

Introduction to medical orgone therapy

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Summary

We introduce and present a medical psychotherapeutic technique initiated by Wilhelm Reich in the 1920's and thereafter expanded and refined with essential contributions by Elsworth Baker among others. We outline its theory and technical foundations and also provide an epistemological interpretation of its peculiar body-mind representation based on character- and muscular *armor-ing* as a reaction to suffering; armoring of the *ocular segment* in the aetiology of Bleuler's schizophrenic splitting; and finally the consequences of armoring on the energetic functions as the logical development of Freud's theory of *libido*, with significant theoretic, therapeutic and nosologic consequences.

Keywords: Medical Orgone Therapy, W.Reich, Epistemology, Psychiatry, Psychoanalysis

Introduction

Inquiry on mental illness has always exacerbated the tension between two systems of thought which were simultaneously parallel and opposite. The one related to *matter* (quantity) and has an observable/realistic orientation; the other related to *form* (quality) and has a spiritual/metaphysical direction ([1], pp. 26-36), [2]. This struggle led psychiatry to E. Kraepelin's (1856-1926) clinical nosology and E. Bleuler's (1857-1939) identification of *schizophrenia*¹ as having a specific etiopathologic principle, known as "*splitting*" ([3], p. 6, pp. 284-288), [4]. In psychology, the corresponding clash between "Physiker" and "Psychiker" led to F.A. Mesmer's (1734-1815) *hypnotism*, a method popularised by J.M. Charcot (1825-1893). Charcot began using hypnotism to treat *hysteria*² to provoke a "crisis". This revealed the existence of "a new and hidden life", known as the *unconscious* ([6], pp. 53-83, 89-102). The unmasking of the unconscious sparked S. Freud's (1856-1939) discovery of *psychoanalysis*, a therapeutic technique aimed at dissolving disturbing emotional symptoms by revealing their unconscious symbolic representation of past trauma, freeing with it not only the latent content but also the *psychic energy* or *libido*³ ([8], pp. 83-85). Thus, whereas *schizophrenia* had become synonymous with "major" mental disorders - also called *psychoses* - and the exclusive domain of psychiatry, *hysteria*, with its dramatic manifestations and its sensuality, became the main object of study of non-psychiatric medicine,

aimed at treating "minor" psychic disorders, also called *neuroses*⁴ ([11], p. 69). It is no coincidence that psychiatry's and psychology's most important representatives, Bleuler and Freud, appreciated each other's work⁵. Bleuler applied Freud's discovery of unconscious mechanisms to the study of schizophrenia. Freud had always wanted to use psychoanalysis to treat psychoses. However, the convergence of psychiatry and psychoanalysis has not yet been accomplished. The theoretical-scientific doubts of Bleuler were justified and there were too many ([13], p. 34, pp. 33-37).

From psychiatry and psychoanalysis to character analysis and vegetotherapy

"Therapeutic misery"

From the beginning of his career as a psychoanalyst, W. Reich (1897-1957) (fig.1) noticed the paucity of technical support available to analysts. He commented: "there are just as many techniques as there are analysts"([14], p. 3), a "therapeutic misery" ([15], p. 42) due to a number of shortcomings such as: insufficiently applying Freud's basic *resistance analysis* prior to undertaking any interpretation of unconscious "material"⁶; not identifying *negative transference* especially *latent negative transference*⁷; not *systematically* handling resistance when it surfaced, and then poor *consistency* in pointing out the resistance to the patient ([14], p. 10, pp. 21-27). The application of these rules in clinical work allowed Reich to confirm the improvement of his patients. However, another important aspect had been neglected: the *economy* of analysis, which concerned the "quantitative distribution of the libido" ([16], p. 27), the structural organisation of the energetic equilibrium of the individual. What was important was the *way* in which his patients communicated rather than the *content* of their communications. For example, they were excessively polite, arrogant, rigid, shy or cold. He was thus observing their *character* traits ([14], pp. 10-20).

