

# Medical Orgonomy

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Orgonomy is the science of the functional laws of cosmic orgone energy which comprises all natural phenomena from living things to the universe itself. Medical orgonomy is that part which deals with the functioning of man and the illnesses he suffers from.

This science was developed by Wilhelm Reich, M.D., who was born in Galicia, a part of the Austro-Hungarian Empire, on March 24, 1897. He died in Lewisburg Penitentiary on November 3, 1957.

Reich was Freud's most important pupil and showed an unusual grasp of emotional problems and how to handle them. When he was still in his twenties, he had already made many important discoveries in the understanding and treatment of the neuroses. He insisted that medical orgonomy was the logical extension of Freud's clinical findings, and, for a long time, considered that he was working in the realm of psychoanalysis even after Freud, who greedily admired Reich's ability and fresh ideas, could follow him no further and became upset over some of his findings and theories. Reich's technique became more active than the usual Freudian psychoanalysis, emphasizing and keeping in the forefront the negative transference and also describing the attitudes and expressions of the patient rather than using typical analytic free association. He could thus mobilize more emotional response and produce faster cures. He called his character technique *character analysis*, since he was analyzing character defenses rather than dealing with symptoms.

Studying patients who were cured and those who were not successfully treated, he found consistently that those who recovered had developed a satisfactory sexual life, while the failures remained unsatisfied sexually or quickly reverted to their previous unsatisfying sexual life. He postulated that, to cure a patient, libido stasis must be overcome and further prevented by adequate sexual outlet. He found

that sexual activity in itself did not necessarily achieve this, but gratification in the sexual act did. Reich called the capacity for gratification *orgastic potency*. Here the act ended with total convulsions of the body, followed by complete relaxation and a tender, grateful attitude toward the partner. This meant that the libido must be more than a psychic concept as Freud postulated. It must be a real energy. Reich called it *orgone energy*, from "organism." In other words, organism energy. It is built up in the organism by the intake of food, fluid, and air and is also absorbed directly through the skin. It is discharged by activity, excretion, emotional expression, the process of thinking, and by conversion into body heat which radiates to the environment. Also, it is used up in growth. In the usual course of events, more energy is built up than is discharged. Thus, to maintain a stable energy level, excess energy must be discharged at more or less regular intervals. This is the function of the orgastic convulsion. This must not be confused with what is popularly called an orgasm meaning that the man has had an ejaculation and the woman a clitoral climax. These produce only incomplete satisfaction. Reich determined that a person who develops truly adequate sexual release cannot maintain a neurosis. Neuroses exist only on repressed excess energy or stasis. Reich thus developed a concept of good health based on energy metabolism of charge and discharge, which he called *sex economy*.

He noted, however, that, in our society, the child is not permitted to function naturally. Starting from birth, the environment which greets the newborn is mostly unfriendly. It is cold compared to the warm uterus, the baby is treated roughly, it is separated from the mother whom it continues to need for warmth and contact, placed on regimented feedings, subjected to early toilet training, and blocked from any sexual pleasure. The barrage of verbots requires the child to hold back his feelings and expressions, which is accomplished by holding the breath and tightening the muscles of his body until finally he goes through life with restricted breathing and a rigid body. Reich called this the *armor*.

However, the permissive upbringing in the last decade or two amounts to parental abdication of any role in guiding or disciplining and produces intense anxiety in the child, with many continuing infantile traits, together with selfishness, inconsideration of others, and hatred of the parents. It results in even more damage than when inhibition is inflicted.

The armor binds energy, removing it from normal functioning. It interferes with the free flow of energy through the organism, especially to the pelvis and genital, so that it cannot be discharged adequately, if at all, through sexual activity. This is the somatic side of repression. In this, Reich disagreed with Freud. Reich felt that society was wrong in imposing these restrictions on the individual, believing he was capable of self-regulation if allowed to grow up naturally, while Freud felt it was necessary to avoid a chaotic society. However, with such restrictions, the individual becomes erectively impotent, premature, anaesthetic, or otherwise lacking full sexual pleasure. Reich termed this *orgastic impotence* and found that the majority of individuals, both male and female, suffered from this condition. Energy, therefore, continues to build up, producing stasis, and eventually overflows in the form of neurotic symptoms.

