Medical Orgone Therapy Helps A Young Woman Become Independent

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Daisy was a 25-year-old woman who began treatment with me a few years before the COVID-19 pandemic hit and who had made steady progress prior to March 2020. She originally presented with a wide range of complaints. She was unsure of her career path, had difficulty confidently expressing herself, whether excited or angry, and, perhaps most of all when we first met, needed help handling her sadness after learning that her older sister, a loving, motherly figure, was terminally ill with a rare form of cancer. The overall picture was that of a young girl who wasn’t sure she could take care of herself.

At her first appointment Daisy was bubbly and pleasant. She had long brown hair and was wearing a loose sweater, a handmade pendant suspended around her neck with a leather string, and free-flowing yoga pants. She was tall at about 5’10” but carried herself in such a way that she appeared shorter. I was surprised when she stood up to leave my office how much she appeared to grow as she transitioned from sitting down on the couch. Right at the outset I observed a tendency for her to contract in fear in contrast with her natural impulse to expand. She tended to smile and laugh in a pleasant, silly way whether appropriate to the conversation or not. She was twenty-three years old at the time but came across as much younger. I was struck by her care-free style and playful demeanor and wondered what might lie beneath it. I sensed that she had more depth and a capacity for being more serious than she initially let on.

I asked about her treatment history, and she told me, in a playful giggling voice, how she had been in therapy in the past but that recently her best friend had served as her “unofficial therapist.” Then, she became serious in an instant and said, “You’re trying your
best to be happy and figure things out when all you feel is sad.” I had to temporarily stop gathering a psychiatric and medical history to focus on Daisy’s feelings right there in the moment as we sat together.

“Do you feel sad?” I asked softly.

She looked surprised for a moment and then began to cry. With that simple question she connected with the sadness she felt about her sister. “My sister isn’t going to live for more than a few months. I don’t know what to do without her. Samantha always gives big warm hugs,” she said through her tears. She went on to explain that her other family members gave casual “acquaintance” hugs or silly ticklish ones making light of the embrace. Her sister was the most emotionally alive and supportive person in her life, and she was going to miss her dearly. She paused and then obviously frustrated asked, “Why am I still sad? Why? Why am I angry and upset? Why can’t I stop thinking about so many things and just focus? There’s no reason to still be sad. Haven’t I cried enough?” In that first appointment, I was able to observe how Daisy handled herself and her feelings. She became scattered and distracted, projecting a young and helpless image to others. She criticized herself escaping into thought to get away from what she was feeling.

Prior to the COVID-19 pandemic, therapy focused on helping Daisy grieve but also addressed her tendency to become distracted with less important things, to please others, and to be “small” and unobtrusive. She wasn’t clear what career to pursue having some interest in teaching but also having doubts if being a teacher would make her happy or just her parents. She had difficulty speaking up, especially when angry, with her boyfriend, parents, or other authority figures.

Shortly after our initial appointment, Daisy’s sister died, and Daisy was heartbroken. She sobbed daily and many times during her sessions with me. As the weeks passed and she continued to grieve, her concern about disturbing others emerged. She apologized to me for her continued crying and criticized herself that she wasn’t “over it” yet. As she went on, I gently interrupted her and said,
"Daisy, it's OK. You can cry as much as you need to." This brought a relaxed look of relief to her face which then suddenly led to sobbing and then crying. Now she wasn't crying for her sister but rather for herself. Growing up she had gotten the message time and again that she needn't disturb others with her feelings and furthermore that she was being "too dramatic" whenever she became "emotional."

I didn't encourage and go into Daisy's every emotional expression. Often, if there was a conflict between her boyfriend, Dan, and herself, in a moment of panic she expressed doubt that the relationship would last and that perhaps she should end it now to save both of them the trouble. It was clear from my emotional contact with Daisy and my understanding of her relationship with Dan that while her anxiety was real it wasn't deep and would quickly run its course. To have gone into her anxiety would only have bolstered its significance and taken us away from more substantive problems. It was imperative as we worked together that I maintained a clear understanding of where Daisy was emotionally so that I could be sure which threads to pull on and which to leave alone.