"Armor" of character and musculature

Reich noticed that the *character* of the patient, defined as the "person's specific mode of existence, (...) an expression of (his) entire past" ([14], p. 48), stood out as a resistance to the application of the "fundamental rule", that is to the free floating of associations, revealing its latent function as a "mechanism of psychic protection". In other words "the individual is *armored* against the outer world but also

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against his own unconscious instincts". From the therapeutic point of view (see below) the dissolution of *character armor* frees great quantities of dammed up psychic energy (the libido) in the form of often very intense and even violent emotional expressions. Reich called this new technique *character analysis* ([14], pp. 42-122). It moved the central target of the analysis from the neurotic symptom to character neurosis, and additionally outlined the different types of neurotic characters, in agreement with the Freudian model of psychosexual development⁸. Reich distinguished the neurotic from the non-neurotic character, the *genital character*. If the former suffers from a chronic ever-increasing stasis of libido, the "somatic core of neurosis" ([7], p. 98) the genital character is defined by the presence of a natural libidinal economy resulting in *orgastic potency*, or the capacity to discharge during orgasm the excess energy assimilated by the organism ([14], pp. 169-185)⁹. During the course of therapy with a masochistic patient Reich observed a particular *muscular tension* of the pelvic floor, which in fact was the cause of the marked insecurity and awkwardness of the patient's behaviour ([14], pp. 255-267). The therapeutic dissolution of this tension (see below) freed "psychic energy" in the form of strong vegetative reactions such as pallor, profuse sweating, "vegetative currents" and muscular spasms¹⁰. These spasms were located in areas which corresponded with Freud's erogenous zones and other areas important for emotional expression. They allowed Reich to outline a segmental distribution of *muscular armor*, composed of seven segments: *ocular, oral, cervical, thoracic, diaphragmatic, abdominal and pelvic* ([14], pp. 368-390).

"Vegetative life"

To investigate the nature of the "vegetative currents" described by his patients, Reich adopted Freud's analogy

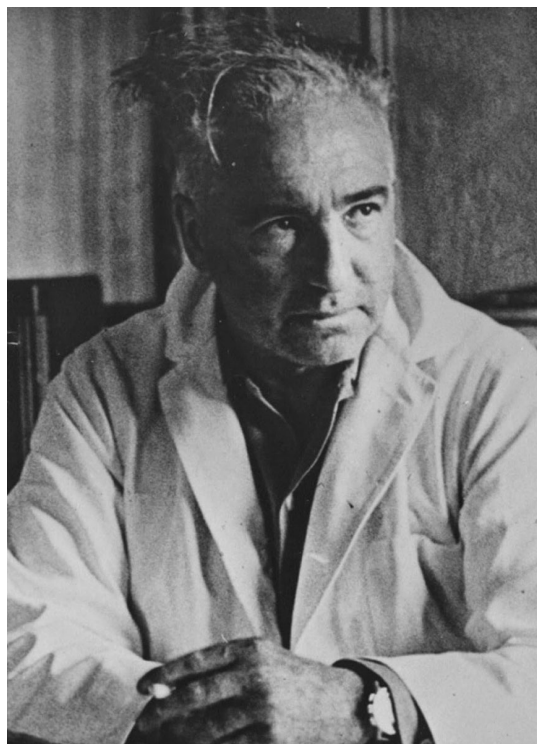
of the cytoplasmatic movement of the amoeba ([17], p. 6), whose pseudopod protrusion was similar to the movement of the libido toward the object of desire ("toward the world"). In contrast, the pseudopod's retreat recalled narcissistic withdrawal in the state of anxiety ("away from the world") ("protozoic reaction"). Reich recognised the same function in the engorged sexual organ during sexual excitation, counterposed to its shrinking during anxiety. In fact it was not just a simple analogy but a *functional identity* between *sexuality* and *anxiety*¹¹. This antithesis manifests itself not only in the genital organ but in the whole organism. In the more evolved and physically elongated¹² organism they are manifested as vasodilatation, slowing down of the heartbeat, decrease of blood pressure, myosis, stimulation of peristalsis, relaxed muscular tonus versus vasoconstriction, increase of heartbeat and blood pressure, mydriasis, inhibition of peristalsis, flaccid or spastic muscle tonus ("metazoic reaction") [20]. These two opposite adaptive functions, one of "anabolic and digestive dominance", *expansion*, the other of "catabolic and circulatory dominance", *contraction*, are mediated by the autonomic *vegetative* nervous system (ANS) through its two opposing branches, the sympathetic and the parasympathetic nervous systems [21]. Reich's innovation lies in the identification of this primitive function of *pulsation*¹³ to specific emotions: *sexuality (pleasure)* as opposed to *anxiety*, both impeded by the armor. Character analysis is now called (1935) *vegetotherapy* ([14], p. 355).

