A Patient Brought to Genitality

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Orgastic potency is the capacity for complete surrender to the involuntary convulsion of the organism and complete discharge of sexual excitation in the acme of the genital embrace. Individuals with this capacity are genital characters.

Reich found from clinical observations of individuals and groups that the great majority of people suffered from a disturbance of orgastic potency. The significance of this ubiquitous condition was profound: It prevented the organism from regulating its energy economy. At the same time, the excess energy, not sufficiently discharged, manifested itself across the entire spectrum of human emotional and behavioral pathology. (The individual's characterological diagnosis was simply a description of the manner in which spontaneous orgastic sensations and movements were blocked.) The patient was quite literally locked into his armor. A correct characterological diagnosis was the necessary key that unlocked his neurotic structure. Clinical observation revealed over and over again that successful dissolution of the patient's neurotic character structure (armor), based on a correct characterological diagnosis, was ultimately followed by spontaneous movements of the total organism and overpowering sensations of pleasure in the genitals - both preconditions for orgastic potency. Without strictly adhering to the standard of orgastic potency with the aim of genitality as the criterion of health, it is impossible to practice medical orgone therapy. The orientation of therapy is strictly determined by this goal. This has been outlined elsewhere. [1] Without it, therapy is directionless, and its outcome, a matter of chance.

The follow case presentation illustrates some of the basic principles of medical orgonomy and stresses the therapeutic importance of establishing the goal of orgastic potency which is the hallmark of the genital character.

Case Presentation

A 26-year-old single, white, Roman Catholic, female accountant came to therapy, because of problems with her family. She stated that she detested her mother, the dominant parent with whom she constantly quarreled. She described her as unhappy, wretched, and quite moralistic, especially in regard to sexual matters. She treated the patient "like dirt." The patient was close to her father and described him as an easygoing person who was a pushover and castrated by her mother. Although she was the only sibling who stood up to her mother, she always tried, nevertheless, to gain her

parents' affection and approval by buying them gifts. She found it difficult to separate from her family, living at home until five years before starting therapy, when she decided to move out. Home visits proved to be agonizing.

She was in good physical health except for a menstrual cycle of approximately 40 days. For the previous 9 months she also suffered from premenstrual tension relieved by hot baths. During the last five years of living at home, she had embarrassing bouts of vomiting related to being emotionally upset by her parents. She was not bulimic. She had frequent nightmares and night terrors. When first seen, she was very frightened and huddled in a corner of the waiting room with her coat wrapped tightly around her.

Biophysical examination revealed a well-developed, serious young woman who appeared frightened and apprehensive, although in good contact with both herself and the therapist. Her body had good tone, and she was not heavily armored. She displayed a good deal of frantic behavior and a strong tendency to run from her anger through displacement onto non-threatening individuals. Despite her timid appearance, she was able to be straightforward and quite intense. Her speech was pressured, and she tended to talk excessively.

Her jaw was tightly clenched, and she had, on occasion, a characteristically defiant expression made by jutting her jaw forward when angry. Her face was stiff but mobile. The rest of the biophysical examination was unremarkable except for some excess fat around the lateral aspect of her upper thighs and hips. My diagnosis was: simple hysteria.

On the couch, she appeared tense and frantic. She spoke excessively and forcefully. Kicking relieved the tension in her legs. I asked her to scream to express her fear. She readily expressed anger toward me for bringing out her feelings but soon lost it and became frantic. I emphasized the necessity of tolerating her feelings and not behaving frantically.

I attempted to mobilize her rage by having her hit. This was followed by some crying and she spoke of constant quarrels with her mother which were embarrassing and guilt-provoking. I reassured her that it was acceptable to stand up for herself.

Mobilizing her eyes produced more frantic behavior. She admitted not wanting to come to therapy and also of being angry with me for some innocuous statement. Then she ran from her anger by whining and complaining in masochistic fashion about how miserably she was treated by her parents. I had her hit and kick, but her face had a

martyred look.

