Orgone Therapy of Frigidity: A Case History

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The following is the case history of a female patient in whom the chief disorder was that of sexual frigidity, treated successfully by psychiatric orgone therapy as developed and taught by Wilhelm Reich. The patient was a 30-year-old nurse of attractive physical appearance. She presented the following as the main reasons for her need for treatment: She was generally nervous and tense. She felt depressed and irritable a good deal of the time. She was troubled by the fact that she felt inadequate in dealing with people in authority and could not defend her position even when she was right. She was “going steady” and planning to get married, but she felt concerned about her sexual reactions. She described herself as frigid.

I saw this patient for a total of 26 therapeutic sessions. The vast majority of these were on a nonverbal level. I worked on the principle that if the biophysical pathology were eliminated the psychic, verbal, and social aspects of her difficulties would largely take care of themselves. This principle proved valid.

The following is a more or less exact description of the first therapeutic session. The patient lay on the treatment couch looking somewhat disinterested and amused, immobile like a window mannequin, seeking to control a readily perceived underlying anxiety by an attitude of dissimulation and by a stiffening of the body. The face was smooth, the chest elevated, the breathing shallow. I called her attention to her immobility and dissimulation. As I sat and watched her she became restless and anxious. After the elapse of several minutes, various muscles and portions of her body, including the

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of the body tending around the abdomen as a fulcrum commenced. The physician familiar with orgone therapy is primarily interested only in such aspects of the case as would contribute to a basic understanding of the patient.

The second session was characterized by the violence and complexity of the patient’s reactions. Activation of her respiration again brought weeping. Immediately after the weeping, powerful, violent contractures or convulsions of the body centering around the abdomen as a fulcrum commenced. The orgasm reflex thus presented itself early and unexpectedly. I neither forced it nor did I do anything to prevent it. The rest of the session, as is now clear, comprised a dramatic struggle between the orgasm reflex and various involuntary reactions against it. Shortly after this reflex appeared there occurred a marked reversal of the back in the manner of the arc de cercle hystérique, and at the same time the face assumed an expression of destructive rage. The rage having spent itself, was followed by another outbreak of weeping. Subsequently, the orgasm reflex again presented itself. This time it was complicated by a peculiar movement and twitching of the right shoulder, backward and forward. To the comprehending eye this movement was quite obviously a biological equivalent of the word “no.” This meaning was even more obvious in certain other reactions that followed, namely, a significant lateral rocking of the trunk and pelvis and a drawing away of the whole body toward the wall.

The third and fourth sessions were more or less duplications of the second. There was the prompt appearance of the orgasm reflex, interrupted and complicated by powerful contradictory emotional reactions, by weeping, by rage, by facial expressions of terror and disgust and by certain postural attitudes which can be better described than named, in particular, opisthotonic arcing of the back and an expressive twitching of the right shoulder. On the whole, the movements were such as would characterize an individual who was resisting an attempted rape.

There was essentially no verbalization accompanying her reactions and no very distinct psychic ideation. For the most part she could not account for the movements or her emotional reactions. However, some pattern of connection began to appear at this time. She expressed the thought that some of her bitterness and anger might be in relation to her previous marriage. In accordance with her training and her moral standards, she was virginal prior to her marriage. However, she continued to be a virgin during the entire three years of her marriage. Her husband proved to be homosexually sick and refused to or was unable to have relations with her regardless of her need and her pleading. She finally became resigned and embittered. However, her standard of morality precluded the possibility of another sexual partner outside of marriage. This attitude continued for a considerable time after her divorce. When finally she did establish a sexual relationship with her boy friend she found that she experienced neither pleasure nor gratification, but an increased tension.

Toward the end of the fourth session I confronted her with my impression that her organism behaved as if it were battling off an attempted forcible rape. She then began to connect her reactions to their historical basis. They represented a reliving of her actual first sexual intercourse at the age of 27.
when she was raped by a boy whom she had met at a social gathering and who forced himself upon her in spite of her struggling, tears, and resistance. It was perhaps an irony of fate or more likely an inevitable outcome of an irrational cultural orientation that a decent human being who had gone through the sexual repressions of girlhood and the misery and frustrations of a sick marriage should have had her first sexual experience under conditions of force, terror, and rape. Is there any wonder that her orgastic reaction was strongly and repeatedly, but admixed with it were reactions of horror and an inferno of confusion and contradiction, of longing and of rage, of weeping and of guilt? It is perhaps not an accident that a cultural orientation that makes the average girl dread, fear and repress her sexual needs simultaneously gives rise to rape impulses in a considerable number of sex-deprived boys. Yet rape is by all standards a crime and a perversion, a negation of the very love that is the essence of the sexual embrace.

