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Schizophrenia—Dynamics and Treatment*

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Editor's Note: *Since Reich's time, medications have been developed that partially alleviate some schizophrenic symptoms. Today, despite advances in brain science (neurotransmitters, neuroimaging) and the development of "atypical" antipsychotics, the illness still remains a mystery to contemporary medicine and psychiatry.*

Reich discovered the cause of the disorder to be an energetic disturbance in the brain, specifically at the base where the optic nerves cross. In this seminal article, originally published in 7(1), 1973, Baker extends Freud's original three developmental stages—oral, anal and genital—to include a fourth, the ocular. This addition has had a profound effect on the practice of medical orgone therapy. It has focused treatment on effecting clear perception and eliminating armor "from the top down," not only for schizophrenics, but also for the other character types as well. [Richard Schwartzman, D.O.]

Schizophrenia has been a puzzle for psychiatry since it was first described by Kraepelin in 1898. Its origin has been ascribed to diverse causes, each supported by a respectable following. Thus we have Kretschmer and the asthenic body types; Freud, Bleuler, and Jung and the psychological cause; Sullivan and the environmental or interpersonal relationships; Kallmann and genetics; Henry Cotton and the focal infection theory; Heath and the disturbance of metabolism; and Kety, who maintained the cause was a disturbance in transmethylation. Others have studied the endocrine glands, blood, and brain. None have fully explained this condition.

I will now present a further theory—the energetic concept. The other theories can, I think, be shown to be dealing with contributing causes, such as genetics and environment, or with a result of the process such as asthenic build or disturbance in metabolism. The

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focal infection theory and Henry Cotton (long since forgotten) have no place beyond the fact that an infection may precipitate a psychosis in a schizophrenic character. It would have nothing to do with the cause.

After a quarter of a century of extensive research on emotional problems, Wilhelm Reich discovered a specific energy in the body which he first called bioelectric energy, believing it to be electrical in nature. Further study revealed that it possessed many properties not found in electricity, so he renamed it orgone (organismic) energy. This energy is constantly being built up in the body through the intake of food, fluid, and air and is directly absorbed through the skin. It is discharged through activity, excretion and growth and regulated by sexual activity. After it reaches a certain level, excess energy is felt as sexual excitation.

Thus, to Reich, Freud's libidinal energy was a reality. If this energy flows freely through the body without any hindrances or blocks, the individual functions in a healthy manner. He is also aware of this flow in the form of pleasurable sensations of being alive, "streamings," and a three-dimensional perception of the body. However, no one in our society is allowed to grow up without a lot of "verbots," so each of us is forced to hold back his feelings or emotional expression. This is done by holding the breath and tightening the muscles in the various parts of the body and is known as armoring.

The body can be divided into seven muscular segments: the ocular, oral, cervical, thoracic, diaphragmatic, abdominal, and pelvic. In armoring, the muscles are held in chronic contraction by a chronic sympatheticotonia produced by a continuing anxiety. For example, if the mother commands, "Stop crying," the child holds his breath, tightens the muscles of his jaw and floor of his mouth, and swallows hard to choke down the sorrow. This reduces the crying to a whimper until it is stopped altogether. Eventually, after repeated such commands, the child will be unable to cry. And so on through the whole gamut of our emotions. I do not want to give the

impression that children should never be disciplined. Of course they should be, and particularly should they learn not to endanger their own lives or interfere with the lives of others. They should, however, be allowed to regulate their own natural needs. This Reich called self-regulation.

Armoring is the somatic counterpart of repression and is a chronic sympathetic contraction of specific groups of muscles to hold back specific feelings and memories. Armoring does not take place usually after one command but after repeated ones or chronic attitudes in the environment. Because armoring does not allow emotional expression, there is no adequate discharge of excess energy, which builds up until it overflows in the form of symptoms. Our emotions and sensations are simply the perception of the movement of energy in the body. Thus pleasure is felt when energy moves outward to the skin and genital. Anxiety is felt when energy moves inward to the internal organs, and rage when energy flows into the muscles. When this flow is prevented by muscular contraction, we perceive only a numbness or deadness in that particular part. This can be verified by an oscillograph that registers the energy flow. Where deadness is felt, a negative response is given on the oscillograph.[1]

Freud postulated three developmental stages: the oral, anal, and the genital. Particularly at these stages, the child is forced to control his impulses and feelings. We know from psychoanalysis that development during these stages forms the specific character. Thus repression or blocking at the oral stages will produce the depressive; at the anal stage, the compulsive, passive feminine, and masochist. The genital stage is divided into two: the early genital or phallic, which produces the phallic narcissistic character, and the true genital, which results in the hysteric. If development occurs in all stages without blocking in any stage, we have a healthy or genital character.