She made plans to marry outside the Catholic church which was opposed by her parents. This became for her another sore spot and source of misery. She felt sick and nauseated. Gagging produced some relief. I supported her decision to have a private marriage ceremony and also her right to oppose her parents' meddling in her life. Tentatively, she began expressing some resentment toward certain friends who were also opposed to a civil marriage ceremony. This produced an expansive reaction.

It was clear from her biophysical reactions that she was capable of tolerating a strong emotional charge. I gradually began cornering her by working on her oral rage. I had her scream as I pressed on the masseters. She became frightened, her body gave in to generalized clonisms, but she felt no anger. Following this, she verbally displaced her rage onto her boyfriend.

The attempt to mobilize facial rage terrified her. Screaming produced some relief, but she was still unable to express anger. During the following session she was full of complaints regarding the marriage issue. I consistently focused on her rage and prevented her from running into masochistic behavior by pointing out how she behaved like a martyr. She expressed some rage, and hitting for the first time, the image of her parents' faces flashed before her. She realized intellectually that she had no choice but to emotionally rid herself of her family.

I kept cornering her by pressing on her jaw which again terrified her, but now she was capable of expressing partial rage with hitting followed by generalized clonisms. She associated the frightening sensations during these clonisms with those she had during intercourse. She reacted to this outburst of rage with anxiety and reported losing all of her sexual feelings with an increased frequency of nightmares.

Gradually, and firmly focusing on the emotions of fear and rage enabled her to tolerate more sensations without becoming frantic. I intensified efforts to elicit rage by asking her to make angry faces. Again she became terrified. This was relieved by screaming.

As her capacity to tolerate rage increased, her nightmares became more frequent. and she began having dreams of her mother dying. After each outbreak of rage, her body typically gave into intense clonisms which she tolerated well without going out of contact. These clonisms were accompanied by waves of pelvic cramping. [2]

A deeper layer of rage then began to surface as she felt strong pressure traveling up her head and settling behind her eyes and occiput. She developed severe headaches

and a rash over the posterior aspect of her neck and occiput and could not focus her eyes. I manually pressed on the occiput which was very tender. This moved the pain forward from the occiput to her temples and was followed by an explosive rage. Her body gave in to intense trembling, and she felt dizzy. She again was able to focus and her eyes looked brighter. Although terrified, she was capable of tolerating a greater degree of charge as strong outbursts of uncontrollable rage were succeeded by pelvic cramps.

In the ensuing weeks she had thoughts of her mother accompanied by the surfacing of more misery. She entered a session feeling pent up and nauseated. After a brief outburst of anger, she gave into crying. She cried, not for her actual mother who treated her so miserably, but for the one she wished she had. During the following week a great deal of crying surfaced together with memories of her mother and her early childhood. She recalled her mother's cruelty and moralism and her constant misery. She also recalled having a nanny for a brief period who was the only person for whom she felt any love.

She had a dream which clearly expressed her mother's moralism: The patient's breasts are exposed as she is nursing an infant. Her mother appears in the background and she covers herself.

This episode of misery ushered in stronger contact with herself and with me. She began feeling more sexual and realized with amazement that she did not necessarily have to behave in a hysterical manner. She began looking more expanded and genital sensations increased.

Next, a deeper layer of uncontrollable rage began to surface which she felt in her entire body, particularly in her vagina. This was followed by urges to touch herself erotically in the genital but she refrained because of embarrassment and guilt. Behind this was her fear of having genital sensations in my presence. I asked her if this prohibition was associated with her Catholic upbringing. She recalled her conflict with school teachers. Although not religious, she was nevertheless affected by their sex negative attitudes.

This phase of her therapy was typified by progressively stronger out-bursts of rage followed by genital excitation of greater intensity. These were accompanied by urges to touch herself genitally which she would resist out of fear. On one of these occasions she had the misconception that I was frowning on her. This produced more intense rage.

The frequency of her menstrual cycle continued at approximately 40 days. She developed bouts of diarrhea and had alternating pelvic cramps and genital excitation.

A routine gynecological examination revealed a class 2-3 Pap smear. Since her previous tests were always normal, my impression was that the inflammatory condition was a result of the onset of pelvic mobilization. Because of her high biophysical vitality, manifested by her strong emotional reactions, I felt this condition would probably reverse itself once she could tolerate a sustained strong charge in the pelvis.

