

The Second Essential Tool: The Work on the Muscular Armor

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Introduction

Much has been written in the orgonomic literature on the first tool of medical orgone therapy (MOT), *character analysis*, the work on character armor. Less has been written about the third tool, *respiration*, which deals with the basic energetic excitation of the organism. Less has also been written about the second tool, *work on the muscular armor*. Paraphrasing Reich, we could call it “muscular analysis.”

This article will investigate this second essential tool of MOT, and will outline its historical development and biophysical explanation, and include some illustrative clinical cases.

Free Association

Medical orgone therapy, as a unique psychiatric means to treat emotional as well as somatic disturbances, uses three fundamental tools to reach patients’ “vegetative life” (Reich 1933, page 356): their unconscious emotions, sensations, instincts and ideas. These tools are *character analysis*, *direct* and *indirect work on muscular armor*, and finally *respiration* (ibid., pages 446–447; Baker, page 45).

The use of tools to reach deeper states of mind goes back to the discovery of *animal magnetism* by Franz Anton Mesmer (1734–1815), considered the father of all psychotherapeutic treatments. Using magnetic bars, water baskets and suggestive instructions to intensify the perception of the “magnetic fluidum” by his patients, Mesmer was able to elicit unconscious reactions and even “crises” (violent emotional expressions) with some “miraculous” healing that brought

him European fame. His student, Armand Puységur (1751–1825), rejected Mesmer’s theory of an animal magnetic energy at the root of his results and advanced mental causes for the trance-like reactions, crisis and artificially induced somnambulism elicited by Mesmer’s technique. In doing so, he introduced what George M. Beard (1839–1883) called *hypnotism*, a technique aimed at revealing “a new and hidden life,” the *unconscious* (Ellenberger, pages 70–74; page 120). The tools of the later hypnotists were essentially *suggestion*, *automatic writing*, *automatic talking* and the “rapport” between hypnotist and client (ibid., page 114). They led to the birth of psychological techniques and ultimately to *psychoanalysis*, whose goal was to unravel the unconscious.

Sigmund Freud (1856–1939) stopped using hypnosis very early. For him it was “a temperamental and, one might almost say, a mystical ally” (Freud 1914, pages 10–12). He replaced it with new, more sophisticated tools: *free association*, *interpretation of dreams*, understanding *slips of the tongue* and *acts*, and the handling of the patient *transference*, the so-called “rapport” of the hypnotists.

Like hypnotists and early psychotherapists, Freud instructed his patients at the beginning of their analysis on the so called “fundamental rules” of psychoanalysis: listing their duties and rights, the way they should pay (arrangements about time and money), the use of the supine position on the couch while he sat unseen behind them, and most of all the *free association* technique, where patients were encouraged to say out loud whatever came into their mind (Freud 1938, pages 51–52; Jones, pages 213–214).

The function of these tools and especially free association, thus, was to disturb or to occupy the conscious mind to let arise and simultaneously perceive deeper unconscious ideas, emotions and sensations, a method intuitively introduced by the early hypnotists through the use of suggestion, automatic talking and writing, now reinforced and scientifically explained by Freud.

The history of the discovery of the free association technique, in fact, is very interesting. Freud was impressed by Charcot’s description of his way of working: “to stare at the facts over and over

again until they spoke to him...” (Freud 1914, page 22). This natural inclination of the father of psychoanalysis, shared with his French Professor Charcot, to pay more attention to perception rather than to speculations/conclusions was the spark that led to the discovery of free association, the main tool of psychoanalysis.

According to Ernest Jones, the discovery of free association to “penetrate in the previously unknown realm of the unconscious” happened between 1892 and 1895 with patients that couldn’t be hypnotized, considered “resistant” to the *cathartic method*, a modified hypnotic technique (Jones, pages 217–219). The term *free association* was coined by early mesmerist hypnotists who referred to Ludwig Borne (1786–1837), a writer and the author of *The Art of Becoming an Original Writer* —“Take a few sheets of paper and for three days in succession write down, with any falsification or hypocrisy, everything that comes into your head...you will be amazed at what novel and startling thoughts have welled up in you....” Borne was known to an adolescent Sigmund Freud.¹ Thus, the simple act of shutting off the conscious mind was enough to allow the unconscious to reveal its treasures.

