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Schizophrenia and Epilepsy are Functional Variants of the Ocular Repressed Character

Charles Konia, M.D.

Both the schizophrenic and the essential epileptic characters are considered to be ocular repressed characters (1). In both biopathies, the primary and defining locus of armor is the ocular segment, although lower segments may also be armored to varying degrees. The biophysical picture of the ocular segment in both character types is clinically indistinguishable. There is a tendency for the eyes to have a far-away, veiled, or trance-like expression, and there is frequent staring. Perceptual and cognitive distortions are indicative of poor visual integration and functioning.

Although closely allied, these biopathies are also antithetical. In schizophrenia, opening the eyes wide tends to produce panic and splitting, while in epilepsy it may induce a convulsion (1). Schizophrenic symptoms and epilepsy rarely coexist. When a schizophrenic develops epilepsy, the schizophrenic symptoms improve. This observation led to the treatment of schizophrenia by artificially induced convulsions (electroshock therapy). In similar fashion, the suppression of temporal lobe seizures increases the incidence of psychosis. The questions arise: What are the specific biophysical disturbances that are at the basis of each of these antithetical functions? What is the functional relationship of these illnesses to each other?

Reich viewed the schizophrenic biopathy as resulting from armor involving the brain and its ocular extension. In schizophrenia, there is diffuse involvement of the brain. The pathogenic lesions are elusive

except in advanced cases. In essential epilepsy, although EEG abnormalities may be a prominent feature, the focus of involvement is also highly variable and often resides deep in subcortical structures. In these cases, EEG abnormalities may be absent. There is no structural abnormality in the brain in either of these biopathies that differentiates one from the other, except in advanced cases of schizophrenia, where ventricular size may be enlarged. What most distinguishes them is the clinical picture. It is here, with careful examination from an energetic perspective of the differences in the clinical features, that a functional understanding of these two illnesses may be found. Baker provided a clue when he stated: "It seems that in the epileptic unlike the schizophrenic increase of energy is discharged into the musculature and provides release (extra-genital orgasm)" (1). In schizophrenia, on the other hand, increase of energy charge is *prevented* by severe blocking in the vegetative centers of the brain.

The result, an *intolerance of orgonotic charge in the brain*, produces the schizophrenic split between perception and excitation, which gives rise to a slow deterioration of unitary functioning. The organism is simply incapable of sustaining highly charged emotions in the ocular segment without a split. This reaction occurs whenever the brain parenchyma is flooded with energy (i.e., when intense emotional charges surface). In long-standing cases, diffuse atrophy of various parts of the brain occurs.

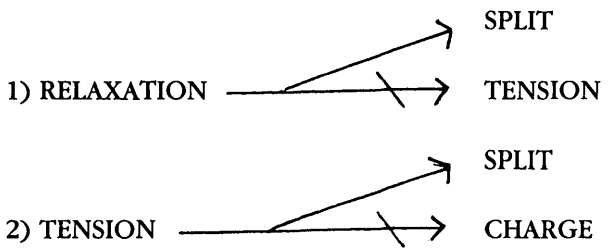
In the epileptic, the exact same biophysical process, increased emotional charge, sets off a seizure. The brain parenchyma of the epileptic is capable of tolerating an orgonotic charge *greater* than that of the schizophrenic, but because of the ocular repressed block, it too is unable to hold this charge. During periods of emotional intensity, energy is discharged in the seizure. As a result, energy charge is unavailable for ocular functioning.

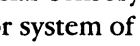
The *repressed* state of the ocular segment in both the schizophrenic and the epileptic is directly related to the *inability of both to tolerate orgonotic charge in the brain and its extension, the visual apparatus.* What biophysical function then distinguishes the two conditions?

All biological functions are an expression of the four-beat life formula – the sequential progression of tension-charge-discharge-relaxation.

While all biopathies arise from a disturbance of this cycle, it is the *point* at which the disturbance manifests that differentiates these disorders.

In schizophrenia, the specific disturbance occurs *earlier in the cycle* so that orgonotic charge does not have a chance to build. We can identify the disturbance as occurring at either one of two places, either *before* mechanical tension, or *between* the function of tension and charge. This can be expressed in the following manner:



The symbol  designates an interruption in the pulsatory sequence.