From "libido" to "orgone energy"

In line with the experimental psychologic techniques of his time, Reich began his own psychologically influenced measurements in the "bioelectric experiments" [20], in which he was able to objectify an increased excitability in the *erogenous zones* and an increase in surface electric charge during pleasure. In contrast, the charge diminished during unpleasurable sensations. These observations provided confirmation of his initial hypothesis of the *basic antithesis of vegetative life* ([14], p. 285), the pulsatory movement of expansion and contraction of the body fluids¹⁴ and its detailed unfolding in the complex evolved organism discovered in the human orgasm, characterised by an initial *mechanical tension* (swelling, erection), followed by a sufficient *bioelectric charge* (the sensation of sexual arousal) to produce a *bioelectric discharge* (the orgasm sensation), so that an appropriate *mechanical relaxation* is possible. The so-called *orgasm formula* in four beats is for Reich the basic feature of life ([7], pp. 84-116)¹⁵ and expression of the simultaneity of quantitative objective (somatic) and qualitative subjective (psychic) aspects of every living function.

Reich, however, observed that the strong intensity of the measured subjective sensations were relatively minimal (on the order of a few millivolts) and therefore not strongly demonstrative. For this reason he decided to undertake new experiments with the aim of enquiring as to the nature of a new form of vegetative energy which he later named *orgone energy* ([7], pp. 382-386). We will not treat the details of this discovery, it is enough to accept it as a legitimate scientific hypothesis which deserves to be studied and its practical therapeutic efficacy to be evaluated [23]. The identification of orgone energy represents the synthesis between the two visions, the quantitative "material" and

Figure 1: Wilhelm Reich (1897-1957)



the qualitative "formal". Reich characterized these "two basic pillars of human thought" as *mechanistic* and *mystic* thinking. He then moved beyond their polarisation by integrating them into a new thought technique: *functional thinking* or *orgonomic functionalism*. For Reich, functionalism is a thought technique that operates in the same way as nature herself acts. Natural movement is neither determined by external forces like machines, nor is it governed by an external unknowable force that cannot be proven ([25], pp. 77-120). As an evolution of *dialectic materialism*¹⁶, Reich's functionalism introduced the *simultaneous existence of identity and antithesis*: two functions or variations (Vx,y) derived from a *common functioning principle* (CFP) ([18], p. 7). For example sexuality and anxiety are simultaneously identical in that they both originate from a vegetative current (CFP) yet antithetical in that they represent two opposite movements of expansion and contraction of the vegetative currents and body fluids, respectively, and hence biological energy, mediated by the two branches of the ANS (Vx, y) ([18], pp. 2-9). The application of functional thinking had important consequences for the theory and practice of the therapy, which Reich now (1948) named *medical orgone therapy* ([14], p. xii)¹⁷.

Medical orgone therapy (MOT)

New psychic topography

The increased ease with which Reich was able to reach that "new and hidden life" of his patients through character analysis and vegetotherapy, enabled him to observe a new *topographic* structure of the human psyche. It differed from Freud's structural theory of the *subconscious* and *unconscious* both unavailable to the *conscious* "system" and which Freud replaced in 1923 with the *Id*, *Super Ego* and *Ego* [29, 30]. Reich, in a brief note of 1942, introduced his theory of the three layers of human "bioemotional structure". At the surface of "the average man" he described the *social façade*, or the "realm of the personality" [31], as "reserved, polite, compassionate, responsible, conscientious... there would be no social tragedy of the human animal if this surface layer... were in direct contact with the deep core". At the deepest, and undistorted part of the psyche, he described the *biological core*, which is readily observed in newborns and animals, as they lack a *secondary layer*. The secondary layer, or the "realm of character"¹⁸, corresponds to Freud's unconscious, with its "cruel, sadistic, lascivious, rapacious, and envious impulses". These impulses are called *secondary*, since they are the consequence of the repression and distortion of the natural impulses of the biological core, called *primary*¹⁹ and must be repressed as well ([32], p. xi).