Simultaneously with this “formal” humanistic source, Freud acquired from a “material” scientific source as well.² In his book *On Aphasia* (Freud 1891, page 87), he credits the work of the famous neurologist J. H. Jackson (1835–1911). Jackson rejected the strictly anatomical localization theory to explain the different types of aphasia, a speech disorder, and ultimately the function of speech itself. Freud, along Jackson’s³ line, advocated the role of the *association fibers* of the damaged brain areas to other relevant areas of the brain thus explaining speech as a whole brain function rather than a localized one.

Jackson, moreover, used the term *dissolution*, the reverse of Darwinian *evolution*, to describe the dissolution of evolutionary

¹According to E. Jones, Freud was impressed by Borne’s book when he was 14 years old (1953, page 219).

²See Foglia, 2021. On the History of Medical Orgonomy, *The Journal of Orgonomy* 53(1&2), pages 10–12.

³“I do believe most firmly that the region of Broca’s convolutions is, so to speak, the ‘yellow spot’ for speech as the macula lutea is the centre of greatest acuteness of vision, although the whole retina sees” (McDonalds Critchley).

higher brain functions to reveal lower ones (Jackson). The best-known example in clinical medicine is the *Babinski reflex* from the French neurologist Joseph Babinski (1857–1932). The extension foot plantar reflex is present in higher primates and human infants until one or two years of age and then disappears during adult life. It may appear again in cases of temporary or lasting “suppression of the higher centres” such as after a stroke, sometimes in sleep and other conditions (Barraques-Bordas).

Jackson proposed three layers or *centers* of the brain: the lowest (comprising the motor nerve cells in the spinal cord and brain stem), the middle (the motor cortex), and the highest layer (with the pre-frontal and frontal areas).⁴ For him, cerebral somatic or psychic disturbances function in the same way. Both represent disease-caused disruptions of higher centers with consequent reappearance of hitherto silenced functions of lower centers and “reduction from the *voluntary* toward the *automatic*, (...) from the most *complex* to the most *simple*.”⁵ (*italics this author*)

As an essential tool of psychoanalysis, *free association* induces a temporary *dissolution* of evolutionary higher conscious psychic functions with consequent release of lower functions and perceptions, closed to physiological visceral-autonomic functions of the organism.⁶

⁴Jackson’s three-center hierarchy of the nervous system inspired Freud and his topographical and structural model of the psychic apparatus (Goldstein, page 496), which in turn inspired Reich and his three-layer subdivision of the bioemotional functions (Foglia 2019, page 41). MacLean also was inspired by Jackson in his *triune brain* theory of a reptilian-, a paleo-mammalian, and a neo-mammalian brain subdivision (MacLean).

⁵Moreover, *positive symptoms* were induced by the release of lower previously silent functions, whereas *negative symptoms* for Jackson were the consequence of the interruption of the higher centers and their related functions. In the case of “muscular atrophy,” i.e., an organic condition, Jackson asserted the damage, and its consequences are more *local*, whereas in “mental insanity” the damage and their consequences are more of a *general* quality. One hundred fourteen years after Jackson, Konia saw the same distinction between somatic and psychic functions (Konia 1998, page 77).

⁶Mechanistic neurophysiology evokes *presynaptic inhibition* as the structural basis of Jackson’s function of *dissolution*. Presynaptic inhibition, present in mammals, insects and invertebrates, is known as a regulatory tuning mechanism of the nervous system (McComas).

The same is true for dreams during sleep⁷, as well as for anxiety, fatigue, divided attention or strong emotions in faulty acts and slips. From here, Freud deduced his theory of *regression* to infantile emotions and behaviors in the neurotic symptom and in the therapeutic act as well (Goldstein, pages 499–504). Thus, regression to ontogenetic infantile perceptions is functionally identical to regression to phylogenetic lower functions.⁸ We will see that this mechanism is stronger and more efficient when using the tools of medical orgone therapy, which allowed a further advance into the biology of psychic “vegetative life.”

Wilhelm Reich’s Second Tool of MOT: The Advance Into Vegetative Life

The development of Reich’s work from psychoanalysis and character analysis to vegetotherapy and later medical orgone therapy, thus from psychology to biology, began with his 1932–1933 discovery of masochism’s specific mechanism⁹: *the desire to burst and the fear of it* (Reich 1940, pages 257–263). This painful and threatening sensation experienced by masochistic patients at the peak of sexual excitation gave an *energetic* explanation to the pulsatile, amoeba-like¹⁰ nature of the unconscious. Consequently, Reich’s meticulous study of the human orgasm brought him to the pivotal discovery of the *four-beat formula* of the *orgasm reflex*¹¹ (Reich 1940, pages 272–367).

