

Panic Attack—Treatment Without Medication

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Abstract

Several cases of panic disorder treated with a unique therapeutic technique called medical orgone therapy are presented. Panic attacks disappeared when patients were able to free the chronic muscular rigidity (armor) located in the thoracic area through

Five clinical cases of acute and sudden onset of anxiety—diagnosed by classical psychiatry as "panic disorder"—are presented. Medical orgone therapy, a treatment approach that does not rely on medication, brought about complete relief of all symptoms in three patients and substantial amelioration in a fourth.

This bioemotional technique was discovered by Wilhelm Reich, M.D. (1897-1967) as an outgrowth of Sigmund Freud's psychoanalytic- technique of resistance analysis. What Reich found was that the *character* of the patient, the characteristic way the patient, interacts with the world, rather than conscious thought, constitutes the main resistance to progress in treatment. Reich called this new approach *character analysis* and it was able to bring about the re-emergence of feelings and long-repressed emotions. Pointing out to the patient his/her character traits (i.e., a "know it. all" attitude, exaggerated politeness, the bully, etc.), always accompanied by corresponding physical contractions in the body, such as a mask-like face, stiff neck and rigid chest, produced emotional reactions. When this approach was applied consistently, the patient reacted spontaneously with emotions usually of anxiety, rage and sadness and often accompanied by a flow of forgotten memories of traumatic experiences.

Freeing this emotional energy—by character work and later by breathing and direct pressure on the spastic muscles—became central to the successful dissolution of psychiatric symptoms. The largely unconscious, chronic spasticity held both in the character and the body Reich called "armor."

This approach to mental illness (and even some physical disorders) evolved into today's practice of this unique bioemotional therapy. Reich coined the term "orgone" to identify the unique properties of the energy found in the human organism—and later elsewhere.

Classical and Orgonomic Treatment of Panic Attack

The appearance of panic attacks is a common condition, one that occurs mostly during adolescence or early adulthood. It is frequently associated with other psychiatric conditions, i.e., depression. The symptom complex of panic attack entails the sudden onset of terror accompanied by symptoms such as tachycardia, trembling, profuse sweating, chills and vertigo. (*Diagnostic and Statistical Manual of Mental Disorders*) The treatment has remained unchanged through the years—the use of psychopharmacologic drugs with or without cognitive and behavioral therapy. The latter two intellectual approaches employ verbal interchange in an attempt to help patients modify and cope with their anxiety. The outcome, although described as "promising" for both of these methods (Marchesi, Hofmann, Roy-Byrne), has changed little through the years.

In contrast, the bioemotional treatment described in the case histories below concentrates on the emotional/energetic function of panic. The terror and its accompanying physical manifestations are the result of a bodily contraction, especially in the ocular and chest segments, in individuals with a relatively high energetic charge. In cases described by this author previously (Foglia 1994) the attacks disappeared when the patients were able to express their pent-up fear, sadness and especially rage. Several additional cases of panic are presented here and the amelioration and complete resolution of the episodes of extreme anxiety confirm

Case 1

Lisa, a 21-year-old female student, suffered from generalized anxiety, phobias and recurrent panic attacks. These began two years prior to beginning treatment with me. She had been treated by a classically trained psychiatrist with an antidepressant medication and cognitive-behavioral therapy that resulted in a slight diminution of her overall anxiety level and the frequency of the panic attacks. However, she gained 20 lbs. and became more depressed and emotionally withdrawn. On the couch, the patient appeared rigid throughout her body, but especially in the chest. Her breathing was shallow. Encouraged by me to breathe in and out fully through her mouth, she was slowly able to make some sounds and then to shout out. She came to see that her fear had inhibited her, making her unable to speak up for herself, to say convincingly "No." After 43 sessions of shouting, especially "No! No! No!," there was a progressive loosening of her chronic chest rigidity. She no longer suffered from panic attacks and her phobic tendencies had almost disappeared. Medication was tapered down and then stopped without complications and her weight returned to normal. Her diagnosis is a hysterical character with an oral unsatisfied block.

