

Armoring

Elsworth Baker, MD

Excerpted from [Man in the Trap](#)

The American College of Orgonomy

Armoring may be divided into natural or temporary muscular contraction and permanent or chronic contraction. The former occurs in any living animal when it is threatened, but is given up when the threat is no longer present. The latter originates in the same manner, but because of continued threats is maintained and becomes chronic, reacting eventually to permanent inner rather than environmental dangers. In this discussion armoring refers to the latter type.

So far as we know, the origin of chronic armoring is lost in antiquity. Legendary artifacts of human behavior indicate that man was armoring before recorded history began, and no one can tell what initiated such a necessity. Certainly something of tremendous importance started armoring since it is almost universal and has persisted through all the ages. It is even questionable whether man could exist without it.

Though individuals can, masses cannot give up armoring without drastic changes in our culture and way of thinking. Probably people in general could not dispense with armor at all as long as we emphasize material ownership. Knowing how armor began is important because it can help us gauge if civilization can possibly exist without it.

Reich postulated that man armored when he became introspective; that is, when he perceived that he perceived himself, and that he perceived at all. This awareness of self-perception as an object of attention produced a split. Man became frightened and began to armor against the inner fright and amazement in an effort to control his own sensations. This sequence seems highly probable for we know clinically that people clamp down especially against the sensation of surrender in the orgasm.

Reich deduced the origin of armoring from his knowledge of schizophrenia and his observation of what he called the "universal terror of living."¹ To face the unknown is always frightening; to stand and examine it, terrifying. Pascal in his *Pensees* conveys this very well. To understand it, then, became a compulsion and thus perhaps the urge for knowledge was born. This urge, however, man seemed to divert to everything except studying his own body bioenergetically. He avoided that for millennia and even yet cannot accept contemplating his natural emotions or allowing them expression.

In the sequence of events leading to armor formation, the crucial point in holding back seems to be the terror of surrendering in orgasmic convulsion where man

completely merges with nature. The first orgasm is always frightening because of its accompanying loss of control. When man began paying attention to his sensations this letting go was more than he could bear and he began to truly to control it. To get an idea of the process, the reader has only to pay attention to and examine his own sensations at any given moment and he will find himself holding his breath - the best way to control feeling.

Such then, we may speculate, was the starting point of man's urgency for knowledge, the craving to know, which ever since has been more important to him than his natural functioning. The latter itself, he subjected - always distorted - to formalized knowledge, control, repression, and at times an almost complete ban. This has resulted in artificial laws of behavior and mores. Man no longer dares give in to his natural organismic functioning; he holds back as if his very life depended on it.

Several legends have sprung up which seem to bear out Reich's hypothesis. These may well epitomize the growth of knowledge at the expense of natural love by way of armoring, as well as the origin of patriarchy.

For example, there is the bitter struggle of Aphrodite to destroy Psyche, who has ensnared the love of her son, Eros. Psyche successfully performs all the tasks set by Aphrodite and wins over the gods, immortality, and Eros. Aphrodite has to acknowledge defeat; natural love capitulates to intellect.

A further apotheosis of knowledge is seen in the legend of Pallas Athene, goddess of ancient Athens, She springs full blown from the head (brain) of Zeus. Thus she comes directly from man, not from a mother. At the trial of Orestes she casts the deciding vote and declares she always votes in favor of the man. The male assumes the favored or important position - a close linkage of knowledge and patriarchy.

The clearest account comes from the Bible in the expulsion This narrative of Adam and Eve from the Garden of Eden.² This narrative seems more an account of civilization's origin rather than man's origin - particularly with regard to the concomitant development of knowledge and armoring and the origin of patriarchy.

Genesis 2:16. ³ And the Lord God commanded the man, saying, of every tree of the garden thou mayest freely eat:

17. But of the tree of the knowledge of good and evil, thou shalt not eat of it: for in the day that thou eatest thereof thou shalt surely die.

21. And the Lord God caused a deep sleep to fall upon Adam, and he slept: and he took one of his ribs, and closed up the flesh instead thereof;

22. And the rib, which the Lord God had taken from man, made he a woman, and brought her unto the man.

25. And they were both naked, the man and his wife, and were not ashamed.
Genesis 3:1. Now the serpent was more subtil than any beast of the field which the Lord God had made.

4. And the serpent said unto the woman, ye shall not surely die.

5. For God doth know that in the day ye eat thereof, then your eyes shall be opened, and ye shall be as gods, knowing good and evil.

7. And the eyes of them both were opened, and they knew that they were naked; and they sewed fig leaves together, and made themselves aprons.

14. And the Lord God said unto the serpent ...

15. And I will put enmity between thee and the woman and between thy seed and her seed ...

16. Unto the woman he said. I will greatly multiply thy sorrow and thy conception; in sorrow shalt thou bring forth children; and thy desire shall be to thy husband, and he shall rule over thee.

23. Therefore the Lord God sent him forth from the Garden of Eden, to till the ground from whence he was taken. (Author's italics.)

The "subtil serpent" or, we may say the perceptive penis, where sensation is most acute, tempted man to eat of the tree of knowledge of good and evil. Gerhard von Rad feels that the expression, "of good and evil," is a subsequent addition and refers simply to knowledge of everything or all things.⁴ But even taken at face value as a knowledge of good and evil it would imply the development of a conscience or superego, which means repression, civilization, and the birth of religion.

Thus eating of the fruit of knowledge brought armoring - fig leaves, clothes on skin, sexual shame - and drove man from his natural paradise. He lost his contact with nature and natural feelings and killed his emotional life ("... thou shalt surely die."). This brought all the problems armoring produces (thorns and thistles) including difficult labor and a deep fear of the genital (enmity between woman and serpent).

Like Athene, Eve comes directly from man. After the Fall, God tells her thy desire shall be to thy husband, and he shall rule over thee," thus signaling the advent of patriarchy. One may postulate, then, that at an earlier time there was no patriarchal state and that man lived naturally or in a matriarchy. Von Rad cites the following passage, which he thinks may be a holdover from an earlier matriarchal culture: "Therefore shall a man leave his father and his mother and shall cleave unto his wife; and they shall be one flesh." Certainly, as he points out, it is not characteristic of patriarchy.

Still another passage from the Bible shows the ascendant role given to knowledge: "In the beginning was the Word, and the Word was with God, and the Word was God." (St. John 1:1) This is known as the Divine Concept of Logos (Word, Idea); that is, the idea, word, or knowledge is supreme.

A further possibility is that armoring occurred when man took up agriculture and/or the raising of herds. This is compatible with the first hypothesis and may have grown out of it or parallel to it as man acquired knowledge and faced the need to obtain more food for mere survival or a growing population. Man was insecure and knowledge was power. He settled down, tilled the soil, and took his mate with him - "And thou shalt eat the herb of the field." Also from Genesis 4:16-17: "And Cain went out from the presence of the Lord and dwelt in the land of Nod, on the east of Eden. / And Cain knew his wife; and bare Enoch; and he builded a city..."

The beginnings of agriculture 5 can be discerned in the well - watered uplands bordering the Arabian, Syrian, and Iranian deserts somewhere between 8000 and 7000 B.C when men left their caves and gathered together in more or less fixed communities. Within three or four thousand years the condition of life changed more radically than it had over the preceding quarter of a million years. The period between 4000 and 3000 B.C. has been deemed more fruitful in inventions and discoveries than any period in human history prior to the sixteenth century A.D. - weaving, metallurgy, the plow, the wheel for transportation and turning pottery, molding of bricks, harnessing of draft animals, invention of sails, use of seals to distinguish and protect private property. Economic organization, political controls, and social attitudes developed, along with a more elaborate formulation of a more elaborate formulation of religious belief. Cities grew.

