THE TREATMENT OF A DEPRESSION†

By CARL ARNOLD,* Ph.D.

The case reported here is the first case I treated consistently, from beginning to end, with Wilhelm Reich's character-analytic vegetotherapy.1

A few years ago a young man came to see me and asked me whether it might be possible to help him. He was not interested in anything, did not care for his work, his family or the rest of his environment; he had no political, social or religious interests; there just was no fun in anything. He could not put his finger on anything definite that was wrong with him except one thing: he had no real sexual interest, never fell in love, never felt any sexual urge in the presence of women. On the other hand, he had phantasies and impulses with regard to men: often, when he would talk to a handsome man, particularly if he was a laborer with light, healthy skin, he felt the impulse to get close to him, to embrace him. These phantasies or impulses never went any further; he had never given in to them or even seriously thought of giving in to them. Because of these phantasies, he considered himself a homosexual; it was this that made him feel that his condition was pathological and required medical attention. He went to a neurologist who then referred him to me. Now he wanted to know whether the treatment would enable him to enjoy his work and to lead a normal family life.

His depression had already lasted several months. Before that, he had not felt that anything was wrong with him and had been satisfied with the way things were going. He was the son of a minor small-town official, and was now 27 years old. He had only one brother, ten years his senior, who, as the patient said, had never played any considerable role in his life and now had been living abroad for many years. As far as the patient could remember, his childhood had been happy and rather uneventful. He was good in school and had gotten along well with his teachers. After graduating from the university, he had engaged in scientific work for some years, and after that had obtained, through an older colleague, a good position in an international firm which manufactured a mass article. His job was that of supervising the technical side of a part of the manufacturing process. His depression had become more intense just at the time when he had made a good start in his new job.

When he came to me, I had no time to take him on, and it was several months before I would have a free hour for him. In addition, I did not feel like taking him away from his work; he lived out of town, three to four hours by railroad. So I asked him whether he wanted to make an experiment: he would come to town every Saturday evening, have an hour then, one on Sunday morning and a third Sunday afternoon, so that he could go back Sunday night. He agreed to this. It was four to five months before I found time to take him on. In the meantime his father had died, an event which did not seem to make any particular impression on him.

Rarely have I had so much difficulty in
becoming clear as to my own impression of a person as with this man. He was a well-built young man of medium height, with a very polite demeanor. At first glance, he seemed to have an open face; if one looked more closely, however, it really did not tell anything. The eyes were open but cold; there was often an artificial smile which seemed to indicate compliance but also a certain facetiousness and a stubborn challenge, “Go ahead and see what you can do with me.” His movements were somewhat slow and clumsy, but not rigid. He plainly disliked talking about himself; he waited until I asked him questions. These he answered in a dry, matter-of-fact tone, without any affect except a trace of hopelessness.

I started out by explaining to him that the goal of the treatment was that of making him clear about his own desires, of making him experience them in such a manner that he would get the confidence and the energy to realize them as far as possible. First of all, he had to get to know his own body and the impulses which he ordinarily did not let come through. In order to facilitate their coming through, I asked him to relax, to breathe deeply, especially to breathe more deeply than he habitually did, and to give in to any impulses that he might feel coming through. Otherwise, I told him, he could do exactly as he pleased during the sessions: sit in a chair or anywhere else, lie on the couch, walk around in the room, etc., just as he pleased. If there was anything he wanted to say, he should talk; if he wanted to keep quiet, that was all right too. During the first hour, he sat in a chair most of the time.

I asked him to pay attention to what he felt in his body and his face. At first, he felt nothing, he said; it was as if he had not grasped the question. I pointed out that certainly he must feel the pressure of his body against the chair. That he did of course, he said; so I had him find the various places where he did feel the pressure. I pointed out to him that he was sitting with a stiff back and tense shoulders. He realized this, and immediately switched into a new position and stiffened up in this new attitude. I pointed out the lack of expression in his face, but it took a long time before he developed any awareness of this. On the other hand, he realized almost immediately how expressionless his voice was.

