The Journal of Orgonomy

Wilhelm Reich 1897-1997 Commemorative Issue

USSN/ISSN 0022-3298
Published by Orgonomic Publications

volume 31
number 1
spring/summer 1997

A Paranoid Schizophrenic With Command Hallucinations

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This article documents the medical orgone therapy of acute psychosis in a patient whose underlying characterological diagnosis was paranoid schizophrenia. The patient, a nineteen year old law student, was brought for therapy by his mother because of an acute psychotic episode characterized by grandiose delusions (he thought he was the Antichrist) and command hallucinations of a homicidal nature.

Present Illness: First Episode

Some fifteen months prior to initial consultation the patient began law school. He applied himself well in his first year and achieved high grades. During his second year he became delusional and had auditory hallucinations. These "voices" gradually became louder and more destructive in their content. They told him that he was the Antichrist, the son of Satan and that he had come to earth to save the world from God and His son, Christ. They also told him that he had the number 666 (the number for Satan) printed on his forehead; that he, Satan, was the real ruler of the earth and that he must start World War III immediately; that he was to also kill his mother and father because they were not his real parents. The voices increased in severity until they interfered with his ability to concentrate. It was at this point that he lost all sexual sensation.

The psychotic episode forced him to drop out of school and he was taken home to see a psychiatrist who gave him an antipsychotic medication (haloperidol) which sedated him but did not eliminate his delusions and hallucinations. Several months went by and his condition remained unchanged. His parents were not satisfied with the patient's progress and he was brought to me for evaluation.

Past History

For reasons unknown the patient was separated from his mother and had no contact with her for ten days at birth, was not breastfed and cried frequently. He was placed on formula and had projectile vomiting. As a young child he was afraid of the dark and would only sleep during the day, never at night. He reported that he began to hear "voices" (command hallucinations) when he was about ten years of age. They ordered him to lie and to behave as badly with his parents as he possibly could. At first he did not pay attention to them but when they grew stronger he began to obey them. He was instructed by the voices not to reveal their presence to anyone.

In his adolescence he began associating with drug addicts and hooligans. There were frequent fist fights and encounters with the police. He said the voices told him to continue associating with these people even though this put him in great jeopardy.

Biophysical Examination

The patient was seen clothed. Biophysical examination revealed a muscular individual who was in a state of almost complete immobilization. His eyes were dull and frozen. He stared off into space and had a severe affect block but was able to respond to questions appropriately with monosyllabic answers. His face was stiff and he had an acneform rash on his forehead. His occiput was muscular and tender to palpation. The cervical segment was heavily armored as were the lower segments. The muscles of his legs were tense and hypertrophic. He was unable to shout forcefully. He responded in a mechanical fashion to my requests to roll his eyes and move his face. His respiratory excursions were minimal.

My initial clinical impression was acute catatonic reaction. Because of the severity of his catatonia, however, it was not clear whether the character diagnosis was catatonic or paranoid schizophrenia. It was also my impression that because he was so heavily armored in the lower segments his prognosis was favorable, provided that I was able to gain his cooperation.

Course Of Therapy

My primary goal was to relieve armoring in the ocular segment while gradually reducing the anti-psychotic medication. Proceeding in this way would reduce the immobilizing action of the medication thereby maximizing the beneficial effects of biophysical mobilization. I focused on the panic underlying his catatonic reaction by having him express terror. He was able to do this only with difficulty and in a mechanical fashion. This effort, however, provided some relief and at the end of the first session his eyes appeared somewhat brighter.

In these early sessions he entered the treatment room hearing command hallucinations. Ocular mobilization with expression of fear and rage from his eyes temporarily eliminated the hallucinations during the session.

As therapy progressed his level of functioning in daily life gradually improved. His hallucinations decreased in intensity and duration. By the ninth session, they actually stopped completely for one or two days after each session. The acneform rash on his forehead was disappearing and he was feeling less anxious. He also appeared more spontaneous and less robot-like. His concentration improved and he began reading newspapers. Typically, the voices increased when an event in his life angered or upset him, such as when he was criticized or told to do something.