Dreams of people breaking into her house supported my assumption that the pelvic armor was about to break down. Nevertheless, I kept focusing on the upper segments and on the expression of the vast amounts of rage still present toward her mother. Murderous impulses began welling up. Urges to strangle and tear her mother's eyes out surfaced. She appeared close to losing control. This alternated with the emergence of similarly uncontrollable genital sensations. The rage kept intensifying in the form of sadism and soon became directed at her father for not supporting her against her mother's attacks. She recalled going to her father after encounters with her mother for support and being told by him, "Take it for me." She was incensed by his cowardliness.

She began to lose some of her illusions regarding her father. She saw that he was incapable of giving her any real nurturing and slowly began to separate from him. More rage followed. She recalled her parents not being present at her wedding and realized more fully that she never had any genuine love from either of them. On the couch her throat began to bulge and she gave in to deeper shouts while hitting. Accompanying this outburst was a feeling of intense heat in her face and a burning sensation in her eyes. For a brief period she felt afraid of being alone.

At this time, she developed a vicious castrating rage which was displaced onto her husband during intercourse. It was clear she was expressing her mother's sexual moralism. In the session this genital rage became redirected at her mother resulting in further mobilization of the pelvis with strong cramping and a feeling that she was about to have her menses. This was accompanied by strong pleasurable genital sensations.

Her oedipal conflict began to crystalize and she had fantasies of her father during sexual intercourse. She saw how her mother was interfering with her sexual feelings for her husband.

More rage toward her mother followed for intruding in her sexual life. However, she suddenly stopped short and felt guilty for hating her so much. She recalled being

always told by her mother that she was undesirable and that she would always remain alone. "No one will ever love you" were her prophetic words. She was caught between tolerating her mother's horrendous treatment of her and her own murderous impulses toward her.

She began running from her feelings by excessive talking in the session. Gradually, she expressed a vicious rage with pelvic squeezing and intense vaginal sensations with generalized pelvic twitching. She wished that her mother could be shot. As she expressed this, she had both a hateful look on her face combined with a fear of feeling it. I had the impression that it was her mother's face that she was beginning to express.

At this time, her periods first began to normalize. She developed intense sexual feelings and again had the urge to touch herself genitally. She realized it was only she, herself, who stood in the way of experiencing genital pleasure. This was followed by a fear of being destroyed by her husband's penis. She had a fantasy that it was going to pierce her vagina and destroy her. As a result she developed a fear of moving during intercourse. Although her sexual sensations were increasing, they became inhabited at a certain point. She identified this restraint with her mother's prohibition of her genital sensations.

Then more strong rage at her mother followed which she expressed by squeezing anger out of her face. Again, her head felt hot and itchy. Although frightened by what was coming out of her as a result of her hellish past life, she was tolerating a greater charge as well as strong currents and clonisms. Her rage was being expressed in a more total and sustained manner.

The orgasm reflex now began to appear at intervals. She felt terror stricken down to her pelvis, and her whole body gave in to clonisms. She held her genital, gave in to deep sobbing and had the thought that, had it not been for therapy, her mother would have destroyed her. The frightful thought of almost being destroyed was directly associated with the intensity of her genital sensations.

The End Stage

Now we were directly involved with mobilizing the pelvic segment. Because the hysteric is blocked at the genital stage, the transition into the end stage of therapy is not as clear-cut as in other character types. I was aware that in all likelihood the upper segments would probably clamp down again (pelvic mobilization flushes out residual armor in the upper segments). Nevertheless, I felt that, barring any unforeseen events, her biosystem was strong and capable of fully tolerating genital sensations and that her

prognosis for achieving genitality was excellent. I also understood that, because of the powerful nature of her emotional reactions, a sufficient interval of time would be required to structuralize her health. 3 As a result of pelvic mobilization, a burst of energy brought her temporarily to a higher level of functioning. She experienced strong streaming sensations throughout her body. She became frightened and began holding her pelvis. Her menses again became irregular. Strong angry shouts directed at her mother immediately cleared the upper segments. This was again accompanied by the terrifying thought of almost being destroyed by her. Gagging was effective in relieving her sick feelings. As a result of inadequate genital discharge, these were particularly strong after intercourse. Blocked from genital discharge, her sexual excitation backed up and made her sick as if she had been poisoned. Her mother was interfering with her sexuality. Squeezing a towel while shouting was effective in expelling this sickness. She sorely wanted her mother out of her body. She again had the thought that she had come close to being destroyed, but now she knew she would come through intact. This hopeful thought had a pleasurable feeling to it, and she was able to see the bright side of what had, heretofore, been a nightmarish thought.