⁷Freud considered the dream a “preverbal, image-dominated form of ideation, a pre-linguistic stage of cognition” (Goldstein, pages 503–504). For Harman, during REM sleep “the brain is almost completely at the service of the ANS” (Harman, page 11).

⁸The coexistence of higher voluntary functions together with lower autonomic visceral ones is in line with the theory that the individual’s *ontogeny* recapitulates the specie’s *phylogeny*, first proposed by E. Haeckel (1834–1919) in 1866 (Haeckel). This has been explained by Konia as a function of Coexistent Action (Konia 2018, page 7): functions, structures and memories of our individual (ontogenesis) past as well as our specie’s past (phylogenesis) remain active in the human organism.

⁹“Comprehension of the masochistic mechanism opened the way for me into the field of biology” (Reich 1940, page 256).

¹⁰The radial expansion-contraction movement of the unicellular organism the amoeba.

¹¹“When the orgasm reflex was discovered in 1935, the emphasis in treatment was shifted from the character to *the body*” (Reich 1933, page 355).

The four-beat formula, also called the *orgasm formula*, did not simply characterize the human orgasm but the sum total of the part functions as well (respiration, digestion, cell division, etc.): the whole function of living organisms, the whole nature of the individual, and life itself. Hence, the new term the *life formula* (Foglia 2016).

Reich discovered the particular quality of this motility, described in the *life formula* and the *orgasm reflex*, as the energetic rhythmic functioning of the organism. To illustrate armor and how it disturbs and disrupts this natural motility Reich used the image of a snake whose movements are restricted by a stick. In the human, depending on the segment or segments restricted, different psychic as well as somatic consequences occur (Reich 1940, page 278).

Thus, together with their specific character traits patients showed *identical* chronic somatic attitudes or traits: the rigid neck, the seductive look, the flat forehead, the hard jaw, the rigid chest, the fixed tilt of the pelvis, and many more. The human organism ordered in a segmental manner, like the worm, where these “blocks” are found, added a *longitudinal* aspect to the *radial* aspect already seen and described in amoeba-like vegetative life. Thus, with armor and the “rigidification” of the organism, movement “toward the world” (expansion) and “away from the world” (contraction)—pulsation—is impeded, as is free longitudinal movement (typical of the worm) and the *orgasm reflex*¹² understood as the integration of those two basic movements (Chastka). The unitary “vegetative,” natural, instinctual functioning of the individual based on the basic properties of the life energy, *orgone energy*, is disrupted. Reich’s discovery of the nature of Freud’s *unconscious* and its energy, *libido*, that had so occupied Reich in his early work in psychoanalysis, was finally attained.

Reich began to work on the muscular armor: by mimicking the patient’s neurotic somatic and psychic chronic attitudes, by *direct* pressure segment after segment through digital pressure on the neck, the forehead, the masseters, the thorax, and so on, and *indirectly* (I refer to it as such for simplicity) by asking them to mimic emotional

¹²The orgasm reflex is characterized by a rhythmic gentle tilting of the pelvis toward the upper part of the body, while the mouth moves toward the lower part of the body (Reich 1940, page 320; 348–350).

expressions again segment after segment: opening and closing the eyes, rolling the eyes, making faces, vocalizing, enhancing breathing, eliciting the gag reflex, hitting and yelling, kicking. All of this was done consistent with the phase of therapy and the capacity of the patient to be in contact with their emotional as well as somatic expressions: "...The vegetotherapeutic treatment of muscular attitudes... supplements the character-analytic work...it means the same work at a deeper layer of the biological system...the results are better... and the duration of the treatment shorter" (Reich 1940, page 329). Reich discovered that muscular armor was not distributed in an anatomical pattern, rather in a functional way, that is the muscles involved are in the service of the expression or repression of a specific emotion, crying, rage, hatred, etc. It is by working on the muscular armor that Reich discovered its *segmental arrangement*. To follow the path of this discovery one is amazed by his capacity to observe and his intuition (Reich 1933, pages 368–390). By observing his patients Reich recognized the ring-like and segmental arrangement of the armor and described in detail the numerous armored expressions of the body from the head to the pelvis. Moreover, he was able to distinguish the seven rings or segments: ocular, oral, cervical, thoracic, diaphragmatic, abdominal and pelvic. Every single segment is a functional unity and "one segment ends, and a different segment begins when the one ceases to affect the other in its emotional actions" (Reich 1933, page 370).