Thus man settled down with his mate, tilled the soil, started the family as a social unit, and instituted patriarchy. ⁶ The male was responsible for feeding the household and did not want the burden of any other offspring but his own. He began to place restrictions on the sexuality of his wife and daughters and even set up household gods to watch his women. ⁷ This very likely was the origin of the double standard.

We know that a armoring is more extensive in patriarchal societies, where the general attitude is sex negative, than in matriarchal societies where there is a sex-affirmative attitude. Also in all but the most primitive patrilineal (not true patriarchy) knowledge is much more emphasized. Primarily, armoring reduces genital sensations, especially affecting the orgasmic surrender in which the individual seems to merge with the cosmos.⁸ Life without armoring does not seem possible in a patriarchal society, but might be possible in a matriarchal system.

There is considerable confusion as to just what constitutes a matriarchal society. 9 I have heard it stated that America is fast becoming one because of the growing influence of women; but this is a superficial view. Where women assume the same position men hold in a patriarchal system, an Amazon society is produced which is little different in effect from patriarchy. A true matriarchy is a tribal system in which the tribe and not the family is the unit. When a woman marries she remains in her tribe regardless of the origin of the husband. 10 He thus becomes an unofficial member of her tribe and assumes an unimportant role in family upbringing.

The children remain with their parents, but they receive their training from the mother's male relatives, usually her brothers. This system allows a more objective and freer attitude toward natural needs and prevents the sexual restrictions found in patriarchal systems. The competition between the parents for the children's love is minimized, and so is the competitive pressure that follows when both father and children seek a woman's attention. In such matriarchal societies neuroses and crime are unknown; frequently there are not even words for them. Strangely enough, although adolescent boys and girls are provided with facilities for being together privately and engage freely in sexual expression, the girl very rarely conceives prior to marriage. This is so striking that in a few tribes¹¹ the relation between sex and conception was not understood.¹²

Regardless of how it originated, armoring prevents complete orgasmic release so the organism never experiences full satisfaction and constantly strives to find it. With loss of orgasmic release oneness with the cosmos is lost; we no longer feel contact with nature, and cosmic longing supervenas. I believe that this longing is behind much of the thirst for knowledge and progress. According to our usual concepts, all matriarchal systems are very primitive. Their natural way of living provides adequate satisfaction and therefore members have no urge for scientific progress.¹³ Where armoring exists the energy blocked from pelvic release is drawn up to the brain¹⁴ (the organism's other end) and seeks outlet, hoping each new discovery will provide the answers to regaining cosmic contact. Particular do we look up to the heavens and study them and contemplate them and prepare to travel there. Somewhere up there we place our God,¹⁵ who will provide satisfaction, but only after death when our spirits are free of their armored bodies.

Along with armoring there is always contempt. Contempt results from pulling energy up from the pelvis to the face so that we feel superior. Contempt is basically a rejection of the genital and is expressed toward some object considered more sexual than ourselves, or toward those who differ from us sexually. This is true whatever may appear superficially to be the reason for the contempt.

Armoring is self-perpetuating, because armored parents raise armored children. The present cause of armoring is the necessity on the part of the child to accept unnatural attitudes and training conditions set up by the parents and others. It is accomplished largely by contraction, mostly of the muscles, but also to some extent by the contraction of the body tissues. It allows the child to hold back its desires and conform. In each case the specific type of armor required determines the future specific character of the individual, and one may speak of it as character armor. It is a result of the infantile sexual conflict and its purpose is to solve that conflict. It attempts to do so by changing the habitual attitude of the ego, especially in becoming sex negative. The end product is a reduction of the motility of the organism (much like the pricked amoeba's loss of motility), which protects the ego against internal and external dangers.

In a limited way, armor varies in response to pleasure and pain stimuli. That is, in pleasurable situations it is relaxed somewhat and in painful circumstances it is increased. But the more rigid the armor, the less flexible the behavior in the face of new situations. Even the healthy organism armors in dangerous situations but dispenses with it completely in pleasurable circumstances. Where armor is severe and chronic, the organism is tolerant only of contraction, and experiences terror when great expansion and movement occurs. It has a sensation of bursting and loss of control. This, Reich called the terror of living.¹⁶

If armoring prevents a child from reaching the genital level, he remains at an infantile character stage. In Western patriarchal societies adult character formation begins with a particular solution to the Oedipus complex¹⁷ which is easily identified. The solution occurs in three stages:

1. An identification is made with the frustrating reality, the frustrating parent.¹⁸
2. The aggression mobilized against this parent causes anxiety and is turned against the self. This creates the inhibiting aspect of the character.
3. The ego forms reactive attitudes toward the sexual impulses and utilizes the reactive energies to ward off sexual impulses, either by repression or by a change of direction.¹⁹

Armoring develops as the somatic aspect of repression and always involves groups of muscles that form a functional unit. Thus, a child turning his rage at unkind toilet training into an anxious effort to please his demanding parent will contract the muscles of the buttocks and the pelvic floor. The armor, resulting from a fear of punishment, is assumed at the expense of id (instinctual) impulses, and contains the very rules and demands²⁰ that led to it. The ego seems to be strengthened, because some of the instinctual energy pressures are held down by the armor. But actually, the armor prevents stimuli from the outside world from reaching the organism in their natural profusion, and therefore makes it more difficult to continue training in other areas. In the long run, repression (armor) is not a true solution but only an expedient that serves later as the basis for neurotic conflicts and symptom formation. That is, it does not allow a sex-economic regulation of energy, and tension continues to increase. According to Reich,²¹ character formation depends upon:

1. The time at which an impulse is frustrated, i.e. early or late in its development. The earlier the frustration the more complete is the repression. Early frustration (of aggression and pleasure in motor activity) leads to marked impairment of the total activity, and later to reduction of working ability.
2. The extent and intensity of the frustration-whether it is repressed or unsatisfied and the severity of either.
3. Against which impulses the central frustration is directed, i.e. the stage of libidinal development reached at the point when inhibition (armor) is exacted.
4. The ratio between frustration and permission.
5. The sex of the main frustrating person.
6. The contradictions in the frustrations themselves (e.g. in masochism, exhibition is encouraged at the anal level but punished at the phallic level).

All of these prerequisites for illness are set within the individual's society as well as within the individual himself. It is, of course, the design of his environment that dictates how much education, what sort of morality and what degree of gratification an individual may realize within the limits of his natural potentialities. In order to prevent neuroses in the future, individuals must be allowed to develop character structures with enough flexibility to give them the sexual - and social mobility needed for keeping an economic energy level in the organism.

An impulse that has fully developed can never be completely repressed. Thus, if the child is allowed to reach genital primacy he will survive fairly well regardless of future environmental restrictions. A development just short of genital primacy

produces an impulsive character, where the individual's impulses have met with a sudden, unaccustomed frustration.

Armoring develops in an orderly fashion, depending on the need to conform, and is segmental in arrangement. It contains the history and meaning of its origin. If it is due to traumatic events, it contains the memory of the events.

For example, ²² during therapy a forty-year-old woman repeatedly saw a mental image of a woman and man. She hated the woman but did not know why. She saw herself with them at three years of age. She got in bed with the man but was convinced they were not her parents. At times, she would see the man and woman on a porch at a party and thought they might be neighbors she had been left with. Gradually the woman became clearer and she experienced great hatred for her, wanting to kill her. At this point she became very excited, lying on her back and kicking, pounding, and screaming in a typical childish temper tantrum.

