Orgonomic Treatment of Severe Depression

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Severe depression, referred to as Major Depression by contemporary psychiatry, is commonly seen in psychiatric practice. Symptoms include depressed mood, feelings of hopelessness, poor appetite with weight loss, increased or decreased sleep, loss of energy and lack of pleasure in most activities. There is often decreased ability to concentrate and sometimes thoughts of suicide. Standard treatment focuses on the use of antidepressant medications, in the past usually tricyclics and now selective serotonin reuptake inhibitors (SSRIs).

These medications have proven helpful for many, but certainly not for all. In addition, antidepressant medications have side effects. These may include dry mouth, weight gain, blurred vision and constipation. More disturbing side effects include seizures and, more commonly, sexual dysfunction such as decreased or absent sexual drive, anorgasmia (the inability to have an orgasm) as well as erectile and ejaculative dysfunction in men.

For those individuals suffering from depression who don't want to take medication or who can't, medical orgone therapy can be of great value: it goes to the core of the problem. What we know is that there is a deep biological contraction in such individuals which causes a decrease in both the person's energy and natural bioenergetic pulsatory ability. What is notable is that even short-term treatment with medical orgone therapy often produces dramatic, lasting effects in those depressed.

I will now present the case of a man who came to me suffering from severe depression and will briefly describe his treatment with medical orgone therapy.

Case Presentation

John is a 37-year-old, twice divorced, chemical engineer who came to therapy complaining of crushing feelings of worthlessness and depression. He also had decreased energy and his sleep was disturbed. These symptoms were troubling, to say the least, but his greatest concern was his difficulty concentrating, which impaired his job performance and threatened his position as an engineer. He felt that he was losing control of his life. He told me, "I have a lot of people who depend on me and I must function."

To give you some historical background, one year before John came to therapy, his father and mother were in a terrible motor vehicle accident: his father was killed outright and his mother was badly injured. She required months of hospitalization and later a long period of rehabilitation. During this time, John went on "autopilot" and did what needed to be done for his mother. He said she needed someone to be strong and John, an only child, buried his feelings and dutifully took care of everything. He attended to his father's funeral, made daily visitations to his mother in the hospital and attended to all the many financial matters for his recently widowed mother.

When his mother left the hospital after four months, John brought her to his home to convalesce. His fiancée, who had been living with him for two years, did not get along with John's mother and insisted that his mother go elsewhere. Feeling that he had to see his mother through her convalescence, John finally had to ask his fiancée to move out, adding yet another loss to his life.

Over the ensuing months, John became increasingly depressed and immobilized. He went to a mental health professional but was put off when the first thing she appeared most interested in was helping him to build a good lawsuit against the drunk driver who'd killed his father. He left her feeling misunderstood and alone and he subsequently came to me.

John described his life as having been unremarkable and said he never had serious emotional problems and was always able to proceed

with his life in an orderly and rational manner. John said his fiancée had been very special to him, he had never before loved any woman as he had loved her and he mourned that she was no longer part of his life.

Aside from his depression over her loss, his past history showed no episodes of depression. "I've always been happy," he said. He had never used drugs or abused alcohol, had never been hospitalized and had never had any kind of psychotherapy before, except as mentioned above.

In his initial session with me, I saw that John was a medium-sized, well-muscled man with a stoic manner and a rock-like face. Although the muscles of his jaw frequently flexed and he looked like he was biting back his feelings, I was struck by his emotional flatness. His eyes were veiled and very sad. His voice was low, soft and without inflection and he spoke with great deliberation. He had difficulty spontaneously expressing himself. He told me that he realized he was depressed and was upset that he could not make rational sense out of what he felt. He believed he should just be able to "pull himself out of it and get on with things." He talked about himself and his symptoms in an emotionless manner, as if he were talking about someone else. I asked if he had been crying much with all he'd been through and, to my astonishment, he replied that he hadn't cried once in the last year: He always felt he had to "hold it together" for his mother from the moment she was brought to the hospital until the present. When I reflected on what he'd been through, he looked at me as if he were seeing me for the first time. I seemed to shock him when I showed that I felt for his plight. He was so used to worrying about others that he could hardly conceive of others worrying about him. Everything he conveyed suggested that his own feelings were of no importance.

I told him that he had experienced great losses and suffered intensely and had kept it all bottled up to be able to function for his mother. I told him that he was emotionally dammed up and I offered him two options for treatment: 1) medication, with their potential side effects, or 2) therapy on the couch that helped people get their emotions out.