Therapy liberates every segment re-establishing the emotional, hence bioenergetic, organotic unity of the whole organism in the orgasm reflex, which will be possible "only when their passage along the entire organism is unobstructed...." However, the unitary sensation can "merge into a sensation of totality only when the first orgasmic convulsions have begun" (ibid., page 371).

Beyond the utilization of the above cited tools, the medical organonomist must follow some fundamental rules in conducting treatment (Konia 1986, pages 286–287; 1987, pages 93–97). These rules are determined by the particular disposition of "biological movements and reflexes," thus *radial* and *longitudinal* energy

movements, of the evolved bilaterally symmetrical organism. Following these rules, the therapeutic work must take place as follows: from the surface to the depths, in other words from emotions and ideas close to consciousness to those more distant and repressed, from the upper to the lower segments. This is one of the most often violated fundamental rules by lay “body therapists” which always results in destructive consequences of varying degrees of severity. It corresponds in psychoanalysis to the rule of refraining from premature interpretation of the unconscious material before the corresponding resistance has been dissolved. In each segment from the dorsal to the ventral, for example in the pelvic segment the anal aspects are dealt with before the genital aspects (Konia 1986, page 287). From the defensive part of armoring to the impulse, which also corresponds somatically to the functionally identical rule of refraining from premature interpretation of the unconscious material. From the partial to total functioning: the same emotion, for example crying, can be limited to the face and chest, whereas in a more advanced phase of therapy the same emotion includes the whole organism, as in the orgasm reflex with greater energetic charge, more capacity for discharge, fuller engagement, and a larger volume of buried memories. From present to past: memories and images of the past are not dealt with until there is a discharge of the corresponding emotions. From complex to simple: with the progressive loosening of the armor, ideas and affects which were previously contorted and complex become increasingly simple and straightforward, in the exact manner as they are initially hidden or masked in dreams. From the emotions (affect) to the corresponding ideas: the whole of Reich’s theory of character is based on the assumption that there is a vegetative origin of thought (Konia 1990, pages 70–80).

These rules apply to psychic characterological as well as to somatic muscular aspects: chaotic and premature removal of armor can produce psychosis, criminality, suicide or somatic biopathies. For this reason, it is absolutely essential to be a physician and trained by the American College of Orgonomy as a medical orgone therapist.

*Case Presentations:**Case 1*

A, a 62-year-old father, had chief complaints of depression, confusion, instability often with fits of verbal rage, and obsessive-compulsive symptoms. Treatment history included various psychological, psychiatric therapies. He was taking no medication. At first contact the patient appeared as an intelligent, charming man with a slightly silly aspect. Instructed to lay down on the couch he accepted and began to follow my advice to roll his eyes, take deep breaths, make faces, and kick and hit the couch while yelling. From the first sessions he tried to roll his eyes but remained completely paralyzed, barely breathed, and was not fully aware of it. Then progressively he began to laugh, and the laugh was directed at me. After 144 sessions his laughter became pure fury and hatred against me. The patient realized his tendency to split off his aggressive side which periodically exploded with socially unpleasant consequences. These explosions were similar to the explosions he had with me and came from perceiving me as authoritarian and intrusive like his father.

Meanwhile his life completely changed: his work function improved as did his love life. He was no longer depressed and his obsessions and fits of rage disappeared.

Case 2

N is a 40-year-old clerk. His chief complaint included anxiety and insecurity. At first contact, he presented as a nice, very correct, reliable young man. He was controlled, stiff, and showed little emotion. He accepted my explanation regarding use of the couch, looked at it, and simply nodded. At his second session he laid down on the couch and followed my instructions in a mechanical way. He was out of contact and completely blocked for more than seven years! He rolled his eyes, made faces, breathed, hit and kicked the couch like a machine. I continually pointed this out to him character-analytically: “You are stiff,” “You are a perfect machine.” One might have simply given up, thinking such an apparently unresponsive patient was not suited for this kind of therapy. But I didn’t give up.