I learned that Daisy needed space to grapple with her mixed feelings about her career and her future. She could portray herself as helpless and seduce one into giving her advice one way or the other when what she needed was support and encouragement to do things her way and at her own pace.

When I met Daisy, she was working at a restaurant and was also receiving significant financial support from her parents. This was intended to allow her time to figure out her career and professional goals. They provided this funding generously although they appeared to have mixed feelings about doing so: commenting on how she spent it, advising her to do this or that, and reminding her that it wouldn't go on forever. This served to complicate their relationship. A new outfit might bring criticism about spending money wisely; a phone call expressing her concerns about a course of action inevitably led to a blind push to "put herself out there;" and an absence of communication between Daisy and her parents resulted in angry questions about what she was "up to," with doubts
about how serious was her intention of finding a career. She was never completely at the helm to make decisions for herself; her autonomy was limited; and it put she and her parents at odds if she wasn’t doing what they thought best, thus undermining her confidence in finding her own way in life.

Daisy and I shared an inside joke that was immensely helpful to her. One session, she told me all about her parents, her boyfriend, and her co-workers, and I was struck by how she seemed to be dead last in terms of importance in her mind. “Daisy, how come you’re the caboose!? You’re telling me all about everyone else, but what about you? It’s as if you’re the caboose of your own train.” She paused and reflected on what I had said. She sat up tall and squarely faced me with a serious look.

Suddenly, with a burst of excitement, she yelled proudly, “I ain’t no caboose! I’m a goddamn engine!” We both laughed and Daisy resolved from then on that whatever difficulties came up she was going to do her best to take care of herself first and not get distracted by everyone and anyone else.

In her daily life as well as in my office, Daisy became distracted and got stuck thinking about various things instead of staying with whatever it was she was feeling. Often, I had her lay down on the treatment couch and breath. When her talking got her away from whatever feeling she had I gently said, “You don’t have to say anything.” She became quiet and then feelings came to the surface. Often sadness about the loss of her sister emerged but also frustration with her lack of clarity about her future career. When she asked for advice, not confident in her own ability to make difficult or emotional decisions, I told her that I trusted her to make the decision on her own. I told her this even when she became angry with me. I didn’t let myself get taken in by her helpless little girl routine.

She needed to know that she was strong enough to handle things on her own. Sometimes she felt encouraged hearing my response but when Daisy became irritated with my lack of advice it served to help her feel more comfortable with her aggression and frustration. In fact, the more comfortable she was expressing her frustration
with me in therapy the more confidence she had speaking up to her boyfriend, Dan, and others.

He was generally a kindhearted and patient young man, but he could be pushy and controlling when upset. Daisy was afraid to push back or let him know she was being mean, but to his credit when she finally did, he was receptive and immediately, if not a short while later, apologetic. It was common for Daisy to connect with her frustration and anger in her therapy sessions, express them with me initially and develop confidence, and then go on to speak up to her boyfriend and resolve whatever frustrating conflict came up. This strengthened their relationship and increased her capacity to stand up for herself. She was becoming more comfortable expanding in anger and rage.

When the pandemic began in earnest in spring 2020, Daisy became acutely anxious. She understood that if infected she was at a higher risk of severe complications or death from COVID-19 because of her asthma. She stopped all activities including getting together with friends and going to the gym. She stayed home from work collecting unemployment, and had groceries delivered. Terrified of the contagion, she aired out her apartment and sanitized everything. She had difficulty transitioning to different outlets for her physical energy such as online group fitness classes or running outside and all but stopped any kind of exercise. She became pessimistic and her liveliness dulled. We immediately transitioned to telemedicine appointments when our state went on lockdown. We hoped for the best. Rather than bouncing into my office with a smile she now logged into our virtual appointments laying down, looking half asleep and emotionally empty, and without any of her wonderful characteristic sparkle. Despite the initial bleak picture, and while some of our emotional connection was muted by the nature of viewing each other on a video screen, we were both surprised at how well things continued via virtual therapy sessions. It helped that I understood her liveliness and her capacity for strong changes in emotional direction and didn’t overreact to her depressed state. “Taking care of her” during that period would have discouraged her growing independence. At
home, Daisy had more distractions. Her puppy scratched at the door, her mind wandered to something in view in her room, and computer notifications popped up. Nevertheless, we were able to maintain our therapeutic alliance and continued to work on her emotional life.

