

## ORGONOMIC PSICHIATRY

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Reich's work on the structure of patients under analysis and his research on the causes on the onset and the maintenance of the symptoms they show, at first confirmed the importance of the disturbance of the sexuality, as already pointed out by Freud (at least at the beginning). Later on, after the tentative to understand the physiological substrate of the phenomena connected to anxiety and pleasure, Reich realised how such experiences are antithetic and how can be considered the psychological aspect of a tangible energetic movements inside the organism: from the periphery to the core, in the case of anxiety (contraction), and from the core to the periphery in the case of pleasure (expansion).

The anatomic substrate of these events was identified in the "plasmatic system" consisting of the autonomous nervous system (sympathetic and parasympathetic) and the vascular system.

These studies highlighted a fundamental aspect that was completely neglected by the traditional medicine of the time and namely the **pulsation of any living system**. Pulsation is a rhythmic alternation between expansion and contraction. Biological systems show a higher emphasis in the expansion that in psychological terms means the desire to express themselves. The reduction and the block of this pulsation is the ground for all pathologies and what orgone therapy makes is to allow the contracted and blocked organism to restore the natural pulsation. The elimination of these blocks brings the functioning of the subject to its natural original optimal level. This is done by removing energy to the formation of symptoms and by starting a natural process of restoring and readjusting the psycho-somatic functions.

We must not forget that the symptom, though irritating, is nothing else than a tentative adopted by the organism to make less painful his conflicts. The final purpose of the orgone therapy consists of taking the patient to reach what Reich called the **orgastic potency**. Clinical experience unequivocally showed that the natural sexual functioning prevents the accumulation of energetic tensions that "discharges" through symptoms formation.

*The muscular armouring is the core element in orgone therapy and is defined as the whole of chronic, automatic, and involuntarily muscular contractions that an individual develops to defend itself against its own emotions, particularly anxiety, rage, sexual excitation and it is functionally identical to the character armouring. The character armouring is consisting of all the psychological behaviours that the person, automatically and unconsciously, adopts to defend itself from anxiety and from other emotions perceived as unpleasant. The final result is rigidity, lack of full contact and a feeling of inner emptiness. It is functionally identical to the muscular armouring.*

Armouring dissolving, that is the purpose of orgone therapy, allows to reappropriate those characteristics of gratification both in the sentimental and ordinary life.

## Character types

In orgone therapy character diagnosis is carried out based on the erogenous area that shows the main block. Being four the erogenous areas (ocular, oral, anal, and genital), we have the following characters:

- **ocular repressed characters:** schizophrenia (and its subgroups catatonic, paranoid, hebephrenic, and simplex. Each specific subgroup develops due to the presence of a second block, subsequent to the ocular that, though grave, still allows the development of the individual through the typical psycho-sexual phases), and essential epilepsy; and whether unsatisfied it develops voyeurism.
- **oral character:** full oral characters are hard to find. It is very frequent instead the presence of secondary oral blocks, even very pronounced, in other character types.
- **anal repressed character:** obsessive; whether unsatisfied it develops passive-female (exclusively males) and masochistic.
- As far as the sphere of genital influence is concerned we have the **phallic (unsatisfied and repressed), paranoid, and maniac-depressive characters**. These form when the subject has remained fixed to the phallic phase, even in presence of blocks in other segments, for instance the ocular in the paranoid character, the oral unsatisfied in the maniac-depressive character; and the oral repressed in the chronic depressive. The subject, that overcomes the phallic phase and enters the genital phase but with a substantial anxious component due to an unsolved Oedipus complex and hence still conflictual, develops an:
  - **hysteric character** that in turn shows different nuances in case blocks are present in one or more of the other segments, that are defined as pre-genital (for instance the presence of a repressed oral block affects the whole picture in a more or less marked depressive way, while a strong ocular block can cause psychotic phenomena). The problem represented by the presence of different blocks, from the orgonomic point of view, is due to the impediment that the armouring exerted on the capacity of a full sexual gratification. It results,

inevitably an excess of energy that maintains alive the symptoms in a structure that shows infant traits characteristic of the period where the block formed. When a subject is able to reach a full sexual maturity, without particular blocks and hence shows a full orgasmic potency, with a consequent absence of energetic stasis and infant traits, is defined a genital character. The true genital character can be considered an ideal that can not be found in the reality, while who is able to maintain its own orgasmic potency, notwithstanding the inevitable vicissitudes, problems and blocks encountered during the various phases of the development, can be defined a functional genital character.

### The structure of the armouring

Reich, after several years of work, found out the armouring is composed of seven segments that subdivide the body and destroy the unitariness of its functioning. Each segment has specific characteristics even though exerting a reciprocal influence. The seven segments are the following:

- ocular
- oral
- cervical
- thoracic
- diaphragmatic
- abdominal
- pelvic

The **ocular segment**. It is the segment that includes the brain devoted to the coordination of all the vital functions. The influence of all the psychotherapies are addressed to this level, included the character analysis.

The **oral segment**. It includes the mouth, chin, throat, and the occipital musculature. It contains very intense and old emotions such as angry biting, eagerly sucking and shouting.

The **cervical segment**. It includes the superficial and deep musculature of the neck and the tongue. It blocks the anger and the crying and confers a proud aspect, of separation from the rest of the body (emotions).

The **thoracic segment**. It appears always in inspiratory position, kept up, accompanied by the incapacity of a full and natural expiration. Blocked emotions in this segment are agonizing crying, burning desire, and wild anger.