I kept him on the couch where I saw all of his defenses, even if with a seemingly minimal response. And I was right! After 209 sessions he slowly began to say repeatedly, “Blah-blah, blah-blah,” which after 10 more session became clear laughter. He was laughing at me. This was followed by making fun of me and criticizing me for doing too little for him, for being lazy, inconsistent, and inefficient. His laughing became convulsive and very pleasurable. Memories of childhood abuse by older children and his mother doing too little to help him arose. Outside of therapy he was less anxious and insecure.

Case 3

M is a 50-year-old technician who came to me because of a severe debilitating depression of three years duration. Antidepressant medication prescribed by another psychiatrist only helped a little. On the couch, from the second session on, he followed my instructions mechanically, like a good obedient boy. Suffering and despair came to the surface, mirroring a masochistic attitude toward me and his therapy, that he had with his abusive manic father.

Continually pointing out this attitude in characteranalytic fashion made little difference until I decided at his 169th session to use direct work on his muscular armor. I pressed on his masseter muscles and to my surprise he looked at me with intense spite and told me, “What do you think? That you are stronger than me?” This was the turning point. Over time, without any further work on his tense muscles, his spite transformed into intense rage. His depression resolved completely, without any medication, and he expressed gratitude for his treatment with medical orgone therapy.

Case 4

A 55-year-old mother suffering since adolescence from severe depression and anxiety, successfully treated with antidepressant medication for 20 years, began to show a resurgence of her old symptoms as it appeared that her medications weren’t working anymore. On the couch, any attempt to help relieve her anxiety and

misery was counteracted by strong intellectual contempt: “You do nothing, you are unable to help me, this therapy is useless.” Pointing out her attitude characteranalytically and indirect work on her tense musculature failed to breach her strong defensive wall. In her 44th session I decided to work directly on her tense masseter muscles. To my surprise this intervention liberated profound heartbreaking crying that lasted for more than 40 minutes. The patient thanked me and told me that for the last 20 years she was not able to cry. From then on, her therapy changed completely and proceeded smoothly. The patient made better contact with her held back emotions and on the couch was able to release enormous quantities of misery and hatred accompanied by memories of mistreatment in her early infancy. All this brought substantial improvement in her life.

Conclusion

The second essential tool of medical orgone therapy, indirect and direct work on the muscular armor, represented for Reich the move from character analysis into vegetotherapy in 1935, and later medical orgone therapy in 1940, hence from psychology to biology (Reich 1940, pages 355–358). With the discovery of the nature of the human “unconscious” as a disrupted natural biological motility and its specific natural properties, Reich’s therapy became more interested in vegetative non-verbal manifestations of human emotions and sensations at the root of more superficial complicated emotions and even thoughts. If hypnotists and psychoanalysts discovered *free association* as a tool “to penetrate in the previously unknown realm of the unconscious,” MOT’s tools revealed themselves to be more efficient means to make contact with hidden, forgotten and distorted natural movements and instincts. All this obliges us to consider the important inhibitory actions of the higher cognitive structures and functions of the brain. Future research in this direction could bring us to finally have a functional grasp of the severe inhibitions seen in catatonic or depressive stupor, today resolvable only with psychotropic drugs

and, in the same way, to have a grasp of the positive effects of psychotropic drugs on such severe disorders.¹³

In this article we have emphasized the role of the second essential tool of MOT, the direct and indirect work on the muscular armor. By asking patients to make faces, breathe deeply, roll their eyes or hit and kick the couch, by yelling, higher cognitive functions are systematically weakened with consequent surfacing of older unconscious psychic as well as somatic *vegetative* expressions hitherto inhibited. The way patients resisted free association allowed Freud to discover the different neurotic defenses and the different neuroses. The way in which patients reacted or resisted the tools of MOT revealed to Reich their character defenses, hence their character diagnosis.

When armor is sufficiently removed, split-off-parts of the orgasm reflex begin to appear and are progressively freed in subsequent therapeutic work. The spinning wave energy movement in the body, the worm,¹⁴ will be freed from its stricture up to the appearance of the free, undisturbed orgasm reflex, the natural motility and expression of the somatic and psychic capacity for love, work and knowledge (Baker, pages 14–15).

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¹³The functions of *inhibition vs. facilitation* accomplished by the brain have been described by Konia (Konias 2004).

¹⁴In addition to the radial, amoeba-like vegetative energy movement, complex organisms possess a worm-like, spinning wave movement of energy in their body.

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