Schizophrenia

The same facility in reaching repressed instincts and emotions allowed Reich to tackle a problem that had always concerned him, regarding the understanding of schizophrenia. In addition to his denomination and categorisation of schizophrenia, Bleuler identified its central pathophysiological mechanism. It was based on an intuition resulting from a long historic process related to the phenomenon of "*splitting* of the different psychic functions", which caused fragmentation, loose cohesion and disunity [3, 33]. In a clinical case reported in 1948 Reich described the de-

tailed progress of the treatment of a schizophrenic woman with the typical symptoms of: "a mixture of mysticism and emotional inferno, of penetrating though distorted vision, of God and devil, of perverse sex and murderous morals, of sanity to the highest degree of genius and insanity to its deepest depth, welded into a single horrible experience" ([14], p. 399). Every time his patient was able to tolerate the intense pleasurable sensations of *vegetative currents* in her body, the schizophrenic symptoms disappeared completely and reappeared as soon as her perception detached from the corresponding biological process. For Reich *psychic perception* and *somatic excitation*²⁰ are the two functions which *split*²¹ in schizophrenia. And it is the *ocular segment* which armors and produces the splitting: "... the eyes don't go with it... the organism refuses, so to speak, to take the eyes into the total function, as if terror were connected with it...". This goes back to the time "... when the newborn baby [begins to] grasp the world... and meets [with] nothing..." ([37], pp. 68-70). In 1967 E.F. Baker (1903-1985) (fig. 2) identified the *ocular segment* as an erogenous zone, adding the *ocular stage* to the known Freudian developmental stages ([39], pp.18-20)²², an assumption that incorporates schizophrenia and psychoses into the psychoanalytic diagnostic model and establishes the definitive convergence of psychiatry and psychoanalysis, once the dream of Bleuler and Freud. This had a significant impact on nosology.

Character nosology, the convergence

Reich and Baker had proposed a nosology based on character structure²³ ([39], pp. 48-52), that includes specific behavioural, emotional, and somatic signs and symptoms caused by *primary* armoring at the stage of psychosexual development of the child when a *major* erogenous zone is activated [43]: e.g., *confusion* or *voyeurism* caused by repressed vs. unsatisfied armoring, respectively, during the ocular stage seen in the "schizophrenic character", *depres-*

Figure 2: Elsworth F. Baker (1903-1985)



sion or overindulgence at the oral stage seen in the "oral character", restraint or submission at the anal stage seen in the "compulsive" or "masochistic character", presumption at the phallic stage seen in the "phallic narcissistic character", and flight or freeze vs. frantic behaviour at the genital stage seen in the "hysteric character" ([43], p. 252). Character subtypes, on the other hand, are determined by subsequent armoring such as in the *oral repressed phallic* ("chronic depressive"), the *oral unstable phallic* ("manic depressive") or the *anal repressed schizophrenic* ("catatonic schizophrenic"), etc.

Principles of medical orgone therapeutic technique

Reducing to the essential the theoretic concepts employed, medical orgone therapy restores the patient's capacity for natural pulsation (the radial aspect) with an increased capacity for expansion (pleasure) and a reduced tendency toward contraction (anxiety) through the dissolution of the character- and muscular armoring according to the different character diagnoses. This leads to emotional discharge, with the progressive restoration of unitary functioning (radial and longitudinal) and the appearance of the *orgasm reflex*²⁴: the hallmark of the unimpeded longitudinal movement of energy in the body and objective manifestation of achieving the capacity for genital satisfaction in "love, work and knowledge" ([39], pp. 14-15).

The initial approach to the patient in medical orgone therapy is no different than in classic medical and psychiatric practice. However, anamnesis is centered on the patient's past and present functioning in order to obtain in a relatively short time a character diagnosis. This provides an understanding of the main character trait and with it the patient's specific way of resisting both treatment in the present and genital impulses during infancy ([39], pp. 213-218, [45], p. 289). With this we underscore the first main tool of medical orgone therapy: *character analysis*, to which are added: *direct* and *indirect work* on the muscular armor in conjunction with *respiration* ([14], pp. 446-447, [39], p. 45). We analyse them separately, even though in therapy they are approached simultaneously in a functional way, i.e. depending on the clinical situation²⁵. Character analysis confronts character defenses by pointing them out in a systematic²⁶ and consistent²⁷ way. This is perceived by the patient as annoyance to which he reacts by freeing emotions from the surface to the depth in accordance with his/her character diagnosis: panic and splitting in schizophrenics; excessive demands, dissatisfaction or oral inhibition in the depressed; affect block in the compulsive; righteousness and control in the phallic; apprehension and flight in the hysteric ([39], pp. 111-152). These traits are identical in each character type²⁸ and are accompanied by specific somatic manifestations, the so-called "blocks": the ocular block in schizophrenia, oral in depression, anal in compulsion, phallic and genital in the narcissistic and hysteric. Each evidences its characteristic manifestations, such as the veiled or suspicious look, pursed lips and whispery voice, diffuse muscular rigidity, hypertrophic muscular tone, the seductive look and movement, and many others. As with character traits, somatic blocks are dealt with through character analysis, and, if necessary, using external interventions to loosen them. For this purpose we use the second essential tool of the medical orgone therapeutic technique: the *direct* and *indirect work* on the muscular