A difficulty for Daisy and her boyfriend early on was knowing how and when to care for each other and when to recognize that the other person needed to handle things on their own. The pandemic brought out genuine needs, physical and emotional, but also neurotic emotionally charged needs that were difficult to differentiate at times. Her boyfriend became frustrated if Daisy wasn’t interested in being intimate with him. He could become mean and accuse her of not caring for him if she didn’t indulge him. If Daisy spoke up with concern about Dan’s drinking which had increased during the lockdown, he accused her of “judging” him. Daisy had a gut sense that Dan was “off” and that she wasn’t in the wrong in these instances. However, she so strongly tended to take the blame in interpersonal conflicts that she needed encouragement and perspective when it came up. Dan was having difficulty managing his own anxiety leading to his lashing out at her or tending to feel judged, both having nothing to do with her except that she was present to take the hit.

Daisy often loved to be around her boyfriend but sometimes she wanted to be alone. When Dan became upset and mad about this, Daisy questioned her need or right to have alone time and felt hurt. She asked me one session, “Dr. Burritt, I feel like I’m doing something wrong, but it also feels like there’s something else going on.” She had a sense of Dan’s intolerance of being alone when he was hungry for connection.

“Daisy, it sounds like your gut is telling you something. Dan is upset but it doesn’t feel like it’s about you or what you’re doing. It’s certainly OK to have alone time.” It was very helpful for Daisy to look beyond herself and see that other people also had emotional difficulties.

Part of what was so exciting about working with Daisy was her ability to spontaneously grasp insights as we got into the substance
of a problem. If I did my part to help her stay with an emotionally charged or difficult subject and she waded into things she often came out of it clear about what to do. She readily understood my explanation of how I saw their conflicts and Dan’s reactions. When I pointed out that she was talking too much, focusing on something minor, criticizing herself or taking the blame, she was able to connect with her feelings and see a situation clearly. This allowed Daisy to see that she wasn’t the only one with troubles but also helped her to clearly differentiate when she was playing the role of the helpless little girl versus when she was simply a struggling human being who needed help.

Time and again we came back to her tendency to complain or vent in such a way as to elicit an angry or controlling response from her boyfriend when all she really wanted was for him to listen. If he tried to insert himself into her dilemma and solve the problem, it served to undermine her ability to handle the situation on her own. Alternatively, if he couldn’t solve the problem, he became upset with it and her which conveyed the message that it wasn’t something she should bring up. At times she lost sight of her own role in his sometimes controlling or pushy responses. She could present herself as a “damsel in distress” who needed saving and yet nothing was further from the truth. When she stopped engaging in this dynamic, she felt relief in expressing her worries or hardship to him and wasn’t on edge about being bossed around by him for her efforts. As Daisy developed a comfort in speaking up with her boyfriend, she felt closer to him, he understood her better, and she obtained relief from her tendency to please. I have little doubt that by staying with her problematic tendency to please and tackling it head on as best she could, week after week, she bolstered the connection they both needed to weather the overwhelming COVID-19 pandemic storm. Furthermore, as Daisy addressed her “pleaser,” “damsel in distress,” and “caboose” attitude tendencies and relationship difficulties with her boyfriend, she was more aware of the problems between her parents and herself, and how both she and they contributed to these difficulties.
At one point, nearly six months into the pandemic, Daisy asked if she could have twice weekly appointments. She was feeling overwhelmed and “all over the place.” She came across as quite self-critical of how she was managing things. She asked sweetly and, at first, I was flattered. Then I reflected on how she was doing, what was going on, and what she really needed. Realizing that I was being seduced in a manner of speaking, I told Daisy, “We can meet more frequently if needed but it sounds like despite your feelings of anxiety you’re doing well. I know things are hard but what I’ve been seeing from you week after week is doing what you must to face this great unknown, to take care of yourself, and in fact, to continue to work on and build your relationship with Dan. You’re not just surviving. You’re doing well!” She expressed doubt about my assessment but accepted it still not seeing herself as capable as I saw her.