Reich began working on the muscular armor directly, as well as working on the character. He called this *character analytic vegetotherapy*. It was even more effective than character analysis alone. This technique produced many vegetative reactions in the organism, such as blanching of the skin, sweating, pallor, blushing, etc.; manifestations of the vegetative nervous system, which was being affected in therapy. Investigation led to his formulation of the basic antithesis of vegetative functioning. Excitation of the sympathetic nervous system causes contraction, which is felt as anxiety, while excitation of the parasympathetic nervous system produces expansion, which is felt as pleasure. Chronic sympatheticotonia causes and maintains the armor. To overcome the contraction, anxiety has to be faced and overcome.

As "emotions" eventually came to mean the manifestations of a tangible bioenergy, and "character" simply specific blockings of that flow of energy, Reich found that it was possible to change character directly by freeing bioenergy rather than indirectly through the use of psychological techniques. The latter was not ignored, but its importance depended on the particular case. He now called his technique *medical orgone therapy*.

Through reactions of the body during the process of dissolving the armor, Reich discovered that the body was functionally divided into seven muscular segments, each of which reacted as a unit and was to a certain degree independent of the other segments. The seven segments are the ocular, oral, cervical, thoracic, diaphragmatic, abdominal, and pelvic. They are usually freed in that order, except that the chest is most often mobilized first so that it can be used to build up energy in the organism and provide additional inner push to help in both revealing and removing other blocks. Any one segment may fail to respond completely until further segments are freed. With each release of a segment, armoring in earlier segments may recur and require further attention because the organism is not used to movement and tries to return to its former immobility. It must be gradually accustomed to free mobility.

The principle of therapy is quite simple, merely to remove the restrictions to the free flow of energy through the body and restore normal functioning. In other words, merely remove the armor. In practice, it may be extremely difficult and complex. There are three avenues of approach, the importance of each depending on the individual case, although all three are necessary tools in every case. They are:

1. Breathing, which builds up energy and exerts an inner push on the blocks. It may overcome lesser holding and does help reveal and overcome more severe blocking. The patient is asked to breathe fully, without forcing it, and allow himself to develop a rhythm which soon becomes easier and freer.

2. Directly attacking the spastic muscles to free the contraction. The contraction of the skeletal muscles can be worked on directly, the organs and tissues only indirectly. To mobilize the contracted muscles, one must first increase the contraction to a point which cannot be maintained. This is done by direct pressure on the muscle by the thumb or by otherwise irritating it. Of course, the muscle will only contract down again unless the emotion (or idea) that is being held back is released and expressed. For this reason, groups of muscles that form a functional unit in holding back emotions are worked on together.

3. Maintaining the cooperation of the patient by bringing into the open and overcoming his resistances to therapy and/or the therapist. The latter is extremely important because the patient will in every way endeavor to maintain his immobility and try desperately not to reveal himself. Behind this is intense fear of expansion and movement. When the patient begins to feel his own restrictions and gains sufficient contact with his organism so that he knows that he is holding back and why, he can be very helpful in his therapy. His lack of contact is one of the most difficult problems to overcome. It must be pointed out so the patient is made aware of it. One describes his behavior and points out the difference between the ideal he sets for himself and the emptiness in which he lives. Dulling and withdrawal in the eyes must be overcome.

Anxiety is the basis for repression and is behind all contraction. The organism is always trying to control anxiety, and cure is effected by forcing the patient to tolerate his anxiety and express his forbidden feelings. The most important emotion to elicit is rage, and, until this is released, he cannot experience the softer feelings of love and longing.

Where muscles cannot be reached by the hands, other methods must be used, such as gagging in helping in open the throat muscles, or mobilizing the eyes and the whole eye segment in order to release contraction in the brain.