I continued to mobilize his emotions by asking him to express what the voices were commanding him to do. He explained that the Antichrist was a killer who murdered by strangling his victims. I therefore asked him to shout "kill" and to strangle a sheet. He was now able to express himself with greater intensity than before albeit still done in a mechanical way. Nevertheless, this expression regularly eliminated the hallucinations for several days although they returned by the time I saw him for his next session.

Describing his mechanical manner and his subtle smile briefly resulted in more intense expressions of rage. As a result his affect block decreased and he appeared less rigid.

By the nineteenth session, after two months of therapy, he no longer needed anti-psychotic medication. He had also gained about forty pounds since the beginning of treatment. I welcomed the weight gain as an indication that a certain amount of bioenergy was being absorbed

by the adiposity (fat). This together with ocular mobilization and the release of rage helped eliminate his psychotic symptoms. His concentration had improved to the extent that he was now able to read law books and he began to look forward to returning to school the following year.

By the twenty-sixth session and accompanying the complete disappearance of his hallucinations, his sexual sensations returned. He appeared more animated and a lively sense of humor emerged.

As his psychosis was eliminated, however, many neurotic character traits which had been concealed by the psychosis began to surface. For example, he had a strong sense of entitlement. He was also argumentative, negativistic, dishonest, self-centered and irresponsible in his relationship with family members. In his personal habits he was at times gluttonous, slothful and sloppy. Nonetheless, he expressed a strong desire to return to school. Because of his dramatic improvement over a period of only three and a half months (thirty-seven sessions) and his strong desire to resume his studies, I agreed to support him in his effort to gain his independence. He left therapy full of hope at the prospect of getting on with his life. I knew that a relapse was probable because he had not consolidated his gains (he was not independent of his mother) and because his numerous character problems interfered with his establishing a satisfactory sexual life. I did not discourage him from leaving therapy because of his strong resistance to continued treatment, even though it meant that he would be on his own until the end of the school year.

Three months after discharge he sent a letter indicating that he was doing well in school and was managing his affairs adequately in his daily life.

Second Episode

Six months after discharge the patient, in an acute psychotic state, was brought back to therapy by his mother . One month prior to this relapse his functioning had begun to deteriorate. He became lax in his schoolwork, stayed up until the early morning hours at bars and pool halls, and became progressively more confused. Once again he came under the domination of his "voices" and lost all control of his life.

His biophysical status was the same as at the time of his first acute

psychotic episode except that now there was considerable muscular weakness present. This was an indication that muscular armor was replaced by anorgonia. In addition, he had lost the excess weight gained during his first course of therapy.

He was grossly delusional and had auditory hallucinations. He stated that his brain was dead, that he did not have a soul and that he was the Antichrist or Satan. He had come to the world to destroy it by boring people to death since he did not have the strength to physically kill them. During his lucid moments he felt depressed and defeated not having been able to successfully carry on with his life after leaving therapy.

Because he was having impulses to strangle his mother and occasionally attacked her physically, I restarted him on haloperidol, seven mg. daily. In therapy I continued to mobilize his ocular segment. He was able to shout, but only briefly and weakly. Expressing rage again made him less delusional and more catatonic as his muscle tone temporarily increased after each emotional release. Because of anorgonia, however, his weakness continued and he slept for most of the day. (Although I postulated that the anorgonotic condition was the result of involvement of the vegetative center at the base of the brain, it is not clear why his biosystem reacted this way during the second psychotic episode but not during the first.) I continued to mobilize the ocular segment as vigorously as possible. Direct pressure on the tense musculature of the occipital region triggered a stronger response. He shouted angrily "No", "Stop it!" These brief flashes of intense rage resulted in his feeling less depersonalized, more alive and clear-headed.

By the twenty-first session, after three months, he no longer believed that he was the Antichrist and he was less belligerent toward his mother. He was sleeping less, taking walks and able to sustain interest in television. Gradually, after several more weeks, with the expression of greater rage (he shouted "kill", then "kill the Antichrist") the voices subsided and then mostly disappeared.

