A Patient with Multiple Abdominal-Pelvic Pathologies

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Abstract

The case of a man with an unusual number of pelvic and abdominal pathologies is presented. The orgonomic perspective provided an understanding of the bioemotional and characterological basis of seemingly unrelated medical conditions.

Introduction

Umbilical and inguinal hernia, varicocoele, testicular cyst, diverticulosis, hemorrhoids, perianal abscess, penile and scrotal dermatitis are all pathological conditions affecting the abdominal and pelvic segments of the body (See Glossary for definition). Although modern medicine considers them as distinct pathologies located in the same anatomical areas, one wonders if they have an underlying common bioemotional etiological mechanism. The clinical case described below contributes some relevant evidence to this hypothesis.

The Case

Gerry was a 50-year-old businessman who sought therapy because of hypochondriacal preoccupations about his belly, penis and scrotum that sometimes resulted in symptoms of panic. In fact, there was a mixture of objective, reality-based symptoms and hypochondriacal preoccupations and anxiety around these symptoms that often overflowed into panic attacks. When Gerry started therapy he was married, had no children and was very successful in his work. Since his twenties he regularly consulted doctors for his persistent health problems. Over a period of several years prior to presenting for

therapy, he had required surgical treatment for umbilical and inguinal hernias, a perianal abscess, a varicocoele, hemorrhoids and, lately, diverticulosis with recurrent diverticulitis. In the two years prior to presenting for therapy he developed testicular cysts of large volume in both testicles. These conditions and the presence of chronic penile and scrotal dermatitis only served to reinforce his preoccupations.

On the couch Gerry was heavily armored throughout. His eyes were clear and he tended to be overtalkative. His overtalking and his character attitude of "I am always a happy guy no matter what happens," the major resistances to his perception of deeper disturbing feelings, were pointed out to him from the first session. For a long time he didn't appear to have any reaction to my pointing them out, but later he began to show surprise and sadness. He then recalled long-forgotten episodes from his childhood of severe emotional and physical abuse by his father. He recalled his constant fear of his father returning home from work drunk and violent—he used to yell at him for no reason, and slap him in the face for minimal movements he made. He also recalled the guilt-ridden, submissive attitude of his mother which only made things worse.

During the course of therapy he became increasingly more silent on the couch, turning away from me and making strange sounds, like the growls of a whipped dog. This lasted for several sessions and we couldn't understand what it meant. Only in the course of the 92nd session did he suddenly recall being very little, probably less than one-year old, lying in his bed, his body tied down with something, probably straps, looking up at his parents as they laughed at him. He felt a tremendous sense of impotent rage and the clear desire to "never give up no matter what happens." He remembered pushing with all his strength to try to liberate his body and his arms from the straps. For many sessions lying down on the couch, he contracted all of his musculature, arching his back, stretching his arms and legs, turning his head away from me, making grunts, growls and snarls. We called this his "pushing." It was pathetic and very peculiar. He forced his expiration against his closed mouth and epiglottis, the *Valsalva maneuver.*

Of note, the Valsalva maneuver increases intraabdominal and intrathoracic pressure and is involved in the acts of sneezing, coughing, defecating, straining, and the delivery of babies.[1]

After this discovery Gerry began to face his painful past and the associated unbearable feelings bound by his armor in the form of a chronic, until now unconscious, Valsalva maneuver. Pointing out his "pushing" inflamed his sense of impotence and brought forth the subsequent attitude of "not giving up" to ward off the same feelings of impotence. For several sessions the sense of emotional impotence was experienced off and on until rage began to appear and with it a flood of memories of abuse and suffering that characterized his entire infancy and early childhood.

After 122 sessions this patient has made substantial improvement toward better health: he feels more assertive and satisfied in his work and love life. There has been significant loosening of his characterological and muscular armor that kept him tied to his infantile misery and rage.