In the special sensory and voluntary motor systems of which the sensory-motor system of the visual apparatus is one example, the four-beat sequence has been developed into more specialized functions. These systems operate on the principle of the homologous functions of charge and discharge. The resting sensory receptor and motor effector is in a state of *bioenergetic charge* ready to respond to a sensory stimulus by *bioenergetic discharge*. This stimulus is in the form of a *mechanical tension* applied to the receptor cell. For example, in the case of the visual system, a photon of light exerts pressure on the retina. This is called radiation pressure and provides the mechanical stimulus in the form of a physical tension on the rods and cones of the retina. This stimulus effects *bioenergetic discharge* into the visual system starting with the release of visual pigment.

Similarly, an inner desire to look, let us say, at something exciting, is preceded by an energetic push from within. A mechanical tension is experienced in the eyes which accompanies the process of reaching

out. This is followed by the visual functions of charge and discharge in the retina. We know that mechanical relaxation is paired with mechanical tension. Once the visual activity is completed, the eyes undergo mechanical relaxation.

The coupling of an external *mechanical* force, which applies tension to the sensory receptor, with the bioenergetic functions of *charge* and *discharge,* provides the physiological basis for the specialized sensory function in higher organisms.

The schizophrenic split can also occur with the buildup of charge in the ocular segment (number 2 in the formulation above). In either case, the end result is an inability to sustain orgonotic charge in the visual apparatus and brain.

In epilepsy, the clinical situation is entirely different. Charge readily accumulates in the brain, but the epileptic is unable to *hold* or *bind* it in a way that can be discharged in natural functioning. Instead, charging is suddenly short-circuited in motor activity of varying degrees of organization. Interruption in consciousness is also sudden and of varying degrees. The most disorganized form of motor discharge is in the *grand mal* and *petit mal* attack. The *grand mal* seizure primarily involves the facilitative division of the voluntary motor apparatus while *petit mal* involves the inhibitory branch ("absence," dropping objects, etc.). In the *grand mal* attack, the disturbance occurs at first with a *total interruption* of motor pulsation and a discharge from the *facilitative* motor fibers of the brain (tonic phase). This is followed by the *return of motor pulsation* and the appearance of the clonic phase in which there is an alternating discharge between these two divisions of the voluntary motor apparatus (the facilitatory and inhibitory systems).[1] Less disorganized and more protracted forms of motor discharge are found in the temporal lobe seizures. In these cases, impairment of consciousness is less severe but usually more prolonged.

The point in the four-beat cycle at which the epileptic disturbance occurs is located between the functions of charge and discharge:

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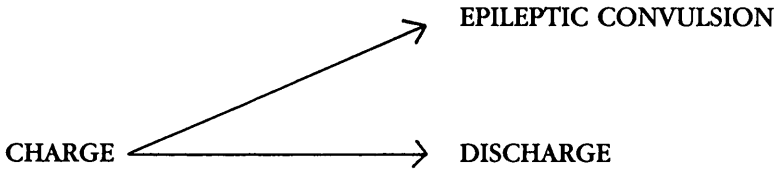
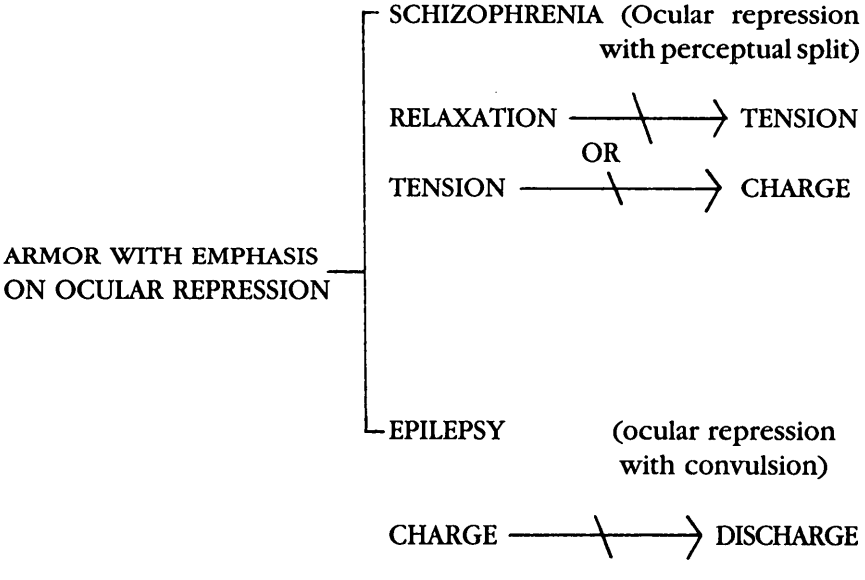
[1] For a discussion of the functional properties of the voluntary neuromuscular apparatus, refer to "Orgonotic Functions of the Brain (Part III)," *The Journal of Orgonomy*, 17:1, May 1983.



