapy is probably proportional to the number of treatment sessions. However, selected individuals, with strong drive and determination, appear to be able to profit from an intermittent form of treatment. There are limitations inherent in this method of treatment, but for those characterologically and biophysically able to take advantage of intensive sessions, there are definite advantages. And, given the demand for medical orgone therapy and the scarcity of qualified therapists, intermittent intensive treatment can fill a need for some who could not otherwise be treated.

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