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Orgone Therapy of an Impulsive Character*

Charles Konia, M.D.

This case is being presented because it affords an unusual opportunity to study the removal of armor in an impulsive (psychopathic) (Arieti) character who used his intellect defensively to a marked degree. It is of further interest in that it documents the appearance of a fulminating shrinking biopathy during the course of orgone therapy.

The patient was a 55-year-old, white, married male, whom I first saw when I was a psychiatric resident in a hospital to which he had been transferred from the prison ward of a neighboring psychiatric hospital. He had been sent there by the court for embezzling $700. With this money, he had purchased several hundred dollars' worth of medical books, spending the balance on food which he distributed anonymously to the poor—people whom he did not know.

He had numerous psychiatric hospitalizations dating back thirty years. His admissions always followed the same pattern. He would be taken to court for obtaining money under false pretenses. He would then feign a mental illness in order to be sent to a mental hospital instead of to prison. He would be discharged after several months of observation, during which time he behaved like a model patient, only to get himself into trouble again upon release. On one occasion, however, the judge transferred him from a psychiatric hospital to a penitentiary, where he spent five years.

His daily life from adolescence onward consisted of performing one caper after another of varying degrees of consequence. In carrying them out, he often became a poseur, playing many different roles—psychiatrist, physician (abortionist), professor (instructor in anatomy), priest, millionaire, medical student, lawyer, etc.—depending on the situation. He was almost invariably successful in

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carrying off his deceptions. In his shorter escapades, he would pilfer newspapers, books, and contributions from churches; he would eat without paying at restaurants, etc. Although he finished chiropractic school, he never worked in this field. His work-functioning was seriously disturbed, but occasionally he did manage to hold legitimate jobs (recreation director, book reviewer, etc.) for brief periods which were interrupted as a result of a hoax that caused him to be hauled off to court. He worked briefly in the Communist Party, but, because of his impulsive behavior and lack of political conviction, he lost interest after a short time. On another occasion, he worked for the Mafia in various capacities, but his lack of strong loyalty quickly brought this relationship to an end. He had strong contempt and resentment toward traditional authority.

He was extremely intellectual and had a mania for collecting medical books and journals from which he amassed a great deal of superficial knowledge. The great bulk of the money that he swindled went toward the purchase of this literature. At most, he placed a small down payment, promising to pay off the balance at some future time, but he always forgot about it. He had very little patience for reading, but he would sit in the center of his book collection and fantasize that he was absorbing the knowledge contained in it. He had rituals of taking new books to bed with him and opening ("deflowering") them. He considered himself an authority on those subjects in which he had a smattering of knowledge. Sensing that someone knew more than he did in these areas produced intense anxiety followed by intellectual attacks on this person.

He was erectively impotent. On rare occasions, he attempted intercourse with his wife. When he was younger, he sexually aroused women and then refused to have relations with them as a means of revenge. At age 21, he had himself circumcised for "hygienic reasons."

He had made dozens of unsuccessful attempts at psychotherapy. He never paid for his therapy, and especially prided himself on how he could deceive famous psychiatrists into giving him free therapy

because he was such an interesting case. When his father was alive, he covered these expenses.

Until the time I first saw him, he had no serious medical problems. He slept for only four hours a night, but took brief naps during the day.

His father, a high school teacher, was always cold and aloof with the patient, never showing him any affection. Although a martinet at home, he was well-liked by his students and was an active socialist. As a boy, the patient was terrified of his father's wrath, and displayed his hostility by secretly performing sneaky actions against him in what he considered to be extremely clever ways. Although the father was furious with him, he could be counted on to bail the patient out when he was in difficulty with the law. His mother, a weak and helpless person, suffered from depressions and died in middle age of cancer. He had a younger brother who "teaches ancient history and looks it." Although his wife, a social worker and a good Catholic, was stern and disapproving of his psychopathy, she nevertheless tolerated his behavior in martyr-like fashion and also paid off his bad debts, often incurring excessive loans to do so. At the same time, from my observation of her, I had the feeling that she was secretly excited by his actions.

