

Editorial

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Anxiety: Curse or Blessing?

Although both medical orgonomy and traditional psychiatry consider anxiety a major clinical entity, they differ fundamentally in their understanding and treatment of the disorder. Orgonomy views anxiety as a symptom of an underlying bioenergetic disturbance, producing biological and emotional effects; traditional mechanistic psychiatry considers anxiety to be a biochemical disorder of unknown cause in the central autonomic network of the brain. These two perspectives are contradictory, and, therefore, the approaches to treatment offered by each are fundamentally different.

Medical orgonomy encourages the patient to tolerate anxiety as much as possible. This permits the individual to make contact with the repressed emotions beneath the anxiety allowing them to surface and to be discharged. On the other hand, the aim of traditional psychiatry is to correct a biochemical “imbalance” in order to eliminate the unpleasant symptom. This is achieved by having the patient take autonomic regulating and anti-anxiety medication. Both methods are absolutely rational based on their underlying theoretical premises. The question we must ask is this: Which of the opposing viewpoints explains the actual nature of anxiety?

Wilhelm Reich’s investigation into the nature of anxiety followed Freud’s original and functional energetic line of reasoning regarding the relationship between sexuality and anxiety. Both Reich and Freud recognized that sexual excitation, blocked from perception and discharge, was somehow “converted” into anxiety, but how this process of conversion came about remained a mystery to Freud. Reich found the answer in his clinical practice sexual energy was liberated by

turning anxiety back into sexual excitation. With the discharge of sexual excitation, an improvement in the patient's condition occurred. Sexual gratification eliminated the anxiety. This remarkable observation allows for only one interpretation: both sexual feelings and anxiety come about as the consequence of the direction of flow of the organism's biologic energy.

This energy, when excited and able to flow to the periphery, is perceived as sexual and pleasurable and strives for release. When blocked, by what Reich called armoring, it remains trapped in the center of the organism and is felt as anxiety. When armor is unstable and, therefore, not able to bind energy, the first emotion to be perceived is anxiety. This can vary in intensity from mild discomfort to full blown panic. Such states are often aptly described as "losing control" or "falling apart." It is this fearful condition that drives individuals to seek treatment.

From these clinical observations, Reich reasoned that there was a fundamental antithesis between the center and the periphery of the organism with respect to the flow of biological excitation. Sexuality is the biological result of expansion out of the self with energy movement from the center to the periphery. Anxiety is the biological result of contraction back into the self—with the energy moving in the opposite direction from periphery to core. Biological health results from the capacity of the organism to pulsate freely between expansion and contraction, with expansion predominating. It is the armoring that inhibits pulsation, resulting in a more or less chronic state of contraction or expansion. Reich objectified these important clinical findings in a series of careful experiments. He did this by placing electrodes on the skin's surface and demonstrated that, of all the emotions, only pleasure was capable of increasing the bioelectric charge at the skin's surface. All other emotions, such as anxiety and rage, were associated with a drop in skin potential.

The complex autonomic nervous system represents the structuralization of these simple energy functions. The parasympathetic nervous system (PNS) is the peripheral or craniosacral division of the

autonomic nervous system. PNS excitation predominates whenever there is organismic expansion with the concomitant experience of pleasure.

The sympathetic nervous system (SNS) is the central or thoracolumbar division of the autonomic nervous system. SNS excitation predominates whenever the organism is in a contracted state, and at these times there is the feeling of anxiety.

In medical orgone therapy, armor is intentionally dissolved. This invariably brings about anxiety, because the very function of the armor is to prevent the organism from experiencing such painful feelings. The medical orgonomist encourages the individual to experience and tolerate anxiety so that the underlying, contained emotions can be felt and then expressed. This brings about the desired, positive, therapeutic effect: anxiety is eliminated and replaced by a sense of pleasurable well-being. At the end stage of therapy, anxiety reaches extreme proportions orgasm anxiety. Successfully surmounting this last attempt to avoid intense feeling results in clinical cure. There is complete elimination of all previous symptoms.

Only medical orgonomy provides an understanding of anxiety that is based on objective experimentation. It is also only medical orgonomy, a therapy that seldom has the need to employ medication, that views anxiety from the broad perspective of the entire organism. Traditional psychiatry remains completely unaware of Reich's elucidation of the etiology and treatment of anxiety. Without knowledge of the energetic basis of anxiety, numerous theories abound. They range from the psychoanalysts, on the one hand, who invoke purely psychic causes based on the content of repressed memories to the biochemically oriented psychiatrists, on the other, who make unproven claims that the condition is the result of a physical disorder of the brain.

The mechanistic psychiatrist considers anxiety to be an illness in and of itself and cannot see that it is only the manifestation of a deeper emotional disorder with neurophysiological consequences. He labels the condition a "chemical imbalance" and thereby gives the appearance of bringing a full understanding to the cause of

the problem. It logically follows that the only treatment, or major component of treatment, is to suppress the disturbing emotion with medication.

The use of medication for the treatment of anxiety, however, only temporarily reduces the organism's biologic energy but will not eliminate the armor that holds the repressed emotions. Consequently, patients placed on anxiolytic medication must continue to take the drugs indefinitely or until they can spontaneously re-armor. At best, the highest level of functioning that can be obtained is the premorbid one.

Medical orgonomy has no objection to this form of therapy as long as it is based on good clinical judgment. This includes being able to distinguish those individuals for whom the most suitable treatment is medication from those who are biophysically capable of tolerating the anxiety inherent in the therapeutic dissolution of armor.

In short, the traditional psychiatric community needs to be educated about medical orgone therapy, a treatment able to eliminate the biophysical basis of anxiety disorders while effecting a level of functioning significantly higher than the premorbid state.