armor. In the case of the schizophrenic, as we have seen, specific attention is devoted to the ocular segment which sometimes needs *direct* intervention such as pressure on the rigid muscles of the nape of the neck²⁹, or *indirect* interventions through various movements such as repeatedly opening and closing the eyes, or rolling the eyes, sometimes following a penlight ([39], p. 50). Such interventions often produce reactions of panic and splitting and even terrifying bodily sensations ([14], pp. 430-442): the patient "must be desensitized³⁰ to stimuli from the eye segment" ([39], p.146) and helped to tolerate the increase of energetic charge, above all, in the form of emotions, especially fear. Character nosology applied to the depressed patient, to name another example, distinguishes between classic bipolar psychosis, the manic-depressive character, seen as a phallic character with an unstable oral block, from the "chronic depressive", also a phallic character but with a repressed oral block, from oral blocks and consequent depressive symptoms present in any character type. The oral block must be approached through character analysis, by pointing out the typical oral traits of excessive demands, dependency and logorrhea, in the case of an unsatisfied or unstable block, and excessive discretion, paucity of speech and modesty, seen in the repressed block. Simultaneously, through direct work on the rigid muscles at the floor of the mouth and at the jaw, and by indirectly encouraging patients to make faces and vocalise, paying particular attention to what they are mimicking or attempting to express ([39], pp. 118-23). The third essential tool of medical orgone therapy is the mobilization of *respiration*. Full respiration is characterized by complete inspiratory and expiratory excursion and is an integral part of a healthy organism free from armor. It is one of the first functions which armors in the frustrated little child ([14], p. 378; 39, pp. 55-59). Chronic contraction occurs both in the diaphragm as well as in the intercostal and accessory muscles, inhibiting movement and perception, thus giving birth to the "respiratory block"³¹. The mobilisation of respiration, obtained by encouraging the patient to fully breathe, and sometimes work with the corresponding spastic musculature, elicits an increase in the total organismic charge with a consequent increase of both *excitation* and *perception*, which in turn bring to the surface hidden impulses and their corresponding defenses ([14], pp. 430-442), [45].

Conclusion

We have presented a psychiatric technique based on a new episteme with profound roots in the sciences of the psyche which preceded it. Our purpose has been to remove preconceptions, and present Reich's work in its original accuracy, in order to avoid losing a knowledge base undoubtedly profitable for present and future psychiatry. *Medical orgone therapy* represents a theory and practice that serves as a continuum on the long process of integration among the various theoretic approaches, "material" and "formal", assumed by the two great schools, psychiatry and psychoanalysis, consummated by Baker in 1967³². Today in psychiatry, these two opposed theoretic elements still live together in parallel, independent of each other, often irreconcilably³³. Genetic and epigenetic factors, cerebral plasticity and physiology, consciousness and early adverse life events do not explain satisfactorily the nature of human

emotions, thought and behavior [51]. We are of the opinion that medical orgone therapy deserves more attention for its role in clinical practice and theory, as an integrative bridge between the various psychiatric sciences in their aim to better understand the mind-body relationship. The efficacy of medical orgone therapy is demonstrated in numerous case reports and expert opinion, which unfortunately have not yet found a platform of approval. New research and evaluation tools must be implemented to demonstrate MOT's legitimacy and reproducibility in order for it to become a substantial instrument at the service of psychiatry and its patients.

Footnotes

¹ "Schizophrenia" supplanted the term *dementia praecox*, coined by B. Morel in 1852 (1809-1873) to describe this disease known from antiquity as the essence of madness ([1], pp. 17-26).

² P. Briquet (1796-1881) provided the first complete medical description of hysteria in 1859. Often confused with schizophrenia, it manifested with a myriad of physical as well as psychic symptoms, "non inferior to the colours of the chameleon" [5].

³ The term *libido* was well known during the time of Freud but was used to describe conscious sexual desire. Freud's innovation was to identify sexual instinct as psychic energy ([7], pp. 29-30).

