Anxiety Resulting From Inadequate Pelvic Armor

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The function of armor is to prevent sensations and emotions such as anxiety from being experienced. When armor is insufficient or fails, anxiety is always the first emotion to appear. In most individuals, energy is bound primarily in the character and muscular armor. In certain cases, such as where emotional expression is blocked in the upper segments and armor is not sufficient to bind energy in the lower segments, patients may experience various degrees of anxiety, sometimes verging on panic.

During the normal course of orgone therapy, the process of armor removal begins by mobilization of the upper segments and proceeds from there downward to the lower segments. In typical cases, with removal of armor from the upper segments, the lower segments develop more armor. This is because the organism must hold energy in the lower segments until it gets accustomed to increasing levels of energy charge. In later stages of therapy, when the patient is able to tolerate more energy, armor removal from the lower segments and, in particular, the pelvis, can begin. Removal of pelvic armor results in a dramatic jump in energy and, therefore, pelvic mobilization should be attempted only by the experienced orgonomist.

In certain patients, where armor is poorly developed, the process of therapy may be difficult. This is illustrated in the following case.

Case Presentation

This 29-year-old single male accountant came to therapy with a chief complaint of fears of being alone. These fears, increasingly more intense over the several previous months, interfered with his social and work functions. In addition, he complained of confusion,

difficulty concentrating, immobilization, and obsessive rumination. He also described feeling depressed with difficulty sleeping, loss of appetite, and weight loss.

He felt afraid of women and suffered from premature ejaculation. He recently moved out of his parents' house and lived with a roommate because he was too frightened to live alone. In addition, he was unable to be alone for any length of time.

Past history revealed that he was born with bilateral club feet and had corrective surgery soon after birth. He was in a leg cast for the first three months of life and again for six months when he was four years old. Around this latter time, he suffered from bronchopneumonia and almost died.

Biophysical examination revealed a thin, almost emaciated individual with poor development of the skeletal musculature, especially in the lower extremities. He did not limp. His posture was stooped, and while standing, he looked as if he had a noose around his neck. He was unable to let his neck relax on the couch, but held his head up and turned to the right, the same position as when standing.

His eyes appeared suspicious and frightened. His face was immobile. The occipital and posterior cervical muscles were tense and hypertrophied. The anterior cervical musculature, in particular bulged. The muscles of the floor of the mouth were tense. His voice was low and his speech monotonous, although he was able to shout and cry superficially. He was moderately armored in the thoracic and diaphragmatic segments and had little or no armor in the lower segments.

The patient's diagnosis was catatonic schizophrenia. My clinical impression was that, because of heavy armor in the upper segments, which prevented little if any emotional expression, and inadequate armor of the lower segments, the patient was in a state of chronic anxiety. His depression functioned to lower his energy level and, hence, his anxiety.

My immediate focus was to relieve armor in the upper segments. If successful, the expression of emotion from the ocular, oral, and cervical segments would result in a shift of armor from the upper to

the lower segments, and provide relief of his anxiety and depression. Systematic removal of armor in the normal course of events from the upper to the lower segments would effect a cure. However, because of the poor development of the muscles in the lower segments, it was not clear to what extent energy charge could be bound in them. Without the buildup of charge, it would not be possible to establish full pulsation (charge-discharge) and the therapeutic result would necessarily be limited.

Course of Therapy

Opening his eyes and screaming to express terror resulted in an immediate diminution of anxiety and depression followed by the appearance of some anger and aggression. His functioning improved. Further ocular mobilization was accompanied by pelvic clonisms (tremor of his legs, buttocks, and pelvic girdle). Gradually, superficial crying began to surface, the content of which centered around being abandoned by his mother. Transferentially he developed a strong dependent attachment.

Since much of his anxiety was a consequence of his held-back aggression, I concentrated on the inhibited aspect of his character by pointing out his indifference, avoidance of confrontation, being a "nice guy," as well as his "hang dog" appearance. This produced angry crying. He felt less afraid of being alone. Then his throat block intensified. The throat muscles bulged. He began choking on his anger and became masochistic, complaining and whining about his life.

His intolerance of biophysical expansion was indicated by his tendency toward masochism, his inability to bind energy in the lower part of his body, particularly in his legs and pelvis, and the intensification of armor in his upper segments as soon as deep emotions threatened to surface.

I asked him to cross his legs while breathing in an attempt to build up armor in his legs and pelvis, and energy charge organismically. If this procedure succeeded, it would allow armor in the upper segments, especially his ocular segment, to be relieved.

This effort proved to be only partially successful. Screaming fear was followed by stronger rage from his eyes, mouth, and throat with temporary relief. His daily functioning improved and he was able to find better employment.

