

Brief Clinical Report

The Destructive Effects of a Psychostimulant on a Teenager

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Abstract

This brief clinical report, in describing a 15-year-old adolescent brought to improved functioning by the elimination of a medication, contrasts the functional energetic approach of medical orgone therapy with the approach of modern, mechanistic psychiatry.

A 15-year-old adolescent was brought for therapy by his father because the youngster was angry and argumentative. He had recently been arrested for selling marijuana at school. He was expelled and although court-ordered to attend an outpatient drug treatment program he continued to smoke marijuana. He was then sent to a 30-day inpatient facility, followed by outpatient treatment and supervision by a juvenile probation officer. Frequent drug screens now indicated that he was refraining from the use of marijuana, but he continued to be irritable, provocative and irrational.

My examination revealed an adolescent who appeared suspicious and defensive. His thinking was irrational and he blamed his behavior on his parents, claiming that they did not trust him or give him enough freedom. He was trying to act tough but there was terror in his eyes when he made eye contact. I did what I could to establish some rapport with him and then asked to see his father since the patient's thinking was confused and he could not give me a coherent history. The patient's father revealed that his son had been treated by psychiatrists for the past two years with a number of different medications, including psychostimulants. None of these were

particularly helpful. Nevertheless, the patient was recently started on two new medications, including another psychostimulant. The father was uncertain if there had been any benefit. I told him his son's condition was worsened by marijuana use, and that I was concerned with the lack of improvement after two months of abstinence from the drug. I suspected that the stimulant medication was adversely affecting his behavior as well, and suggested discontinuing it. The father was reluctant because two previous psychiatrists told him that his son had ADHD (Attention Deficit Hyperactivity Disorder) and needed to be on a psychostimulant. I agreed to reevaluate the patient the following week, requesting that this time the patient's mother come with him. Three days later I received a frantic call from the patient's mother who told me that her son had become angry and threatening in school. Previously, these behaviors had been confined to his relationship with his parents. I again suggested discontinuing the psychostimulant, and this time the mother agreed. Five days later, when I greeted them in the waiting room before their appointment, I was surprised to find the mother smiling and the patient sitting quietly in the corner. I spoke with the mother first and she reported that the situation had improved dramatically. "I have my son back," she told me. Indeed, the patient appeared significantly improved: He was less suspicious, irritable and defensive than the week before. Although I continued to have great concern for him because he was still confused and emotionally blunted, at least the agitated and aggressive behavior had ceased.

Discussion

This patient illustrates some of the differences between the approach of the medical organomist and that of the modern, mechanistic and drug-oriented psychiatrist. The first difference is the importance of the character diagnosis. Even though there were no overt delusions or hallucinations, it was immediately apparent that the patient was a paranoid schizophrenic character, based on the projection of his own mistrust onto his parents. Knowing this diagnosis allowed me to understand his reaction both to marijuana and to psychostimulants.

Both of these drugs can produce irritability and suspicion in someone who, because of their character, is predisposed to react this way. A second difference is the organomic understanding that symptoms are the result of a failure or breakdown in the patient's character defenses which function simultaneously as a defense against expressing emotion and as a defense against anxiety which is the result of repressed emotion. For modern psychiatry, a symptom is something to be suppressed with medication, and if that results in new symptoms, then those too are often medicated. Patients end up taking a "cocktail" of medications which suppress all symptoms but which also render the individual dull and emotionless. If the use of a medication to suppress a symptom supports a patient's functioning, then an organomicist may prescribe a medication as well, but the purpose is primarily to support the patient's functioning, not to suppress the symptom. In fact, tolerating symptoms and their underlying anxiety are essential to progress in medical organomic therapy. For this adolescent, fortunately, it was only necessary to discontinue a medication that was exacerbating his symptoms to bring about an improvement in his functioning.