⁴ The term *neurosis* was coined by W. Cullen (1710-1790) in 1785 to describe any neurologic or psychiatric disorder of "nervous" origin, the term *psychosis* was introduced by C.F. Canstatt (1807-1850) in 1841 to define mental disorders in general [9, 10]. The distinction between mental illness due to unconscious psychic conflicts either with loss of contact with reality (as in *psychosis*) or without loss of contact with reality (*neurosis*) was introduced by Freud ([11], pp. 43-44); [12].

⁵ "We will soon conquer psychiatry", wrote Freud to Bleuler 1906 ([13], p. 100).

⁶ The *analytic material* in psychoanalysis includes communications, dreams, associations, faulty acts and slips ([16], pp. 55-56).

⁷ *Latent negative transference* pertains to those feelings of hostility toward the analyst concealed behind a false positive transference. It was a new kind of resistance introduced by Reich and it is always present at the beginning of treatment ([14], pp. 29, 128-9).

⁸ Freud's theory of psychosexual development rests on the hypothesis that sexuality and individual psychological structure evolve through stages of pleasurable satisfaction of bodily instincts which are bound to the so-called *erogenous zones*. These are: the mouth in the sucking newborn - the *oral stage*; later the anus in the control of evacuation - the *anal stage*; the first undifferentiated sexuality in the infantile genital organ - the *phallic stage*; and finally sexual maturity - the *genital stage* - differentiated in the two sexes and establishing the *genital supremacy* of puberty ([8], pp. 63-66).

⁹ The *economic* factor, the role of the character structure in the management of the libido, caused Reich to conclude that only those patients who reached a satisfactory sexual

life were able to maintain the improvements obtained through character analysis. This led Reich to more fully explore the *function of the orgasm* (see below).

¹⁰ After this observation Reich began to utilize the term *vegetative energy* instead of "libido" or "psychic energy".

¹¹ *Functional identity* refers to the simultaneous antithesis and identity of two functions, the cornerstone of the epistemologic proposition of Reich ([18], p. 5). Functions could originate from the same place but move in opposite directions.

¹² The evolutionary transition from a simple multicellular organism (*radial symmetry*) to the elongated, *longitudinal*, and complex organism with three germ layers (bilateral symmetry), a primitive stomach and the beginnings of a future nervous system, began with the appearance of *gastrulation* first described by E. Haeckel (1834-1919) in 1874 [19].

¹³ Long before the structuralisation of the autonomic nervous system, its functions were already present in invertebrates, e.g., clams, nematodes and hydra [22]. Reich went further and traced their functional origin to protozoa.

¹⁴ The bioelectric experiments summarize the functional identity between the subjective psychic perception of pleasure and anxiety and objective biological excitation: "We are justified in assuming, therefore, that even the most primitive organisms have *organ sensations* of pleasure and anxiety" ([7], p. 381).

¹⁵ This pattern not only refers to the orgasm but in fact to every living movement: "[...] the heart, the intestine, the urinary bladder, the lungs, all function according to this rhythm [...]" ([7], p. 5).

¹⁶ *Dialectic materialism*, inspired by the *historic materialism* of F. Engels (1820-1895) and K. Marx (1818-1883), rejected idealistic vision, contrasting it with the realistic, the material ("Let us revolt against the rule of thoughts") ([25], p. 1). The opposition between antithetical social classes is the product of real economic conditions from whose existence they postulated a new synthesis would be born. This synthesis in turn would destroy the previous equilibrium and build a new antithetic opposition, and again a new synthesis, and so on, in infinite sequence. This way of thinking was not only suitable for describing social relationships but represented a natural law: "An extremely general - and for this reason extremely far-reaching and important - law of development of nature, history, and thought; a law which... holds good in the animal and plant kingdoms, in geology, in mathematics, in history and in philosophy... the continual conflict of the opposites... attraction and repulsion" ([26], p. 131, [27], p. 492).

¹⁷ The involvement of the psychic, muscular and autonomic nervous systems with their extensions into the vascular, hormonal and immunologic systems, explains the use of the term *medical* in medical orgone therapy [28] for the treatment of psychic as well as somatic disorders [23]. For this reason it is absolute essential to establish a thorough medical and organomic understanding of the patient.

¹⁸ Failure to distinguish "character" from "personality" is responsible for much of the therapeutic limitation of modern psychotherapies.

