

The Journal of Orgonomy

major articles

- **The Global Breakthrough of the Emotional Plague**

Charles Konia, M.D.
- **Responding to Terrorism in the 21st Century**

Robert A. Harman, M.D.
- **Interview with Dr. Halton C. Arp, Part I**

Robert A. Harman, M.D.
- **Orgone Charged Photomultiplier Tubes**

Thomas Nieborowski
- **Coming Off Medication and Coping with Anxiety Through Therapy**

Peter A. Crist, M.D.
- **Treatment of an Adolescent with Medical Orgone Therapy**

Raymond J. Mero, D.O.
- **Symptomatic Relief of Adolescent Depression**

Salvatore Iacobello, M.D.
- **Brief Clinical Report: The Schizophrenic Subtypes**

Charles Konia, M.D.
- **Excerpts from the Notebooks of Jacob Meyerowitz**

Coming Off Medication and Coping with Anxiety Through Therapy

Peter A. Crist, M.D.

Introduction

We have all experienced anxiety and have a sense of what it is. It is so natural as a basic emotion that it is even experienced throughout the animal kingdom. If you've ever seen a deer come out of the woods into a clearing, that look is the look of anxiety. She wants to come out and graze but is uncertain of the presence of danger.

Handling anxiety is also a significant problem in many people's lives and anxiety itself is a common symptom that brings individuals to treatment. As a result many people view anxiety as bad, something to be eliminated. This is the basis for many approaches to anxiety such as meditation and relaxation techniques as well as the usual psychiatric treatment that relies on medication to alleviate feelings of anxiety. Medical orgone therapy, on the other hand, utilizes a fundamentally different approach to treat anxiety.

To understand how different, we should define what anxiety is. Although often thought of in terms of psychology or physiology, from an orgonomic perspective, anxiety, like other emotions, is our experience and perception of excitation and movement of orgone energy in our body. Specifically, anxiety results when an energetic expansion is met by an energetic contraction or vice versa, when an energetic contraction is countered by an expansion. This may occur when any emotion or impulse is prevented from being fully expressed. For example, expansive, joyful excitement might be held back by insecurity or uncertainty, such as when a man, excited by a particular woman, hesitates to call her out of concern about her reaction. On the other hand, contraction in sadness or grief might cause anxiety when countered by a need to appear expansive and happy. Any conflicting emotions or impulses can create

anxiety. The conflict may be based on an objective perception of the situation and be rational, or it may be neurotic.

Because anxiety is disturbing we may block or armor against it, as we might against any intolerable feeling, by holding back our breathing and tensing our muscles. The effect is to deaden the intensity of emotional excitation and/or dull the perception of it. We may also fend off anxiety with attitudes that override one side of our conflicting emotions and impulses. In the previous examples, the man may dampen his anxiety by assuming a skeptical attitude and give up his desire to call the woman, while the grieving person may lessen his anxiety by completely suppressing his sadness with forced jocularity.

While armoring may partially or temporarily reduce feelings of anxiety, it actually compounds the problem because armor also blocks effective energy discharge. This and the result, more energy behind the emotion or impulse, create the very conditions for increased anxiety, usually requiring even more armor. Neurotic anxiety and symptoms such as phobias, obsessions, compulsions and hysterical reactions are fueled by this undischarged energy.

Contemporary conventional medicine attempts to relieve this condition with anti-anxiety medications such as Valium, Ativan and Xanax, which deaden both energy excitation and its perception. Prozac, Zoloft, Paxil and other selective serotonin reuptake inhibitors (SSRIs), that have become increasingly popular over the last decade or so, appear to work by specifically decreasing energy excitation. *Medications, therefore, produce their effects by duplicating or reinforcing the armoring process.*

In contrast, medical orgone therapy helps dissolve the patient's armor—chronic, characteristic, defensive attitudes and muscular rigidity. In the process, tolerance and capacity for energy excitation is increased and satisfying outlets for energy discharge are found. To accomplish this, the patient must tolerate anxiety and must learn to function with anxiety, not armor against it. The result is that the person may, at times, experience *more* disturbing feelings, but he will

learn to tolerate them and, as a result, will also gradually be able to experience and enjoy pleasurable feelings with greater intensity.

Many people instinctively have the sense that depth in life comes out of struggles with anxiety and other disturbing emotions. This was humorously shown a few years ago in a *New Yorker* cartoon entitled “If they had Prozac in the 19th century,” indicating what would have been lost creatively if some of the great thinkers in history had not had anxiety or been troubled in their lives. It showed Karl Marx saying, “Sure Capitalism can work out its kinks;” Fredrich Nietzsche was pictured in front of a church speaking to a woman, “Me too, Mom, I really liked what the priest said about the little people;” Edgar Allan Poe gazed at a raven, saying, “Hello, birdie!”

