Muscular Armoring in Labor: An Orgonomic (Bioenergetic) Perspective

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Full Text: Headnote ABSTRACT: Chronic armoring is a physiologic contraction of the musculature that begins in childhood and serves to protect the organism against inner feelings and threats from the outer world. By blocking the free flow of life energy through the longitudinal axis of the body, armoring inhibits spontaneous pulsation of organ systems and the organism as a whole. In childbirth armoring prevents easy surrender to the process of labor. Psychiatric orgone therapy utilizes a functional blend of character analysis, deep respiration, and manual pressure on spastic musculature to remove armoring. Two cases illustrate the function of armoring and the effects of its therapeutic release in childbirth. Despite recent attempts to develop a "holistic" theory of human functioning, medical thinking remains essentially dualistic in nature. This dualism is best exemplified by the field of psychosomatic medicine where despite the discovery of a multitude of neuro-humoral mechanisms connecting brain and body, psyche and soma remain conceptually parallel processes, destined never to meet or share common ground. The work of the psychoanalyst and scientist Wilhelm Reich provides a different orientation from psycho-physical dualism, one that is simultaneously deeper and broader than dualism and permits a more satisfactory and economical explanation of a variety of medical phenomena. Reich called his method of thinking "orgonomic functionalism." Based upon years of clinical observations and experimental studies, Reich concluded that one of the primary qualities of life is the pulsation of the organism as a whole. This pulsation is driven by a specific life energy ("orgone energy") that in health freely pulses from the "core" deep in autonomic neural tissue in the abdomen and pelvis out to the skin at the organism's periphery. According to Reich, illnesses of both a psychological and somatic nature result from the blocking of the movement of this energy by characterological and muscular "armoring" (1). We are all accustomed to and readily accept the concept of spontaneous pulsation when applied to the functioning of organs such as the heart, lungs, and bladder, for example, but would find it difficult to apply the concept to the functioning of the organism as a whole. So inclined are we to a mechanistic-reductionistic interpretation of life that whenever we are presented with total organismic functioning we invariably ignore the totality of functioning and try to find its causal determinants in the structure and function of the subsystems of the organisms-the brain, organs, hormones, neural transmission, cellular functioning, etc. From an energetic-functional point of view, however, the organ systems are not the determinants of total organismic functioning but rather are participating units pulsating in rhythm and harmony with the greater pulsation of the entire organism. Total organismic pulsation is most easily seen in infra-human species such as the amoeba and the jellyfish. In humans pulsation is less obvious because of the structural rigidities imposed by a bony skeleton, but it is nevertheless there and is seen most often in the sexual orgasm and most dramatically in childbirth. Pulsation in sexuality consists of expansion followed by orgastic convulsion. In expansion, through the participation of the autonomic nervous system and the circulatory system, blood and body fluids move to the periphery of the organism swelling the skin, especially the erogenous zones. This creates a state of mechanical tension, which, in turn, spontaneously results in bioenergetic charging.* With continuing expansion, the organism eventually reaches its full limits of energetic charging and the convulsive phase sets in. This consists of energetic discharge and mechanical relaxation. Reich found that the function of the orgasm is to provide energetic discharge. Shortly prior to orgastic climax the individual is overtaken by a strong urge to surrender to soft involuntary movements of the entire body. These movements take the form of a sine wave: a pulse of movement traveling down the body in respiratory expiration. With the person supine, in sequence, the head falls back, the chin tilts forward and up, the back