For some time, this task of having him experience his body and his face and what he was doing at each moment was the main part of the work. It was clear that he usually thought out beforehand what he should feel and then found out that he really felt it, as, e.g., a pressure here and a tension there. From time to time it happened, to his great surprise, that he did not feel anything in a place where he had expected to feel a certain thing. Usually, after having recognized a pressure or a tension, he would change his position a little and then freeze in this new position as motionless as in the previous one. The more he began to feel his body, the more bothersome did it become to maintain these artificial positions. When I pointed out to him that he did not have to sit still, he began to move around in the room and to let himself go more when sitting or lying down. After some time, it was possible to show him that he merely took notice of certain sensations in his body and face and stopped there; that he hardly ever followed a sensation in its development and details. Most of the things which he recognized were things that he could figure out beforehand, that is, things which he thought I expected of him. When he began to show a little more motion, it soon became obvious that almost all his movements were entirely voluntary; if any involuntary movements occurred, as of a foot, a hand or a finger, they were soon either stopped entirely or became mechanical. When I pointed out this mechan-
icalness, he tried to cover it up. One movement which at first looked spontaneous was a rhythmical movement of one foot; it soon assumed an entirely mechanical rhythm and became quite uniform. When I pointed this out to the patient, the foot began to swing more freely; but soon I detected that the movement took place according to some complicated pattern, something like an eight-beat.

It became more and more evident that all his bodily sensations had a tone of displeasure, and that for this reason he tried to feel as little as possible of his body and to think about it as little as possible. All his movements were of a voluntary character; that, he said, he did in order to make an end to a feeling of restlessness or displeasure; on the whole, he could think of bodily pleasure only in terms of relief from restlessness and displeasure. The same was true of masturbation which he had practised since puberty without much interest but in order to get rid of the restlessness in his body.

In the course of this work, he became increasingly dissatisfied with himself and his way of living. While working on his bodily sensations, he had always interspersed remarks about his daily life, both at the factory and the small-town boarding house. There was at first nothing in particular which he would criticize. After a while, as he became more and more troubled by his bodily sensations, he found more and more to criticize in his way of living, particularly with regard to his work. He felt that nobody paid any particular attention to him, neither his superiors nor his subordinates; it was always he who had to wait; his suggestions and questions were always considered in the second or last place; he felt that he never was able to put himself across. He hardly ever mentioned the sexual problem beyond stating, partly in response to my questions, that the "homosexual" thoughts kept cropping up as before.

After I had been working for some time on his bodily sensations and, in connection with this, on his authoritarian attitude which was evident in his manner of selection and recognition of his various bodily sensations, I let the patient lie on the couch and breathe as deeply as he could without forcing the breath. Before long, a wave-like rhythmic movement occurred in the body. However, for some time he himself did not take cognizance of it; not until I had him pull up his knees and move them in rhythm with the breathing. After he recognized the wave-like body movement, it was not long before he also realized that certain parts of his body did not take part in the movement; more than that, he realized that the movements were being inhibited in those parts. Although this movement, at first, had the same displeasurable feeling tone as everything else he felt in his body, he soon became impatient, then annoyed and finally angry when he realized that he was unable to let the movement—or his breathing—go freely. One day when he complained that everything he experienced in his body was displeasurable and that he could not conceive of any pleasure experience from his body, I pointed out that he was making certain small movements with his foot, movements which he himself did not notice. I asked him whether these movements were not pleasurable; they looked that way. When he paid attention to the sensations, his face lit up with amazement: "So it is possible to experience something positively pleasurable from one's body?" I asked him to see for himself, and for the whole hour he lay there with a lively interest and delighted expression on his face, discovering each moment new movements and new impressions from his body which it was a pleasure to experience; not a further word was said during the whole hour. It was obvious—both then and later—that he felt
this hour to be a turning point; and so it was, for me also.