Reich's work with schizophrenia and epilepsy made it necessary to consider whether the ocular zone should be considered a fourth

[1]See W. Reich, "Experimental Investigation of the Electrical Function of Sexuality and Anxiety," *Journal of Orgonomy* 3(1,2) March and November, 1969.

stage of development. It seemed that it should: I therefore added the ocular stage. This is the first developmental stage and the first to be traumatized by irritant medication placed in the eyes at birth or, more important, by hostile, anxious, or dead expressions around the infant, from which it withdraws. This withdrawal sets the pattern for future development—to withdraw from the environment rather than reach out into it. And the schizophrenic grows up in a cold, hostile, and rejecting environment. Rene Spitz has shown that good mothering is necessary for the child to bridge the gap in maturing from contact to distance receptors. This good mothering the schizophrenic does not have. Thus the functions of the eye as a whole never fully develop, and binocular vision is never attained. His eyes have an empty look as if staring into space with a slightly veiled expression.

This does not prevent development through the other stages that determine the type of schizophrenia. If development is unduly blocked at the oral stage, a simple schizophrenia will result; at the anal stage, a catatonic; at the phallic stage, a paranoid; and at the genital stage, a hebephrenic. All of these, of course, have the specific eye block of the schizophrenic. Reich felt that this specific block occurs within the first ten days of life before any appreciable development takes place. It is thus a very serious handicap. This does not mean that other character types are not blocked in this segment. As a matter of fact, most of the general population have some blocking in their eyes, but it does not occur as early, perhaps not until puberty, and is less severe.

It seems highly probable that the schizophrenic is born with a predisposition to that condition, as are probably all character types to their particular type. Whether this is genetic or developmental in the uterus is not clear. I think that both factors may operate. In schizophrenia, the genetic influence seems to depend on a recessive Mendelian factor.

Certainly the environment during development in the uterus is very important. This includes the mother's emotional state, physical

health, and the degree of contraction in the pelvic segment and vascular system. All of this determines the amount of energy available to the developing fetus, its freedom of movement, and restricted or unrestricted development. It is certain that one can look at a newborn baby and pretty much tell what he will be like as an adult and how well he can stand the hard knocks of life.

The schizophrenic has developed in a uterus that supplied little energy and little freedom of movement. Thus it is easy for him to withdraw from an unpleasant environment and grow up shy and aloof in his hostile, cold, and rejecting world. Other children try consistently to fight their environment or, like the compulsive, dull themselves by heavy armoring, so as to be little affected by it. Not so the schizophrenic. He withdraws into himself and appears outwardly aloof, detached, and uninvolved, but maintains his acute sensitivity and lives in a constant state of severe anxiety. He does not armor as does the neurotic, but tries to control his anxiety and sensations by minimal breathing. He does not appear to breathe at all, and frequently he himself cannot tell whether he is breathing in or out. This keeps all activity low. His energy is low. This seems apparently to be produced by a severe throat block through which air can scarcely pass. He does most certainly have a severe throat block, but the important armoring is in the base of the brain. Reich felt that it was primarily in the region of the crossing of the optic nerves. It apparently involves all of the vegetative centers. Thus all activity of these centers is markedly reduced. This is a result of contraction and withdrawal in the eyes. Contraction of the vegetative centers can well reduce all autonomic functioning, including respiration, and interfere with development of various organs of the body, especially the circulatory system and genitals, and even the body itself, thus giving rise to the asthenic type.

There is usually no need for muscular armoring as found in the neurotics, because the energy is low and all activity is kept at a minimum. Thus the schizophrenic has essentially no defense against an increase in charge, which he is unable to tolerate. He goes off in

the eyes and becomes psychotic. This occurs particularly during adolescence, when excitation is highest; which explains why schizophrenia is largely a disease of adolescence and young adulthood. Psychosis is produced because of the eye block, as it causes a split between sensation and the perception of that sensation. Thus sensations, which remain strong in schizophrenics, are not properly perceived and may be interpreted as "forces," "electric currents," or "machines," which work on them through "evil persons" or influences. This split, it seems, is a result of the lack of development of binocular vision. In the schizophrenic, we have a withdrawal in the eyes and a contraction at the base of the brain. Schizophrenics frequently complain that their brains are "dead" or "rotting," or that there is "a stone" in their heads.