She had an urgency to know more, to solve the situation. The temper tantrum was repeated two or three times and she felt somewhat relieved. Following this she went home with some continued anxiety and fear of death, which gradually developed into a fear of being choked to death. She did not want to remain alone and was anxious throughout the night. In the morning while making the beds, she visualized two eagle claws clutching at her throat and became frightened when the claws turned into hands choking her. When she tried to get up after lying down on the bed to compose herself, she could not walk because her legs were too weak. She called for an appointment and I saw her soon after.

When she came in she looked very bad. Her color was gray, and her expression could be described only by saying that she gave me an uneasy feeling of death. Soon after she lay on the couch I became aware of the smell of death. She described what had happened at home, and I saw that her chest was moving very little. I mobilized it somewhat and then grabbed her throat. The picture of the hands came into her mind and she panicked and began to choke (I had touched her throat only momentarily). She could not get her breath and was becoming cyanotic, so I pried her jaw open and gently massaged her neck. She soon began to breathe, although she was rather exhausted and greatly frightened.

This event, she said, went back much earlier in her life. She was in her crib and a woman was choking her until her tongue was hanging out. Her mother kept coming into her mind, although not in the visualized scene. Shortly, she screamed, "The hands again," and choked once more. After this was relieved she choked again with her tongue out. She became cyanotic and was with difficulty that I got her to breathe; her eyes were sunken in her head and she looked as though she were dying.

All this was repeated again and she grew very panicky. She was not able to talk and tried to write a message in the air. When I gave her a pencil and paper - she wrote that she couldn't talk; I told her she wasn't expected to, she was too young. This seemed to relieve the intense fear and she came out of it again. The choking episodes were repeated, probably a dozen times. Then, she began to call for her husband and said she wanted some one to bold her and love her. I called him and in the meantime sat holding her arm and reassuring her. Finally I felt she had had enough-it seemed to go on indefinitely. I got her to dress and sit up and she had another attack. Then her husband came and held her and reassured her. She had one further attack and he suggested taking her out to dinner to get her mind on other things. I concurred.

Although anxious and uneasy - she had no more attacks, and as the day wore on she felt much better and sobbed with relief. She was afraid to go home and insisted that her husband lie down with her when she did get home. The next morning she called to say that more had come up. She was sure she had been thrown to the floor and made unconscious when she was choked. During the night she had felt she had been losing consciousness.

The following day I saw her again. She said she had had the impression of a child being thrown to the floor against the wall, and added that she had always had a tender spot in the right parietal region of her head. One winter it had bothered her so much that she had consulted a physician, telling him it was driving her insane.

She had mild choking spells this time, but they were easily stopped and she was able to keep her mouth open and so prevent cyanosis. A picture of a man over her crib came up. It was a man, a dark man, who choked her and not the woman, although a woman was there. It seemed to have happened in the daytime. "I hate the man," she said, "I could kill him." For several sessions after this time the picture of her mother hitting her with a frying pan came up and mild choking attacks continued.

Convinced of the reality of these incidents, she asked her mother about them. Her mother told her that she was illegitimate and that during the pregnancy she had tried unsuccessfully to induce an abortion. After birth, she had induced her lover to get rid of the baby, and he had choked her and left her for dead. On another occasion the mother had hit her with a frying pan and knocked her unconscious.

It is in this way that single traumatic events are contained in memory, in the body's armor and reappear as the organism is mobilized. But no memory is present if the armor is the result of attitudes in the parents. The most malignant to

overcome are the implied, unspoken prohibitions imposed gradually at each stage of development.

The specific purpose of the chronic muscular armor is to hold back and assist one to conform and thus reduce anxiety--to hold back unitary moments (emotion) and in the deepest sense to prevent the orgasm reflex, which allows complete giving or surrender to biological emotions. The armor says "no" to this surrender. Emotion must be taken literally as "moving out," and a natural emotion includes the moving-out of the whole organism as a unit. That is, the whole organism normally takes part in all emotional activity whether pleasure, rage, or anxiety. The two basic movements are outward to the skin and environment (aggression), which is expansion or pleasure, and movement inward to the center (withdrawal), which is contraction, pain, and anxiety.²³ Movement into the musculature allows the organism to fight with rage or flee with fear.

Armoring first occurs in the diaphragm in an inspiratory contraction²⁴ where holding is most effective, but the basic conflict involves the pelvis (Oedipus conflict). Therefore the pelvis is always last to be dealt with in therapeutic removal. If the pelvis were to be freed first the individual could not handle the sexual impulse and either confusion and disintegration would follow, or else earlier problems would be carried into the sexual life (especially sadistic impulses). One exception is in depression, where the low energy and great inhibition make early freeing of the pelvis safe.

Armor, may be identified by an increased sensitivity to touch (ticklish instead of pleasant) except in heavily armored individuals where only touch is felt. Seven segments can be differentiated in the armor. Each segment includes the whole cross section at that level of the body, so that there are several rings at right angles to the spine. In addition to the rings of armor, one will usually, find that one side of the body, left or right, is more heavily, armored than the other. The underlying cause here is not yet understood, but it has nothing to do with right- or left- handedness. Adler speaks of the male side and the female side; and Deutsch points out the good right side and the bad (sinister) left side. The seven segments of armor²⁵ 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 utilized to build up energy in the organism and provide additional inner push to help in both revealing and removing other blocks.

Each segment responds as a whole and is more or less independent of other segments. But this independence should not be taken too rigidly, since we are dealing with a total organism which functions with an interdependence of all segments. Any one segment may fail to respond completely until further segments are freed.

For example, deep holding may not appear in the throat until the pelvis is reached. With each release of a segment, armoring in earlier segments will 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.

In schizophrenia and epilepsy one may find little muscular armor, the armoring being largely in the eye segment. When this segment is freed the organism, unable to stand the increased free energy, contracts lower down and builds up a muscular armor. This in turn must be broken down. In certain cases, usually where more highly charged emotions are concerned, the organism, apparently unable to find a suitable equilibrium by armoring, withdraws energy from the part involved or even from the whole musculature. Such a withdrawal of energy is known as anorgonia.

It is important to determine the main character trait or attitude of the individual (the red thread ²⁶) because he will react to all progress through this trait and it soon becomes the main character defense. The trait may be socially acceptable (modesty, shyness, reserve, aggressiveness) or socially unacceptable (dishonesty, cheating, etc.). For example, a modest person will react to every advance modestly and never enthusiastically, while a cheat will try in every way to cheat you of success.

The principle of therapy is quite simple: merely- to remove the chronic contraction which interferes with the free flow of energy throughout the organism and thus restore natural functioning. In practice it may be extremely difficult and complex. There are essentially three avenues of approach, the importance of each depending on the individual case although all three are a necessary tool in every therapy,. They are (1) increasing the inner push on the organism by building up its energy by breathing, (2) directly, attacking the spastic muscles to free the contraction and (3) maintaining the cooperation of the patient by bringing into the open and overcoming his resistances to the therapy and the therapist. This last is extremely important because the patient will in every way try to maintain his immobility and try desperately not to reveal himself. It may seem incredible that the patient who wants to get well fights so fiercely against therapy but behind this is intense fear of expansion and movement. He may do this so skillfully that it takes time and much ingenuity to unmask his methods. He may overtly cooperate beautifully, even bringing out emotions that please everyone but the whole thing may be meaningless from a therapeutic standpoint. One can never work mechanically but must watch the needs of the patient by observing his bodily expression and by sufficient contact to allow yourself to feel what he is trying to express or even hide. When the patient begins to feel his own restrictions and gains sufficient contact with his organism so that he knows what he is holding

back he can be very helpful in his therapy. His lack of contact is one of the most difficult problems to overcome. This is dealt with under problems of contact.

