

Brief Clinical Report: Orgonomic First Aid as Treatment for a Tic of Recent Onset

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Introduction

Mrs. P was referred for therapy to help her deal with her lingering cancer. The chemotherapy being given, a third course of treatment, was taking its toll on her spirits. She came to every session accompanied by her beloved husband of thirty-two years.

One day, Mrs. P related to me that her husband wanted to speak to me about himself. I invited him into the treatment room and he sat down next to his wife. I immediately noticed that he had developed a facial tic: every few seconds his nose wrinkled up and his eyes closed tightly.

I had gotten to know Mr. P early in his wife's treatment and found him to be a supportive and loving husband who was stoic about his own emotional needs. Now, he proceeded to tell me about his facial tic, said it seemed to have developed over the past few weeks, and wondered if I thought he should see his family doctor for medication to stop it.

While he talked, I watched his tic appear repeatedly and took note of how sad his eyes looked. I told him he certainly could take medication which might or might not work. Then I gently asked him, "Have you yet told your wife, who I know you love dearly, how hard it is for you to see her suffer? Have you expressed to her how you worry about her night and day?" I saw that Mr. P was tearing up and I went on, "Have you told her that you would far prefer that you were ill rather than she? That you would gladly take it all on yourself if that were possible? Have you told her how scared you are of the possibility that she might not make it and leave you alone in the world without

her? Have you not told her these things because you are afraid it would upset her?"

Now, Mrs. P was holding her husband's hand, looking lovingly at him and gently crying, as tears rolled down his face. I urged him to let his face wrinkle up in an expression of crying. He did so, with a muffled sob coming out of this brave, but stoic, man's mouth.

I waited a moment and then said to his wife, "What do you see about you husband's facial tic now?" Mrs. P said, "It's gone." And it was. I explained to Mr. P that I thought his facial tic was nothing more than his great sadness and held-back crying trying to come out. I recommended that he go home, take his wife's hand, and tell her how he felt. Mrs. P nodded and said she could take it and wanted to hear those things. I further recommended that each week, from now on, he make a special point of sitting down and telling her what he was feeling.

They left my office hand in hand. Mr. P's tic has not returned.

Discussion

Tics are sudden, recurrent, involuntary, muscular contractions or movements and are often considered to be hereditary. While this is sometimes the case, many are the result of a partial breakthrough of a held-back impulse. This occurs when armoring is not sufficient to completely contain or repress emotional feelings.

The energy of the emotions is partially discharged through the contraction and relaxation of the involved muscles. However, because of armor a state of contactlessness exists, there is no conscious awareness, and the underlying emotion is not discharged.

In the case of Mr. P, his tic had developed in adulthood over the course of a few weeks and was, therefore, in terms of his armor, a more superficial symptom. It responded immediately with complete resolution as his sadness was felt and expressed. This also served to bring Mr. P into contact with related feelings which he was able to

express to his wife. More deeply rooted tics are present for longer periods of time and are resistant to resolution.

References

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2. Foglia, A. "The Energetic Function of Tics in Tourette's Syndrome," *Journal of Orgonomy* 29(1): 9-14, 1995.