Characterologically, the patient was chronically hypomanic and quite entertaining in an intellectual manner. He never became depressed, but occasionally verged on it. I constantly had the impression that he was "conning," even in his most genuine moments. He was quick to accurately type people in the event that it became necessary to "throw a pitch" at them. His active fantasy life was the basis for his impulsive actions in that he imagined his victim in an authoritarian or other negative role, so that he felt justified in doing him harm in some way. His movements were very quick. A prevailing fantasy was that he always had the advantage of a fraction of a second over everyone else. He tested his motor reaction daily by darting past moving vehicles. He gave the impression of being a devilish fox.

I treated him character-analytically for approximately two months while he was a patient in the hospital. Therapy was interrupted when I left on a fellowship to another hospital, and was resumed, at his request, when I returned. When I went into private practice, he wanted to continue seeing me. I told him that I would agree to treat him only on condition that he pay my regular fee, and also that he tell me immediately about any swindle that he was contemplating. I warned him that he would use his impulsive acts to undermine the treatment and that he would only be hurting himself when he did so. In spite of this and repeated reminders, his payments were extremely irregular, and he persisted with his impulsivity until the end.

Therapy consisted in focusing on his negative father transference. I described his perception of me as an authority figure and how he used his impulsivity to undermine my therapeutic efforts. I further pointed out how his role-playing and his entertaining behavior were expressions of his not taking therapy seriously. At the same time, I told him that this behavior was disguising his meanness, which he was afraid to show openly. Repeatedly, the defensive nature of his using his intellectuality to prevent having any genuine feeling was shown to him. All this was ineffective because of the severity of his intellectualism. It was as if all the talk merely intensified it, and I had the distinct feeling that he remained untouched. I therefore put him on the couch and treated him biophysically for forty sessions.

On biophysical examination, he was found to be both heavily armored and very agile. His musculature was under great control and appeared tense and ready to spring at any moment. He gave the general impression of being extremely heady, almost like a walking brain. His forehead and scalp were very mobile, to such a degree that he had deep wrinkles across his entire scalp from his forehead to his occiput, and it was actually possible to lift the skin over the scalp freely off the skull. Yet his eyes were generally immobile, making contact only superficially, and, after a few breaths, they would “go off” and appear “dead.” His pelvis was very armored.

He came in dizzy and with a splitting headache in anticipation of what was ahead of him. I was struck by the tremendous amount of energy that was being concentrated in the head, and I worked to pull it down, drawing off energy from his legs by massage and having him kick. I also massaged the occiput, which relieved the pain, and he gave into crying briefly and felt relaxed. In the following sessions, I kept focusing on the shift of energy to the head; pulling it down by having him kick uncontrollably was fairly easy. This was accompanied by the typical "dead" expression in the eyes and a euphoric relaxed feeling in his body as a result of pleasurable sensations which he described as "nirvana."

He was unable to display rage in his eyes but occasionally had migraine headaches when angry. The only expression that came through in his eyes was a deep terror when I worked excessively on his legs. In the fifth session, drawing off energy in this manner resulted in strong pulsations in the solar plexus, which he soon fought against by arching his back. When I counteracted this by bringing his pelvis forward, his entire body became limp and appeared lifeless. Accompanying this reaction, he "saw" brown and purple images which reminded him of feces and death. I interpreted the lifelessness, as well as the visualizations, as anorgonotic reactions due to intolerance to any strong expansive impulses. This should have indicated caution in my attempt to further remove his armor, but, instead, I went ahead, not heeding the danger signal.

Following this, he gradually stepped up his impulsive behavior. He correctly realized that this was a test of his omnipotence, which he felt was being threatened, and he discussed his fear of death, which he attempted to cover by his actions.

Slowly, it became clear that the eye block was responsible for his severe intellectualism, as well as being the basis for the displacement of his rage onto the social sphere, and that it also enabled him to justify (rationalize) his destructive impulsive behavior.

