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Intolerance of Aggression — A Case History

By CHARLES KONIA, M.D.*

The following case illustrates the problems and pitfalls encountered in treating a patient with heavy armoring from the neck up and virtually no armoring below. The intolerance of expansion present in all patients here takes on an especially severe and tenacious form until armoring is formed in lower segments, thereby enabling the patient to better withstand the orgonotic charge.

Case History

A twenty-six-year-old ballet dancer came to therapy because of anxiety, confusion, inferiority feelings, and marriage difficulties.

This marriage, her second, of four years' duration, had deteriorated to the point where she and her husband had little to do with each other. His only interest in her was sexual, and he beat her if she did not submit to his sexual demands. She was barely able to function and had fears of going insane. At the same time, she felt that she "loved" him and wanted to make the marriage work. The husband was quite impulsive and irresponsible. He would become involved sexually with her friends. He squandered whatever money he earned, which resulted in his becoming financially dependent on her income. She was invariably tolerant of his irrational behavior.

Raised in a repressive home by authoritarian "old world" parents, she was especially close to her father, as a child. Yet she felt that he favored her brother, who was four years her senior and in relation to

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whom she always felt inferior. Although she was not Catholic, her father sent her to a parochial school where she suffered from the strict disciplinary atmosphere. When she reached puberty, she alienated herself from her father by running around with a "fast" crowd. He strongly disapproved of her behavior, and they had violent arguments. His excessive moralizing contempt and allusions to her activities as dirty and "whorish" served only to further separate them. Her brother was even more critical of her than the father. Finally, the patient had no other recourse but to leave home and support herself. She married soon afterward.

She was in good medical health except for episodes of bursitis in her hips and left shoulder, which occurred following periods of prolonged dancing.

Initial Findings

During the initial interview, she appeared quite frightened, and she repeatedly stressed her husband's role in the marriage problem. She desired counseling and did not want to dissolve the marriage. When I stressed the serious nature of her disturbance, she looked, at times, as if she were about to cry. She admitted that she was frightened and confused and that she really didn't know what to do.

Biophysical examination revealed that her armoring was confined primarily to the first three segments and that she was relatively free of armoring below her neck. Her eyes were frightened, appeared suspicious and confused, and were fairly immobile. She was unable to roll them. There was also heavy armoring of the scalp and occiput, especially on the left side. Her face appeared sad and there was a great deal of disgust around her mouth.

Mobilization of the Ocular Segment

In the early sessions, I focused on mobilizing her ocular segment vigorously. This produced intense trembling, especially of the lower segments, with a pelvic reflex* but strong holding in the head and neck. Her sexual feelings alternated with fears of losing control and going insane. She felt afraid of the whole world. Screaming alleviated her fear somewhat, and she attempted to control her sexual sensations by intensifying the holding in her head and on the left side. Soon after she started therapy, she realized that she did not love her husband, and they separated.

*In a pelvic reflex, the pelvis moves forward on expiration.

Her intolerance to anger became evident quite early. Whenever she became angry, she would either become depressed or break down and cry. I regarded her heavy armoring in the upper segments, coupled with the absence of any armoring in the lower segments, as the biophysical basis for this intolerance. Specifically, this armoring effectively inhibited the development of aggressive (especially angry) impulses in the head. Characterologically this was manifested by her "nice, sweet girl" facade which was repeatedly pointed out to her. I was not certain at this time to what extent this armoring could be overcome. I kept working with her eyes, and gradually she was able to verbalize her distrust of me.

In the seventeenth session, facial mobilization and concomitant breathing produced intense involuntary spasms on the left side. Her head turned to this side, and then she shook it violently, screaming, "No!" This was followed by fears of letting go. (I noticed at this time that her left side was armored much more strongly than her right. She habitually "faced the world" from her left side. As a child, she had had a left-sided tic which she successfully controlled by stiffening this side.) Gradually she became able to express more anger toward me. She accused me of being rigid and was angered by my silence, but she could hit with only moderate affect and would then become depressed. This sequence of partial outbursts of anger followed by depression became typical as therapy progressed. She reacted to her anger by self-deprecating thoughts, feelings of worthlessness, and the outbreak of a peri-oral eczema. She was frightened and masochistically fantasied being massacred by barbaric tribes. Later it came out that she had been very angry with me but afraid to show it. I focused on her inhibited aggression, and, after a few sessions, she was able to express more negative feelings, which produced some relief. But again she contracted, especially in her head, and her lips became cyanotic.

Mobilization of the Oral Segment

Mobilization of her oral segment produced strong reactions of disgust and misery and more verbal anger. At this time, she was able to tolerate somewhat more rage, both toward me and in general. As a result, she felt strong excitement and tingling.

