

Working with the Body in Psychotherapy from a Reichian Viewpoint

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The body has assumed greater importance theoretically and practically in the understanding of the individual as a unity and in the conduct of therapy. By therapy I mean here interventions into the cognitive and emotional structure of the individual to provide relief, amelioration, or “cure” of emotional and/or behavioral malfunctions. Most often this takes the form of psychotherapy with or without explicit attention to the body. In psychoanalysis, attention to the body was first significantly noted by Ferenczi (T. Braatoy, *Fundamentals of Psychoanalytic Technique*, John Wiley, 1954), then practiced by Groddeck (G. Groddeck, *The Book of the It*, Vintage Books, 1961), but an understanding of the greater depth of the relationship between the mind and the body did not come until the work of Wilhelm Reich and his formulation of characterological and muscular “armoring” (W. Reich, *Character Analysis*, Orgone Institute Press, 1949). Self-taught students of Reich’s work, such as Alexander Lowen (*The Physical Dynamics of Character Structure*, Collier, 1971, *Bioenergetics*, Coward, McCann & Geoghegan, 1957) and Charles Kelley (Editor, *Radix Journal*, 1978-1980), and others totally independent of Reich, such as F. M. Alexander (E. Maisel, *The Alexander Technique*, Corel Publishing, 1995) made their own contributions to the field. Today, while these disciplines remain independent in organization and training institutions, they are all pioneers under the umbrella known today as “somatics” or “body-oriented psychotherapy.”

Alexander practitioners do not identify themselves as therapists, per se, but as educators, as do many other body workers. The Alexander process, however, provides the client with increased contact with himself and the capacity to move energy in healthful ways through the body by self-attention. It is highly integrative and functional in that it informs the client about the “self,” stressing the total organismic changes that are important for health, and providing integrative support in the hands of the right practitioner.

My training was with Elsworth F. Baker, Reich’s chosen successor to train psychiatrists in his “psychiatric orgone therapy.” In the final evolution of his work, Reich had discovered “orgone energy,” a life energy existing in all living things, the atmosphere, and the cosmos. Accordingly he named his therapeutic discipline “**psychiatric orgone therapy**” in view of his finding that, at the end of therapy, when the patient was capable of surrendering to his deepest feelings, it was the free flow of **orgone energy** through his body that defined this state.

While I know something about the other forms of therapy that attend to the body (R. Blasband, “Alexander Lowen’s *Physical Dynamics of Character Structure & The Language of the Body*,” *Journal of Orgonomy* 9(2): 252–63, 1975, and R. Blasband, “Three ‘NeoReichian’ Journals,” *Journal of Orgonomy* 14(2), 1980), I can only write with authority on psychiatric orgone therapy and somewhat on its significance for other disciplines.

Reich’s discovery of muscular armoring in the body came directly out of his explorations into the character structure of his patients. “Character analysis” was Reich’s seminal contribution to psychoanalytic technique. In essence, Reich found that by attending strictly and consistently to the “negative transference” of the patient and the form of the patient’s verbal productions rather than their content, he was able to deal more effectively with the patient’s defensive structure and thus penetrate more deeply and surely into the structure of the neurosis. Each patient had a characteristic way in which he expressed himself. By focusing on this way, be it a form of repeated or chronic facial expression, of speaking, of holding oneself, of walking, etc., and by repetitively describing to the patient this way, mimicking the patient, and eventually analysis of the behavior regarding its present-day and past functions, Reich found that patients, often after initial anger at Reich for “attacking them,” eventually gave in to the softer, yielding emotions against which their defenses protected them. By systematically working on the character of the patient, Reich found that layer after layer of

impulse/defense gave way until, as Reich empirically found, at the “core” of each individual was a naturally healthfully aggressive, responsible, independent, freely loving, sexual creature.