becomes concave, and the pelvis tilts forward. If permitted, this "orgasm reflex" continues involuntarily, becoming stronger with increasing inter-penetration and fusion of the sexual partners, intensifying pleasure, and finally ending in orgastic climax. At climax there is a clouding of consciousness as involuntary muscular pulsations throughout the body accompany the discharge of energy from the head down through the pelvis. Where energetic discharge is complete, there is muscular relaxation and a feeling of satisfaction, happiness, and gratitude. Unfortunately, parents and the institutions of our society so interfere with natural functioning that there are very few in our society who reach adulthood with their genital function intact. We are all more or less orgastically impotent, in Reich's definition of the term and incapable of surrendering to involuntary pulsation of the entire body in orgasm. Indeed, so prevalent is the armoring against sexuality that many of the manifestations of the inhibition of the orgasm reflex are considered normal in our society. For example, the hard-driving pelvic thrusting of the "macho" male as he tries to "push" through his armor is considered to be the model of manliness in some quarters. His counterpart in the female is the helpless, passive, masochistic woman. One form of sexual impotence is the inability to achieve satisfaction through energetic discharge and relaxation. This leads to attempts to "get" satisfaction by frequent repetition of the sexual act: the always-erect penis and the superficial climaxes of the multiple orgasm are now considered to be signs of super-satisfying sexuality. Many women are mistakenly taught that the vaginal orgasm is a myth and that the clitoris is the primary organ of sexual climax. In childbirth, which we will show below is a heightened state of energetic convulsion, it is still considered "natural" in much of Western Society to have the inordinate amount of difficulty and pain that most women experience in labor. CONSEQUENCES OF ARMORING Armoring most often begins in childhood as a means of protection against anxiety. When faced with loss of contact or irrational anger from the parents the child protects itself from its anxiety by involuntarily tensing the musculature in various parts of the body. With repeated threats, acute armoring becomes chronic, leaving the child with a spastic musculature that can last through life, unless therapeutic interventions are undertaken or the person finds themself in a more life-positive situation where they can let down their defenses. Clinical experience reveals that the muscular armoring is laid down in segments through the body at right angles to the long axis of the body (3). The newborn who reaches out with its eyes towards a mother who cannot meet the infant's gaze with love may armor in the eyes, scalp, occiput, and even the brain. If breast-feeding is stopped prematurely or the mother conveys her disgust or displeasure with breast-feeding, the infant may armor in the mouth, developing tension in the masseters, the extra-oral musculature, and the back of the neck. Armoring in the child's eyes becomes the biophysical basis for confusion and contactlessness later in life and the basis for post-partum psychosis in those mothers who cannot tolerate the great expansion and discharge of pregnancy and childbirth. Armoring in the mouth is also the biophysical basis of a variety of eating disturbances, and addictions, and post-partum depression. Premature toilet training forces children to tense the musculature of the back and buttocks to hold back from soiling at a time when they do not yet have control over the anal sphincter. This can emotionally cripple them, making them passive, compliant, or rigid. Children may armor in the pelvic floor and legs in protecting themselves against genital anxiety when threatened with castration or its equivalent. The result is a diminution in sensation in the genital organs, a fear of yielding in sex, and the development of compensatory sexual behavior such as hysterical running in women, and phallic "pushing" to break through the emotional blocking in men. In addition to armoring in the erogenous zones, children will often control anxiety by generally lowering their energy level. This is accomplished by tensing the intracostal muscles and the musculature of the diaphragm, thus blocking healthy respiration, oxygen and energy intake, and the elimination of carbon dioxide. In adolescence the sharp rise in bioenergy activates dormant intrapersonal conflicts. In resolving these old issues and dealing with reemerging sexuality, the adolescent often must armor further or risk the penalties of ostracism in a life-negative and sex-negative society. It is our experience that the character structure begins to fully crystallize later in adolescence. Habitual defensive traits, attitudes, and patterns of behavior which make up the "character armor" stamp the individual with a certain stereotypical way of dealing with inner impulses and