During the period immediately following this, he was very well satisfied with the treatment and worked with great interest at the job of letting spontaneous vegetative movements come through and of finding out how he inhibited them. But this pleasurable state of affairs did not last long; it was soon replaced by an increasing dissatisfaction with his work; what bothered him most was that his work was being so little recognized, although he felt that he was doing everything that could be expected of him.

I concentrated on this expression of his and showed him that—from all he had told me about his life and work and from all he experienced during the sessions—this was and had always been a basic attitude of his: to do what people expected of him or what he thought they expected of him. For the first time he began to realize that there are other ways of approaching work, namely, out of one's own subjective and objective interest. These two “discoveries,” that the body can provide pleasure and that one can work out of actual interest, he made in quick succession; they were the beginning of a thorough change in his attitude toward his sexual life as well as his work. I shall take up the latter point first, since it was this that we worked most on, although from this stage on, work on the sexual problem accompanied the work on the body and the work problem.

After the last-mentioned “discovery,” the patient began to look at his work entirely differently, and at first it drove him to despair. He said that a great deal of his effort, more than half of it, was really wasted, had no objective significance, served no realistic purpose. But how could he, the junior, go and tell his superiors that the work he did was meaningless? There they sat, each with his job, each with his knowledge, each with his personal vanity. Would he not lose his job if he went and told them that they were all wet? And how would he, with his highly specialized work, find an equally good job? In addition, he began to doubt that the manufacturing process which he was supervising was as efficient as it should be. He shrank from entering upon the question, for he realized that if he found fault with the process, a conversion might turn out so costly that the management would refuse to consent to it; in that case he, who had criticized the present process, would hardly be in an enviable position.

Nevertheless, he came to grips with the problem. He undertook a microscopic examination of the product at various stages of manufacture, and found that a mistake was being made in one intermediate step of the process. This discovery necessitated a change in the whole process. He submitted his discovery to the management, and the change was made.

I had expected him to be delighted over his discovery and its result. But not in the least; he was hardly even aware of the fact that he had made a discovery which led to an important improvement in the manufacturing process. It did not increase his self-confidence and he was as unhappy as before at the thought of all the useless work he performed; he said it was not so bad as long as he did not know that he was wasting his time, but now it was simply intolerable. He complained about it to his brother abroad who tried to console him by pointing out that he should be glad to do a kind of work in which he could find 75% usefulness. To my patient, that seemed small consolation, apart from the fact that it was much more than 25% of his work that seemed useless to him. He was desperate because it seemed all too dangerous to criticize some of his superiors. I suggested he might find someone among his superiors who would cooperate with him. At first he saw no way of tackling the problem, but when,
after a while, the liberation of his bodily functions made him freer and more courageous, he saw new possibilities. When one day an executive from the main office came to the factory, he was able to put his concepts across to this man and to convince him of their practicability. With the help of this man, he got his whole work reorganized and got the company to establish a new laboratory with all the necessary technical assistance for which he had asked.

Just at this time, as he acquired a new attitude toward his work, he met a girl his age whom he had known as a small boy but had not seen in many years. He immediately asked her to go out dancing one Saturday night. This happened some time after he had discovered that it was possible to experience bodily pleasure. While dancing, he experienced—for the first time in his life, he said at first—a pleasurable sensation from the contact with a woman. But after having related this, it occurred to him that he had experienced similar sensations as a boy. A grown girl used to tickle and squeeze him, and for this she gave him 2 pennies every time she did it. On one such occasion, just as he was holding out his hand for the pennies, somebody noticed it and made fun of him. He felt terribly ashamed, and from that time on these things were over for good. I would like to mention the fact that during the whole treatment there were no infantile memories of significance for his later behavior other than this one.

He was very much in love with his old playmate and a short time later he proposed to her. She was not sure of her own feelings and wanted time to make up her mind. For some time they met as often as they could, usually every Sunday. As the work on his body made him freer, they became more and more intimate, without, however, entering a sexual relationship. She was definitely reserved herself, but according to what he said she expected him to take a more active part. It was some time before he dared to do this, and then it was too late. She had fallen in love with another man and refused him. This came not quite unexpectedly for him, since for some time she had been more reserved than before; so, although the refusal hurt him, he did not take it too seriously.