One works from the head down, removing the layers of armoring from superficial to deep. There are three basic layers in every armored individual:

1. The social facade.
2. The secondary or great middle layer where the sum of all the repressions has lodged, thus containing destructive forces such as rage, hate, contempt, spite, etc. There are usually many subsidiary layers.
3. The healthy core, which expresses itself when all blocking has been removed.

In development, the organism is subjected to repeated restrictions of its natural and even secondary functioning. Each prohibition becomes part of the character through fear of punishment or rejection and is retained in the armor. There is an increase in inner tension, which produces harshness and expresses itself as hate. This must again be repressed, so only modified expressions such as contempt or disgust are allowed to come out.

The secondary or great middle layer is usually very complex, many sub-layers pile one on another until a social adjustment has been reached. This presents as the social facade. This may be comparatively stable or unstable, depending on the effectiveness of the defenses in the middle layer and the degree of satisfaction the organism can still attain. The social facade contains one or more basic character traits which causes the patient to react the same way to each problem he meets. It becomes the main character defense. Reich called it the *red thread*. It must be recognized and understood to properly evaluate the patient. The basic character trait is never dissolved but remains always an integral part of the personality, although it may be modified. It may be socially acceptable, such as modesty or reserve, or socially unacceptable, such as dishonesty, cunning, or cheating.

The three layers are dealt with in each segment as it is mobilized, until the final core of unitary vegetative functioning is reached. The

depth of the layer on which one is working is recognized by the extent to which the organism is involved in the response, and the ability of the patient to function. If the first four segments are free, one is always working at a deep layer.

When one reaches the pelvis which is always freed last, the main danger in therapy presents itself. If the pelvis is freed early, as is done in some body-oriented therapies, the individual cannot handle the sexual impulse, and either confusion and disintegration follow or else earlier problems, such as sadistic impulses, are carried into the sexual life. One exception is with depressives, where the low energy and great inhibition make early freeing of the pelvis safe. Freeing the pelvis is called the *end phase* of therapy. It is especially dangerous if the main block has not been dissolved. The end phase begins with the full flow of energy into the pelvis, and the totality of the organism begins to function. The danger is in the sudden rise in energy level. Previously, the organism functioned by binding energy, now it no longer can, and may react dangerously to the high level of energy, to which it is unaccustomed. One, therefore, does not rush to the pelvis. Wrong concepts of freedom such as promiscuity may be displayed and urges of the moment given in to with no evaluation of the consequences.

At first, the patient feels he is right back where he started. Symptoms reappear, sometimes stronger than before. One source of danger is a tenacious block which shows where the danger will occur in the end phase. If the block is in the diaphragm, for example, somatic symptoms and collapse must be watched for. The more tenacious the block, the more trouble can be expected. The main block plus orgasm anxiety, which occurs at the end of the end phase, may make the situation insoluble. Suicide, psychosis, even murder or other criminal behavior may occur. Organic symptoms may also appear and require operation, such as appendicitis, ovarian cyst, and fibroids; even cancer may develop. The organism must develop tolerance to this new functioning until terror gives way to pleasure in the accomplished freedom. The final problem is to structuralize the

patient's health. He is kept under observation and assisted until he is secure against regressing. This may take one or two years.

Orgastic potency is always the goal but cannot be attained in most cases. However, the majority will attain a satisfactory degree of health and functioning with the overcoming of all major symptoms. Where stasis can be prevented or overcome and the environment adjusted satisfactorily, one can expect the patient to continue to improve for years after therapy has been discontinued.

Organomic technique is less dependent on verbal communication from the patient and is very effective in attacking the neurotic structure. Thus it has a very wide application. Besides the usual neuroses, it is especially effective in treating schizophrenia, epilepsy, and the somatic biopathies, such as asthma, gastric ulcer, hypertension, spastic colitis, and many types of headache. It is, however, not a panacea. Not every case can be treated, and a few can be made worse. It is important to recognize these cases early and discontinue therapy. Here the individual cannot tolerate expansion and movement and reacts badly to every advance in therapy or breaks down into physical illness. In every case, therapy cannot be wholly successful until the organism has developed tolerance to change or is ready to change, or, as Freud put it, "has sufficiently ripened."

### **References**

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