threats from the outer world. Character armor is the psychic aspect of the somatic muscular armoring. The muscular armor and the character armor are variations of a process common to both, the structuralization of the flow of life energy in the organism and its spontaneous pulsation. Expansion in Pregnancy Like the sexual embrace, childbirth involves on a most fundamental level expansion and convulsion of the organism as a whole. It does, however, involve much higher levels of bioenergetic charge than sex and because of this is in some ways a threat to the integrity of the emotional structure of the pregnant woman. The presence of muscular armoring in the mother has a great deal to do with how pregnancy is tolerated, the ease of labor, and the health of the fetus. In pregnancy, expansion begins with the fusion of sperm and egg at conception. During pregnancy the mutual excitation of the energy fields of the fetus and mother permit both to expand, providing the energetic basis for growth, hormonal change, and the myriad biochemical changes associated with pregnancy. The ability of the mother to tolerate the energetic expansion and excitation determines to a considerable degree her ability to carry the fetus to term and how she feels during the pregnancy. Minor intolerances result in nausea, major intolerances in psychosis or depression because of armoring against the expansion. Expansion continues until the fused pair reaches an energetic capacity level in the ninth month of pregnancy. Like any pulsatory organ filled to capacity, the mother at maximum charge begins to discharge. Spontaneous convulsive movements begin in the uterus, then spread throughout the entire organism. Near birth the pelvic reflex takes over, intensifies, and finally ends with energetic discharge and the birth of the child. As in sex, when the organism is unarmored and capable of tolerating the full flow of energy, this is experienced as intensely pleasurable and satisfying. Where there is armoring, however, there may be an intolerance of the expansion of pregnancy with nausea, depression, or psychosis, compromising of the energetic and vascular nourishment of the fetus. Interference with the natural pulsatory sequence during labor interrupts, prolongs, and causes excessive pain throughout labor. Armoring may also contribute to problems of dystocia and presentation and interfere with their correction. What should be an exciting, essentially joyful and pleasurable experience is turned into a nightmare! Psychiatric Orgone Therapy As indicated above, muscular armoring is found to block spontaneous energetic pulsation and can become the biophysical basis for the development of emotional disturbances and a host of physical illnesses. Even where illness is not apparent, however, chronic armoring limits the flexibility of individuals in expressing their feelings and responding rationally to the demands of the outer world. Reich's treatment for disturbances of pulsation (called "biopathies") evolved from: (1) the traditional psychoanalytic technique of free association, (2) to the analysis of character through the character armoring, and (3) with the discovery of muscular armoring, to direct manual work to soften the chronically spastic musculature. Psychiatric orgone therapy, so named because it works directly with orgone energy (life energy), utilizes all these techniques to directly release blocked emotions in the therapy sessions, free the flow of bioenergy, and restore spontaneous pulsation and orgastic potency (4). Reich laid the foundation for his work on problems of the perinatal period in 1948 when he first described bioenergetic work with infants. In his book, The Cancer Biopathy Reich described the bioenergetic basis of the fear of falling in an infant; how each infant has a "basic trait," a fundamental, idiosyncratic way of relating to the world; the bioenergetic importance of visual contact in the infants development of a sense of self and reality; the significance of spontaneous oral pulsations (the oral orgasm) in nursing; and energetic factors in constitution (5). He later established the Orgonomic Infant Research Center devoted to the systematic study of infant health and development. This group, with Reich as the leader, published a paper describing the armoring of a newborn in response to its family situation and the emotional status of the mother (6). Raphael described two cases of difficult labor helped by the mobilization of respiration, the maintenance of eye contact, and the dissolution of acute muscular armoring (7). Silvert showed how orgonomic techniques could be utilized in childbirth delivery (8). Baker described genital anxiety in nursing mothers and discussed other problems of the perinatal period (9, 10, 11). PERINATAL RESEARCH PROJECT The obvious importance of this work and the continuing efforts of Eva Reich in disseminating orgonomic knowledge about birth gave rise to the Perinatal Research Project of the American College of Orgonomy. The