The work on the body at this time consisted mainly in liberating vegetative movements in connection with respiration. With that there occurred several times, usually in connection with convulsive grimaces in the face, violent outbreaks of rage. These never lasted longer than a few moments. After every one of these outbreaks he was definitely freer and more courageous, both toward his girl friend and toward his chiefs. It was at this time that he managed to bring about the decisive change in his working conditions.

After a further release of muscular tensions, particularly in the legs, the lower back, the chest and the neck, the spontaneous rhythmic movements with respiration became more intense and of a more unitary character. As he realized that they came by themselves, he became afraid, but gradually learned to give in to them more and more. There were times when these movements were so intense that if once they had started he was unable to stop them voluntarily and had to let them run their course. One time, these reflex movements occurred while he was sitting in a chair, breathing deeply; in order to give his body a chance to move freely, he had to throw himself on the couch quickly. Another time—this was shortly before the break with his girl friend—the movements were accompanied by a strong erection, rhythmic clonic movements of the pelvis and ejaculation. The movements were accompanied by strong pleasure sensations. I should have mentioned the fact that shortly before the spontaneous movements became so in-
tense that the patient was unable to stop them voluntarily, he had experienced many times strong currents of warmth on the body surface, first in the legs, then in the abdomen and chest, and finally around and in the genital organs.

It was clear that we were dealing with the orgasm reflex discovered and described by Wilhelm Reich. I had the definite feeling that there was something the matter with this reflex, although it took me some time before I found out what it was. On the psychic side, the patient did not as yet have the free, natural self-confidence that one expects to develop with a free orgasm reflex. In further studying his movements and his behavior, I was reminded of what had been so evident at the beginning of the treatment: his movements were without spontaneity, they were always mechanical. The same was the case now with the orgasm reflex; the body behaved more like a well-wound mechanism than like a naturally functioning organism. In an attempt to break up this mechanicalness I asked the patient to move his hand a little, as if he were using castanets; in doing so, he found that the movements of hands and arms gave him a definite pleasure sensation which was more intense than he had ever known it in these parts of the body. We then worked for some time on a similar loosening up of the legs and the chest, and after a while the orgasm reflex also became softer and freer and lost much of its mechanical character.

When the treatment had covered 153 sessions, over a period of 15 months, the summer vacation arrived. Since the break with his girl friend, he had gotten to know several girls but did not like any of them particularly. He then began to think of a young woman whom he used to see during the times when he was unable to fall in love. He wrote to her and they agreed to spend part of the summer vacation together. In connection with his vacation he was supposed to do some travelling for his firm (the firm had given him funds for a research trip—another one of his suggestions which previous to his treatment had been flatly rejected).

He returned from his vacation in high spirits. He had come to the conclusion that he wanted to terminate the treatment; he felt that he had achieved what he wanted and that he could get along without my help. During his vacation, he had first made some study trips, and then he had met the young lady and had spent the rest of the time with her, first in the mountains, then at the seashore. He had immediately fallen in love with her and before long she returned his feelings. When they first met, she exclaimed in great surprise, "My goodness, what has happened to you? You have changed completely, you are all alive, and you never were that way before." Toward the end of the vacation, they had also been together sexually. Since they had no contraceptives, he had to practise withdrawal, something which he was hardly able to manage because his pelvis moved spontaneously. They were planning to get married.

I pointed out to him that his face was not as yet free, that there was still often something stiff and mechanical in his spontaneous movements, and that in the course of the treatment so very few infantile memories had come up. However, since he himself felt so well and confident, I could not advise him to continue the treatment. Thus he took leave, very grateful for the result of the treatment.