She was amazed at how well she was tolerating very strong sexual charges in the embrace. But still discharge was not total. 4 In session, more rage toward her mother followed. She felt that she was literally pushing her mother out. Her body felt as if it were being rocked and she again gave in to the reflex. Her sensations of streaming and the involuntary pelvic clonisms,were terrifying, but she did not run. Finally, she expressed grief over what was done to her by her mother.

She then had a dream in which a negro man cut her throat with a knife. Her association to it was a memory of having the croup at 3 years of age. On the couch she expressed a deeper layer of rage directed at her mother accompanied by vigorous pelvic thrusts. She began choking on this rage. Her lips and tongue became cyanotic, and her throat clamped down and felt painful. The thought accompanying this outburst was "you can't keep me down."

On the following day she called to say that her throat was again closing. Crying at home produced partial relief. This was followed by a flood of childhood memories of being unloved. She recalled being shown affection only when sick, yet it was her mother who made her ill to begin with. She was still holding on to the last vestige of hope that her mother did actually love her. It was the expression of this intolerably painful sadness that was getting caught in her throat. To relieve her throat block, I had her shout while strangling a towel.

At this time, close emotional contact became indispensable. She was reliving the horror of her early childhood when there was absolutely no one to respond to her needs. She had nightmarish dreams of infants who were abandoned and crying. In the following session she kept her mouth tightly clenched. I worked vigorously on mobilizing her mouth and throat. Expressing her deep painful childhood misery gradually opened her throat. Strong pulsations were felt in this segment. She recalled a childhood fear of dying through suffocation and related it to choking her misery and rage. Now she understood the reason why she gagged spontaneously in childhood. It was an attempt to relieve her throat block.

Recollecting this period at the end of her therapy she wrote:

The throat block was one of the strongest. What a horrifying realization as a small child having the croup to be in a steam bathroom not able to breathe and having my mother sitting next to me. Then to make contact with the fact that she was the reason for it. I sat there choking off my rage toward her.

After this episode, her throat remained open, and there followed a recurrence of rage in a more powerful form. Her shouts were stronger and louder than ever before. She expressed her rage for entire sessions at a time. Expressing the hateful faces of her mother effectively discharged this layer of anger. She realized that the disapproving facial attitude of her mother was identical with her own reproving look. She lived her entire life trying to gain her mother's love. She began feeling a deep loss at never having had it. A deeper layer of misery ensued. She needed to be held and consoled almost constantly by her husband. Her entire past life was seen as a waste. The only way she could survive in her mother's house was to deaden herself.

This breakthrough was followed by periods of greater well-being. Feeling more hopeful, she was experiencing deeper sexual feelings in the embrace. Her face appeared more relaxed, and a natural calmness began to appear. She enjoyed being at peace with herself and began giving up her franticness.

After several weeks, however, she began having the following dreams:

1. She is having a baby, and there is no one present to help her.

2. Her sister starts therapy. She feels good because now she has someone to be close to.

These dreams heralded the emergence of an earlier period of infantile separation. She

was able to withstand the deep terror of this separation as she relived her maternal abandonment more intensely than before. Accompanying this terror was the dredging up of more deep feelings of sickness from her pelvis. She felt her pelvic armor disintegrating in a tactile manner, like cracking clay, together with intense anxiety. She vividly saw images of her parents looking over her crib as she cried and not reaching out to hold her. She required a great deal of reassurance while reliving these experiences.

She had a dream in which she is alone with a group of strange men. Her father appears and tells her "you must go to a convent!" This dream expressed her disappointment at her father for not supporting her against her mother's sexual moralism.

