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1. Fowler, H.W. *A Dictionary of Modern English Usage*, 2nd ed. New York: Oxford University Press, 1965.
2. Raknes, O. "The Orgonomic Concept of Health and Its Social Consequences," *Orgonomic Medicine*, 1:106-120, 1955.

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Orgonomic Treatment of Two Cases of Panic Attack

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In present day psychiatry panic attack is considered to be a diagnostic entity in and of itself. It is characterized by sudden terror accompanied by vegetative symptoms such as tachycardia, trembling, profuse sweating, chills, vertigo, shortness of breath, and chest pain. Panic attacks can occur several times daily, weekly, or at longer intervals (1).

The word panic comes from the Greek: *panikos*, from Pan, god of nature (2). For the Greeks, Pan, though always invisible to men, caused the terrified and terrifying emotional reaction associated with his name. Because panic appears suddenly and unexpectedly, divorced from any conscious awareness of its source, it was held to be the antithesis of theolepsia, experiencing as a totality emotional sensation integrated with its psychic content (3).

Reich saw anxiety to be the result of a bioenergetic expansion which is inwardly blocked and reversed in its motion. This allows us to understand panic and its associated vegetative symptoms as arising from the suddenness and intensity of the reversal of energy movement back toward the core with contraction of the entire organism. This is the result of an impulse threatening to break through the armor of a particular segment (i.e., thoracic, ocular, etc.). The organism is forced into contact by the *suddenness* and the *intensity* of the sympathetic contraction. The following two case presentations provide clinical examples of this phenomenon.

Patient One

A 40-year-old businessman came to therapy complaining of depression, hypochondriacal fears, chronic anxiety, and panic attacks. In these attacks he experienced diffuse muscle pains, vertigo, and a feeling of heaviness in his head. He began experiencing these symptoms during a trip to southern Italy about one year before coming for consultation. The patient reported that every vacation was traumatic, causing him

to feel extremely homesick and lonely. During this particular trip, however, he developed the acutely painful symptoms associated with a renal calculus (kidney stone). The dilapidated hospital to which he was taken only intensified his homesickness and anxiety. The flank pain persisted for several days and it was from this point on that he suffered chronic anxiety and periodic panic attacks.

His past medical history included hypertension since his twenties. At consultation his blood pressure was 160/110. On biophysical examination he was moderately obese, of average height, and powerful-looking. His eyes looked both frightened and sad and appeared to be immobile or frozen. The pelvis was held in a retracted position and armoring was significant throughout all segments.

My impression was that the anxiety of travel and the renal colic intensified his underlying loneliness bringing up deeper feelings of intolerable despair and anxiety. Characterologically he had a phallic structure with an oral unsatisfied block.

In the first therapy session I asked the patient to scream while kicking. After doing so, he relaxed, his blood pressure dropped to within a normal range, and an expression of sadness appeared on his face. For the next year-and-a-half, approximately twenty sessions, treatment focused primarily on pointing out his intolerance and fear of his sadness. Thereafter, I mobilized the ocular segment, often by having him visually track a moving penlight accompanied by soft pressure on the thorax and empathic support to accept his deep feelings of sadness. This permitted him to discharge large amounts of repressed emotion through sobbing and crying. With this, the panic attacks slowly disappeared and his depressed mood improved considerably. During the 51st session the release of sadness was accompanied by a childhood memory. Sobbing deeply, he recalled that as a child he was extremely affectionate and sentimental, while his father remained cold and distant. This recollection, with the concomitant reexperiencing of the emotions held in him from childhood, brought him a deeper understanding and appreciation of his childhood and the misery he had felt.

Now, having had 53 sessions over a three year period, this patient's panic attacks have disappeared and his blood pressure is consistently normal. There are some occasional complaints of anxiety,

"mild panic-like attacks" accompanied by increased muscular tension in the thoracic segment. This tension is easily eliminated by eliciting crying with eye-tracking and/or by light pressure on the thorax. This is accompanied by his recognizing and tolerating his mounting sadness.

Patient Two

A 30-year-old male bank manager presented for treatment of recurrent panic attacks and significant depressive states with chronic complaining and dissatisfaction with life. He had been in good health until seven years before when a sudden tachycardia (rapid heart beat) with panic occurred, accompanied by muscular tension in the left arm and the left sternocleidomastoid muscle. He had recently left his girlfriend and moved to the town where he grew up to pursue a seemingly attractive job offer. However, it turned out that the job was not as had been promised and living in the vicinity of his parents reactivated previously dormant feelings of rage and inferiority. Also, as time passed, he experienced longing for his girlfriend. The episodes of tachycardia were at first infrequent and the panic attacks followed, growing more severe over a period of several months.

The patient was tall and thin. When examined on the couch, his stringy musculature had poor tone. His eyes were retracted in their sockets and revealed a fearful expression. His mouth appeared depressed and his lips were thin. His cervical, thoracic, and pelvic segments were armored and held stiffly. Respirations were superficial and his voice was gravelly. His characterological presentation was that of a phallic with an oral repressed block. Appearing superficially as a "diligent good boy," he was in fact quite critical and negative. Every time I suggested that he do something, like breathe, roll his eyes or kick, he became politely oppositional and refused to follow my directions. He felt I was authoritarian and critical of him. This led him to discharge large amounts of sobbing related to his feeling of not being understood.

He reported after three sessions having had a new episode of panic without tachycardia, but with sudden intrusive thoughts of violence and suicide. These were accompanied by the usual cervical muscle tension. Over the course of 20 sessions, for a period of about one year, I continually pointed out his superficial trait of "diligence." He

responded with despair, sobbing and crying for almost entire sessions. This was followed each time by great relief. Slowly over this year his panic attacks disappeared. They were replaced by periods of sadness and crying that the patient was able to express in his sessions as well as at home.

Over the next month it became increasingly clear that rage was hidden behind his tears. In the 23rd session I pointed out his diligence and critical attitude relentlessly and his increasing oppositional attitude gave way to overt rage. He loudly protested, "I am a free man! I don't like to be ordered around!" With this, he began to sob deeply remembering how his mother had always ordered him around and had never allowed him to be free. He became aware that the cervical muscular tension present during all of his past panic attacks began to be felt emotionally as a defensive or aggressive posture when he elevated his arm.

Over the course of treatment the patient improved notably. The panic attacks have stopped completely and he feels much more satisfied with his life.

Discussion

Two cases of patients with panic attack have been presented. Both achieved marked improvement with medical orgone therapy. This method of treatment dissolved characterological and muscular armor. This led to improved emotional contact which in turn facilitated the discharge of long-repressed emotions. The release of repressed fear, sadness, and anger in each involved segment resulted in the elimination of the patients' troubling symptoms.

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