With the establishment of the core of the patient and his commensurate capacity for full discharge of excessive energetic excitations in the sexual embrace (orgastic potency), the neurotic structure would spontaneously dissolve. Reich went to great pains to differentiate orgastic potency, the complete surrender to a loved partner in sex, from the usual sexual behavior in neurotics, which is most often devoid of love and characterized by either forceful pushing or passivity by either sex. In neurosis, one cannot surrender to one’s partner, and energetic discharge is unsatisfactory at best (W. Reich, *The Function of the Orgasm*, Orgone Institute Press, 1942).

Reich’s “character analytic treatment” underwent a significant transformation when he discovered that the character armor was “anchored” in patterns of chronic muscular contraction in the body. He discovered the muscular armoring when working with a patient who had a strong stubborn defense. By constantly calling the patient’s attention to his “stiff-necked stubbornness,” the patient finally let go of the defense, letting his neck relax. He was then flooded with alternating sympathetic and parasympathetic excitations and feelings. It was obvious to Reich that, in addition to the patient’s ideation, behavior, and postural attitude, that the patient’s stiff-necked stubbornness was simultaneously manifested literally in a rigidity of the muscles of his neck. Reich went on to observe such physical and physiological patterns in other patients, finally concluding that the muscular armoring was laid down in definite patterns that corresponded to emotionally expressive segments of the body: ocular, oral, cervical or throat, chest (including the back and arms), diaphragm, abdomen, and pelvis (including the legs). Because the muscular armor is a functionally identical facet of the character armoring, it serves the same purposes as the latter: simultaneously a means of sustaining contact with the outer world, and a defense against blocked impulses.

Two segments, the oral and pelvic segments, contain erogenous zones. In the natural course of development in childhood, the yearnings for contact in these zones, plus the eyes, are “satisfied” and life energy (“orgone energy”) remains free to spontaneously pulsate within the segments and within the body as a whole. The person is “alive.” The unarmored eyes will be bright, mobile, and sustain good contact with others and the world, freely capable of expressing flirtatiousness, love, anxiety, or anger. The lips of the mouth will be full, pink, warm, the mouth appearing soft, capable of expressing love, fear, sorrow, and anger, the voice pleasing and resonant. The pelvis will be mobile, warm, and capable of fully tolerating and expressing sexual feelings. In the genital embrace the organism-as-a-whole will pulsate, yielding at orgasm to the full swing of energy surging through the body. The pelvis will tilt forward in rhythmic pulsations as the rest of the body yields to the energy movement. Reich called this the “orgasm reflex.” Its presence signals a capacity for full surrender. It is of more than a little interest that the pelvic (orgasm) reflex is unmentioned in medical and biological texts. The reason is that it is rarely felt or seen. Armoring in the vast majority of people prevents the appearance of the reflex, or when it does appear it is distorted and not fully expressed. Reich described a “4-beat” formula for orgasm involving mechanical tumescence with tension of the tissues, leading to bioenergetic charging, then bioenergetic discharge, and mechanical relaxation. This sequence is always disrupted at some point when the individual is armored. Reich documented his findings about muscular armoring in German in 1935 (*Psychischer Kontakt und Vegetative Stromung. Beitrag zur Affektlehre und charakteranalytischen Technik*. Sex-Pol-Verlag) and 1937 (*Orgasmreflex, Muskelhaltung und Korperausdruck. Zur Technik der charakteranalytischen Vegetotherapie*. Sex-Pol-Verlag), and in English in 1942 (*The Function of the Orgasm*) and 1949 (*Character Analysis*), Orgone Institute Press.

Armoring in a segment includes all of the organs circumscribed by the segment from anterior to posterior in the body. It serves to block the free longitudinal flow of bioenergy in the body. In the oral segment, for example, armoring will include all the muscles of the jaw, the tissue lining the mouth, and extend to the suboccipital muscles of the back of the head. The tongue is not included in this segment because it inserts into the throat. Also included in the oral segment are all the neural connections and glands that function about the mouth. The function of the oral segment in armoring is to hold back

emotions that would be expressed by the mouth. This includes crying, anger, and fear. Armoring in the mouth most often begins in infancy with thwarting of the urge to suck on the mother's breast. Armoring can take two forms according to Elsworth Baker (Man in the Trap, Farrar, Straus, & Giroux, 1967). These are "inhibited," where no or almost no satisfaction was obtained at the breast, and "unsatisfied," where partial satisfaction was obtained—most often due to premature interruption of breast feeding.