Slowly, over time, expression of emotion from the upper segments began to occur together with some degree of holding in his pelvis. This was evidenced by the absence of pelvic clonisms and the presence of pain in his groin. He had a momentary sense of hopefulness as the armor in his eyes and face began to loosen. He felt his scalp and forehead for the first time[1] and his visual field increased. Crying became fuller and deeper as he had thoughts of his mother (he recalled never being able to cry as a child).

Then a layer of anger surfaced. It was first directed at me for not being of more help to him and then at his parents for the same reason. Expression of anger resulted in his feeling less anxious generally. His work functioning improved (he was elected vice president of his firm) and he no longer suffered from premature ejaculation.

Despite these advances, pelvic armoring did not proceed well, mainly because of insufficient muscle mass in the lower segment. This situation coupled with the persistence of severe armor in the first three segments was the primary therapeutic problem. It remained to be seen how much armor could develop below.

He then broke his leg in a skiing accident. This event greatly intensified his fears. Memories of being crippled as a child emerged as he recalled, in vivid detail, his mother's overindulgence of his physical disability while totally neglecting his emotional needs. Her attitude had the effect of rendering him helpless and dependent on others in later life. More childhood memories surfaced of his being picked on and ridiculed by other children for his physical disability and how he reacted by feeling sorry for himself and not fighting back. He felt that now he was learning to take better care of himself and that no one would ever take advantage of him again.

[1]With the dissolution of armor, individuals may experience not only sensation but also the presence of affected parts of the body.

He felt more independent in his relationships with women. He was able to terminate a relationship without feelings of guilt, something he had never been able to do before. This provided him with a sense of freedom and independence.

Then, intense fear of abandonment and loneliness overcame him momentarily, but he was resolved to face his terror by remaining alone. By staying with and screaming out his terror, he made contact with deep sorrow. This was expressed in sobbing, which temporarily relieved some of the armor in his throat.

This breakthrough was followed by a masochistic reaction. He felt abandoned and full of self-pity. Obsessive rumination about injuring his legs, based on fears of "letting go" of his head armor, became prominent. I encouraged him to kick with abandon and his fear of injury to his legs turned into sadistic impulses to injure others by kicking. He was able to "let go" of the masochistic ruminations in his head and obtain sadistic satisfaction by kicking the couch as he fantasized hurting those children who tormented him as a child.

Despite these temporary advances, his pelvis was unable to hold a sustained charge. The pelvic musculature responded to attempts at energy buildup through breathing with clonisms (energy discharge) accompanied by a return of armoring in the throat.

Alternatively he began developing anorgonotic reactions in his legs. He felt a weakness in his legs and developed a fear that his legs would collapse.

I returned to mobilizing the ocular segment and again encouraged him to express terror while kicking. This led to a tantrum. He shouted angrily at his mother, "Leave me alone!" (for coddling him and making him an emotional cripple.) He realized that he never had a tantrum as a child. He was always a "good boy."

Slowly, more holding developed in the lower segments. He felt more dependent and was functioning better than ever before. He discussed starting his own business and realized that he did not have to rely on others for employment. He decided to find his own apartment. He enjoyed playing basketball, running, and jogging.

I was able to extend mobilization of the upper segments to include his chest armor. This resulted in the expression of the deepest misery that he felt thus far. Crying involved the entire organism with total body convulsions. The convulsions were different from the clonisms that had previously occurred in the lower segments. Now spontaneous movements were integrated with the emotion of crying and not dissociated from the emotional expression from the upper segments.

He began taking more chances socially and experienced greater pleasure in his life. His facial features became sharper. He was thinking clearly and behaving more independently and rationally.

On the couch, he was able to sustain a greater intensity of charge with breathing and to experience some degree of biophysical contraction without discharging in clonisms from the lower segments. This indicated an increased tolerance for both biophysical expansion and contraction and less of a tendency for masochistic reaction.

Negative feelings for me followed. He told me that he felt inferior to and intimidated by me. He admitted that he would often passively accept my ideas only to feel covertly rebellious with a desire to subvert my efforts to help him. He recognized that this behavior pattern was similar to the one he adopted as a child with his parents.

Expressing these feelings and thoughts made him feel more mature and direct. He felt strong and confident. Although he did not achieve orgastic potency, all of his presenting symptoms resolved and, considering his initial biophysical status, he was functioning with a fairly high degree of health.

Discussion

Summarizing the salient points in this case, the patient's presenting symptom of chronic, debilitating anxiety was a result of his biophysical status in the upper segments with little armor and poor muscular development in the lower segments. This resulted in a state of chronic sympatheticatonia and an almost complete inability to express himself either verbally or emotionally. The process of armor

removal proceeded from above downward. As armor was removed from the upper segments, clinical improvement resulted only to the extent that the patient was able to hold energy and develop some degree of armoring below. The most immediate effect of this process was a reduction and, over time, a generalized improvement in his work and sexual functions.

This case clearly illustrates the therapeutic importance of an accurate understanding of the patient's biophysical structure and functioning, including a correct characterological diagnosis.