Breathing may in itself overcome minor holdings and does help to reveal and overcome more severe blocking. The patient is asked to breathe fully without forcing and to allow himself to develop a rhythm which soon becomes easier and freer. In most patients this will soon produce tingling in the fingers and lips. If this breathing continues, the sensation increases to strong and sometimes painful currents resembling sensations from an electric current. The fingers stiffen and begin to flex and become immobile. This may continue until the whole arm is involved and eventually the chest and face. At this point the patient can stop his breathing only with difficulty and the situation becomes dangerous to life. The contraction must be overcome. This is done by stopping breathing and manually mobilizing the fingers and arms.

Classical medicine calls this stiffening of the fingers and arms tetany and explains it as over-oxygenation with lowering of the alveolar carbon dioxide resulting in alkalosis and diminution of ionized calcium. We look upon it as contraction against the movement of energy which is beyond the individual's tolerance. That this seems reasonable is found in the fact that later in therapy patients may breathe as much as they like with no contractions. These may reappear after each breakthrough to a new level.

Following release of the fifth or diaphragmatic segment, soft breeze-like sensations will be felt moving down the body. These are pleasant and give a three-dimensional perception of the body. They are called streamings. The chronic contraction of the skeletal muscles can be worked on directly, the organs and tissues only indirectly. To mobilize a chronically contracted muscle one must first increase the contraction to a point which cannot be maintained. The muscle thus overstrained must relax. This is done by direct pressure on the inner muscle with the thumb, by irritating or stimulating it, such as by tickling or pinching. Direct pressure is the usual and most effective means. One will find near the insertion of the muscle a very sensitive spot where contraction is greatest and it is here that the muscle responds best to the stimulus. Pressure here will relax the whole muscle. These points have been called trigger points in classical medicine, where sometimes they have been injected with Novocain to produce relaxation. Of course the muscle will only contract down again unless the emotion (and ideas) that is being held back is released. For this reason groups of muscles that form a functional unit in holding back emotions are worked on together. Occasionally one muscle in this group may act as a trigger, causing the whole group to respond.

Anxiety is the basis for repression and is behind all contraction. If it were not for the anxiety the emotion would not be held back in the first place. The organism is

always trying to control anxiety and cure is affected by forcing the patient to tolerate his anxiety and express his forbidden feelings. The most important emotion to elicit is rage (hate) and until this is released he cannot allow the softer feelings of longing and love to emerge. This is done in all seven segments. Where muscles cannot be reached by the hands, other methods must be used, such as gagging, which increases the holding of the muscles involved until the gag reflex takes over and relaxation occurs. To release contraction of the brain the eyes and whole eye segment must be mobilized. Then the patient will frequently feel movement of the brain much to his surprise.

Sometimes emotions can be released and the holding will yield by describing to the patient what he is expressing or wants to do, or by holding a mirror to him, or by understanding words rather than direct work on the muscles. I have often felt that if one knew enough and were sufficiently perceptive therapy could be conducted entirely this way.

The Ocular Segment

General Description

This is the first segment and is concerned with all contact at a distance (except field reactions²⁷). It includes sight, hearing, and smell. Armoring consists of a contraction and immobilization of the greater part or all of the muscles around the eye, eyelids, forehead, and tear glands, as well as the deep muscles at the base of the occiput-involving even the brain itself. I believe that the brain shows contraction to a greater or lesser extent in all the neuroses and if adequately mobilized enables the rest of the organism to tolerate expansion and movement. Contraction seems to be largely in the vegetative centers. This contraction causes and maintains the muscular contraction. It results from the original inhibition-specific "verbotens" producing specific contractions controlling various muscle groups which prevent the inhibition from expression. This is especially true in schizophrenia. Armoring in the ocular segment is expressed in an immobilized forehead (it appears flat) and eyelids. The flesh at the side of the nose is smooth and waxy. The patient is unable to open his eyes wide. Indeed, he will seem to be peering from the eyeholes of a false face. In schizophrenia the expression is empty, or as if the individual were staring into space. The more emotion brought up in looking, the less able is the individual to see clearly. The schizophrenic may see clearly but does so from the safety of his withdrawn shell. It is as if the neurotic looks but does not see, the schizophrenic sees but does not look, and the voyeur looks unseen.

One sees patients who, from an early age, have been unable to cry. Frequently one finds myopia and other visual disturbances that are not organic. The pupils may be dilated, particularly in schizophrenia, indicating deep anxiety. Anxiety or suspicion may be overtly, apparent (suspicion is seen best by having the patient look out of the corners of his eyes). The eyes may show hate or pleading like a

cowed or cornered animal's. The majority of patients have an inhibition against healthy flirting, which leads to a holding across the brows. This is often replaced by a neurotic unconscious flirting, especially in hysterics. The eyes generally hold anxiety and when open are a mirror of the emotional state of the organism.

Signs and Symptoms

Frontal headaches are the most common symptom, and are caused by chronic raising of the eyebrows to express anxiety or surprise. The patient may complain of a band around the head. Occipital headaches are due to a spasm of the occipital muscles produced by a chronic "ducking" attitude caused by a fear of a blow from behind. Fear of being hit on the head results in a flat or expressionless attitude. Haughtiness may be a defense against a frightened or attentive attitude, and the appearance of one engaged in deep reflection often is a defense against anxiety about masturbation. Symptoms of dizziness are caused by insufficient armoring, which allows movement of more energy than can be tolerated.²⁸

Therapeutic Principles

Dissolution of the armor is accomplished by having the patient open his eyes wide during inspiration of breath, as in fright; and by mobilizing the forehead and eyelids through forcing an emotional expression. Mechanical exercises are of little value. The therapist should have the patient look suspiciously from side to side, roll the eyes while focusing and expressing anger, sadness, etc. Grimacing and direct work on the occipital muscles are helpful. It is sometimes necessary to move the forehead manually or open the eyelids to start the process or have the eyes focus on your moving finger. He should encourage the patient to open his eyes wide while breathing out, and to reach out with the eyes by flirting, smiling, longing, and other alive expressions. One can sometimes bring out emotion in the eyes by having the patient repeatedly look at you and away. The movement prevents holding and allows the expression to show itself.

Recently, Dr. Barbara Goldenberg developed a further technique in mobilizing the eyes by, the use of a moving light upon which the eyes focus. This seems to be an important breakthrough in therapeutic technique. Here she offers the following comments on the use of the light:

I believe the light affords a unique opportunity for getting at the deep armoring in the brain parenchyma, hitherto untouched except indirectly through mobilizing the eyes. One may postulate two factors at work: (1) the direct photic stimulation of the brain substance itself, and (2) the pushing of the patient beyond the visual stimulus threshold so that he is forced to give up holding in the eyes.

During an infant research field trip I had occasion to observe the visual stimulus threshold demonstrated²⁹ and decided to see if it existed in other age groups as well. I noted that if one has a child or adult patient following a target (such as a

pencil) moved randomly ten inches in front of the eyes, there is frequently a strong emotional reaction after about fifteen minutes. The time factor appears critical and a shorter time span may elicit nothing. This does not seem explainable by fatigue alone. Following this maneuver one can often elicit strong affective reactions in patients—reactions which used to take months of painstaking work to uncover. If a two-battery pen light is substituted as the target, in a darkened room, the added factor of direct phobic stimulation on the brain markedly intensifies the patient's reaction.

After fifteen minutes of such phobic stimulation I have sometimes obtained spontaneous abreactions. There is almost always a sharp increase in affective responses and the release of unconscious material. One has the impression that the organism feels more integrated and therefore "safer" in letting go of the holding. The upcoming material is usually that which is closest to the ego and ready to surface not chaotic bursts from deeper layers.

