

# A Case of Recurrent Psychosis

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Elena is a 40-year-old gym teacher, married and the mother of two girls. She came to me in 2003 because she wanted to be treated with medical orgone therapy for recurrent psychotic attacks. (Psychosis refers to episodes of severe mental disorder with derangement of personality and loss of contact with reality.) She had suffered these attacks every September since the age of 19. Except for two occasions when she had to be hospitalized for a few weeks, she was treated every year with psychoactive drugs, which gave her a sense of deadness and marked drowsiness. Regularly, one to two months after the attacks, Elena stopped the medication.

The attacks presented in the form of paranoid ideas and delusions about people she knew, relatives or friends, starting one to two weeks before the actual attack. She thought these people were hurting her, in her words: “taking away my energy” or “putting me down in a mean way.” This was experienced with escalating terror and hatred, and ultimately expressed in explosions of rage and disconnected outbursts of shouting, cursing and physical violence against physical objects. At the same time, she also experienced visual hallucinations, usually seeing a skull, which she connected with her dead mother. The actual crisis lasted one day and was expressed in a sort of detachment, “a trance-like state,” very similar to the “possessed paroxysms of certain movies,” as she described it. The day after the crisis, Elena woke up from this “trance-like state” with a sense of lightness and relief but with the fear of being insane. The psychiatrists in charge of her diagnosed an “Acute psychotic episode in a Borderline Personality Disorder.” Luckily, the drugs they gave her were effective in controlling the attacks; in fact, without the medication Elena would have been hospitalized much more frequently and for longer periods. In the last

two years, however, the attacks were becoming more intense and more frequent than in the past, appearing at different times of the year, not only in September. The psychiatrists advised her to take medication for the rest of her life to avoid relapses.

An orphan, Elena vaguely remembers that she saw her mother die of a heart attack when she was eight years old. She was adopted by a professional couple with two children and grew up in a caring environment. An athletic girl, she was a good student and graduated from high school before becoming a gym teacher. For 15 years she taught in a private institution with success and satisfaction. Her two daughters, Livia and Sara, were born in 2001 and 2005, and she is a happy mother.

During our first telephone contact on October 3, 2003, Elena told me that one of her attacks was imminent. She didn't know what to do and asked me for advice. She agreed to take a major (anti-psychotic) tranquilizer to stop her crisis and, given how far away she lived, to come to see me as soon as she could in the following days. At our first encounter, I found a tall, somewhat masculine-looking woman with a rigid, immobile posture. She spoke rarely, and was shy and reserved. Her eyes were mobile with a guarded quality, her mouth was contracted, her voice whispery, and her chest was held rigidly with minimal respiratory excursion. I couldn't evaluate armoring of her pelvis because she was sitting at the desk in front of me. I asked her to roll her eyes, which she did with a look of suspiciousness. I sensed some insecurity and worry, and I told her this. She explained to me that she was feeling fragile, was afraid of exploding, and that this was exactly the kind of attack she had for years. She also explained to me that her crisis had begun some two weeks before in the form of anxiety, fear and emotional withdrawal, followed by rage and unjustified hatred, this time toward her husband. Luckily, the early administration of medication prevented the real explosion of psychosis. I reassured her, let her express her anxiety, and explained to her how orgone therapy works. She already knew something from reading about Reich and asked me many questions about the couch,

the release of emotions, the indications and the contraindications of this therapy. Her questions were logical and appropriate, and my responses reassured her. At the second session, Elena presented herself in a more open way; she was less timid and fearful. My general impression was of more solidity and control, and together we discussed her beginning to work on the couch in the next session.

At the third session, Elena lay down on the couch and seemed to want to take what belonged to her: She yelled, hit, insulted and menaced anyone she thought was commanding her, including me. She felt much better after that and explained to me that this violence was closely related to her old crises as well as to her well-being thereafter. This time, however, she was not afraid of being crazy. She asked me for permission to stop the medication, which I gave her, sensing that she was able to discharge an enormous amount of dammed-up energy and was able to do so while still keeping contact with reality.

At the fourth session, Elena still looked guarded and suspicious but was able to express her feelings. She was able to maintain good contact with me: if I told her to stop, she followed me; if I asked her to look at me she did, and her eyes expressed correctly the feeling of the moment. All-in-all she was there, present and oriented. In addition, her pelvis looked firm and rigid, which is always a good sign in patients with a history of psychotic episodes. In fact, the cessation of the medication had brought only a slight increase of intensity in her emotional discharge on the couch. From this time on, Elena never had to take any more psychoactive drugs.

Progressively, Elena's therapy sessions adopted a pattern, a recurrent theme that mirrored her way of being: guarded at first, aggressive and rigid later. This was nothing other than her character defense, which Reich called *armor* and described as the characteristic way an individual defends him or herself from unbearable feelings. On a deeper level, character armor is a specific way of blocking the free flow of energy in the body. Elena used suspicion and rebelliousness. My intervention progressively concentrated on pointing out to her these character traits, to which she reacted by intensifying her

rebelliousness, vehemently yelling “No, no, I don’t want to, I don’t want to!” These outbursts were followed by states of affect block and rigidity—she barely breathed and was unable to emit a sound. She felt blocked and impotent. Many sessions were spent with this immobility and unpleasant feeling of impotence, which were slowly replaced by sudden jerks of her head and neck followed by whimpering sounds. She felt she couldn’t move her legs and her arms; she felt she was paralyzed. She began to see herself as an eight-year-old child trying to pull her mother out of the bathtub, too weak to manage the weight of an adult, impotent and desperate. She yelled “No, no, I don’t want to see, I don’t want to, I don’t want to!”