Discussion

Medical orgone therapy uses three main tools to achieve the spontaneous release of the emotions held in the armor: *character analysis* which allows the patient to know that he is defending, how he does this and finally against what he resists psychically as well as somatically; *breathing* as a way of enhancing the overall energy charge of the organism bringing to the surface the hidden opposition between impulse and defense; and *work on the musculature* to liberate the emotional energy bound up in tense, contracted areas (Baker, page 45).

For this patient, making him aware of his specific attitude of holding ("pushing") led him to work on the particular muscular tensions which became evident after the 92nd session. This, in turn, allowed him to realize that he defended against the release of deep feelings of impotence and rage associated with experiences of past emotional and physical abuse.

[1] Its discoverer, Antonio Maria Valsalva (1666-1723) recommended it to free the ears of infectious detritus. (Yale, pages 35-36)

His character attitude of "never giving up no matter what happens" together with the muscular expression of a chronic push to free his body from the straps that he had been tied down with as an infant, caused him to develop a chronic state of Valsalva maneuver. This clarified how he could have developed all of the seemingly unrelated medical conditions.

Increased intraabdominal pressure (IAP) is the hallmark of the Abdominal Compartment Syndrome, a dangerous complication of abdominal trauma and surgery. It is also thought to facilitate the formation of several other medical conditions like hernia[2] (Cobb, page 231), diverticulosis (Stollman, page 632), hemorrhoids (Twardowski, page 129) and varicocoele. (Resim, page 371) Delivering babies, defecation, straining, coughing, sneezing, abdominal tumor, pregnancy, constipation can all cause IAP and are usually reported as triggers to any herniation.

The Valsalva maneuver actively increases intrathoracic as well as intraabdominal pressure. It also reduces venous return to the heart thereby increases venous tension in the spermatic veins. (Nachemson, page 476; Shafik, page 383, Cobb, page 231; Yale, pages 35-38)

Contemporary medicine cannot account for the emotional component of medical disorders because of its mechanistic orientation. However, emotional factors are at the root of many diseases of unknown origin. In this patient, for example, the presence of an unconscious attitude of Valsalva maneuver originating in infancy, anchored in his muscular and characterological armor, likely caused a chronic increase of intraabdominal pressure that can explain all of his medical conditions. Medical orgone therapy allowed the characterological (psychic) and muscular (somatic) unmasking of this chronic condition at the root of these multiple physical pathologies. Unfortunately, the progressive dissolution of his armor accomplished in therapy could not resolve the already structuralized medical pathologies that were only treatable with surgery.

[2]The theory of IAP in the etiology of inguinal hernia was already introduced by Astley Cooper in 1804. (O'Rourke, page 201)

Glossary

Chronic diverticulosis with recurrent diverticulitis: formation of pouches in the wall of the sigmoid colon (the last part of the large bowel before the rectum) which in 20% of the cases cause fecal stagnation with painful infection and inflammation. (Stollman, page 633)

Hemorrhoids: nodular dilatations of the rectal veins and arteries. These may be internal or external and of varying grades of severity. (Durst, page 586)

Inguinal hernia: a protrusion of the intestine through an opening in the muscle and fascia of the abdominal wall in the groin. (O'Rourke, page 202)

Intratesticular cyst: a rare formation of a benign, clear, liquid-filled sac in the testicle. (Al-Jabry, pages 1-3)

Penile and scrotal dermatitis: itching and redness of the scrotal and penile skin, considered a localized variant of contact dermatitis. This is a chronic skin inflammation thought to be caused by toxins or allergens that can be triggered by venous stagnation. (Calvin, page 289)

Perianal abscess: an infection of the anal glands surrounding the anal canal which often produces pain, fever and the danger of fistula formation. (Durst, page 589)

Umbilical hernia: a protrusion of the intestine through an opening in the muscle and fascia of the abdominal wall at the umbilicus.

Varicocele: a dilatation of the venous pampiniform plexus and the internal spermatic veins located in the spermatic cord. This is present in at least 10% of the male population and is a frequent cause of male infertility. (Evers, page 1849)

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