In lightly armored or unarmed patients, use of the light may elicit a partial or complete orgasm reflex. The effects on the eye segment and on contact are quite striking at times. For example, there was a marked difference in scholastic performance in two students (one a college physics major, the other in high school), both of whom went from failing to honor grades in the space of three months. One, an ambulatory schizophrenic, reported "a clearing in my head for the first time in my life," and a new found ability to grasp and assimilate what was taught in class. Two child patients, age 1-1/2 and 6, respectively, who manifested severe eye block by crying without tears developed a flow of tears after one session with the light. A borderline schizophrenic reported clearing of the chronic haze and yellowish cast before his eyes. Two migraine patients were entirely, free of headaches after a few sessions.

There is some evidence the light may be useful in reaching hitherto untreatable patients—for example, those with hooks, or those incorrectly treated by premature loosening of the pelvic segment while the eyes were still heavily armored. Two of my patients showed mild symptoms referable to the pelvic segment following use of the light (pruritus ani and bleeding hemorrhoids), while the eye segment was opening up. One 63-year-old passive feminine developed streamings and hard erections after twelve years of impotence but it is still too early to assess if adequate functioning is present.

Both eye functioning and eye motility have received some attention in psychiatric circles. For example, Goldfarb of Littleton found that schizophrenic children show a preferential neglect of distance receptors (eyes and ears) which may be reversible in part by treatment.³⁰ He also noted their inability to have dissociated head-eye movements (i.e. if they follow a target with the eyes, the head also moves involuntarily). In my experience, some adult schizophrenics show this too.

Goldfarb also observed that OKN (optokinetic nystagmus) is absent in schizophrenic children. Getman of Luverne, Minnesota, pointed out the absence of eye motility in non-readers or slow readers and advocated exercises to mobilize the eyes.³¹ Doman and Delacato of Pennsylvania stressed the importance of creeping in infants and the concomitant side-to-side head movements in developing good eye motility and thus good reading ability.³² The experiments in expanding consciousness and "op" art may also be related to eye segment armoring phenomena. It is possible that LSD may dissolve the deep armoring in the brain precipitously and with chemical insult to the tissue. This may be followed by a more severe re-armoring when the drug has worn off. A patient of mine who took one dose of peyote against my advice showed evidence of this. Oster produced LSD-like effects by having a subject look through a square pane of glass ruled with concentric circles.³³ Some experimenters use flashing lights, and the alpha brain wave synchronizer of the hypnotists is fairly well known.

"A word of caution regarding use of the light. There is no substitute for empathic contact with the patient. If the light is used as a mechanical "gimmick" instead of in a contactful way, it will accomplish nothing or may do harm. Overuse is dangerous though most patients eventually build up a threshold of tolerance and many, require longer time exposure (20-25 minutes) Some patients learn to defend very successfully against the light or may even flee therapy. Most of them respond very positively and will comment on the difference it makes. A feeling of integration and well-being is commonly reported. However, sometimes a patient cannot tolerate the light organismically and this must be respected and not necessarily dismissed as resistance. Often one combines the light with other maneuvers, such as having the patient scream, hit or cry out words. The patient should be kept in contact and not allowed to drift off hypnotically. If used contactfully, the light is an extremely useful catalyst and means of reaching the deep cerebral armoring. Without contact it degenerates into a "gimmick." It can shorten and catalyze treatment but does not eliminate the need for the usual careful character analysis and segmental removal of armor from the head down.³⁴ Sound is also important but we have not yet developed any special means of applying it.³⁵ Of course we use it routinely in the tone of our voice which is frequently very effective in producing responses from the patient.

Throughout therapy, one never ceases to be aware of the eyes, but watches them constantly. They may have a different expression from the oral segment. For example, when the face is looked at as a whole the total expression may be one of anger; but when the eyes are looked at alone they may only appear sad, and the anger is found in the mouth.

One cannot overemphasize the importance of mobilizing the eyes and should never proceed further until the eyes can tolerate further release of energy. They

are actually an extension of the brain and our only means of mobilizing the brain. I have seen too many cases in consultation where the eyes were neglected and armoring removed from the remainder of the body. The patient gives a picture of panic, expressed in the eyes, a mask-like face and acute distress. This is not an easy situation to overcome.

The Oral Segment

General Description

The second segment includes the muscles controlling the chin and throat, the annular muscle at the mouth, and the muscles of the occiput. Together, they make a functional unit, so that dissolution of one part of the armor affects all the rest. For example, dissolution of the armoring of the masseters will lead to clonisms of the lips and jaw and the release of emotions natural to the area—crying and a wish to suck. The whole oral segment may in some cases be mobilized by eliciting the gag reflex. This is done by having the patient put his finger down his throat without stopping breathing. Full expression of the oral segment depends on the free mobility of the ocular or first segment and, sometimes, on loosening of lower segments. For example, crying may not be complete until the two subsequent segments are free. The jaw may be tight with clenched teeth or unnaturally loose; the lips may be thin and determined or thick and sensuous.

Signs and Symptoms

One may observe a silly grin, a sarcastic smile, or a contemptuous sneer. A timidly friendly smile may be present or the mouth may be sad or even hard and cruel. The chin may sag, or be flat, pale, and lifeless. It may be pushed forward, giving a pugnacious appearance and causing a tightening of the floor of the mouth which holds back crying. A tight jaw leads to a monotonous, restrained voice. A tight throat leads to a whining, high, weak voice and harsh breathing. The mouth may be dry (from anxiety) or there may be excessive salivation (from un-satisfied oral needs).

The patient may speak little or talk constantly under pressure, or even stutter. The facial expressions as a whole should be observed carefully; the depressed face, the artificially beaming one, the one with stiff and sagging cheeks heavily with tears, or the one with masklike stiffness from suppressed crying. A wooden expression may be the result of an early attempt to avoid "making faces." Children are taught not to make faces, or "they will freeze that way." Also, the "face at the window," seen or imagined in early childhood, may be found frozen in a patient's expression. Children learn very early that faces must be rigidly controlled.

The oral segment generally holds back angrily biting, crying, yelling, sucking, and grimacing. During expiration some patients one will notice a progressive closing

of the throat. This is the same mechanism that is active during the initial stage of swallowing. They must swallow back each impulse. Severe holding in the jaw may cause temporal headaches.

Therapeutic Principles

The therapist should stop the patient's talking, if excessive, and keep him from making extraneous or aggressive movements. Have him accentuate the expression he is showing. If this accomplishes nothing, stop it. Exciting the patient causes a push of energy and eliminates voluntary defenses, allowing involuntary expressions to come out. Encourage these expressions. Direct work on the masseters and chin may be indicated, or having the patient make sounds that tend to mobilize the lips and throat may help. If crying is being held back the patient will try in vain to talk with a loud and resonant voice. Suppression of crying is frequently associated with nausea due to tension in the muscles of the floor of the mouth. Working on the submental muscles or on gagging may bring out the crying. Sometimes having the patient imitate crying causes release. The need to bite is almost always present and the patient may be allowed to bite a suitable object such as a towel. Sometimes in depression the expression remains depressed even after armor is dissolved. This is from habit and can be overcome by having the patient smile.

In stutters the jaw, lips, tongue, and soft palate may each have to be dealt with separately, making the sounds puh for the lips, wah for the lips and jaw, lah for the tongue, and kuh for the soft palate.

The Cervical Segment

General Description

The third segment comprises the deep muscles of the neck, the platysma, and the sternocleidomastoids. It also includes the tongue, which is inserted mainly on the cervical bone system. The emotional function of armoring in the neck is to hold back anger or crying. The result is a stiff neck, a stubbornness, "I won't cry." Anger or crying is literally swallowed without the patient's even being aware of it. A fear of being choked leads to a lump in the throat and covers a desire to choke someone else. It is seen frequently in hysterics in connection with a fantasy of the father's penis in the throat, and of being choked by it. Their desire to choke leads to guilt and to a fear of being choked, a displacement of energy from lower segments upward (from hands and arms to throat). Some patients have a very sensitive larynx from a fear of having their throat cut.