It is important to understand that satisfaction is a function of bioenergetic (emotional) contact of the seeking mouth of the infant with the nipple of the breast. Of course there has to be mechanical contact for this to take place, but mechanical contact alone does not provide satisfaction. The infant's mouth has to be energetically alive and seeking, the nipple must be energetically alive and capable of making and sustaining contact. The mother must also love the infant and hold the infant with love so that the infant feels this love and security. Satisfaction in breastfeeding lays the foundation in the infant for a lifetime of security. Barring severe emotional trauma, the infant will reach adulthood with the capacity for free movement of life energy into the oral segment and full energetic pulsation of all cells and tissues there. He/she will feel pleasure in all oral endeavors, be readily "satisfied" orally and capable of fully expressing themselves through the mouth.

If the mother feels pain on nursing, or the breasts are emotionally "dead," or the mother feels genital sensations with fear or embarrassment, contact at the breast will be compromised or absent. Without satisfaction, there is insecurity. Where there is complete inhibition, the infant will have difficulties in eating and often gastrointestinal problems, sometimes for life. Such children grow into adults with thin lips, inhibited speaking, with a sarcastic bent, and are often depressed, with a low energy level. Where there is partial satisfaction at the breast, the infant may have full or excessively full lips, constantly seeking for completion of satisfaction. They may overeat, tend to obesity, speak too much, and may show oral excesses of many kinds including smoking, alcoholism, and drug addiction. Oral traits based on armoring in this segment most often add to and "color" the fundamental character type of a person. Therefore the common phallic narcissistic type character but who has an oral "block," will have the strong inner drive and "push" of the basic phallic character and may accomplish much despite the low energy level attributable to the oral block.

LIFE ENERGY

At about the same time that Reich discovered muscular armoring, his earlier, psychoanalytically based concepts of an energetic basis for neurosis were maturing through experiments on the origin of life (the "bions"), experimental studies on the bioelectrical basis of the emotions, and ultimately, the discovery of orgone energy in living things, the atmosphere, and the cosmos (The Cancer Biopathy, 1948, Orgone Institute Press). With the discovery of orgone energy, Reich recast his understanding of neurosis and its treatment. What he had called "vegetotherapy," from his focus on the role of the "vegetative" autonomic nervous system, in life and the treatment of neurosis, became "psychiatric orgone therapy," as the goal of therapy became the softening of the armor and the establishment of the free flow of life energy through the body.

Having found the biophysical basis for Freud's concept of libido, Reich understood health to be the capacity to discharge undischarged quantities of excessive energy through orgasm. If chronically undischarged, the excessive quantities of energy, he suggested, would concentrate in previously established foci of vegetative (autonomic nervous system) blocking ("fixations") and reactivate the neurosis. "Genitality," the mature stage of psychosexual development that permits "orgastic potency" (defined earlier), is originally established in childhood with the unobstructed (unarmored) flow of energy through the body via satisfaction at the natural erogenous zones. It is sustained in adulthood by periodic orgastic discharge in a loving genital embrace with a heterosexual partner. (At lectures, I am often asked about whether or not homosexuals can have orgastic potency. The answer is "no" for a simple reason. Orgastic potency, as differentiated from genital "climax," requires a high level of total

organismic excitation prior to discharge. This can only be obtained by the mutual excitation of the whole body. The highest excitation is in the penis and vagina. Oral and anal intercourse may provide exquisite sensation but do not involve the involuntary, pulsatory movements and tremblings of the entire organism that permit full energetic discharge. This does not mean that other modes of sexuality are not of value in energetic discharge; they are, but over time, energy may build up to levels that cannot be satisfactorily discharged, and irritability and neurosis may ensue.)