The **diaphragmatic segment**. It includes the stomach, the liver, and the solar plexus. It produces lordosis of the vertebral column. The diaphragmatic movement is blocked and the functioning of the organs is compromised.

The armouring of the **abdominal segment** is due to the spastic contraction of the anterior rectum and transverse musculatures and, on the back, by the low insertion of the great dorsal and by the nearby muscles. The muscles are often stiffness and very sensible.

The **pelvic segment**. It includes practically all the muscles of the pelvis, the gluteus, the anus, and the genitals. The pelvis appears rigid, and without life. Any type of pathology on the organs of this part develops after a chronic armouring.

In orgonoterapia la diagnosi caratteriale viene posta in funzione della zona erogena che presenta il blocco principale. Essendo quattro le zone erogene - oculare, orale, anale, genitale - avremo i seguenti tipi caratteriali:

- **caratteri oculari repressi**: schizofrenia (con i suoi sottotipi catatonico, paranoide, ebefrenico, simplex. Ogni specifico sottotipo si sviluppa in funzione di un secondo blocco, successivo a quello oculare, che, per quanto grave, consente comunque lo sviluppo dell'individuo attraverso le consuete fasi psico-sessuali ), epilessia essenziale e **insoddisfatti**: voyeurismo.
- **caratteri orali**: i caratteri puramente orali sono molto rari, è invece molto frequente la presenza di blocchi orali secondari, anche molto prominenti, in altri tipi caratteriali
- **-caratteri anali repressi**: ossessivo e **insoddisfatti**: passivo-femminile (esclusivamente maschile), masochista

per quanto riguarda la sfera d'influenza genitale si hanno:

- **caratteri fallici (insoddisfatti e repressi) , paranoide e maniaco-depressivi** quando il soggetto è rimasto fissato alla fase fallica, pur in presenza di blocchi

in altri segmenti - ad esempio l'oculare nel carattere paranoie, l'orale insoddisfatto nel carattere maniaco-depressivo e l'orale represso ne cronico depressivo. Il soggetto che supera la fase fallica ed entra in quella genitale ma con una rilevante componente ansiosa dovuta ad un complesso edipico irrisolto e quindi ancora conflittuale sviluppa un

- carattere isterico, che può, a sua volta, presentare delle sfumature diverse se sono presenti blocchi in uno o più degli altri segmenti, che vengono definiti pre-genitali. (ad esempio la presenza di un blocco orale represso colora il quadro di valenze depressive più o meno accentuate, mentre un blocco oculare grave può dare luogo a fenomeni psicotici). Il problema rappresentato dalla presenza dei vari blocchi, dal punto di vista orgonomico, è dovuto all'impedimento che la corazza così costituita esercita sulla capacità di completa gratificazione sessuale. Ne risulta, inevitabilmente, un eccesso di energia non scaricata che mantiene vivo il sintomo in una struttura che presenta dei tratti infantili risalenti al periodo in cui il blocco si è formato. Quando una persona riesce a raggiungere la piena maturità sessuale senza particolari blocchi e che, pertanto, presenta la piena potenza orgastica, con conseguente assenza di stasi energetica e di tratti infantili, viene definita carattere genitale. Il carattere genitale vero e proprio è da considerarsi un ideale non riscontrabile nella realtà, mentre chi, nonostante le inevitabili vicissitudini, problemi e blocchi incontrati durante le varie fasi dello sviluppo, è in grado di conservare la propria potenza orgastica viene definito carattere genitale funzionale.

## La struttura della corazza

Reich, dopo anni di lavoro, scoprì che la corazza si compone di sette segmenti, che frammentano il corpo e ne distruggono l'unitarietà del funzionamento. Ognuno di questi segmenti ha caratteristiche specifiche pur esercitando un'influenza reciproca. I sette segmenti sono:

- oculare
- orale
- cervicale
- toracico
- diaframmatico
- addominale

o pelvico

Il segmento oculare . E' il segmento che contiene il cervello, deputato alla coordinazione di tutte le funzioni vitali. L'influenza di tutte le psicoterapie si esercita a questo livello, compresa l'analisi del carattere.

Il segmento orale comprende la bocca, il mento, la gola, la muscolatura occipitale. Contiene emozioni molto intense ed antiche quali il mordere rabbioso, il succhiare avidamente, il gridare.

Il segmento cervicale comprende la muscolatura del collo, superficiale e profonda e la lingua. Trattiene rabbia e pianto e conferisce un aspetto altero, di distacco dal resto del proprio corpo (emozioni)..

Il segmento toracico. Appare quasi sempre in posizione inspiratoria, tenuto alto, accompagnata da incapacità di espirazione piena e naturale. Le emozioni trattenute sono: pianto straziante, desiderio ardente, rabbia selvaggia..

Il segmento diaframmatico. Comprende lo stomaco, il fegato, il plesso solare e produce lordosi della colonna vertebrale. Il movimento diaframmatico è bloccato ed il funzionamento degli organi è compromesso.

La corazza del segmento addominale è dovuta alla contrazione spastica dei muscoli retti anteriori e dei traversi e, posteriormente, dall'inserzione bassa del gran dorsale e dei muscoli vicini. I muscoli sono spesso incordati e molto sensibili.

Il segmento pelvico comprende praticamente tutti i muscoli della pelvi, i glutei, l'ano ed i genitali. Il bacino appare rigido, senza vita. Ogni sorta di patologia a carico degli organi di questo distretto insorge in seguito al suo corazzamento cronico.