Reich states[2] that schizophrenia is a mixture of objective biophysical processes and the psychological perception of and reaction to these processes. The core of the problem is the disruption of the unitary energy functioning and the subjective perception of this disruption. The faraway look, the trance, automatism, *cerea flexibilitatis*, catalepsy, and slowing of reactions are direct expressions of the biophysical disturbance; other symptoms, such as disorientation, loss of the power of association, the loss of the meaning of words, and withdrawal of interests are secondary reactions to this disruption. The later general deterioration is due to general shrinking of the organism and disuse.

There is still a further element which has not been discussed. This is projection. Projection is essentially the process of recession of the ability to perceive and depends on the loss of binocular vision. Binocular vision gives us a proper perspective of our environment, as well as of ourselves or self-perception. In projection, self-perception is severely disturbed, and the result is the illusion of sensory impression from outside the organism. The function of self-perception depends on the contact between objective excitation and the subjective feeling of the excitation. Consciousness is a function of

[2]See W. Reich, *Character Analysis*, Orgone Institute Press, New York, 1949, page 435.

self-perception and vice versa. When the function of self-perception deteriorates, the function of consciousness also deteriorates and with it all its functions, such as speech, orientation, and association.

Disorientation and confusion are the first to occur followed by disorders of thought, association, and coordinated speech. Consciousness depends not so much on the strength or intensity of self-perception as on the more or less complete integration of self-perception of the innumerable elements into one single experience of the self.

Treatment

The principle of therapy is quite simple: merely to remove the chronic contraction which interferes with the free flow of energy throughout the organism and thus restore natural functioning. In practice, it may be extremely difficult and complex. There are essentially three avenues of approach, the importance of each depending on the individual case, although all three are necessary tools in every therapy. They are (1) increasing the inner push on the organism by building up its energy through breathing, (2) directly attacking the spastic muscles to free the contraction, and (3) maintaining the cooperation of the patient by bringing into the open and overcoming his resistances to the therapy and the therapist. This last is extremely important because the patient will in every way try to maintain his immobility and try desperately not to reveal himself. Behind this is intense fear of expansion and movement. Anxiety is the basis for repression and is behind all contraction. If it were not for anxiety, the emotion could not be held back in the first place. The patient's organism is always trying to control anxiety and repress his forbidden feelings. The most important emotion to elicit is rage (hate), and, until this is released, the patient cannot allow the softer feelings of longing and love to emerge.

Although there are seven muscular segments in the body, two segments are of primary importance in schizophrenia, the ocular and cervical. The ocular segment is concerned with all contact at a

distance—distance reception. This the schizophrenic has poorly attained. Armoring consists of a contraction and immobilization of the greater part of all of the muscles around the eye, eyelids, forehead, and tear glands, as well as the deep muscles at the base of the occiput, involving even the brain itself. Contraction here seems to be largely in the vegetative centers. This contraction causes and maintains the muscular contraction and is a result of the original inhibitions. Armoring is expressed in an immobilized forehead (it appears flat) and eyelids. The flesh at the side of the nose is smooth and waxy. The patient is unable to open his eyes wide. The expression is empty or as if the individual were staring into space. The more emotion brought up by looking, the less clearly can the individual see. The pupils usually are dilated, indicating deep anxiety, and one frequently finds myopia. Anxiety or suspicion may be openly apparent, and the schizophrenic is frank to tell you he does not trust you.

The schizophrenic is characteristically shy and easily frightened. He must be handled cautiously. Get him to open his eyes. This will create panic from movement of energy and from a flood of sensations. The panic starts the breathing. Too much sensation will cause him to go off in his eyes and become psychotic. One does not proceed unless the patient is in contact. The eye segment is mobilized by having him roll his eyes and move his forehead or follow a moving light with his eyes. Also useful is reducing the spasm of the occipital muscles. He must be desensitized to stimuli from the eye segment. This can be done by having him repeatedly go away in the eyes and bring himself back. As the ocular segment is mobilized, muscular armoring will take place in the lower segments and must in turn be broken down.

The cervical segment also requires attention. This is severely contracted, and the schizophrenic will talk with a very low, soft voice. Anger and crying are literally swallowed down without the patient's even being aware of it and must be brought out. One relieves the contraction by eliciting the gag reflex and reducing the spasms of the

sternocleidomastoids and deep muscles of the neck accompanied by screaming and yelling. One remembers the neck is very vulnerable and proceeds with great caution, as there are many important nerves and vessels, and also the larynx, all of which can be easily injured.

In schizophrenia, one proceeds slowly and cautiously. It is always easy to precipitate a psychosis; sometimes this cannot be avoided. However, treatment may still be carried forward as long as one can maintain the cooperation of the patient.