Orgonomic First Aid in the Medical Setting

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Advances in molecular biology and innovations in diagnostic technology, while valuable in their own right, originate from and continue modern medicine's mechanistic tradition. In contrast, a functional, orgonomic understanding of armoring, character structure, and health renders com- prehensible a host of symptoms readily observable, but usually over- looked, that are expressions of disturbed vegetative functioning in the living organism. The following case presentations illustrate not only the scope of this understanding but also its application, as orgonomic first aid, in the restrictive environment of the traditional medical setting.

Case Presentation

Mai ling is a 32-year-old, Taiwan-born, Chinese mother of two, who was admitted to the hospital for evaluation of unexplained abdominal distension. After extensive medical work-up (including CT scan, endos- copy, and barium radiographic studies of the upper and lower bowel) turned up profuse air throughout the gastrointestinal tract without obstruction, a psychiatric consultation was requested. On initial examination, the patient was a polite, soft-spoken, mildly anxious, pleasant-appearing Chinese female truly perplexed by her abdominal distension. In accented English, she presented a realistic-sounding picture of day-to- day life with its ups, downs, and minor frustrations. She loved her husband, a good provider, their two daughters, aged four and two, and worked hard taking care of her family and their new suburban home. She

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acknowledged missing Taiwan and her family but insisted that moving to the United States five years before had turned out well.

The only significant change in her demeanor came when asked, by chance, "Who else lives at home?" The answer, accompanied by a swallow, was "A mother-in-law visiting from Taiwan." "How long was she going to stay?" "It's improper to ask a mother-in-law," was the response, with a swallow. When asked if she was aware she swallowed each time she spoke of her mother-in-law, Mai ling answered in the negative. With continued pointing out of her swallowing and gentle, characteranalytic probing, the story, first with tears and then with increasing anger, emerged.

Mai ling, newly married, moved in with her husband's family. Whenever her husband was out, she was treated with vicious contempt by her mother-in-law. The young bride, lively and energetic, used to the kindness of her own family, was at first shocked and then furious at this treatment but, bound by the custom of "respect," remained silent and felt increasingly miserable as she desperately and, of course, unsuccessfully tried to be a "good" daughter-in-law. Fortunately, relief soon came in the form of emigration to the United States. Once here, the couple thrived. Success in business was accompanied by the birth of two lovely children and the move to a new larger home. Her husband, wishing to help his wife with her growing responsibilities, invited his mother to visit. Mai ling, out of respect for her husband, swallowed her objections, again remained silent, and awaited her fate.

Her mother-in-law, taking up where she left off five years before, soon made life miserable with taunts, insults, and unending criticism. This time there was no escape. Mai ling had no driver's license, the children needed her presence, and her husband spent long hours at work. The only means of containing the screaming rage rising in her throat was to choke it back by swallowing. Each swallow introduced air into the gastrointestinal tract. The extent of abdominal distension was thus directly related to the intensity of her rage.

Mai ling was seen daily, sitting up, for four sessions in the hospital and for three follow-up sessions after discharge. Not only did she obtain immediate relief with venting of her rage but once she saw and experienced the connection between her swallowing, her need (characterologic/cultural) to be a "good" girl, and her intolerance of anger, she was able to tell her husband "the whole story." Once informed, he "respectfully" expedited his mother's return to Taiwan.

Case Presentation

Maria is a 22-year-old, Filipino nurse admitted to the neurology service for evaluation of episodes of "dizziness" and "falling down." The episodes of dizziness were transient, lasting only for a few minutes, were not accompanied by loss of consciousness or involuntary motor activity, and usually occurred when she was alone, sometimes in potentially dangerous circumstances, such as while driving. Several times, and recently with increasing frequency, she fell to the ground while dizzy but could not explain what had happened other than to say she felt "weak." These symptoms started a week or two after the accidental death of an older sister several months prior to admission. Although no specific connection with her sister's death could be ascertained, either by herself or the neurologist, the time of onset of her symptoms certainly seemed more than co- incidental. Neurologic evaluation, furthermore, including CT scan and electroencephalogram (routine and sleep-deprived), was within normal limits. A psychiatric consultation was requested.

On initial evaluation, the patient was lying in bed - her activities were restricted because of the danger of falling. She was dressed in a "nightie," was shapely though slight of build, looked younger than her chronologic age, and acted in a coquettish manner despite appearing mildly depressed. When expressing anxiety about the possibility of having a brain tumor, dulling of her eyes and restriction of her breathing were apparent. Responding to open-ended questions, she recounted her personal history as the youngest daughter in a large family living in the Philippines, as a student attending Catholic schools staffed by nuns, and of her secret internal rebellion with, and outward conformity to, the rigidities of family and social expectations. Her family's move to the United States, in her early teens, was a welcome change for her.

Several times I pointed out her tendency to hold her breath and explained how this helped suppress feeling. Over subsequent sessions, I asked her to breathe more fully. She readily went "off" in her eyes which I also pointed out to her. Breathing, in contact, gradually elicited sobbing and crying. She described how, hearing an awful thud, she fearfully went into the bathroom to find her sister, blood-spattered, unconscious in the bathtub, bleeding profusely from the wound where she had struck her head, and how the family stood vigil at the hospital until her sister was pronounced dead several days later. Continued breathing, with good contact, elicited increasing anger and rage and the rest of the story.

The dead sister had been involved with drugs and alcohol for years, and Maria had, also for years, been assigned by her parents the task of keeping her sister out of trouble. Outwardly, she accepted this assignment - she was, after all, a "good" daughter and sister. Inwardly, she felt growing resentment over the responsibility, especially since her sister never accepted limit-setting or advice. Finally, she asserted her independence and decided, several days prior to the tragedy, to no longer watch over her older sister. The night of her accident, the sister came home staggering drunk and announced her intention to take a shower. Maria, aware of the danger, nonetheless stuck by her decision - there were other family members home - and allowed her sister to proceed, with tragic consequences.

Maria's anger, initially directed at her sister for the present tragedy and past self-destructive behaviors, soon turned to bitter rage at her parents for assigning to her permanent responsibility for her sister's welfare. Over several subsequent sessions, she angrily recounted other incidents involving assigned responsibility including the suicide, by hanging, of a de- pressed male friend several years before. He, too, had refused her advice to seek professional help. Maria was seen for five in-hospital sessions. As the treatment unfolded, her episodes of dizziness and falling disappeared, and, at last follow-up a year after treatment, she remained symptom-free and had plans to marry.

Discussion

The energetic understanding of armoring, character structure, and health and the principles of treatment based on this understanding are powerful therapeutic tools in responsible clinical hands. In these two case presentations, "simple" observations of somatic armoring and recognition of the armor's significance within the characterologic context al- lowed for effective treatment with prompt relief of acute symptoms and restoration of a previous level of organismic functioning. This is, by definition, orgonomic first aid, here applied in a traditional medical setting.

[1] Both characteranalytic and somatic modalities of treatment were employed. The functional identity of a characterologic trait and a cultural value, with anchoring in the somatic armor