Months later, Daisy was very upset with her parents who had impressed upon her the urgency of pursuing higher education so that she could be better able to secure a teaching position when schools were hiring again. She hadn’t yet made up her mind, though, having had different ideas of a career besides just teaching, and she felt both cornered and smothered. As she complained to me, her expression was restrained and whiny. I pointed this out and she snapped at me, “I know I have a problem but what am I supposed to do about it?!” I said nothing and simply listened to her frustrations. She then worried that I was upset that she had snapped at me and told me that she had an impulse to hide and cry. She did cry then, and I voiced my support for her. I made it clear that I wasn’t disturbed by her flash of frustration with me. Daisy was more in touch with her frustration and anger and was becoming more comfortable expressing it. If I had given her even the slightest signal that she was out of line or inappropriate it would have undermined her confidence in expressing her anger. To capitalize on the moment, I also encouraged her independence by asking a question to help give her perspective.

“Daisy, what is the cost of your parents’ financial support? Are you OK with the strings that are attached?” This served to help focus her thinking about it more.
A short while later, Daisy read to me a letter she had sent to her parents. It was two pages of her expressing anger and disappointment at their pushiness, her frustration with their pressure about her future, and their inability to let her simply be and find her own path.

“Dr. Burritt, I was pissed!” she said proudly. “I wish I could have said it in person, but they have such a way of interrupting me that I wouldn’t have been able to get it all out.” It was stirring to hear her read her letter and it gave me chills. I was deeply proud of her for speaking her mind and letting her parents know how she felt. As if there was a flooding river of health in her, she mentioned also recently speaking up to her boyfriend about an important matter despite intense fear, as well as pursuing a job which could allow her to support herself.

After recovering from the initial panic of the pandemic which had turned her away from the outside world, Daisy decided to look for a remote work position and found a job taking survey questions. This wasn’t something that interested her, came easy to her, or was highly paid. However, the money was enough to support herself and she put all her effort into it clearer than ever that she needed to be financially independent. Her position required a certain level of aggression that was initially difficult for her to muster and put her in positions that were uncomfortable for her. As she faced those struggles, she also realized that some of her natural talents and attributes, including her naturally pleasant demeanor, could go far in a field where others tended to be too pushy. While many of her co-workers hustled and pushed, she obtained survey responses with sweetness and patience. She developed a newfound confidence in her ability to overcome difficulties and use her natural talents in productive ways.

Months later, Daisy became frustrated with her work and hit a roadblock. One manager in particular tended to be rude and lose perspective and had a difficult time speaking professionally with subordinate staff. He railed at them for not completing enough surveys and not staying at work late to “go the extra mile,” all while never allowing anyone to respond or provide context about what was going on during day-to-day business.
Daisy had an impulse to address the problem but didn’t want to insult her boss, make her co-workers uncomfortable, or do something too extreme and get fired putting the finances of the household entirely on her boyfriend’s shoulders. I felt it was a good opportunity for her to figure out how to handle herself, manage her tendency to please, and struggle to express her frustration. I didn’t tell her what to do, but knowing she needed encouragement to speak up I reminded her of how well she was doing dealing with her job which was completely foreign to her. I added that while working she was still trying to handle her fears of the pandemic, and the absence of her typical enjoyments. I also reminded her that she wasn’t the caboose.

About a month later, Daisy ran into another problem at work. During a meeting the manager complained that workers lacked integrity and weren’t pulling their weight, and this incensed Daisy. She told me, “I went into a rage! I screamed and hit my bed and punched all the pillows in my house! After I calmed down, I confronted my boss at work to see if these accusations were pointed at me. And I wanted to let him know how throwing out criticisms like that to everyone bothered me!” To her surprise, her feedback was well received by her manager and other supervisors, and she felt a great sense of relief. “I felt like a superhero!” she exclaimed to me. But then she felt anxious and developed doubts about being “rude” or “ungrateful.” I encouraged her to stay with her pride and said, “Daisy, you stayed with your frustration and anger, expressed it emotionally and rationally at work. You weren’t out of line at all. Well done!” Her intolerance for expanding with anger was waning.