¹⁹ "... This confusion was responsible for much of the tragedy of the human animal" ([24], p. 54). Reich introduced this fundamental distinction between *primary* and *secondary* impulses in his analysis of *fascism* as a characterological disposition of the masses rather than a mere political organization ([32], p. xiii).

²⁰ The energetic nature of this dichotomy is evident in the so-called *electroreception* typical of the elasmobranch fishes such as the shark, rays and skates. Their specialized cells in the *ampullae of Lorenzini* are able to perceive electric excitations in the order of 5 nV/cm (5 V x 10⁻⁹) [34].

²¹ The simultaneity between *excitation* and *perception* is seen in many examples in nature: snakes lose perception of their prey even at short distance, when their victims "freeze" their movement [35]; our eyes are in continuous unconscious movement without which visual perception would stop [36].

²² The erotogenic nature of the eyes is easily recognizable in voyeurism, in which genital sexuality has been replaced by the exaggerated pleasure in looking ([38], p. 406). In the newborn the ocular segment is the first line of contact with the outer world. It is the first to be traumatised mainly by expression of hostility, hatred and threat ([39], p.18) in a moment when "the movements... are not yet coordinated into one whole function... self-perception already exists... but *not in a coordinated, unitary manner*... and split up into many separate experiences... we see it clearly in the schizophrenic disintegration, which is the reversal of the original process of bio-energetic coordination... it is understandable now why the schizophrenic dissociation is so regularly found to be rooted in prenatal and immediate postnatal development..." ([14], pp. 444-445).

²³ There have been many proposals as to the object of nosologic categorisation: from the dimensional to the categorical, from aetiology to natural history, from clinical or operational utility to social relevance [40-42].

²⁴ Often patients in the course of therapy experience vomiting accompanied by feelings of refusal or hatred and manifest the phenomenon of the *arc de cercle* [44], considered by Reich the "prototype of the defense against sexuality" whose central movement is represented by the *orgasm reflex*, the coming together of the upper part of the body toward the pelvis during every expiration and sexual orgasmic convulsion in unarmored individuals ([7], pp. 341-361).

²⁵ The simultaneity of different functions is a natural property. Psychic, social, biological and energetic aspects are handled simultaneously at different stages of therapy [45].

²⁶ A *systematic* approach in character analysis refers to the correct sequence of analysis of the character defenses, e.g. from the surface (*façade*) to the depth (*core*), from the defensive layer of armor to the impulse, from present to past, from emotion to the corresponding idea. Not following these rules causes chaos ([14], pp. 21-38; 45).

²⁷ "We have to *isolate* the character trait and put it before the patient *again and again* until he has succeeded in breaking clear of it and viewing it as he would a vexatious compulsive symptom" ([14], pp. 54-55).

²⁸ The main character traits are functionally identical for every individual with the same character diagnosis, but every one has his own unique way to express it, called the *red thread* ([39], p. 62-63).

²⁹ A key area lies at the intersection of the straight posterior and oblique neck muscles along the inferior nape line. They function to stabilise the head, e.g. in maintaining a posture of vigilance.

³⁰ In 1988, F. Shapiro observed that by increasing ocular motility, intolerable memories diminished as early as in the first therapy session. From this arose the "Eye Movement Desensitisation and Reprocessing" (EMDR) technique, used almost exclusively for the treatment of Post Traumatic Stress Disorders (PTSD) [46].

³¹ *Respiratory block* refers to a chronic pulsatory disturbances of breathing which can be either predominantly inspiratory or expiratory. Together with orgasmic impotence, chronic muscular contraction and characterologic resignation leads to *biopathy*. For Reich this was the psychic and somatic pre-condition or "[pre-]disposition" in the development of cancer ([23], pp.151-160).

³² The convergence seemed to be realised mainly in the USA, where psychiatry and psychoanalysis have lived together for years. However, their union did not rest on solid theoretic-scientific foundations (neither experimental, clinical or nosologic) and therefore it could not withstand the competition with the increasing successful appeal of the psychopharmaceutical industry ([11], pp. 169-170), [47].

³³ The partial rejection of Bleuler's theory of schizophrenic splitting led to debates on possible abandonment of the very concept of schizophrenia [48]. On the psychoanalytic side, the rejection of the libido theory has preceded that of a nosology centered on the psychosexual development of the child. Even the "great neurosis", hysteria, no longer receives any mention, and the term "neurosis", first placed in parenthesis in 1980's DSM-III, later completely disappeared ([11], pp.194-195); [49, 50].

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