The neurotic character is created when energy moves into the pelvis in childhood but because of inhibitions from the outer world (parents, institutions) genitality is not established. Thus, we have the creation of the early basis for hysterical characters in women (and some men), which can be more firmly established during adolescence, and phallic-narcissistic characters in men and women if genital display in childhood is forbidden. Life energy gets frozen in pelvic armoring. The result is a chronic "pushing" to get "through" with a phallic aggressiveness, with concomitant fear of castration. Underlying it all is a fear of spontaneous movement and sensation, which Reich named "orgasm anxiety."

The goal of therapy is to remove or sufficiently ameliorate the armoring so that energy can flow freely through the organism. In the process of accomplishing this, blocked emotions will flood to the surface. With the support of the therapist, the patient might learn to tolerate this energy movement, which at first will most often be perceived as "fear," even "terror." Eventually, castration anxiety and orgasm anxiety will come to the fore, where they need to be tolerated, and the patient is encouraged to yield to his emotions and face his genital fears. The process of therapy involves simultaneous work on the character armoring and the muscular armoring, which are functionally identical. The patient must be brought in contact with the ways in which he behaves and the muscular tensions sustaining these traits. The therapist does this by showing and helping the patient understand how he behaves, while also working manually, doing deep massage on places of muscular armoring. Most often these will be places where tendons insert into bone. This is painful work and, obviously, the patient must be well motivated to change and have a sufficiently strong ego.

One begins the work on the muscular armoring by attention to segments above the diaphragm unless the patient is in a state of low energy. This is the only situation where work on the pelvis is useful, even safe, early in therapy. (Premature work on the pelvis can release large amounts of energy that the organism might find difficult to manage. What often happens is that the patient will rearmor in a segment, such as in the eyes or mouth, to bind the freed energy. This can result in a so-called "hook," where it becomes extremely difficult to release the re-armored segment while the pelvis remains open. The patient feels helpless and hopeless in these situations. Sometimes a hook can occur naturally, but most often it occurs through poor therapeutic technique or other dramatic opening of the pelvis, such as kundalini work.)

Usually, the practitioner starts with and attends to the eyes (an extension of the brain) and the respiration. The former is necessary so that the patient can sustain decent contact with himself and the world. Most everyone has some blocking in the eyes, and it is important that they be reasonably unarmored for therapy to proceed without running into some chaotic situation. Respiration is important to build up and sustain an energy level that will "push" emotions to the surface of the organism. Very few patients, indeed few people, breathe to near full energetic capacity. One of the best ways to suppress painful emotions is to hold the breath. Infants and children spontaneously hold their breath in frightening situations. This happens to them many times each day in a life-inimical environment. By adulthood, the chest is frozen in chronic inspiration.

Thus, in orgone therapy or vegetotherapy, one works from the head down toward the pelvis, leaving the latter for last. Simultaneously the characterological work is proceeding with the peeling back of layers of character attitudes that hide emotion. The combined work results in spontaneous emotional release and a deepening of the therapy. (By working systematically and consistently from the superficial characterological attitudes to the deeper ones, and from the head toward the pelvis, there is a natural concentration and focusing of pregenital libido into genital libido. Prematurely working on genital

libidinal problems or releasing armoring in the pelvis can result in a “chaotic” situation from which there may be no resolution, or the patient may prematurely defend himself more deeply against resolving his genital problems. Working with the body only, outside the context of characteranalysis, is working “blind.” If there is emotional release, it is usually temporary, with the patient rearmoring at a later date. An understanding of the character of the patient tells the therapist “where to go” to deepen the therapy.

In the process of this therapy, the relationship to the therapist and to significant figures in one’s life also deepens. Sometimes radical changes are necessary in the patient’s work or love life in order to move forward. Here, the therapist discusses matters with the patient and supports their movement toward health.

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