

Character-Analysis in the Medical Orgone Therapy Of a Two Year Old

Peter A. Crist, M.D.

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Most people think of character-analysis as a "talk-therapy" tool. Interestingly, Wilhelm Reich developed this technique to address therapeutic situations in which resistances were manifest in the patient's verbal and nonverbal behavior and attitudes; how the individual expresses himself. Even with a child who has not yet developed verbal sophistication, basic principles and techniques of character-analysis are a valuable component of medical orgone therapy.

Case Presentation

M was originally seen for several sessions at the age of seventeen months because his mother saw him to be unhappy and often angry. He experienced considerable relief with a few sessions of angry kicking and yelling. This was facilitated during treatment by holding his jaw open and working on his paraspinal muscles.

When M was two-and-a-half years old, his parents brought him back for therapy with similar complaints. He ran into the treatment room by himself and immediately got on the couch and began kicking it with rage. He handed me the padded bolster-like device we had used before which I put on my arm and he attacked with a fury. He then got off the treatment couch and gave me a smile as if to say, "O.K. I'm done."

In the next session he was more reluctant to express himself. When I began to examine him on the treatment couch he looked at me with an angry tough-guy attitude. He held his chest high in an attitude of angry defiance and his breathing was restricted. He had good muscle development with moderate tension throughout, especially in the occipital, jaw, and paraspinal muscles. There was resistance to pressure in his diaphragmatic and abdominal segments.

He discharged a great deal of anger in just a few sessions. He usually needed no more encouragement than for me to put the bolsterlike device on my arm which he then fat and kicked with great enthusiasm and delight. Occasionally, minimal work on the muscles of his occiput, jaw, or back was required to help him let out his anger.

His mother reported that these initial sessions brought relief. She later reported that over the next several weeks he had become increasingly unhappy. He rarely

cried and often responded to situations with anger. If he was hurt he would start to cry but then stop and become angry. He refused to let either of his parents comfort him.

Their observations matched mine. When I worked physically on his muscles he looked hurt, as if he were about to cry, but then he tried to squirm away. He then became angry with me. I had the impression that his anger had become an automatic defensive reaction.

In the next session he initially looked sad but quickly became agitated and irritable with an attitude of "I don't want to cry." His chest was held in inspiration in his tough-guy attitude but now even more so than before. Without any physical work on his muscular armor I told him to say, "I don't want to cry." He did so with an irritated and plaintive tone. I had him repeat these words several times and each time more sadness and hurt came through in his voice and he finally began to cry. After a few minutes of heart-wrenching sobbing he quieted down. He lay on the couch greatly relieved and with easy and full respirations. He looked at me with an open and trusting look that had greater depth than before.

When he got up from the couch, he asked questions about some of the medical instruments on the table. Then he picked up a ball, handed it to me, and asked, "Play ball?" We tossed the ball back and forth and he laughed and shouted with pleasure. After this session his mother called to say that on the way home he told her, "I want to go back to Dr. Crist's house." She reported that for several days he was happier and more open than she had ever remembered him to be.

But he could not sustain the expansion and the mother reported that he gradually became more angry and then began to say, "I hate Dr. Crist. I never want to see him again." He was brought back and although he came into the treatment room voluntarily, he avoided looking at me and acted aloof with his characteristic tough-guy attitude. By encouraging him to look me in the eye he could then again express his hatred directly at me. Releasing the emotions as they surfaced in this and subsequent sessions again brought relief.

Discussion

Therapeutic work with youngsters is often simpler and more straightforward than with adults in part because children have not yet developed the complex facade that comes with maturation. This case illustrates how the basic principles and techniques of character-analysis that are used with adults can also be applied in the treatment of children.

The character armor is arranged in layers in which an emotion functions as both an impulse and a defense. [Footnote 1] Each patient has a specific structure. M's contact with and expression of sadness was blocked by his anger. His angry impulses had to be discharged before the defensive function of the anger could be addressed. Once the impulse of his anger was sufficiently discharged he

became contactless. [Footnote 2] He was no longer overtly angry but his angry attitude now functioned as a defense. By having him make contact with his attitude and express it ("I don't want to cry"), M's underlying primary feeling of sadness spontaneously emerged and was able to be expressed.

The depth of M's feelings and how fully he expanded once he made contact with and expressed his deep sadness was moving to see. He will need ongoing help to overcome his angry attitude that characteristically appears in response to being hurt. The goal of his therapy is to increase his capacity to tolerate and express sadness so that he will be able to consistently expand and be happy.

FOOTNOTES

1. As described by Reich, "The layers of armor, then are interlaced: every warded-off impulse also serves the function of warding off a more deeply repressed impulse...finally original instinctual impulses will break through which no longer have a defense function."(1:315). [back to text](#)

2. Baker describes: "In therapy, as each layer of armoring is removed, three things appear in sequence: First, anxiety occurs. Then, emotion is released (rage, contempt, spite, crying, etc.) After the emotion is expressed, there is a sense of relief. Third, contactlessness appears. There is no desire to move and the patient is temporarily stuck. A stage where the repressed and repressing forces are equal has been reached." (2:69-70). [back to text](#)

REFERENCES

1. Reich, W. Character Analysis. New York: Noonday Press, 1949.
2. Baker, E.F. Man in the Trap. New York: The Macmillan Co., 1967.