During many of the sessions that followed, the orgasm reflex came up strongly and repeatedly, but admixed with it were reactions of horror and disgust, of raging and weeping and reversed postural reactions. It was the task of therapy to dissociate one emotion from another and to finally free the оргastic reaction from the confusion and distortion with which it was associated. I orgone-therapeutically set about to separate these reactions one from the other. Anger and weeping were easily provoked. Her face was frequently distorted with hatred and disgust. She fought, she scratched, she tore a pillow into bits. She wept violently. The shrugging of the shoulder came up repeatedly. I came to regard the shrugging shoulder as an automatic censor or judge that came into being every time her sexuality sought to express itself in the оргastic reaction. This shoulder presented one somatized version of what in psychoanalytic thinking is referred to as the "unconscious censor." In fact, the whole violent drama that took place before my eyes was in essence a living out of powerful unconscious forces. It was the "unconscious" expressing itself, for while in her everyday regular conscious activities and life the patient was a quiet person with essentially no emotional reactions and with a lack of sexual reactivity, the therapeutic sessions revealed powerful, instinctual emotional and bio-energetic forces.

It is from such manifestations as were observed with this patient and with other patients treated by the methods of orgone therapy, as well as from one's own personal experiences during therapy and training with Wilhelm Reich and in relation to the entire field of orgonome (functional) medicine, that an entirely new understanding and meaning of the "unconscious" presents itself. For while heretofore the prevailing concept of the "unconscious" was essentially the one evolved by Freud and the analytic school, namely, that it is some sort of nebulous, intangible, non-space-taking entity, not discernible except through its secondary manifestations, it presently appears to us, as a result of the newer insights gained in orgonome and orgone therapy, that the unconscious actually is the biologic soma in certain states of reduced activity and immobility. Indeed, as the various rigid somatic areas and segments are activated and mobilized in therapy, corresponding memories, sensations, emotions, needs, and desires previously unconscious, now become acutely conscious. The unconscious thus finds its meaning in a rigid jaw, a retracted shoulder, a fixed chest, an immobile pelvis, and in the pressure of a living energy that has become immobilized but not eliminated.

One cannot leave the subject of the unconscious without a word in regard to the problem of unconscious motivation. In the light of orgonome biophysics and orgonome, all living and human motivation whether conscious or unconscious, whether normal or pathological, can be reduced to the functional laws of a pulsating bio-energy; that is, the alternating pressure of its expansion and contraction and its associated phenomena of attraction and repulsion. As exemplified in the more circumscribed realm of the emotions the most obvious manifestations of the expansive phase of the pulsatory property of bio-energy is seen in the pleasurable expansion of sexuality, and when this is obstructed, in the substituted expansive outbursts of rage or tears. The contractile phases of the pulsatory quality of bio-energy are best exemplified by the phenomena of anxiety, of hunger, of shock, and of resignation.

Under conditions of undisturbed living function, all motivation is conscious. Under circumstances where repression of function exists, a considerable portion of behavior may not be consciously perceived, accepted, or motivated. Unconscious motivation is therefore an artifact, a pathological condition brought about as a result of certain cultural, repressive, and biological influences.

It is obvious that closely associated with the phenomena of the unconscious are the phenomena of repression, and that a more accurate understanding of the meaning of the unconscious implies also a revision in the understanding of the process and mechanisms of repression. Orgonome has gone far beyond the hazy conception that current psychiatry and psychoanalysis have of the nature of repression as a pushing out of something from the conscious psyche into the realms of the unconscious. The direct physiology and biology of
repression have been studied, worked through, and fully described by Wilhelm Reich in his published papers, and the physiologic mechanism of repression has been further elaborated and elucidated by Theodore P. Wolfe in his article entitled, "The Sex-Economic Concept of Psychosomatic Identity and Antithesis," published in 1942.¹ These newer insights into the nature of repression are being daily substantiated and verified by every physician who works with patients orgone-therapeutically. The essence of this newer understanding of repression is that it is not primarily a psychic function but a somatic, physiological process, the most essential aspect of which is the muscular armor.