Case 2

Nancy, a 19-year-old female nursing student, came for treatment having suffered recurrent panic attacks for 18 months. She had treated herself with anti-anxiety and anti-depressant medications and, notwithstanding, was still distraught, anxious and depressed. She had withdrawn from social as well as athletic activities. On the couch, she appeared anxious, held her breath and was unable to make any sound, let alone shout out. Encouraged to chest breathe deeply and to vocalize, she quickly found that yelling, hitting and kicking was very pleasurable. After 35 sessions of releasing long-repressed feelings and emotions, her panic attacks completely disappeared and Nancy resumed her usual social life and no longer took any medication. Her diagnosis is a hysterical character with an oral repressed block.

Case 3

Patricia, a 38-year-old female manager, had recurrent, severe panic attacks for five years prior to beginning medical orgone therapy. Treated with antidepressants, she still suffered from panic attacks, although they were milder. On the couch, she appeared anxious with a submissive attitude that was revealed, in the course of therapy, to be a defense against deeper rage. This anger was directed toward her fiancé whom she accused of being both too protective and too authoritarian. This rage was discharged over the course of 40 sessions and she gained a new sense of independence. She slowly reduced and then stopped her medication, and she changed her job. She was able to live her life completely free of panic attacks. Her diagnosis is a repressed hysteric character.

Case 4

Rodolfo, a 26-year-old male, trained as a professional soldier, came to therapy complaining of suffering anxiety since his teens and then having severe panic attacks beginning at the age of 20. The attacks started after he killed a criminal in the course of his duties.

He was treated with antidepressants and tranquilizers after the episode, but continued to suffer frequent panic attacks that became incapacitating, forcing him to leave his position as a security guard.

On the couch, his chest was held in chronic inspiration and his breathing was shallow. He was told to breathe deeply and to vocalize, and this brought him into contact with the intense rage that was held in his chest since early childhood. This raving rage was mostly directed toward his suspicious, mistrustful parents. Session after session, he was able to yell, kick, curse and hit, directing his fury at them. Slowly, he freed himself from their influence and the guilt that had plagued him through his life dissipated. In fact, he became able to relate to his parents without being "the victim." After 34 sessions he resumed work as a security guard and another 35 sessions reduced his symptoms of chronic anxiety to the point where he felt he could cope with life without further treatment. His diagnosis is a repressed phallic character.

Case 5

Chiara, a 40-year-old female clerk, began medical orgone therapy having suffered recurrent panic attacks for three years. On the couch, she could barely breathe, and her chest was rigid and held high in inspiration. She could not utter a sound with expiration nor move her chest, and her attitude, although unconscious, was that of frozen spite. More than 50 therapy sessions failed to change her attitude or soften her chest. This patient wasn't able to follow any direction given to her and her chest remained as rigid as at the beginning of therapy. She terminated treatment without any amelioration of her anxiety and panic attacks. Her diagnosis is a phallic character.

Discussion

Five clinical cases of panic attack treated with medical orgone therapy have been presented. All but one of these patients were completely or largely cured of their disabling condition. Of those successfully treated, all were able to discontinue their use of medication except for Rodolfo, patient 4.

Some observations can be made regarding this common emotional condition. Panic attacks are not a specific diagnostic entity, but rather a constellation of signs and symptoms. Individuals of every character type experience anxiety and anyone can suffer an episode of panic. Individuals who have had these attacks over a longer period of time require more therapy for resolution than those with more recent onset.

The treatment of panic attacks relies on establishing a working relationship with the patient, dissolving negative transference as it appears and freeing the chronic rigidity of the chest segment. With the release of emotions held there, principally rage but also sobbing, unconscious, repressed feeling and impulses are liberated. For example, Nancy, patient 2, was completely cured without gaining any insight as to the cause of her anxiety simply by repetitive and pleasurable yelling out, screaming and cursing in sessions. Two years after she terminated treatment she remained free of panic symptoms.

To the contrary, Chiara, patient 5, was never able to come in and release the emotions held in her chest. The chronic rigidity and remained unabated.

Summary

Several cases of panic attack treated with a unique, not bioemotional method called medical orgone therapy have been treated. The treatment allowed those on pharmaceutical drugs to discontinue. The symptoms disappeared when the patients were able to free their chronic rigidity with the release of repressed emotions mostly buried since childhood.

References

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