I kept pulling energy down through the legs so that he would lose control of his head. Gradually, even gentle massaging would be

sufficient to produce strong pulsations in the head or body, with relaxation and the typical "dead" expression in the eyes. In retrospect, it .seems likely that his loss of control increased his fear, and that he was submitting to my procedures because of it. This is supported by the fact noted above: that as therapy progressed, the impulsive acts increased. Also, he began having conscious thoughts of being afraid of me.

The twelfth session brought out that he had purchased more books with money that his wife had been giving him to pay off his insurance policy. He became contrite and dejected at being exposed. I told him that this was his way of letting her know that he was not yet ready to handle money rationally. This increased his despondency, and he began to cry, expressing suicidal thoughts and ideas of worthlessness: "Why was I born? Why can't I die?" Then, for the first time, he began to express angry thoughts towards both his parents for making him an emotional cripple, and towards his wife for not understanding him. After that session, he unsuccessfully attempted intercourse. Apparently, my sympathetic attitude no longer allowed him to feel justified in expressing his anger to me through trickery, and he felt guilty for not paying me.

Following this, he had prolonged periods of crying ("crying jags" as he called them) and depression. He began to feel that he was in deep trouble, that he was losing hold of himself and his protective feeling of omnipotence, but the full significance of these statements - was unclear at that time. I kept after the misery, since this seemed to be the most immediate emotion; it was accompanied by strong fears of letting go. His wife reported that he was having prolonged episodes of crying at home.

Then he contracted the flu, with a temperature of 103°. This also was something unusual, since he had never had any medical illnesses in the past. As I kept pulling energy down from the head, which was accompanied by more fear and misery, his psychopathy increased in severity. When I exhorted him that therapy would have to be discontinued if he persisted in his impulsive behavior, he became

sneaky, comparing me to a policeman: "He's on to me now. I must find new tricks." This resulted in his "going off" in his right eye with the slightest build-up of energy, as I tried to mobilize his eye segment. He recalled that, when he would get into particularly frightening situations in the past, he would "go off" in this eye and look out of the left only as a way of not feeling his terror.

The severity of the eye block forced me to pay greater attention to this segment, which was very difficult to mobilize, and also to his character. He admitted that he felt like a moron and a nonentity when he went "legit." Through his intellectualism, he had an identity, albeit a false one.

Gradually he felt as if he were "losing his buttons" and losing control. I encouraged him to face the terror of being nothing. He was surprised to find himself getting into a panic over the slightest incident. He could not understand what was happening to him. I therefore released some of the terror from his eyes by having him scream. This again brought the energy down, with trembling of his legs for the first time.

In the next session, he entered highly excited, his head engorged with blood and throbbing. The slightest pressure on the thigh adductors resulted in an immediate blanching of his head and the "dead" expression in his eyes. I interpreted this as an anorgonotic attack; when I mobilized the occiput to excite the vegetative centers at the base of the brain, he gave in to deep breathing and sighs, but then his legs became stiff and paralyzed.

In the following session, it was difficult to bring about, any movement at all. Obviously, he was resisting strongly. His legs and pelvis were unusually tense, and his paraspinals were hard as rocks.

He came into the next session in a manic state. He was very frightened underneath this and had thoughts of being punished for what he had done. All I could do was to focus on his eyes and breathing, which brought out laughter and distrust of me. His legs and paraspinals were still very tense, and his pelvis was retracted and immobile. When I touched his paraspinal muscles, his body went into

a jackknife, bending stiffly at the hip, with legs extended. He said this is what occurs during electrocution. He became progressively more inaccessible and depressed, and his "crying jags" increased in frequency and duration.

Approximately one year after the start of therapy, he was discovered to have an abdominal mass. On exploratory laparotomy, this was found to be an anaplastic tumor originating in the pelvis. In a matter of several months, the malignancy metastasized widely into the abdominal cavity. Because of its undifferentiated state, histological diagnosis was uncertain. Six months later, following drug and radiation therapy, the patient died.