I never fail to feel astonished at the fact that the entire scope of classical medical and psychiatric science should have overlooked and be so thoroughly unaware of so many important basic truths regarding the function and structure of the human animal. To mention but a few: The presence and function of the muscular armor, the importance of the respiratory mechanism in emotional repression and release, the existence and function of the orgasm reflex, the functional identity of the psychic and somatic aspects of living tissue, the cultural etiology of so much of human pathology and the demonstrability and dynamics of the specific biologic energy of life. I never fail to feel equally astonished at the fact that the work of one man, Wilhelm Reich, should have brought to light so many of these tremendously significant truths.

Now to get back to our patient. It was easy to understand her rage and fear reactions when I therapeutically irritated and provoked her. What was more difficult to understand was the fact that the same reactions of rage and suspicion, fear and withdrawal, should occur just as vigorously when I was gentle and tender in my manner to her. She withdrew from every contact, particularly when it was light and gentle. She stiffened to it and developed rage. She explained that she could not stand anyone touching her face. This peculiar reaction became more intensified as therapy proceeded. In the 10th session this reaction presented itself in a most dramatic form.

In the 10th session this reaction presented itself in a most dramatic form. She reacted with irritation and twitching of the right shoulder whenever I touched her face or her body. She explained this by stating that she could not stand anyone touching her in a gentle manner. The patient remembered that as a child she became frightened whenever her father embraced her or was

¹ Cf. International Journal of Sex-economy and Orgone Research 1, 1942, pp. 35-34.
vacation, I decided not to press for a resolution of the problem at that time. It came up again several sessions later. The patient complained of a persistent inadequacy in relation to people in authority; people who had some superior status over her, such as supervising nurses, physician, and so on. She felt anxious in their presence. It inevitably became clear that her attitude toward authority was her attitude toward her mother. I pointed that out to her and questioned her further about her mother. She declared that she had finally begun to question her mother's judgment and authority but that she was obsessed with feelings of guilt.

I attacked this guilt character-analytically, psychologically and sociologically. Orgone-therapeutically, I provoked intense rage. She scratched, she dug her nails into the couch, she fumed, and she ranted. She raged against her mother. She complained that the mother was seeking to make her take the place of her deceased husband. In addition, she threw discouragement and opposition into everything the patient did. She opposed her working as a nurse, she opposed her staying away from home and she opposed her keeping company with a man. As proper guides for a successful life, she preached distrust of love, control of emotions, and obedience to maternal wisdom.

We were thus confronted again with the not uncommon social pattern wherein sickly, neurotic, male-hating, love-hating and life-hating women, using the advantage of their position of authority as mothers, inflict upon their healthy children their own sickness, their own bitterness, and their own warped attitudes toward life. Not content with their authority over childhood in its earlier years, they seek to order, restrict and dominate the lives of their children and of other people as well, even when they become adolescent and adult. The dominated ones are prevented by habit and by fear, by lack of independent judgment and by indoctrinated concepts of family obligation and of guilt from rebelling and resisting such domination. In fact, submission to domination becomes part of their character. However, underneath the soft surface of submission there often lies a hard core of resentment, the intensity and depth of which is attested to by the violent rages and hatred directed against parents that come out in practically every patient during therapy.

Thus, the commandment, honor thy mother and thy father, independent of the manner in which a given mother and father treat their children, can in many instances be advocated only by ignoring the rights and the welfare of the children. Such commandments would not have to be given at all if children were treated humanly by their parents. For love and honor need not be commanded. They are given freely by the grateful heart of a healthy child and of a healthy adult to those who treat him fairly, including his parents.

In the subsequent few sessions, remaining components of the armor were resolved. Rigidity and spasticity of the lower lumbar and abdominal muscles and adductors were eliminated.

As this was accomplished, the pelvis became freer in its motility. She became more aware of pleasurable sensations in the pelvic area. By this time it was quite apparent that the patient was functioning well. During the last few times I saw her she gloved with happiness and vitality. She reported that her sexual relations had undergone a complete change. For the first time in her life she was experiencing sexual gratification.