He readily agreed to the latter and I had him lie down on the couch. I saw that his chest was held high in an inspiratory attitude, and that it moved little with each breath. I asked him to breathe deeply through his mouth. As he continued breathing in this manner, I pressed down on his chest with each expiration. His chest let go some and moved a bit more with respiration. He breathed now more fully on his own for a minute. Then he abruptly stopped, holding his breath. He looked as if something alien was coming up from inside him as he, puzzled, waited for it to emerge. I waited there with him, saying nothing. His face slowly began to contort into an expression of misery, and then crying, as a few tears emerged. I gently placed my hand on his shoulder, telling him, "You've been through a lot, John."

I encouraged him to open his mouth and he began sobbing, first softly, and then louder. He lay on the couch crying for some minutes. When he stopped crying, he slowly sat up and looked around the room. He said he was very surprised that he'd cried and with amazement said that he felt better; in particular, his head felt clearer and he thought that now he might be able to concentrate. He couldn't make sense of what had just happened and I told him he didn't have to understand it, just to let his crying come out.

At the end of that first session, I told him I'd see him once a week. I also told him that I wanted to have laboratory tests done so we could be sure there were no physical causes adding to his depression, such as hypothyroidism, etc. I told him he could call me anytime.

At his second session, John told me he had felt better during the previous week, but not cured. We talked briefly about his mother's convalescence. Then I asked him to lay down on the couch and to breathe through his mouth. I also had him make various faces. His stone-like facial hardness moved with difficulty into expressions of anger, sadness and fear. After several minutes, I had him kick the couch repeatedly as hard as he could with continued breathing. Then I asked him to yell out loud while kicking. Despite trying, he could only open his mouth an inch and he could only produce a slight sound. I told him his jaw was very tight and that this was holding back

his yell. With his permission, I gently pressed on his jaw muscles, which were taut and sore. With this he was able to let out a real yell. He began to hit and kick the couch, angrily shouting now. Finally, he stopped, and gentle pressure on his chest again brought out crying.

Over the course of the next three months, John's sessions were much like his second session except that the degree of emotional discharge and relief increased. His disabling depression progressively remitted giving him encouragement to tolerate and express the sadness that remained. At the beginning of sessions, John looked "dark," immobilized and sad. After talking, making contact, and expressing his feelings verbally, then working biophysically on the couch, his face looked brighter and more mobile and his eyes showed relief.

When he was able to cry more fully, he began to grieve for his father. He remembered every detail: going to the hospital, the smell and the look of the emergency room. Later, rage toward the drunk driver who had killed his father emerged.

Three months after starting therapy, John was sleeping well and his feelings of worthlessness were almost gone. His energy level was close to normal and his concentration at work was much improved.

In the fifth month of therapy, memories of his first visit with his hospitalized mother began to surface. When this happened he said he "closed down," again experiencing decreased energy, difficulty sleeping and poor concentration, though not with the initial severity. In this phase of his treatment, we found therapy twice weekly for several weeks allowed him to release more and deeper anger and crying, with relief of his symptoms.

In his sessions, despite the emotional discharge, John kept a certain distance from me and did not show any overt feeling toward me until the end of each session when he thanked me, usually as I was walking out of the treatment room. Even though it was understated, the depth of gratitude I felt from him was moving.

As John's therapy continued, I felt I was seeing more of someone who had been hidden. By the eighth month of therapy, I finally saw a

cautious smile and slowly he began to reveal a sense of humor, an indication that his depression had resolved. No medications were used in his treatment.

John decided to continue therapy to further enhance the quality of his life. Specifically, he wanted to be able to feel his emotions more fully and to be able to show them.

Over the ensuing nine years there was substantial and continued progress in this regard. There were no recurrences of John's depression or depressive symptoms.

The treatment of this man's depression with medical orgone therapy demonstrates some of the major principles employed with this approach. First, and most important, emotional contact with the patient must be established. A full history is then obtained with emphasis on past and present functioning. A medical work up is done if the medical orgonomist has any suspicion that an underlying physical condition may be causing or contributing to the presenting emotional problems. The individual's character armoring (in this case, John's stoicism) and the individual's muscular armoring (here, in his jaw, throat and chest) are addressed and full expression of held back emotions is encouraged.