During this period of therapy I gradually reduced his medication and by the twenty-ninth session eliminated it completely. He again appeared stronger, more spontaneous and alive. He expressed an interest in current events and engaged me in animated discussions. As his condition improved, however, problems at home became more

evident. The patient was living with his mother who assumed complete responsibility for his care. The closeness of their relationship was a great strain on both of them. The mother's impatience with the pace of her son's progress and his neurotic habits led her to make critical comments to him. He was quite sensitive and distorted these comments, taking them as rejection. These interactions triggered the return of his auditory hallucinations for brief periods. The mother learned to say very little since almost anything she said resulted in a worsening of both his mood and their relationship. Feeling unloved, he behaved provocatively, and this only worsened the situation. Gradually, as the mother distanced herself more from her son, his underlying paranoid structure became more evident. His distrust, which had been covered over by the gratification of his dependency, now surfaced. Because of his distorted perspective he could not see that his mother's efforts to help him were genuine. He suspected that she had ulterior motives. It became clear that for the patient's improvement to continue he would have to tolerate his fear of separation and ultimately live on his own. My primary objective was thus to help the patient gain the ability to function in an independent and responsible manner.

By the sixty-third session, five months after the onset of his second psychotic episode, the voices were completely eliminated and recognized by him as his own thoughts. Consequently, they no longer interfered with his ability to concentrate. As he became more lucid and in contact with his anger he saw that the onset of hearing voices coincided with feeling controlled by his mother. He felt unloved and, despite all the care she was providing for him, believed that she favored his younger sibling. Typical of his paranoid structure, he could always find something true to justify these suspicions.

For him to gain his independence, the therapeutic task consisted not only of continuing the mobilization of his ocular segment but also eliminating his neurotic behavior which maintained his pathological dependence on his mother.

Although he has made dramatic improvements in therapy, his motivation to get well is not strong. At this point, this is the main impediment to treatment. Consequently, further progress will be determined by whether or not he can find the determination within himself to strive toward a life largely free of the disabling effects of armor.

Discussion

Reich discovered that orgonotic streaming is the common functioning principle for the biological functions of perception and excitation. In health, characterized by unitary biophysical functioning, both functions occur simultaneously and are integrated within the biosystem. This contact gives a person the sense that he is in command of his own mobility. Reich also discovered that in schizophrenia the perceptual and excitatory functions are well preserved although there is a lack of contact, a split, between them.[1] This split is caused by severe contraction (armoring) in the ocular segment (including the brain) which results from significant bioemotional trauma in the human organism's first ten days of life (as in this patient.) The ocular armoring and split is the biophysical basis of the schizophrenic's depersonalization and delusional projection. In a similar fashion, murderous thoughts are perceptually distorted and are experienced as auditory hallucinations. The psychotic state itself is a function of severe ocular and brain armoring exacerbated by intense emotion. (For this patient it was murderous rage at his parents.)

In treatment, if the blocked emotions from the secondary destructive layer can be experienced and expressed through the ocular segment, then the perceptual and excitatory functions become integrated once again. The plasmatic streaming which gives rise to these functions is once again united into a unitary biological function.

These biophysical observations and understanding allow us to see why the schizophrenic process is so much less accessible to verbal forms of therapy than is the neurotic process. Medical orgone therapy is the only form of treatment that directly addresses the basis of schizophrenia : armoring of the brain.

As demonstrated by the treatment of this patient, medical orgone therapy can reverse the psychotic process of the schizophrenic illness, eliminate its positive and negative symptoms, and allow the patient to see more clearly. If the illness progresses to the chronic state

[1]In contrast, in those individuals who are not schizophrenic there is no split between perception and excitation. This is because the primary armoring is not found in the ocular segment, but rather in the lower segments. In these individuals, armor simply blocks the functions of perception and excitation.

there is considerable damage to the biosystem and the effects of medical orgone therapy are limited. In this patient the first psychotic episode was relieved in about half as many sessions as the second episode. It was also my impression that the therapeutic work was much more difficult during his second psychotic episode than during his first.