Signs and symptoms

Frequent swallowing, voice changes, harsh breathing, coughing, the sensation of a lump in the throat, and choking sensations (fellatio fantasies) are the major indications of armor in this segment.

Therapeutic Principles

Elicit the gag reflex and reduce spasms of the sterno mastoids and deep muscles of the neck. Also elicit screaming and yelling. Remember the neck is very vulnerable, and one must proceed with great caution as there are many important nerves, vessels, and the larynx-all of which can be easily injured. I had one patient who suffered a severe bradycardia from pressure on the vagus due to armoring.

The Thoracic Segment

General Description

Although the chest segment can be divided into upper and lower parts, it can best be considered as a whole. It consists of the intercostal muscles, pectorals, deltoids, muscles of the scapula, spinal muscles, the chest cage and its contents, and the hands and arms. It is the most important segment because it contains the most vital structures, the heart and the lungs. It is the first segment to be blocked, by holding in inspiration to reduce anxiety. Thus expiration is never complete. Blocking places pressure on the solar plexus and reduces sympathetic excitation. In schizophrenia, the eyes have been damaged as well as the chest in the first ten days of life.

A chronic attitude of inspiration is the most important means of suppressing any emotion. In the majority of cases, this armoring should be reduced first in order to build up energy in breathing, and to put more inner pressure on blocks. If the chest moves freely one has increased functioning even though further progress is impossible. In depressives the chest must be mobilized quickly to I build up energy³⁶ and reverse the dying process. In patients w with a high charge, however, mobilization of the chest may be dangerous so that an outlet for energy must be provided first (such as the lower limbs).

Asthma is a special condition occurring in chest armoring in which there is a parasympathetic over-excitation to overcome sympathetic contraction. The patient assumes a calm and brave facade to cover up his deep anxiety. In other words, he refuses to be anxious. Deep rage is behind this facade, a rage caused by an inability to show anxiety; behind the rage is a deeper layer of anxiety. Thus, we have a calm facade, superficial anxiety, rage, deep anxiety. To overcome the condition one must make the patient anxious or make him imitate anxiety; in a sense, one must cause him to back away from the block. If the attack is slight, it can be relieved by having the patient vocalize- ahhhhhhhhhhhh. (According to Reich every asthmatic has a fantasized penis in his throat.)

In coronary or other heart conditions one must proceed with great caution or heart failure may occur. In coronary cases, the chest is very rigid and great caution is necessary in mobilization. If pain or pallor occurs one must stop, and one should always have cardiac stimulants handy. Once the chest is mobilized, however, a great strain is removed from the heart.

In the average patient the chest is usually rigid and does not move in respiration. It is held high in the inspiratory position and eventually gives rise to emphysema. If the chest does move, it may be high or low, rigid or soft, but with small excursion. In schizophrenia the chest is soft but movement barely perceptible. The shoulders are held either back or forward but do not respond to breathing, and the head, instead of falling gently backward in expiration, usually comes forward or is jerked back forcibly. The spinal muscles may be acutely contracted. These are important regions of holding back and may prevent the chest from moving. They contain spite, a frozen anger. The intercostals are sensitive and painful and the patient may be very ticklish.

The emotions held in the chest are heartbreak, bitter sobbing, rage (stronger than that found in the oral segment), reaching, and longing. These are deep emotions which when expressed afford much relief. ("A weight has been lifted from my chest.") The hands may be cold, clammy, and weak from withdrawal of energy. Armoring does not interfere much with manual dexterity, but withdrawal of energy does. The latter is an indication of more emotionally charged material and of more explosive emotions.

Laughing seems to come from the chest and is the least understood of the emotional expressions. Animals do not laugh.³⁷ Primarily laughter is probably an expression of joy, but it seems to be a response to any excitation above the tolerance level. Laughing and crying may be interchangeable for any other emotion or for each other in addition to their basic functions. Natural crying is a result of need; as a secondary reaction it is a socially more acceptable vehicle for emotions such as rage.

Signs and Symptoms

An armored chest basically expresses restraint and self-control and will give a feeling of being unmoved or unaffected by events. Where there is no armor, the expressive motions of chest and arms give a free buoyant feeling. Typical armor is a chronic expiatory expansion, as if one had taken a very deep breath and not let it out, and it can be accompanied by high blood pressure, palpitation, and anxiety. Continued for a long time, a disposition to tuberculosis or pneumonia may develop, or the heart may become enlarged.

For the patient with an armored chest, rage is cold, crying is unmanly and longing is too soft. Reaching out or embracing are not felt vegetatively. The hands lose their organotic charge and are cold, clammy, and painful (leading to Raynaud's disease). Behind the clamminess of the hands, there may be an impulse to choke which is armored off in the shoulder blades and hands.

Women who are armored in this segment have insensitive breasts and are disgusted at nursing. A knot may be felt in the chest from a spasm of the esophagus, behind which is a holding back of angry yelling. The related anxiety can be elicited by pushing on the chest and have the patient yell. The chest holding is mainly "I won't," and the ability to give and surrender depends on mobility of this segment. Early memories of disappointment and mistreatment may come out with release of the emotions of the chest, which is usually blocked very early. Memories seem bound in plasmatic immobility and are reactivated when excitation occurs.

Therapeutic Principles

Increase breathing with instructions to follow through in expiration, exert pressure on the chest during expiration or press gently on the epigastrium, and work directly on the intercostal muscles, deltoids, and spinal muscles. Elicit hitting, choking, tearing, scratching, yelling, rage, and sobbing, and finally, reaching with longing. Opening and closing the hands softly may bring out otherwise unnoticed anxiety. I saw one case of severe chronic headache produced through holding back impulses in the hands and arms. Where there is doubt between two emotions, use the more aggressive expression. For example, if a patient wants to cry he will do so after rage; but if he wants to get angry crying will inhibit his expression. The patient may continue one emotion to avoid another. When he appears to be enjoy it, it is time to stop it.

The Diaphragmatic Segment

General Description

The diaphragm separates the body into upper and lower parts and may be compared to a height of land. Above the diaphragm, expression is upward to the eyes, mouth, and arms. Below, the expression is through the pelvis. The stomach contents may be expelled in either direction.

The fifth segment includes the diaphragm and organs under it and does not depend on the mobility of the chest for functioning. The diaphragm may remain immobile even though the chest moves, and vice versa. It comprises a contraction ring over the epigastrium, and lower end of the sternum, and goes along the inner ribs to the tenth, eleventh, and twelfth thoracic vertebrae. It contains the diaphragm, stomach, solar plexus, pancreas, liver, gall bladder, duodenum, kidneys, and two muscle bundles along the lower thoracic vertebrae. Armoring is expressed by lordosis of the spine (hollow under the patient's back). Breathing out is with effort and the abdomen balloons. The first four segments must be free before it can be loosened. For this, repeatedly eliciting the gag reflex without interrupting expiration is effective. When this is free, wave like movements occur in the upper part of the body with a feeling of giving; that is, the torso tends to fold up with each expiration. This segment holds severe murderous rage.

Signs and Symptoms

Symptoms are nervous stomach disorders, more or less constant nausea with an inability to vomit, peptic ulcer, gall bladder disease, liver conditions, and diabetes. The major abdominal organs are at the diaphragm, and blocking causes many psychosomatic diseases.

Therapeutic Principles

Relieve the block by gagging and respiration. When the segment is opening, vomiting occurs.

