

Orgonomic Treatment of Two Cases of Panic Attack

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In present day psychiatry panic attack is considered to be a diagnostic entity in and of itself. It is characterized by sudden terror accompanied by vegetative symptoms such as tachycardia, trembling, profuse sweating, chills, vertigo, shortness of breath, and chest pain. Panic attacks can occur several times daily, weekly, or at longer intervals (1).

The word panic comes from the Greek: *panikos*, from Pan, god of nature (2). For the Greeks, Pan, though always invisible to men, caused the terrified and terrifying emotional reaction associated with his name. Because panic appears suddenly and unexpectedly, divorced from any conscious awareness of its source, it was held to be the antithesis of theolepsia, experiencing as a totality emotional sensation integrated with its psychic content (3).

Reich saw anxiety to be the result of a bioenergetic expansion which is inwardly blocked and reversed in its motion. This allows us to understand panic and its associated vegetative symptoms as arising from the suddenness and intensity of the reversal of energy movement back toward the core with contraction of the entire organism. This is the result of an impulse threatening to break through the armor of a particular segment (i.e., thoracic, ocular, etc.). The organism is forced into contact by the *suddenness* and the *intensity* of the sympathetic contraction. The following two case presentations provide clinical examples of this phenomenon.

Patient One

A 40-year-old businessman came to therapy complaining of depression, hypochondriacal fears, chronic anxiety, and panic attacks. In these attacks he experienced diffuse muscle pains, vertigo, and a feeling of heaviness in his head. He began experiencing these symptoms during a trip to southern Italy about one year before coming for consultation. The patient reported that every vacation was traumatic, causing him

to feel extremely homesick and lonely. During this particular trip, however, he developed the acutely painful symptoms associated with a renal calculus (kidney stone). The dilapidated hospital to which he was taken only intensified his homesickness and anxiety. The flank pain persisted for several days and it was from this point on that he suffered chronic anxiety and periodic panic attacks.

His past medical history included hypertension since his twenties. At consultation his blood pressure was 160/110. On biophysical examination he was moderately obese, of average height, and powerful-looking. His eyes looked both frightened and sad and appeared to be immobile or frozen. The pelvis was held in a retracted position and armoring was significant throughout all segments.

My impression was that the anxiety of travel and the renal colic intensified his underlying loneliness bringing up deeper feelings of intolerable despair and anxiety. Characterologically he had a phallic structure with an oral unsatisfied block.

In the first therapy session I asked the patient to scream while kicking. After doing so, he relaxed, his blood pressure dropped to within a normal range, and an expression of sadness appeared on his face. For the next year-and-a-half, approximately twenty sessions, treatment focused primarily on pointing out his intolerance and fear of his sadness. Thereafter, I mobilized the ocular segment, often by having him visually track a moving penlight accompanied by soft pressure on the thorax and empathic support to accept his deep feelings of sadness. This permitted him to discharge large amounts of repressed emotion through sobbing and crying. With this, the panic attacks slowly disappeared and his depressed mood improved considerably. During the 51st session the release of sadness was accompanied by a childhood memory. Sobbing deeply, he recalled that as a child he was extremely affectionate and sentimental, while his father remained cold and distant. This recollection, with the concomitant reexperiencing of the emotions held in him from childhood, brought him a deeper understanding and appreciation of his childhood and the misery he had felt.

Now, having had 53 sessions over a three year period, this patient's panic attacks have disappeared and his blood pressure is consistently normal. There are some occasional complaints of anxiety,