The organomic understanding of anxiety and the way medical orgone therapy approaches its treatment, without relying on medication, is demonstrated by the following case presentation.

Case Presentation

Sean came for therapy with a chief complaint that he felt he was missing out on something in life. He was a part-time consultant having retired five years before from a career as an architect and general contractor. He was 64 years old and felt, in many ways, that this was the best time of his life. He was involved in pursuits that had always interested him such as acting and singing in community theater and painting. At the same time, however, he had felt no *real* satisfaction for a long time. Over the years he had been in therapy off and on with various therapists for anxiety and depression. He always ended these treatments when the therapist said something that he did not like. He would find some reason to leave, but never told the therapist what had really bothered him. He was not happy in his marriage. He married at age 21 and remained married but felt he never really loved his wife. He liked and respected her and married because it seemed like it was “the thing to do.” Sexual relations were without emotional closeness and described as “a physical release.”

In our first meeting he looked directly at me with sad, anxious eyes and expressed himself in a straightforward, laconic manner. His voice was soft and pleasing to the ear, even though he frequently swallowed and spoke through slightly clenched teeth. A thin, wiry man, he had a subtle quality of bravely struggling to relate as an equal from a position of feeling “one down,” and held his chest high in a brave attitude throughout the entire session. I felt saddened by him, so much life and emotion so caged inside. I was moved by his strong feelings, battling against his severe inhibitions.

He came to therapy knowing something about medical orgone therapy. Some forty years earlier he had been treated by one of the organomists trained by Reich and this had helped him get out of a severe, suicidal depression after only a few sessions. He said, “It helped me get my anger out.”

He was excited when a friend told him that there were medical organomists in central New Jersey. He looked forward to the prospect of dealing with his emotions in therapy, but at the same time he was afraid of facing them. In fact, he put off calling me for several months even though he had my phone number. He finally called for an appointment after a friend told him he looked sad and he realized it had been years since he had cried.

Sean had suffered for many years with panic attacks, precipitated especially by driving in heavy traffic or over high bridges. These attacks had been treated and partially controlled with Ativan and later by Zoloft. He felt the Zoloft put him “on an even keel,” more so than the Ativan. But he had a sense that it also “flattened” all of his emotional responses. For example, during the two years he had been on Zoloft, he had no severe panic attacks but also did not feel really excited about anything and noted very little interest in sex. He hoped therapy could help him handle his anxiety so he would not need to take medication.

From the very first session I dealt with Sean’s difficulty in speaking up by encouraging him to express whatever bothered him about therapy or about me. He looked relieved but anxious on hearing this and bravely said he would try.

In that first session Sean told me his growing up had been difficult. He was the youngest of three, with a sister and brother five years older and ten years older, respectively. Both parents were Irish Catholic but they were not particularly religious. He recalled his parents fighting a great deal up until the time his father died. Sean was then seven years old. When he spoke of his life it was clear there were many painful memories that he wanted to talk about, but was afraid to feel the emotions connected with them. Early in the first session I concluded that what he most needed was to let out his feelings on the treatment couch. Telling me more of his history would only bring up painful feelings that would make him feel worse if he could not discharge them.

When he lay on the couch I told him to breathe and give in to whatever came up. After only a few breaths, he spontaneously felt angry. I encouraged him to let it out by hitting and kicking the couch. He did so with great vigor and enjoyment. Tears then came to his eyes and he cried a little. He looked and said he felt relieved and more relaxed than he had in a long time. He said what came to mind was how frustrated and sad he was at not being able to *really* enjoy himself. Soon after this emotional discharge he again returned to speaking in a removed, unemotional tone. I pointed out how he disconnected from his emotions by taking an attitude of looking down on them as insignificant or even nonexistent. I explained to him that Zoloft and other medications like it also emotionally disconnect people but do so pharmacologically and that this is why he and many others are as comfortable as they are taking them. This struck a chord in him and it was evident he understood what I had said.

In the next session he required only minimal prompting from me to begin breathing and again feelings quickly came to the surface. First he felt frustration which he let out by making frustrated sounds. Then, as he connected more deeply with his feelings, I encouraged him to hit and kick the couch and shout out. The frustration he experienced evolved into rage and then he sobbed briefly. When this quieted down, Sean told me he had recalled a vivid image from his childhood. At age

six, he and his father stopped at a drug store. His father came out with a bottle in a paper bag and they drove down an alley and parked. His father then said goodbye, drank the contents of the bottle, and passed out. Sean became frightened and, panic-stricken, ran to get help. An ambulance was called, and his father was taken to the hospital where he recovered. Sean believes there were many other suicide attempts and his father finally died in Greystone State Hospital. The family story was that he died of complications originating from experiments on him while in prison many years before as a draft dodger during World War I.