ACO is a non-profit group of physicians and scientists located in Princeton, N.J. It is devoted to preserving and developing Reich's work in orgonomy through the training of physicians, supporting and conducting research in orgone biophysics, educating the public, and through Orgonomic Publications, Inc., publishing the Journal of Orgonomy twice yearly. Senior therapists and students of the College began monthly discussions of the orgonomic literature on the perinatal period and recent books and papers by authors such as Verney, Odent, Leboyer, and selected articles from the Journal of Pre- and Perinatal Psychology. All phases of infant development from conception through the first post-partum year are studied but we are particularly interested in the relationship between maternal energy levels and patterns of maternal muscular armoring and difficulties of the perinatal period and early childhood development. Also studied are manifestations of the orgasm (pelvic) reflex and energetic superimposition (fusion) in labor, delivery, and the emotional relationship between mother and infant. Soon after the monthly seminar was established, several pregnant women living in the Princeton-New York City area expressed an interest in participating as research subjects. A protocol was developed, which included a detailed medical and social questionnaire and a history of the pregnancy. In the questionnaire and the following group and personal interviews we attempt to elicit all information relating to perception of body state, biophysical sensations such as flowing energy currents (like "electricity") during pregnancy, feelings about being pregnant, expectations regarding delivery, bodily areas of tension, extra-sensory contact with the fetus, dreams, etc. Expectant mothers were interviewed before the group to determine eligibility for the project, which included ready accessibility for follow-up and observation during pregnancy and delivery. A knowledge of orgonomy or previous orgone therapy were unnecessary for inclusion. Once accepted, the subject was assigned a physician from the group who established further contact with the subject and her husband to gain their confidence, conduct a biophysical examination on the treatment couch, follow the subject through delivery, and visit at home with the mother and child for one year postpartum. Where appropriate, and with permission from the subject, videotapes were made and presented to the group with the physician's notes at regular intervals throughout the period of observation. In this project, we applied fundamental bioenergetic principles described by Wilhelm Reich, but it is clear that much is still to be learned. A functional approach was adopted mandating that observations shape our hypotheses and not vice versa. We realized that the presence of an investigator can influence and possibly distort the process under observation and that armoring in the observer and preconceptions can interfere with the ability to perceive what is most obvious, especially in the highly charged, intensely emotional atmosphere of pregnancy, delivery, and the early life of the child. Degree of involvement with the mother-to-be evolved as the research continued. The original protocol called for maintaining a neutral stance, avoiding giving advice and not intervening during labor and delivery. In practice, however, this stance was impractical and a decision was made to respond to appropriate requests of the parents. If asked, we gave an opinion regarding management of the pregnancy, labor, and infant care, and provided orgonomic assistance during labor. These interventions were then included as part of the research process. ILLUSTRATIVE CASES The following case presentations describe some of the observations made to date regarding armoring in the mother and its apparent effect on the birth process. The information from the first case was compiled from the notes of the subject's psychiatric orgone therapist, interviews of the mother-to-be by the research group, and observations by the orgonomic physician-observer during pregnancy and labor. Roxanne Roxanne is a 32-year-old white female who delivered a son by Caesarean section five years previously. Since that time, in orgone therapy, she made considerable progress overcoming asthma, unsatisfied orality, and reactive aggression-her major characterological defense against anxiety. In the second trimester, she presented to the group as a pregnant, well-developed, overweight woman of medium height with a high energy level and armoring in the oral, throat, thoracic, and pelvic segments. Her therapist reported that just prior to labor Roxanne showed sufficient softening of the oral segment so that energy began to move down into her pelvis. This in turn activated a deep block in her throat, holding back heartbreak and fear. Roxanne and her husband were knowledgeable about and interested in natural childbirth. They were determined to make this