She became depressed again and was generally contracted for several weeks. Her intolerance to rage was manifested characterologically by the intensification of her "nice, sweet little girl" facade, and biophysically by her generalized contracted state, with myalgia in her head, neck, hips, and legs. Pointing out her defensive attitudes produced some rage, as did mobilization of her legs (although she was a dancer, she was

unable to kick when she first started therapy).

As she became able to kick, her oral segment also opened. This was followed by a brief period of expansion. She experienced currents with strong trembling, especially on the left side. This was accompanied by a pelvic reflex, with her eyes going off. She developed feelings of guilt and worthlessness again. It was clear that there was still a great deal of inhibited rage.

At this time, as a result of not taking adequate precautions, she became pregnant. She felt extremely guilty and appeared helpless and confused. Discussion of her feeling of sexual guilt temporarily relieved her contracted state, but the thought of going through with an abortion terrified her. Before she was through, she underwent two unsuccessful attempts to induce an abortion. A pelvic infection ensued. This, plus a D & C at a hospital where she felt humiliated by the hospital staff, aggravated her already guilt-ridden condition.

It was my impression that open and rational discussion of guilt-laden material could, for brief periods, open her eye segment and enable her to feel guilt-free.

Later Sessions

She believed that she was pregnant for a second time, but fortunately this proved to be a false alarm. At this point, when she kicked, I was able to mobilize more rage and disgust from her head, accompanied by shouting and angry grimacing. She breathed deeply at the end of the session, but not completely through to the pelvis and therefore felt nauseated. This was followed by sadness and crying. She began having nightmares which revolved around being abandoned. She related this to a feeling of being second-best in her relationship to me. When she recalled that, as a child, her father preferred her older brother, she became distrustful of me, which she expressed both verbally and in her eyes. As I mobilized her eyes, she began to tremble and had what she described as cosmic feelings.

Shortly thereafter, she was able to trace her guilt back to her relationship with her father when she was an adolescent. From his repressive and excessive moralizing, she had developed a severe conscience accompanied by a rebellious attitude toward authority. This was a defense against her oedipal wishes. She said her first sexual experience was an act of revenge against her parents, who forced her to submit to a pelvic examination when they wrongly suspected her of having had sexual relations. Following this admission, she was able to talk directly and openly for the first time. She then had a sado-masochistic phantasy

involving conquistadors and martyrs. In the next session, she opened her eyes wide in fright, and imagined seeing someone burning on the crucifix. Following this, she expressed some rage with hitting and head-banging, and some verbal sadism directed at me. Again a pelvic reflex developed, which was accompanied by "evil" feelings.

Outside the therapy sessions, she became spiteful and vengeful towards me by taking marijuana, dancing for long periods of time, even though it put a great strain on her legs, and finally by having relations with her girl friend's husband. She glibly denied any feeling of responsibility or concern over her behavior. She was acting out her revenge toward me as she had done as an adolescent toward her father. Following this, her left side severely tightened and there was an intensification of her eye block.

For the next month, all I could do was to symptomatically relieve her depression. Intense work on the negative (father) transference and mobilization of the occiput produced a stronger breakthrough of rage. Pelvic armor began to appear, which I took to be a defense against her oedipal wishes. Disparagingly, she accused me of not helping her, of being arrogant and "full of shit." This was the most powerful rage she had expressed thus far. As expected, after a brief period of expansion, she clamped down and developed a sore throat and a cold. But, for the first time, she was able to expand *on her own* prior to my seeing her. This made her feel hopeful and excited. She was tolerating more expansion. In therapy she worked more independently and expressed rage without my help.

Termination Phase

She obtained a job dancing at night and was able to hold two positions, whereas when I first saw her she had difficulty maintaining even one. Her work as a dancer was quite grueling. In spite of the fact that her body became tense, she was holding up remarkably well.

As she became more integrated, it became possible to deal with her dependency, which was manifested, on the surface, as an exaggerated indiscriminate expectation from men, both at work and in her personal life. This would invariably be followed by frustrated anger and disappointment.

At this point in therapy, her father died. When I saw her after his funeral, she was behaving masochistically and felt confused about her career as a dancer. There was a big "NO" in her. She felt like one big knot and actually moved as if she were made in one piece. She now manifested considerable armoring below the neck. Mobilizing the para-

spinal muscles resulted in a violent rage, this time directed exclusively at her father. She recalled his moralistic and repressive attitude, which was all expressed under the guise of being "reasonable." Ever since she could remember, she had wanted to dance. He considered this ugly, dirty, and immoral, an attitude which he shared with her older brother. When she was seven years old, she developed her left-sided tic. Only then, when their family physician explained to him that there could be a connection between the tic and her not being permitted to dance, did he allow her to take dancing lessons "for medical reasons." This, however, did not relieve the tic, and later she held it back by tightening strongly on the left side. The breakthrough of rage in this session was followed by vigorous expansion. The knot behind her left eye disappeared for good, and her guilt-ridden behavior abated.