A dream followed in which she experienced her own birth. In the dream she felt terrified and full of physical pain. Her mother's hatred of her and reaction were being experienced in greater force. She felt deep waves of misery traveling up from her pelvis with her throat remaining open.

During the following several sessions, she vividly and in the most minute detail experienced the events of her birth. She felt pain over her scalp (passage through the birth canal), burning in her eyes (silver nitrate drops), abdominal pain (cutting the umbilical cord), pain in her throat and hoarse speech (images of being suctioned).

A deeper layer of terror surfaced as she had images of her mother's hateful face looking down and through her without actually making contact with her. Deep crying gave her relief. Her body gave into soft generalized clonisms. She recalled her recurrent early childhood night terrors. She realized that it was her mother's face that had terrified her.

This was followed by a new layer of rage pushing up and out of her head. The intensity of this rage was so great that her eyes felt as if they were popping out of the their sockets, and she had waves of sensation rushing down into the pelvis. Sharp, vigorous pelvic clonisms developed following each shout. Staying fully in touch with her terrifying sensations, her body gave into full clonisms accompanied again by the orgasm reflex. [5] She had a dream in which she was drugged but still was able to destroy her mother. This indicated that she was able to fight through her armor (being drugged) and face her murderous feelings for her mother.

Strong clonisms and genital sensations followed. She was more capable of relaxing and enjoying these pleasurable sensations over a greater period of time. Her sexual

pleasure was intensifying and alternated with more genital anxiety.

She then developed a hysterical pain in her right arm and shoulder. This was related to her childhood masturbatory wishes and maternal prohibition against them. She required constant reassurance that her genital sensations were acceptable.

She had a dream in which her father died. There was a great deal of grief associated with it. The dream presaged the end of her oedipal wishes for her father.

In her outside life the issue of relinquishing her neurotic dependence on her husband came to the surface. This dependency was masked by a strong tendency on her part to mother him. She realized that she could not be well until she gave up this behavior.

During the following week she had a violent outburst of hysterical anger in the form of uncontrolled genital sadism directed at her husband. The intensity of this rage and the accompanying irrationality were extreme even for her. It resulted from a strong mobilization of the pelvis and a temporary block in her sexuality producing overpowering impulses of blind sadism.

On the couch she expressed a violent, explosive outburst of rage followed again by uncontrolled, generalized clonisms. A murderous rage directed at her father appeared with uncontrollable urges to bite off his penis. She felt that since she was not allowed to have sexual feelings, she would destroy anyone who evoked them in her.

This outburst of sadism provided a great relief for her. She finally felt that she was regaining all the feelings that had been taken away from the very beginning of her life. She was finally letting go of both parents.

At this time she developed falling anxiety during intercourse and falling dreams. Her episodes of well-being became more sustained as her pelvic sensations remained unblocked. In therapy, she was able to breathe out fully with her eyes rolling up, and she felt intense dizziness. She felt a deep sense of calm and a closeness with nature and the cosmos.

In the session, breathing produced the strongest genital sensations thus far, and the orgasm reflex was coming through more consistently and softer. During intercourse she was able to feel the penis more intensely. Her work function was gradually improving and there she felt strong and confident. She was highly respected in her field. This change in her functioning was reflected in her physical appearance of attractive, lively

radiance.

Her sexual sensations were both stronger and softer. These experiences were entirely new to her as she gained another jump in her energy level. Her menstrual cycle became regular, and her capacity for full genital discharge became more firmly established. She felt profoundly grateful to me for having been given the opportunity to regain her health.

The remaining sessions continued the restructuring process and involved keeping her from running from her sexual sensations. It was simply a matter of recognizing the familiar ways she blocked her sensations. She was given the support and encouragement to tolerate her newly gained health. She was pleased and expressed amazement at herself for actually being able to tolerate intense genital sensations. These became deeper, fuller, and qualitatively different from before. She could feel herself losing consciousness during the acme and regaining it after ward. She began having sensations of her brain moving, something she had never felt before.