The Abdominal Segment

This is the sixth armor ring. It includes the large abdominal muscles, the rectus, transversus abdominus, and muscles of the back (latissimus dorsi and sacrospinalis). The muscles at the flanks are especially important because in them one first finds tension from stasis **38** in an unarmored person. Armored flanks produce ticklishness and hold spite. Stasis can be relieved by freeing tension in these muscles. Fear of attack is found in tension in the lumbar muscles, and is similar to tension in the neck from a desire to duck. Therapy is simple if the higher segments are open. Masses in the abdomen may appear and disappear during treatment of this segment.

The Pelvic Segment

General Description

The seventh and last segment contains all the muscles of the pelvis and lower limbs. The pelvis is usually pulled back. The muscles above the symphysis are tense and painful and so are the superficial and deep adductors of the thighs. The anal sphincter is contracted and pulled up, as is the whole pelvic floor. The gluteal muscles are contracted and sensitive. The pelvis usually is rigid, immobile, and sexual. Sensations and excitations are absent.

Signs and Symptoms

Symptoms from pelvis armoring are constipation, lumbago, growth in the rectum, ovarian cysts, polyps of the uterus, benign and malignant tumors, vaginal conditions, irritability of the bladder, irritation of the urethra, and vaginal and penis anesthesia. In the male, low energy), in the pelvis (anorgonia) leads to erectile impotence or premature ejaculation, and in the female to anesthesia or vaginismus. The feet and legs may be cold and swollen, with numbness, tingling sensations, and varicosities.

This segment contains anxiety and rage. The latter is of two types: anal or crushing, and phallic or piercing. (Examples: anal-kicking; phallic-striking with the pelvis.) Pleasure in the pelvis area is impossible until the anger is released. Also present man- be contempt of the sex act and of all the pelvis structures.

Therapeutic Principles

The various spasms must be freed by mobilizing the pelvis and eliciting anxiety and rage. This can be followed by having the patient repeatedly contract and relax the pelvic floor. "When this is accomplished the pelvis moves forward spontaneously at the end of each complete expiration, giving the orgasm reflex. It is then capable of reaching out and taking over during the orgasm with the complete surrender of the organism as a whole. This capacity gradually, develops into reality during the year or two following therapy. The patient's health must be structuralized.

The Layering of the Armor

There are three basic layers in every armored individual:

1. The superficial veneer or social facade.
2. The secondary or great middle layer where the sum of all the repressions has built up, resulting in destructive forces such as rage, spite, hate, contempt, etc. There are usually many subsidiary layers here.
3. The healthy core, the rational Self-regulating protoplasmic movement and excitation, which expresses itself when all blocking has been removed. Here lies the simple, decent individual below all irrational training and environmental influences.

Presumably the infant is born with a healthy emotional structure and without chronic armor. It has a basic energy charge and a natural aggressiveness depending on its freedom of growth in the uterus. The more spastic its developmental environment, the more its aggression is restricted. The higher the energy charge, the more the erect of the spastic environment is counteracted. Right after birth occurs, however, the organism is subjected to repeated restrictions of its natural and even secondary functioning. Each prohibition or inhibition becomes part of the character, through contraction due to anxiety (fear of punishment or rejection). Contraction causes an increase in inner tension and the outward push of all repressed material under more pressure increases. This ever-increasing pressure produces harshness which expresses itself as hate. Hate must again be repressed, so only modified expressions such as contempt or disgust are allowed to come out.

Each emotion or urge is originally repressed by prohibition (fear) from the environment, which eventually is incorporated in the organism as the superego. The energy behind the repressed feeling is utilized in the repressing by maintaining contraction of the muscles. The feeling is, as it were, split in two; part

of the energy is used to hold back the other part, and thus immobility is established.

If the repressing force is not equal to the push outward, then an alteration of the drive to a more acceptable, but less fulfilling, one is attempted. This is called reaction formation. Since the original feeling remains unexpressed and is still there, a constant pressure must be maintained to keep up the altered outward expression of the drive. The original drive itself absorbs energy, (libido) and becomes stronger, so that the reaction formation gradually must spread to substitute for more feeling.

To relieve the situation this equilibrium must be disturbed, either by reducing the holding of energy (breaking the muscle spasm) or by increasing the inner push (breathing) or both. The second or great middle layer is usually very complex; many sublayers pile one on another until a social adjustment has been reached which is presented as the social facade or personality. The personality is, then, the end result of all the social and educational restrictions placed upon the original healthy core. This may be a comparatively stable or unstable facade, 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 (sometimes more) basic character trait as its means of meeting the environment. This trait carries throughout therapy and causes the patient to react consistently in the same way to each problem he meets. It becomes the main character defense. Reich calls this trait the red thread and it must be recognized to understand and evaluate the individual. 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 - kindness, modesty, reserve, shyness, correctness, righteousness; or socially unacceptable dishonesty, cunning, or cheating.

Therapeutic Principles

The three layers are dealt with in each segment as it is mobilized and its armor dissolved until the final core of unitary vegetative functioning is reached. The most important thing is to mobilize and allow expression of hate. Each segment of the armor may contain a great number of subsidiary layers within the secondary layer. When a subsidiary layer yields, it is called a breakthrough. This may or may not be a dramatic event, but it is felt as a temporary relief. Sometimes a layer involving one segment cannot be removed or even discovered until other segments are freed. For example, some crying may come out with loosening of the first two segments, but deep sobbing comes only after freeing of the first four segments. In unlayering, one works from the outside in and from the head down to the pelvis. Even this cannot be held to rigidly. One must watch the needs of the organism.

The depth of the layer on which one is working is recognized by the extent to which the organism is involved in the response (emotion) and the ability of the patient to function. If the first four segments are free one is always working at a deep layer. Every warded-off impulse also serves the function of warding off a more deeply repressed impulse. Blocking of the outward flow of energy by contraction from the surface (armoring) leads to frustration. This results in a forceful push of energy from within because of increased pressure and autonomic excitation, thus producing rage. Rage is a forceful push of energy occurring when the natural soft flow is blocked. If energy instead of pushing out is withdrawn, weakness of the part results. An organism may, after a long time, cease building up energy when outlet is blocked and then it rapidly becomes weakened. This occurs particularly in severe depressions and is known as shrinking.

Where anxiety is felt, it means that there is an inefficient contraction (armoring) against the outward push of energy and it signifies an unstable equilibrium. This state is deliberately produced during therapy in breaking down armoring. A patient gets well by standing or facing his anxiety. Anxiety occurs only where there is movement; that is, during the process of expansion or contraction. When contraction is complete and effective, anxiety ceases. An affect block³⁹ represents a successful armoring or contraction.

Adiposity

Excessive fat can be looked upon as a form of armoring. The fat soaks up energy (1 gm. fat equals 9 calories as compared to 1 gm. protein equals 4 calories) and also acts as a protection against stimuli. It interferes greatly with therapy. Behind it is a great deal of anxiety.

Guilt

Guilt is frequently a serious problem to overcome and has not been easy to understand from a bioenergetic viewpoint. We know of course that behind it is rage. Konia, in a personal discussion, has offered a possible explanation in that the energy carrying out the impulse remains stuck in the muscles short of completion. Excitation of this energy revives the feeling of guilt. For example, suppose a child is caught masturbating and commanded to stop immediately because it is felt he is doing something bad. The energy behind this pleasurable experience is frozen in the muscles participating. Anything reviving a repetition of the act will reawaken the "verboden" and the guilt. Pressure is built up producing rage at the frustration. To overcome the guilt the muscles involved must be mobilized, expressing the rage, and the situation discussed, allowing a new guilt-free evaluation of the act.