Alternating expansions and contractions of her biosystem followed, but she was able to maintain her outside functioning quite well. Her eyes were clear, she behaved rationally, and her demanding attitude was noticeably absent. She was able to accept the limitations of others. She relieved her occipital holding by herself, and there was a striking change in her appearance; she looked vibrant and attractive.

We were ready to deal with her feelings toward her mother. Prior to the following session, pressure had been building in her head. Jaw mobilization produced anger followed by forceful sucking. She recalled that as an infant she never had enough milk. She felt that her mother was totally inadequate. As a child, she was continually slapped down for crying or showing anger. She felt she could not afford to be helpless and dependent on her mother; that she had to grow up quickly, or she would not survive. She defended against this by armoring and developing an exaggerated need for independence. She responded to this memory breakthrough with strong expansion. In this session, her eyes rolled back in her head as her body gave in totally to the reflex. She was able to stay in contact with her feelings and felt deep streamings in her chest and throat, spreading to the periphery. This brought out holding in her chest and jaws. I encouraged her to give in to her sounds, and she cried like a baby. Then she felt that she was holding in her arms and legs. I encouraged her to reach out with them, and this produced intense trembling. For the first time in a long time, she actually *felt* like dancing. I pointed out how closely this was related to her existence. She felt and looked hopeful and happy in her eyes and said that things were finally fitting together.

The remaining eight sessions were involved with clearing up the residual armor in the first two segments. Breathing produced a tighten-

ing of the left side of her face, and she gave in to crying with twitching of this area and a forceful turning of her head from side to side. She looked as if she were being slapped in the face and recalled the beginning of her facial tic. She remembered the violent beatings on the head and face, especially on her left side (her mother was right handed). Following this, her facial expression appeared more open. Further mobilization of her face produced grimaces and spitting. She recalled her disgust at the breast. This was followed by streamings in her neck and lips. She felt badly battered about her head. Stroking it with her hands produced crying from deep inside her head. This was followed by intense anxiety. She had fears of being destroyed. This was related to feelings of vulnerability as a result of becoming capable of open and honest emotional expression. She gave in to intense generalized trembling.

In her work and sexual life, she was displaying the characteristics of orgastic potency: She became emotionally independent; her work capacity increased markedly and became quite gratifying; she stopped overworking herself; and she became capable of tolerating sexual feelings without guilt and of genital self-regulation. The duration of treatment was 145 sessions.

DISCUSSION:

This case illustrates some of the clinical problems originating from an intolerance to aggression. This intolerance was manifested *characterologically* by the patient's inhibited structure—inability to show rage, guilt-ridden behavior, feelings of worthlessness and self-depreciation, etc., and *biophysically* by the well-defined spastic attitude of the first three segments, particularly on the left side. This armoring was unopposed by any armoring process further down and greatly enhanced the biophysical fear of expansion. The historical source of her inhibited structure was, of course, her severely repressive childhood upbringing. This resulted in contractions each time expansion was produced in therapy. This was demonstrated physically by cyanosis, eczema, and throat infections, and emotionally by depression and a tendency to cry when she became angry.

The object of therapy was to reverse the chronic contraction and to increase her capacity to hold charge. This was accomplished by the outward redirecting of her self-destructive impulses. Self-depreciation was turned into depreciation of the therapist, self-disgust into disgust for the therapist, etc.

To summarize: The layering of this patient's armor, her surface "nice little girl" attitude, was a defense which warded off her fear that she would be attacked or taken advantage of. She often expressed this jokingly as: "You wouldn't hurt little me, now, would you!" Her fears were then out in the open and were manifested in the transference as suspicions of being tormented and having her feelings manipulated by the therapist. This covered her anger at being dominated and influenced by others, and in the therapy she accused me of controlling her, of being power-hungry, etc. Expressing this anger produced dependency fears, specifically of not being able to rely on me. This in turn uncovered her anger over the fact that she felt I was unreliable, which she expressed indirectly as criticism: I am rigid, silent, I forget, I don't understand her, etc. Revealing this produced feelings of worthlessness and fears of rejection by her father. In therapy, she had sado-masochistic dreams and fears of pregnancy (defense against the wish for father's child). In the transference, this anxiety was expressed as a fear of being rejected and slapped down. This in turn gave way to a very deep layer of hatred directed toward her father for his repressive, depreciating, and contemptuous attitude. This was a major characteristic of her own structure. Expressing this hatred mobilized a great deal of energy and eliminated many of her inhibitions and guilt-ridden attitudes. But, as soon as a deeper layer of rage became activated, she reverted to her previous over-independent attitude. This rage was directed at her mother on an oral level, at the latter's helplessness and inability to adequately provide for her infantile needs. This gave way to the incest wish, which resulted in fears of destruction and a feeling of vulnerability. She felt endangered by her newly found ability to openly show her deepest feelings. Orgasm anxiety followed, the working through of which then released her genital impulses.