“Negativity dissolves by expressing it,” Reich once wrote. The more Elena expressed her refusal to see, the more she saw and looked: she saw her mother dead, herself trying to save her; she was alone, nobody was around. She desperately cried for help and was even angry at her mother, demanding, “Why do you smoke so much?” At the 15th session, Elena for the first time expressed disgust and vomited. She writhed and rebelled, yelling, “No, no, I don’t want to, I don’t want to see, I don’t want to look!” She was disgusted by her mother’s blood; her mother was soaking in water and blood, there was blood everywhere. “Disgusting!” she yelled. Elena reported to me that she had nightmares for months after the death of her mother, often waking up in the middle of the night yelling and screaming, “I don’t want, I don’t want you to die!” During the session Elena cried, calling for her mother, longing to see her, and not wanting people to tear her away.

In the summer of 2004 Elena became pregnant for the second time and decided to interrupt her therapy. Little Sara was born in March 2005, and Elena called me in April, wanting to resume therapy because she was having anxiety and negative feelings, but also “strange ideas” toward her husband. On the couch again, she unburdened herself of an enormous amount of violence as she had done in the first session one year before. She felt that somebody wanted to hurt her, she was very little and had the clear impression that a bad man was hitting her forcefully. She expressed rage, fear and disgust and

after that, despite the dramatic nature of her recollections, she felt immensely relieved.

We resumed our sessions on a monthly basis again. The emotional discharge of the first session after her delivery had completely dissolved the postpartum anxiety she had been experiencing. Elena was starting again from where she had left off: disgust at the sight of her mother's blood, alternating with violent whimpers and screams, "I don't want to, I don't want to see, I don't want to look!" This always brought great relief and the clear feeling that we were working exactly on her specific life problem—her recurrent, past psychotic attacks. Similar attacks presented regularly during sessions. This time, however, they began to have a sense. Elena recognized the feelings and sensations that had been hidden within them and, with that, their meaning and their very origin in a dramatic, traumatic past event.

However, there was still a certain holding back, a resistance to an even more powerful discharge of feelings and energy. Elena was somehow detached, slightly "off," contactless, disconnected from me, herself and also her past. Moreover, she continued to keep her eyes closed. I persistently pointed this out to her, and she exploded in her typical rebellious rage, "I don't want to, I don't want to, I don't want to see!" Who could blame her or not understand? She saw, she saw better and better, and it was an awful torment. She saw her mother rigid, bluish, naked, too heavy for her to lift, wet with water and blood, there was blood everywhere. Elena screamed, she wanted to rescue her, she called her, she begged her not to die, she called for help, but nobody was there. Mother was not dying from a heart attack, she had killed herself. The blood came from her wrists that she had cut while in the hot bath.

Elena cried for a long time on the couch. She finally saw clearly and it was awful. She recalled and told me that people finally rushed in, tore her off her mother and took her to another room, where she stayed silent, completely paralyzed. She recalled with pain and sorrow the nights spent with her new adoptive family, crying, alone and desperate. In all these years she had completely repressed these memories.

This was Elena's 37th therapy session, and since then she has gained bit by bit more fragments of the puzzle of her tragic past. During every session, she discharges rage, pain and despair, always accompanied by her typical stubborn whimper, "I don't want to, I don't want to see." I assist and share at these sessions, sympathetic and moved.

Today, after 50 sessions, Elena is a much more open and happy person than when she first came to see me in 2003. She hasn't had any further psychotic attacks, nor has she taken any psychoactive drugs since her third session. During therapy she hasn't re-experienced additional feelings or images related to earlier traumatic episodes prior to the death of her mother, such as the clear feeling of being forcefully hit by a man. It is as if her sessions have become more ordered without mixing feelings and memories of different episodes from her past. She continues to express stubbornness and rebelliousness in therapy, but in her outside life she has become much less guarded and shy. The reason for the timing of her attacks in September has not yet been solved, but I am confident that a rational explanation will be found.

Modern psychiatry is not able to cope with such disorders. It makes faulty diagnoses that have no emotional or physiological meaning, its ignorance and contactlessness blinding it to the very object of its investigation. Its treatments are limited to the administration of psychoactive drugs. Luckily, these are able to control and contain the worst signs and symptoms of psychosis in millions of people. Without psychoactive drugs, psychiatry would be exactly where it was in the early 1950s, when chlorpromazine, the first neuroleptic drug, was discovered. Within a few years, two-thirds of all psychiatric hospitals in the United States and worldwide were definitively closed down. Since then, new psychoactive drugs have been developed, having fewer adverse side effects and less sedation. But this is all. From the standpoint of psychotherapy, despite the plethora of psychoanalytic, behavioral, cognitive and body-centered therapies, substantial improvements haven't been made. In the 1990s, "Eye

Movement Desensitization," was developed, superficially similar to orgonomic biophysical work on the ocular segment. It appears to be effective in the reawakening of painful memories of old traumas. Later on this technique was highly standardized and mechanically regulated and today has lost much of its attractiveness.

The medical orgone therapy of Wilhelm Reich, on the other hand, aims at restoring the patient's natural energy metabolism through the process of dissolving somatic blocks (muscular armor) and loosening characterological defenses (character armor), thus allowing the unitary, integrated, free flow of emotions and energy. In Elena, the progressive loosening of her somatic blocks, mainly in the ocular and oral segments, as well as the dissolution of her major character traits of suspiciousness and rebelliousness, enabled the liberation of enormous quantities of held-back, dammed-up emotions, which until then could only be discharged through painful and disabling psychotic attacks. Through medical orgone therapy, Elena's recurrent attacks of derangement have been transformed into rational emotional discharge, improved contact with herself, and a deeper comprehension of the cause and meaning of her past psychosis.