Discussion

I have presented the case of a 55-year-old man with impulsivity and manic intellectualism which masked a shrinking biopathy.

Biophysically, his impulsivity was a defense against emotional expression, particularly rage and sexuality. Energy was discharged immediately by his impulsive behavior before pressure could build up to reach the level of emotional expression.

Characterologically, his impulsivity represented his sadism, which was displaced onto social authority. Simultaneously, it served as a defense against the perception of guilt feelings. By a vicious circle, each impulsive act produced guilt feelings which in turn gave rise to further impulsivity. The only way to break the cycle was to establish genital discharge, which depended on curbing his defensive behavior and allowing open expression of his rage. This, however, was unsuccessful because of the patient's intolerance to expressing strong emotion. His intolerance was represented by episodes of crying and depression during the latter part of therapy when he came into contact with his rage.

Energy was held strongly in his head (intellectualism) to keep it out of his muscles (rage) and pelvis (sexuality) (Baker). Attacking his intellectualism produced intense anxiety. The looseness of his forehead corresponded to his physical hyperagility and represented

his defensive mobility. The real immobilization of his brain was clearly evident in the dead expression of his eyes.

His defensive mobility, which gave him a superficially expansive appearance, effectively masked his underlying immobilization (anorgonia) and allowed a minimal discharge of energy, just enough to maintain life. When this was stopped, the intolerance of the organism to increased energy movement led to further stasis and collapse of the vegetative system (cancer).[1]

The genesis of his psychopathic structure was based on the contradictory nature of the frustrations imposed by the father, that is, his covert encouragement of the patient's misbehavior and his overt prohibition (Reich, page 151). By ignoring the patient and his misbehavior, the father in effect encouraged it (allowed development of the impulse). Then his harsh rage produced a sudden blockage. In addition, this attitude prevented identification with the father from occurring and resulted in an unformed character structure. The patient's wife repeated the father's pattern. The patient was not only the victim of his father's cruelty but became himself the vehicle for the expression of the father's own antisocial tendencies which were veiled by his socialistic attitudes.

The patient reached the phallic stage but renounced it for impulsive (motor) activity which was mastered just prior to this time.[2] Had he retained his phallic structure, he would have been a manic-depressive character.

The shrinking picture did not become evident until after tumor formation because more attention was focused on the superficial energy status of the patient than on his deeper core functions. I never fully made contact with this patient's resignation. The ease with which anorgonotic attacks resulted, as well as his tendency to dramatic reactions, should have alerted me to the gravity of the situation. These attacks and reactions were an indication of his biophysical intolerance

[1]This was dramatically observed when energy was drawn out of the legs. The patient would experience this as a flood of energy escaping from his body. This was accompanied by images of profuse bleeding or large masses of matter gushing out of him.

[2]In contrast to other pregenital character types, the psychopath does not regress to a pregenital *erogenous* level but to *nonerogenous* motor activity. This is probably why Reich referred to psychopaths as *degenerated* phallics.

to the energy that was liberated from the armor. His death fear, which was based ultimately on his incapacity to tolerate streamings, was displaced outward onto society, where he could safely combat it through his impulsive behavior.

The location of the tumor in the pelvis shows that this was his weakest segment. It was from this source that energy was continually being drawn into his head, supplying his intellectualism. The characterological manifestation of this energetic shift was that his brain and not his penis became the phallic weapon.

In retrospect, it is clear that this patient should never have been treated in orgone therapy. His severe psychopathic streak, his striving for omnipotency, and his intellectualism were the only resources at his disposal for holding on to life.

Under normal conditions, it is highly unlikely that such an individual, with so fragile a hold on life and practically no ability to function on his own, would have been a patient. It should be remembered that his reason for seeking therapy in the first place was his getting into difficulty with the law, and that, in a way, he was a captive patient. Had he had any ability to function, he probably would have either discontinued therapy quite early, or never gotten involved with it in the first place.

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