second pregnancy and delivery a better experience than their first. Previously, a 20-hour labor with complete cervical dilation without maternal or fetal distress, was followed by Caesarean section performed unexpectedly and without discussion. She felt that her postpartum care was mechanical, contactless, and at times irrational. Intent on preventing a recurrence and hoping to avoid another Caesarean section, the couple worked out a detailed plan regarding in-hospital care. As revealed in interviews with our research group, Roxanne felt she had "failed" by not delivering her baby vaginally. She also acknowledged a fear of vaginal delivery, some relief that the Caesarean section had been necessary, and attributed much of her anxiety at that time to her obstetrician's lack of support and his cavalier attitude during labor. In a second interview at the end of the third trimester, Roxanne's anxiety focused on the possibility of not having a vaginal delivery despite the universal optimism of those around her. Roxanne's pregnancy was not without difficulty. Starting a new job and caring for her five-year-old often left her tired. She had a bout of influenzal pneumonia and occasional episodes of asthma. For the most part, though, she felt well, and there were periods of clear perception, intense self-contact, and satisfying marital-sexual intimacy. She had a pleasurable dream of swimming in a very beautiful, deep pond. Near term, however, Roxanne had increased anxiety and developed a tendency to go out of visual and emotional contact. Occasional episodes of staring were, however, easily interrupted by conversation. Labor started three weeks "late" with natural rupture of the amniotic membrane. Within an hour and a half, Roxanne's cervical dilation progressed to ten centimeters. Not realizing that she was well into the second stage of labor, she held back the urge to push. Once informed by the obstetrician of her progress, she began pushing with each contraction. This was accompanied by deep sighs that caught in her throat because of armoring in that segment. The attending research orgonomist, at Roxanne's request, proceeded to soften the armoring in the neck and throat by deeply massaging and pressing the bellies of the deep and lateral muscles of the throat until the tension in them was felt to soften. This permitted the movement of energy into the chest. Roxanne felt the urge to bite and growl, which she did with encouragement. As the contractions increased in intensity, the pelvis softened and began to participate more actively in the pulsatory process. This resulted in a tremendous increase in energetic charge in the entire organism. Roxanne's skin reddened indicating high charge at the skin surface and her energy field markedly expanded. However, a circle of pallor around the diaphragm indicated remaining contraction at the midsection. With each contraction three waves of energy moved through the body ending in the pelvic reflex. As energy reached the pelvis, armoring in the throat and thoracic segments intensified. Manual softening of the armor in the throat and the intercostal muscles of the chest permitted anger and heartbreak and especially intense fear to spontaneously surface. Roxanne felt terrified of the involuntary movements of her body and the intense sensations of energy that she felt coursing through her body. She was encouraged to openly scream out her feelings. The expression and discharge of her terror permitted Roxanne to sustain contact and as energy now began to flow through her body unimpeded by armoring the pelvic reflex intensified. The orgasm reflex fully developed, and an 11 lb. 6 oz. girl was delivered vaginally. A strong energetic discharge through the genital area (orgastic discharge) accompanied the birth. Roxanne's immediate postpartum contact with her newborn was extremely pleasurable and filled with a love palpable to all present. The baby began nursing within minutes and appeared content. Initially, the baby's eyes were slightly clouded energetically, and the forehead appeared tense. A tendency to be easily startled and scared gradually cleared over the next few months. At four months the baby appeared clear-eyed and serious, content, and energetically healthy. For about three months postpartum, Roxanne felt "wide open" in the pelvis and emotionally expansive. She experienced great feelings of well-being and a new found capacity for sexual pleasure and satisfaction in intercourse. Cynthia Although not involved in our research project, Cynthia asked a physician from our group to attend her labor. She provides a remarkable biophysical contrast to Roxanne. She is a 29-year-old white female with severe ocular armoring and inhibition of normal respiration. A "lazy eye" was treated surgically during childhood. She has a six-year-old child born by Caesarean section. Her current pregnancy was unremarkable except for increasing anxiety and contactlessness as she approached term. During labor, at a dilation of 8