Anorgonia

Anorgonia appears to be a condition alternate to that of armoring, and is a reaction by the organism to very emotionally charged situations. Perhaps it would be better to say that armoring produces an immobilization by muscular contraction, while in anorgonia it occurs through immobilization of the plasma system. Whether energy is actually withdrawn from the area, or merely lacks excitation, or receives too strong an excitation from the vegetative system is not clear. I believe that, in most cases at least, the last is the case and that it may result in paralysis of the vegetative system as well as of the tissue plasma generally.

When very vigorous excitations which travel fully to the genital (natural pleasure impulses) meet and conflict with disruptions of the orgasm reflex that are equally strong, anorgonia follows. The organism responds to the conflict with a block in plasma motility to control the strong, unfamiliar plasma excitation.⁴⁰ The block is shown in weakness, falling anxiety, failing equilibrium, or collapsing. It is as if the expansion were to start and be unable to follow its natural course—as if the impulse itself were suddenly extinguished, and with that came loss of contact with the affected part.

Anorgonia may be a chronic condition from a gradual plasmatic shrinking. That is what occurs in cancer⁴¹ there is resignation, and also in depression; the result is a gradual lowering of the organismic energy level. It may also be an acute condition; an example is the falling anxiety which is a frequent complaint of orgasm anxiety.

In any case, an anorgonia condition in an adult can be traced to a childhood need to repress pleasure, that is, to stop expansion. Possibly the infantile prerequisites for the condition were met when a strong desire for physical contact was left ungratified. In most cases, anorgonia is not severe and can be overcome without too much difficulty. At other times, especially in cancer, it may be an extremely grave symptom.

Although in many cases of anorgonia there is undoubtedly a withdrawal of energy from the part affected, the basic mechanism seems to be that too strong an excitation produces paralysis of the plasma system.

Much still needs to be learned about anorgonia, but I have the impression that it is primarily a muscular problem. People suffering from this condition have struck me as consisting largely of internal organs and skin. That is, the muscles seem to be passive or unable to anticipate an emotional flow of energy to the genital. Whether the organism cannot stand the flow of energy in the muscles themselves or whether this passivity allows too great a flow to the skin is not clear. In any case, the result is a severe vegetative contraction with resulting weakness, coldness, and collapse. In principle at least, the condition seems to be an inability to

tolerate aggression; since where the organism can tolerate aggression but cannot express it, armoring occurs.

One severe case of anorgonia occurred after intense feelings of hate followed by genital excitation. The area affected extended from the legs to the chest. The patient responded quickly when I had her dance to a record she was fond of. My rationale was that it would be beneficial to encourage excited energy to flow into the muscular system. Almost any activity that was safe, easily available and usually enjoyed by the individual concerned would likely have had the same effect.

Footnotes

1. Wilhelm Reich, *Cosmic Superimposition* (New York, Orgone Institute Press, 1951), P.117.
2. Cf. Wilhelm Reich, *The Murder of Christ* (New York, Orgone Institute Press, 1953), p.11.
3. The Holy Bible, King James Version.
4. Gerhard von Rad, *Genesis, A Commentary*, translated by John H. Marks, (Philadelphia, The Westminster Press, 1961), pp.77,79,87.
5. Marshall B. Davidson, ed., *Lost Worlds* (New York, American Publishing Co., 1962), p.8.
6. Whether patriarchy may be a result of armoring, we do find that whenever there is patriarchy there are neuroses and crime. This is true even in tribes where only the chief's family follows patriarchal principles and restricts sex. Only his family has neuroses and not the rest of the tribe.
7. It has been suggested that this may have been done because wives and daughters were valuable property in bartering. Probably, however, it was more to ensure that only his offspring inherited his property. By this means he would attain a measure of immortality for himself. "Thou shalt surely die" was a deep and persistent fear.
8. Merging with the cosmos" implies complete surrender to one's bodily sensations as though nature were simply flowing through unimpeded.
9. Anthropologists prefer to use the terms "patrilineal" and "matrilineal" since there are so many variations of both. Some of the former are quite sex affirmative and, thus, unlike the typical patriarchal system. They seem to be very primitive patrilineal societies.

10. In the Trobriand Islands, the wife goes to the husband's tribe, but the other factors remain constant, and the sons at puberty return to the mother's tribe. The father assumes care of the children only while they are very young. He is recognized only as the mother's husband, not as a father.

11. The Australian Bushmen and Trobriand Islanders are examples.

12. One wonders how much the origin of sexual repression (and thus of armoring) may have been related to men's awareness that they are responsible for the children.

13. Again, one can argue in favor of the reverse; i.e. the primitives have not yet become introspective and so have not developed a thirst for knowledge. The epistemological curiosity as to how we perceive that we perceive may be the basis both for armoring and for the thirst for knowledge.

14. Reich has suggested the human brain may have become so large and complex that it is more or less autonomous and acts as a parasite draining energy from the body.

15. It may be noted that the devil, who denotes desires of the flesh, is down in the nether regions - past the pelvis.

16. The terror of living is particularly met when all armor is removed and the organism is faced with complete surrender in the orgasm reflex.

17. Malinowski found the Trobriand islanders did not develop an Oedipus complex.

18. Identification occurs where the frustrating parent was also loved. This leads to taking over certain character traits of this parent, specifically those which are directed against the impulse in question.

19. E.g., fear of sex changed to fear of disease.

20. We swallow prohibitions as some primitives eat the animals they fear to eat the animals before they are eaten.

21. Character Analysis, op.cit.,p.150.

22. Compare this case history with Wilhelm Reich, "A Case History," in The Function of the Orgasm (New York, Orgone Institute Press, 1942), pp.276-292.

- 23** This is incomplete. Actually anxiety is produced only where there is contraction against expansion.
- 24** The diaphragm area is where the sympathetic ganglia are located, and as previously explained, breathing in is a contraction from the standpoint of the total organism although it actually expands that area.
- 25** Reich discusses these extensively in Character Analysis and The Function of the Orgasm.
- 26** See "The Layering of the Armor," p.61.
- 27.** A field reaction is exemplified by what sensation we feel of someone's presence though we cannot see him, or by the awareness we have when we are near a wall or other obstacle in the dark. The blind become particularly alive to field reactions.
- 28.** Here as in all cases one must never overlook the possibility of organic disease.
- 29.** By Dr. Gerald Stechler of Boston University Medical School, who postulates its existence.
- 30.** William Goldfarb, Childhood Schizophrenia (Boston, Harvard University Press, 1961).
- 31.** G.N. Getmen, How to Develop Your Child's Intelligence, (Luverne, Minnesota, 1962).
- 32.** Robert J. Doman et al, the Doman-Delacato Institute for the Achievement of Human Potential, Philadelphia.
- 33.** Gerald Oster, "Moire Patterns and Visual Hallucinations," from mss. of lecture given at Research Center for Mental Health, New York University, (Washington Square college), Dec. 18, 1964.
- 34.** Personal communication to the author.
- 35.** Recently a technique for utilizing sound in therapy has been developed by Dr. Goldenberg. It seems to be of importance in some cases.
- 36.** Energy charge can usually be estimated by the appearance of the individual, color of the skin, and ability for sustained effort. However, accurate estimation is

made by examination of the red blood cells. The higher the charge, the fuller are the cells, the redder their color, and more extensive their energy fields.

37. The higher apes as experimental animals apparently do laugh and play tricks. These, however, are not living in the natural state and are subjected to human conditioning.

38. See "Stasis," p. 104.

39. See "Anal Character Types," especially the compulsive character, p.124.

40. Plasma excitation comes from the vegetative system as a nerve impulse. The nerve impulse produces a movement of the plasma which is seen as a wavelike motion, but if the excitation is too strong paralysis may occur instead. Movement of the plasma is perceived as sensation or emotion.

41. Cf. Wilhelm Reich, *The Cancer Biopathy*, (New York, Orgone Institute Press, 1948).