A few weeks later, Daisy logged into our telemedicine appointment looking disheartened. “Dr. Burritt, I’ve been exercising most afternoons after work, taking time to unwind and relax when I need to, but I feel miserable. It feels like the exercise isn’t helping as much anymore.”

I said to her gently, “Daisy, let’s hear more about how you’re feeling. You feel miserable?”

She started to cry and sounded as miserable as she said she felt. “I love Dan, but we’re sharing a one bedroom apartment and it’s
difficult to get away. I miss my friends. I haven’t danced with them in forever! Is this pandemic ever going to end? Can’t everyone just wear masks and get their vaccines? I’m so tired of this all!” She was frustrated, disappointed, sad, and miserable. In fact, she had not felt these feelings for some time having only been anxious and immobilized for a large part of the pandemic period. These were all feelings that she couldn’t exercise away but needed to discharge emotionally. After telling me about her unhappiness and expressing her misery, she smiled with relief and genuinely thanked me for our work together.

As Daisy continued to improve and feel better, tolerating a larger range of emotions, and generally feeling good about her romantic relationship and her work, a deeper part of her emerged in her interaction with her boyfriend. One day, she was excited and singing in the apartment and generally enjoying herself when she asked her boyfriend, “Am I loud?”

He innocently said, “Yeah, I guess so.” She instantly took this as “and shut up!” She recoiled for a moment. She stood quietly off to herself and tried to process what had just happened. He didn’t actually seem upset, she thought to herself. She had a spontaneous instance of clarity and realized that she had felt a wonderful pleasure in just being in the moment and enjoyed being out in the open singing. She was so used to being “small” and “contained” to suit others’ needs that she had difficulty tolerating her full excitement. It gave me tremendous satisfaction to hear that Daisy made this connection on her own at the time and, furthermore, go on to tolerate her newfound intensity of joy.

“Dr. Burritt, after I realized what was going on I kept singing but even louder! It felt great to be ‘big’!”

One year into the pandemic Daisy was feeling deeply in love with her boyfriend. They had a wonderful time together enjoying each other’s company and feeling more connected than ever. She started to have more thoughts about the future and marriage. A few weeks later she got up the nerve to express these to her boyfriend and to her great surprise he was also thinking about their future
together. She had fears that perhaps he wasn’t at the same stage in their relationship that she felt they were at but by taking the chance and speaking to him they further connected over not just their present feelings and commitment to each other but also to the idea of a future together.

In late spring 2021, as it appeared the pandemic was starting to wind down and as people became more hopeful as cases dropped in the United States, it struck me that Daisy hadn’t cried deeply in some time. She noticed it as well. She became tearful and felt miserable, but didn’t sob. She told me that when she received an invitation to an outdoor dance party, she connected with the sadness that she barely felt during the bulk of the pandemic, realizing that it was too much to bear early on. As she told me this, she started to cry which then developed into steady, deep sobbing which continued for five full minutes. She spontaneously felt how much she had missed doing things in person, knowing this before but feeling it more fully now.

In the early summer, Daisy told me how she really appreciated her boyfriend and his acceptance of her, her talents and her quirks, and especially how she can be “big,” “out in the open,” and be herself with him, without fear. Despite their misunderstandings and difficulties, she never felt “boxed in.” She beamed with love and warmth as she said this, which even seemed to come through the computer screen. She credited herself with taking the chance to grow and expand, and him with accepting her and taking her as she was. She smiled and lovingly reflected on how when she recently visited her parents for a week, she was soon missing her boyfriend profoundly despite having been gone only for a short while and having just spent nearly the entire last year with him in close proximity. As I sat there on the other end of the internet, physically miles away, but feeling connected with her and her pride and joy, I reflected on how far she had come from the unsure, giggling, and dependent young woman to the mature, loving partner and hardworking woman who was taking care of herself.
Epilogue
While away on vacation later in the summer, Dan proposed to her and they are now engaged and excited more than ever for the future. Daisy went out of her comfort zone to take advantage of the hot job market and applied for and was accepted to a “reach” position that included a significant pay raise, is more enjoyable, and allows her to do work in a sector that she cares about. Her anxiety crops up at times, for instance, when she has the feeling that “the other shoe will drop” but she then realizes that it isn’t going to—that she simply feels wonderful and needs time to get used to it! She continues to solidify the gains she made in therapy, and asserts herself in her work, activities, and relationships. It’s as clear as ever she “ain’t no caboose.”