About two and a half months later, I had a letter from him; he was unhappy and wanted to see me. When he came, he related that the girl had said they could not go on with each other. As agreed upon, he had gone to her town and they had been together. Sexually, they had had

an opportunity now of being together without withdrawal or other limitations. But very soon it became clear to both of them that it was no longer as it had been during vacation. She found that he paid too little attention to conventions, and in addition she complained that he spoke too little and had no imagination. He, on the other hand, found that she was too demanding, that she always wanted him to spend money—although she could afford things as well as he—and that she always wanted to have things her way. In response to my question, he said he had well realized that in the sexual act she was not quite there, but he had tried to disregard this and not to think about it. After having talked some time about various disagreements that had come up between them, he said he had to admit that they really were not suited to each other, sexually or otherwise; he said he had realized this before, but had not dared to face the fact. Now he began to feel like looking for girls in his part of the country; he thought there must be girls there too, but up to now he had been unable to go out and look for them.

I had the patient lie down on the couch, and before a minute was gone there were spontaneous vegetative movements which after a while became unified in the orgasm reflex. The movements were softer and freer than they used to be, and the face participated; e.g., it gave expression much more freely to the pleasure sensation; but it was not entirely free. Apart from the face, the parts that were still somewhat rigid were the upper part of the chest and the region between the shoulderblades. But, on the whole, the movements showed clearly that the relaxation had further progressed since the conclusion of the treatment. This development corresponded to what he related about his work. He utilized his more independent position for more independent work on an entirely objective basis; he no longer bothered about regulations and red tape any more than was objectively indicated. Thus, I had reason to hope for a good final outcome, though it is quite conceivable that whatever remained unsolved could provide a basis for a relapse.

Until more time has passed since the conclusion of the treatment, I cannot take up the various problems which the case presents. There is only one aspect which I wish to point out because this patient shows it much more clearly than any other case I have treated by the vegetotherapeutic method.

In most cases one finds that when a patient completely experiences an attitude, an expression or a tension, he also recalls spontaneously the situation which originally created them. In this manner, I have obtained in many cases a far greater wealth of forgotten infantile memories than in my earlier patients whom I treated by the psychoanalytic method. In the case described here, on the contrary, hardly any forgotten infantile memories came up—with the exception of the one described above—although we worked through very thoroughly his more or less infantile inhibitions in the form of their bodily expression. The problem raised by this observation is the following: Can a thorough correction of infantile attitudes conquer infantile anxiety and liberate the natural impulses, without the memory of those situations which created the inhibitions being recalled? In other words, is it sufficient to make the patient experience his inhibitions in their present-day anchoring, will this enable him to overcome them? This case cannot answer the question, but it points to a problem which we will have to keep in mind.

Editor's note: The author raises a very important question here. Anyone who for years has tortured himself and his patients with the method of free association is again
and again struck by the fundamental effect of handling the inhibitions in their present-day anchoring. If this is done, the corresponding memory frequently comes up spontaneously, almost like an afterthought. One cannot escape the impression that the memory itself is really not very important. This would seem to be in contradiction to the basic psychoanalytic principle that in order to remove the repression, the infantile memory has to be recovered. However, in an association-analysis, one may recover any number of pertinent recollections and yet, the symptom—or the inhibition of function—may remain, untouched. That is, we may then know, with reasonable certainty, that this or that inhibition has this or that historical causation. But this knowledge in itself does not remove the symptom, no more than the knowledge that one acquired an infection from a certain person on a certain occasion will cure the infection.

Arnold's case undoubtedly shows a great improvement. This does not lie in the elimination of one or several individual symptoms—which would mean little—but in a fundamental change in the patient's whole being and way of living. This in spite of having recovered only one significant infantile memory. However, the whole structure of the case makes it highly probable that this one memory was that of the decisive pathogenic trauma. The patient's outstanding characteristic and complaint was that of an inhibition of his pleasure function: there was no fun in anything, he had no self-confidence, in work as well as in love. The one important memory pertains just to this: his infantile sexual pleasure function was suddenly inhibited by something that made him deeply ashamed of it. In other words, compared with this one traumatic experience, all other infantile memories appear insignificant; and the treatment recovered just this one decisive memory. It is noteworthy that this memory was recovered at the time of the first reappearance of his pleasure function, when, as he said, for the first time in his life (actually, for the first time since the infantile trauma) he experienced pleasure from the contact with a woman. It was recovered not by way of association, but as a result of a change in vegetative functioning. This is why such a memory means so much more than when obtained in the course of "free association."