At the next session he reported that dryness of his eyes, a chronic problem diagnosed by his doctor as “tear insufficiency,” had disappeared. (His doctor did not know just how accurate this diagnosis had been.) In the third session Sean told me that for the past three days he had woken up with a morning erection. This was rare for him especially since he had begun Zoloft. In addition, he said he had glimmerings of feelings of well-being.

He began subsequent sessions by expressing frustration which then progressed to raging, followed by crying. He often described feeling like a caged animal. In these early sessions the discharges of rage and sadness were associated with images and memories of his father. By the eighth session he began to have images of his mother and realized that after her death, over three decades before, he had not cried. With this, he broke into deep sobbing for the first time in many years. This really opened the floodgates for his tears.

As more feeling was stirred up and discharged in treatment, both he and I sensed that the Zoloft he was still taking was keeping a damper on his emotions. Because he was now having less anxiety and no episodes of panic, we agreed that it was time to lower the dose. At first, since he was feeling so much relief from the treatment, he wanted to reduce the medication quickly. He felt panicky, however, after the initial change in dose. It was then decided that a slower, more gradual tapering was best. With each reduction in dosage he felt the anxiety bubble up, both in session and in his daily life. In therapy he was able

to stand the more intense rage and sadness that surfaced and on his own, even though he was afraid, he was able to speak up when there was confusion about a fee for one of his jobs. By facing and tolerating anxiety, Sean was feeling more and feeling better. The Zoloft was discontinued after nine months.

When he had been entirely off medication for only a few weeks he reported, "I feel alive again. I've started to feel a passion for things that I never felt when I was on the Zoloft. I didn't realize how deadened I'd become. I know what I have to feel is anxiety but now I know I'm going to be able to handle it. I wouldn't ever want to trade these passionate feelings for less anxiety ever again." In subsequent sessions, after raging, he frequently gave in to heart-wrenching sobs. With this, his face relaxed and he developed a lively, ruddy color in his face and torso.

Sean found he was now more emotionally expressive in his singing and acting. He said that anything that was emotionally charged, especially some of the songs he sang, could start him crying. I continued to encourage him to tell me anything that bothered him about therapy or me. This helped him to realize that he was afraid of confrontation and he came to see how he avoided his fear by staying removed and impersonal, despite having intense feelings inside. Sean recalled always being easily intimidated, and expressed regrets that he never stood up to a bully who tormented him throughout his four years of high school.

He described always having trouble with authority and was intimidated by those he felt were in control. At work, for example, unable to speak up if he felt resentment and unwilling to give in to demands that he disagreed with, too often his only solution was to quit. He felt that his career advancement suffered because of how he handled interpersonal conflicts. As these issues came up in therapy, he realized that these same attitudes and behaviors led to his problems with previous therapists.

As he was able to face more anxiety and fear, he spontaneously began to express himself more fully to his wife and also to address his marital problems with me in treatment. He reported that when he

eventually got to the point of expressing his dissatisfaction in previous therapies, if the therapist questioned why he stayed in the marriage or especially if he was encouraged to end it, Sean always found a reason to leave treatment. Now, however, he felt that he could talk with me about these problems and could speak up if he disagreed with something I said.

About this time, while in a period of intense sadness, loneliness and depression, he called asking for an extra session. This was a significant breakthrough because by doing so he faced his fear of making himself vulnerable. He recalled in this session always being afraid of showing someone he needed them. As he related this to me and then cried deeply, he realized that this same fear of vulnerability had caused him to maintain distance from his wife. Although he is still working on this issue, he now faces his anxiety and takes action rather than relying on medication to handle his feelings.

Conclusion

There is a commonly held view that anxiety problems are biological, meaning a “biochemical imbalance,” and therefore require treatment with medication. It is important to emphasize, however, that biology is much deeper and broader than biochemistry. Medical orgone therapy addresses the fundamental biological disturbance that creates neurotic anxiety—*the muscular and characterological armoring that holds emotions in the body.*

Without medical orgone therapy, Sean, as is true for so many others with similar problems, would have had to continue using medication. With treatment, however, and relief from debilitating anxiety, Sean was able to end his many years of pharmacological dependency. This was a significant accomplishment in itself, but it was just a fraction of what he gained. Without the deadening effects of medication, and significantly relieved of the constraints and inhibitions of armor, Sean, now later in life, was able to seek and find satisfactions that would have forever been lost.