It would be illogical (and incorrect) to place the disturbance between the phases of discharge and relaxation. The epileptic cannot "prevent" *premature* discharge in the seizure because of the inability to sustain orgonotic charge in the brain. Placing the pulsatory disturbance between the functions of charge and discharge satisfactorily accounts for all of the signs and symptoms of essential epilepsy including the EEG abnormalities, the motor manifestations, and the sudden disturbances in consciousness.

The biopathic disturbance in the ocular repressed character can accordingly be written as follows:



Examination of this formulation highlights several important features. First, as in the case of all biopathies, these illnesses are based on a disruption of the four-beat orgasm or life function.

Second, this formulation sheds light on a key difference in the clinical picture of these two biopathies. Since a certain degree of orgonotic charge is essential for sensation, and since orgonotic charge is not well tolerated in the schizophrenic brain, it is not surprising that *sensory disturbances* are a central feature of this disorder. The perceptual split resulting from the inability to sustain charge occurs between excitation and perception. The clinical features of schizophrenia – pale, contracted ocular segment, poor respiratory excursions, contracted cervical segment, fear of movement, a weak, diffuse energy field – all support the conclusion that the inability to sustain charge in the ocular segment is primary. This, in turn, results in the inability to tolerate sensation.

Epileptics, on the other hand, are able to tolerate orgonotic charge to a greater degree. In epilepsy, the primary manifestation is in *motor* disturbances. That epileptics are capable of tolerating a greater charge than schizophrenics is apparent in their tendency to have tantrums and rages. They may behave impulsively and show aggressive irritability when under emotional tension. The profound disturbance in consciousness seen in the epileptic during a seizure is secondary to the *disintegration* of the innumerable elements of self-perception from the component parts of the organism that accompanies the motor discharge.

The difference in the clinical picture between these disorders can be understood by referring to the four-beat life formula. At the level of *local* or *component* organismic functions, sensation and movement are mutually interdependent. Sensation is accompanied by movement, and bioenergetic movement is experienced as sensation.

This situation also applies in the autonomic nervous system (ANS). The sensation of pleasure is accompanied by parasympathetic motor activity. At a certain point in phylogenetic development, sensation and movement became *dissociated* into distinct sensory and motor components of the central nervous system (CNS). Although both functions continue to be interconnected, sensation now does not occur simultaneously with movement. These functions are ultimately derived

from the four-beat formula just as they are in the case of the ANS. In both the ANS and CNS, tension and charge are functional variants of expansion, while discharge and relaxation are functional variants of convulsion.

The four-beat cycle consists of a pair of heterogeneous functions: tension-charge and discharge-relaxation. At the level of the *total* or *unitary* functioning of the organism, the first pair of heterogeneous functions of the four-beat sequence (tension-charge) is involved primarily with sensory, perceptual functions, while the second pair (discharge-relaxation) is involved with mainly motor functions. Because the disturbance in schizophrenia is found in the first pair (tension-charge), sensory phenomena are prominent. Because the disturbance in epilepsy is found in the second pair (discharge-relaxation), motor manifestations predominate.

The orgone energy fields in these two conditions are also distinct. In schizophrenia, because of low charge in the brain, the energy field is poorly bound to the organism and is diffused over a wide area. In epilepsy, the orgone field has been described as being asymmetrical, narrower on one side than on the other (2). This asymmetry may be reflected in the EEG tracings of the brain which may also be lateralized.

The various motor symptoms that occur in catatonia are secondary functions. They are a reaction to the inability of the schizophrenic to hold an orgonotic charge in the brain and are an attempt at regaining contact with the self.

The most extreme motor activity found in schizophrenia is catatonic excitement in which a sudden violent paroxysm, indistinguishable from epileptic furor, is capable of bringing about a temporary remission of the schizophrenic symptoms. Here, these two biopathies are clinically identical, and the disturbance is at exactly the same point in the four-beat sequence, between charge and discharge.

REFERENCES

1. Baker, E.F.: *Man in the Trap.* New York: Macmillan, 1967, p. 147.
2. Kilner, W.: *The Human Aura.* New Hyde Park, New York: University Books, 1965, p. 285.