But there is another aspect to the problem. We can safely say that in this case a great many more memories were recovered, but in the form of muscular and vegetative attitudes. Because this is where the memories really are. It is their discovery in this form which really has a profound influence on the disease process. In an association-analysis, the memories are verbalized, and whether or not they have any affective content, whether or not the patient really re-lives them, is left to chance. In vegetotherapy, where the memories are discovered in muscular and vegetative attitudes, they are experienced and it seems of small importance whether or not they are also verbalized.
Projeto Arte Org
Redescobrindo e reinterpretando W. Reich

Caro Leitor
Infelizmente, no que se refere a orgonomia, seguir os passos de Wilhelm Reich e de sua equipe de investigadores é uma questão bastante difícil, polêmica e contraditória, cheia de diferentes interpretações que mais confundem do que ajudam. Por isto, nós decidimos trabalhar com o material bibliográfico presente nos microfilmes (Wilhelm Reich Collected Works Microfilms) em forma de PDF, disponibilizados por Eva Reich que já se encontra circulado pela internet, e que abarca o desenvolvimento da orgonomia de 1941 a 1957.

Dividimos este “material” de acordo com as revistas publicadas pelo instituto de orgonomia do qual o Reich era o diretor.
01- International Journal of Sex Economy and Orgone Research (1942-1945).
02- Orgone Energy Bulletin (1949-1953)
03- CORE Cosmic Orgone Engineering (1954-1956)

E logo dividimos estas revistas de acordo com seus artigos, apresentando-os de forma separada (em PDF), o que facilita a organizá-los por assunto ou temas. Assim, cada qual pode seguir o rumo de suas leituras de acordo com os temas de seu interesse. Todo o material estará disponível em inglês na nuvem e poderá ser acessado a partir de nossas páginas Web.

Sendo que nosso intuito aqui é simplesmente divulgar a orgonomia, e as questões que a ela se refere, de acordo com o próprio Reich e seus colaboradores diretos relativos e restritos ao tempo e momento do próprio Reich. Quanto ao caminho e as postulações de cada um destes colaboradores depois da morte de Reich, já é uma questão que extrapola nossas possibilidades e nossos interesses. Sendo que aqui somente podemos ser responsáveis por nós mesmos e com muitas restrições.

Alguns destes artigos, de acordo com nossas possibilidades e interesse, já estamos traduzindo. Não somos tradutores especializados e, portanto, pedimos a sua compreensão para possíveis erros que venham a encontrar.
Em nome da comunidade Arte Org.

Textos da área da Orgonomia Bifísica. Casos clínicos.
Texts from the area of Biphysical Orgonomy. Clinical cases.

International Journal of Sex Economy and Orgone Research

Orgone Biologics 2. A case History

01 Wilhelm Reich. The Orgasm Reflex. A case History 1942.
International Journal of Sex Economy and Orgone Research Volume 1 Number 1 1942
Interval 60-69 Pag. 55-64

02 Carl Arnold. The Treatment of a Depression. 1942
International Journal of Sex Economy and Orgone Research Volume 1 Number 2 1942
Interval 69-76 Pag. 163-170

03 Wilhelm Reich. The Mosochistic Character (1933)
International Journal of Sex Economy and Orgone Research Volume 3 Number 1 1944
Interval 43-66 Pag. 38-61

04 Walter Hoppe. My First Experiences the Orgone Accumulator 1945
International Journal of Sex Economy and Orgone Research Volume 4 Numbers 2 3 1945
Interval 78-79 Pag. 200-201

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11 Philip Gold. Orgonotic Functions in a Manic-Depressive Case 1951
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