centimeters, regular contractions occurred every two to three minutes. While her breathing was deeper than usual, respiratory excursions were still limited. She perceived her contractions as strong, although the observing orgonomist felt otherwise, reporting a lack of intensity to her energetic charge and energy field, which appeared diffuse and disorganized. None of the pulsatory movements and waves seen in the first case were present, except for an energetic buildup with each contraction. The pelvic reflex was absent. As labor progressed, Cynthia experienced episodes of panic and went "off in her eyes. Contractions became less effective in moving the baby through the birth canal. In an effort to help the attending therapist asked Cynthia to maintain eye contact with her. This helped Cynthia to focus resulting in more effective contractions. After about six hours Cynthia gave birth to a 9 lb. 8 oz. baby boy. As in Roxanne's case, there was a palpable discharge of energy at the moment of delivery, although here it was not as strong or as complete. Several hours later, Cynthia began trembling-a manifestation of the energy remaining undischarged during the actual birth. The baby appeared bright-eyed and alert, looking around with a wish to nurse. Cynthia was overwhelmed and out of contact. Ocular armoring was prominent. She tried to deny her disappointment about the child's sex, and, despite his immediate presentation to Cynthia with encouragement to respond, she was unable to make any real contact with him. Holding the baby was the most contact she could sustain. She appeared too self-absorbed and needy to permit more. The baby was brought to the breast almost 12 hours after birth. The next day, Cynthia was able to make better contact with the newborn, although her interactions with him were judged to be somewhat mechanical. Observations These cases illustrate the direct relationship between states of armoring in pregnant women and difficulties encountered during labor. In Roxanne armoring in the throat, chest, and pelvis noted prior to labor were reactivated with the intense energetic charge of labor and became obstacles to be worked through as labor progressed. Although releasing the armor and the blocked feelings was difficult and frightening, the baby was born vaginally and the birth was experienced as sexual pleasure, with great energetic discharge and relief. Cynthia's ocular armoring and blocked respiration associated with her weak, diffuse, energy field limited the intensity and swing of her energetic pulsations. Uterine contractions were ineffective until Cynthia came into better visual contact. The effects of armoring on immediate post-partum care were evident. Roxanne was immediately able to provide full energetic contact with her infant while the best that Cynthia could do was hold her infant in a contactless way. SUMMARY A bioenergetic (orgonomic) theory and therapy for the understanding and treatment of armored conditions is presented along with two cases that dramatically illustrate some of the relationships between muscular armoring and the course of labor and post-partum care. We believe that an understanding of the theory and the more extensive use of the therapy could prove to be of significant value in the alleviation of many of the non-structural problems of pregnancy, labor, and the postpartum period. Footnote * Charging at the skin is detectable by an increase in voltage at the skin surface. When Reich originally studied this process he thought that the source of human emotions was bioelectrical. Later work demonstrated that orgone energy was the life force and that bioelectricity was a minor manifestation of the force (2). References REFERENCE NOTES 1. Reich, W. (1942). The Function of the Orgasm. New York: Orgone Institute Press. 2. Ibid, 326-339. 3. Ibid, 294-306. 4. Ibid, 276-298. 5. Reich, W. (1948). The Cancer Biopathy. New York: Orgone Institute Press. 6. Reich, W. (1951). Armoring in the Newborn Infant, Orgone Energy Bulletin, 3:3, 121-138. 7. Raphael, C. (1951). Orgone Treatment During Labor, Orgone Energy Bulletin, 3:2, 90-98. 8. Silvert, M. (1955). Orgonomic Practices in Obstetrics, Orgonomic Medicine, 1:1, 54-65. 9. Baker, E.F. (1952). Genital Anxiety in Nursing Mothers, Orgone Energy Bulletin, 4:1, 19-31. 10. Baker, E.F. (1969). A Further Study of Genital Anxiety in Nursing Mothers, Journal of Orgonomy, 3:1, 46-55. 11. Baker, E.F. (1967). Man in the Trap. New York: Macmillan Publishing Co. AuthorAffiliation Richard A. Blasband, M.D., Robin R. Karpf, M.D., and Charles Konia, M.D. AuthorAffiliation Richard A. Blasband, M.D. is a diplomate of the American Board of Psychiatry and Neurology, is President of the American College of Orgonomy, is on the editorial staff of the Journal of Orgonomy, and is in the private practice of orgonomic psychiatry in Inverness, CA. A recent article, "The Orgone Energy Light," (1988) was published in 22:1 of the Journal of Orgonomy.

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