She had a dream in which she is in a shower with a man. Her mother is at the door. She begins to run but remembers that she does not have to run. She returns to face her mother. She felt a great sense of freedom and integration that she could do exactly as she wanted with her life. Therapy consisted of approximately 500 sessions.

The following impression written shortly after completion of therapy gives a picture of therapy from the standpoint of the patient.

So many times I was going through the worst of it, I tried to write about what I was going through, but never was able to. It was all I could do to stay with it, let alone write about it. Perhaps now with some distance, I'll briefly outline what I remember as most significant . . . I felt for years that there was something missing in my life. My sense of myself was fairly strong. The health in me which is now flowing seemed to be wanting to come forth. The memory of the first few years (of therapy) was that I just got used to feeling, slowly becoming aware of the anger and how I'd run from it my whole life. When I started to make contact with my past, my first instinct was to not even allow myself to admit I was remembering these things . . . As time went on the terrible sadness at the loss of so much time, to have been so alive and for there to have been no one there to say it's okay, between my mother who spent her days trying to destroy the life in me, my father who couldn't take a stand on anything, and the icing on the cake, Catholicism (all with the same goal to take the life out of you, cut the feelings out and keep them out the rest of your life). It goes to show you my health was stronger

than all of that.

Everything in therapy was intense for me. I had to get used to that and accept my own intensity. Nothing ever seemed to happen in a slow delicate manner. Anything that came up was certainly textbook and always intense. I can remember days and days of crying, throwing up, remembering as a baby pleading to my father with my eyes to make contact with me, to make it all better. There were times that I felt I was dying.

It was rough going for many years, the rage, sadness, misery, and always there too was my husband . . . His love for me was so strong, so selfless . . . He really, protected me.

I always thought from my reading that people had vague recollections soon after they were born. As time went on mine were not vague at all. I started by remembering being in a large cold room. This man grabbed me by the shoulder and squeezed it tightly. I was terrified, looked around, begged for contact, and there was none. (The shoulder pain was excruciating.) I stopped therapy for a short time thinking it was time (maybe I had to rest up for the most intense time was yet to come). I felt better than I ever felt but . . . there was more to it than that. I was running from my feelings. I'll always have to remember that my first instinct is to run, and not run . . . I still wonder how she wasn't able to kill me off. She got N with cancer, C is a wreck, J doesn't know the difference. I'm convinced it's in the genes or protoplasm. I think the fact that she had me 11 months after N, she was as alive as she ever was. Her body hadn't clamped down totally. It was open in spite of her.

There were many times when I wasn't sure we should have done this. I did realize it had to be, otherwise it would not be happening; but I still couldn't help but feel that maybe we shouldn't have done this; maybe we should have left well enough alone. My body was in charge . . . The terror of not being able to move was all remembered.

What a shame she was so tight and couldn't tolerate me. I'm convinced that sexuality in utero and the orgasm of birth, if allowed to flow can and should be the sweetest, most tender beginning for a child.

Conclusion

Some have suggested that genitality is a myth. This case, as well as others published in this Journal, illustrate that genitality is a clinically attainable goal. Its requirement - full orgastic discharge during the genital embrace - ensures against a relapse into illness which can either be in the form of symptomatic behavior or pathologic character

attitudes.

The transition from hysterical to genital character in this patient was accompanied by fundamental changes in her personality. She relinquished her neurotic character traits, such as her franticness, tendency to mother her husband, superficiality, and excessive talking. These neurotic traits, which were also attempts at maintaining substitute contact with the world, were replaced by a genuine calmness, an increase in her work functioning, a sense of depth, and a strong contact with both herself and her environment. These changes were a direct manifestation of her newly found capacity for orgastic discharge.

Footnotes

1. See Dr. Blasband's article "Cyenitality: Myth or Reality" Journal of Orgonomy Volume 21 no.

2. Armoring of the pelvis during the initial phase of therapy is an essential prerequeisite for mobilizing the upper segments.

3. The structuralization process occurs for an indefinite period after genitality has been established.

4. She was experiencing genital anxiety in the embrace.

5. The orgasm reflex at first appeared in a harsh manner since it was still being opposed by armoring. Later, the reflex smoothed out became a gentle movement.