Discussion
It was immediately apparent how Daisy presented herself to me that she was lively and an extrovert with a natural tendency to reach out to others and want emotional connection but also that she quickly contracted in fear. I learned from the initial evaluation and early therapy sessions that she also had trouble contracting fully as she could not fully cry and express her sadness. Emotionally, she was very much alive but the depth of her pulsation, of emotional contraction and expansion, was limited. Based on her chief complaint, presentation, and light shifting muscular armor a character diagnosis of hysteria was made. The diagnosis proved invaluable in treating her in person but especially so via telemedicine sessions. Daisy’s willingness from the beginning to address her functioning rather than just specific symptoms established a clear working relationship where her character attitudes could be addressed.

To allow Daisy to acclimate to further contraction I allowed her sadness to spontaneously come to the fore as she grieved the death of her sister. I refrained from saying anything that might give her pause or arouse fear and I also encouraged her to stay with what she felt if her character got in the way. For example, the self-criticism and intellectualism she demonstrated served to prevent her from
allowing her sadness to come forward and reach the depths of what she felt.

As I came to see Daisy’s “helpless little girl” attitude I learned that this too was a part of her character preventing emotional pulsation including fully feeling the fear she felt to take things on without help. It also prevented her from expanding and feeling pride in being an independent young woman. By not getting drawn into it or by pointing out how it came out with others repeatedly she was able to address it and give it up to a significant extent.

I learned that she had an accommodating nature which had become distorted over time into a reflexive reaction where she always put others before herself. This showed itself to be a deep part of her character and likely her red thread, the main defensive trait of the character. Using humor about her being a caboose allowed her to gain awareness of it and to realize she was distancing herself from her anger and other difficult feelings. Identifying and understanding the red thread is a hallmark of the characteranalytic technique in medical orgone therapy.

When the pandemic lockdown occurred, it was important for me as the therapist to be aware of Daisy’s liveliness and her strength. Although she presented herself as weak, she was in fact strong. Telling her what to do or reassuring her would have undermined her strength and independence of which she was increasingly become more aware. Her contact with herself was deepening; she was more aware of herself and what she was capable of. Also, knowing that she did not have an oral repressed block, I felt comfortable that her depression would correct itself with my support.

In addition to treating Daisy’s character, part of her therapy involved education. Primarily, this came up in discussing her relationships especially with her boyfriend. For any patient, but especially one who can be self-critical, it can be helpful to help her see how society is sick. While she may be most aware of her own armor and emotional struggles when interpersonal conflicts arise, she can benefit immensely from seeing more clearly those around her. Another aspect of education was helping Daisy to learn about
the specificity of her impulses. Exercise was helpful for her but running or dancing only satisfied her impulse to move. It didn’t help with her impulse to cry or yell.

As Daisy became more aware of her character attitudes and was able to not let them interfere, she came into better contact with her anger and aggression. This was spontaneous. It was clearly not my role to “make her angry” but to allow her the opportunity to express it in therapy, or to encourage her not to run away from her anger with her boyfriend or boss.

Daisy’s case highlights specific elements of medical orgone therapy and its characteranalytic component but it also highlights what Dr. Baker states in *Man In The Trap*: “His [the therapist’s] first consideration always should be to help the patient in his problem, that is, to help him find a rational solution and enable him to face life and himself more unafraid... both he and the therapist must be clear on the point that there is only one objective—therapeutic help enabling him to gain independence even of the therapist.”

**Reference**