When I last saw her she had no symptoms or complaints. I felt that her treatment was essentially finished and I asked her to return a month later for a review of her status. She did not come back. I received instead from her a note, which I quote in essence:

Dear Doctor Oller:

I wish to break from therapy now. You had asked me to call for an appointment this week. May I take the liberty to say I feel no need for therapy but will come when I feel tensions growing. I must say I have been a different person: happier, freer, more comfortable and more content. I wish to thank you for helping me become a human being again instead of a machine.

Sincerely,

This case report demonstrates among other things that the phenomenology described by Wilhelm Reich in his reported cases is subject to substantiation by anyone properly trained in orgonomic methods. This is exemplified by the phenomenon of the orgasm reflex which was such a prominent manifestation in the therapy of the patient herein reported. The phenomena of the orgasm reflex were first described by Wilhelm Reich in 1937 and have since been further elucidated in his subsequent publications.

This case also provides a basis for a better understanding of the phenomenon of frigidity. By definition, frigidity means not only an absence of the orgasm reflex in sexual relationship but also a more or less complete absence of pleasurable sensation in the genital organs. In the light of the insight gained from orhotomy and orgone therapy it appears that the genital anesthesia which is at the basis of frigidity is a result of diminution of energy flow and blood supply in the genital area and that this in turn is the result
of interference with circulation brought about by muscular spasticity and impaired pelvic motility. The circulatory differential is readily demonstrable and one notes again and again the relative coldness of the lower half of the body in comparison with the upper half in neurotic and sexually dysfunctioning patients. The impairment of the circulation in the pelvic area is brought about not only by spasticity in the immediate pelvic vicinity but also by the spasticity of the adjacent regions including the thighs, lumbar region, the lower abdominal musculature and the diaphragm. These physiopathologic contractures or blocks are resolved in orgone therapy, which fact accounts for the improvement in circulation, motility, sensitivity, pleasure perception, and total function.

The manner in which these physiopathological contractures and spasms come about is also elucidated in therapy when the contractures resolve and the history of their development unfolds. In essence, they come about as a result of intensive attempts by the individual to control and suppress his or her emotions and sexual functions in deference to certain cultural demands. In the last analysis, therefore, frigidity and similar sexual dysfunctions are created by a life-negating culture. On an individual basis, orgone therapy can often undo the damage thus created. The broader problem of prevention and elimination of this dysfunction in multitudes of women is a much more difficult one since it is steeped in the complexities and irrationalities of pedagogy and sociology. In general, it can be said that until such time as society will have evolved social mores to correspond to the biological needs of its members, such symptoms and their sequelae may be expected to occur.

There are innumerable ills—terrible destruction, madness even, the ruin of lives for which the embrace of man and woman would be a remedy. No one thinks of questioning it. Terrible evils and a remedy in a delight and joy! And man has chosen so to muddle his life that he must say: "There, that would be a remedy, but I cannot use it. I must be virtuous."

—James Hinton
Projeto Arte Org
Redescobrindo e reinterpretando W. Reich

Caro Leitor
Infelizmente, no que se refere a orgonomia, seguir os passos de Wilhelm Reich e de sua equipe de investigadores é uma questão bastante difícil, polêmica e contraditória, cheia de diferentes interpretações que mais confundem do que ajudam.
Por isto, nós decidimos trabalhar com o material bibliográfico presente nos microfilmes (Wilhelm Reich Collected Works Microfilms) em forma de PDF, disponibilizados por Eva Reich que já se encontra circulado pela internet, e que abarca o desenvolvimento da orgonomia de 1941 a 1957.

Dividimos este “material” de acordo com as revistas publicadas pelo instituto de orgonomia do qual o Reich era o diretor.
01- International Journal of Sex Economy and Orgone Research (1942-1945).
02- Orgone Energy Bulletin (1949-1953)
03- CORE Cosmic Orgone Engineering (1954-1956)

E logo dividimos estas revistas de acordo com seus artigos, apresentando-os de forma separada (em PDF), o que facilita a organizá-los por assunto ou temas.
Assim, cada qual pode seguir o rumo de suas leituras de acordo com os temas de seu interesse.
Todo o material estará disponível em inglês na nuvem e poderá ser acessado a partir de nossas páginas Web.

Sendo que nosso intuito aqui é simplesmente divulgar a orgonomia, e as questões que a ela se refere, de acordo com o próprio Reich e seus colaboradores diretos relativos e restritos ao tempo e momento do próprio Reich.
Quanto ao caminho e as postulações de cada um destes colaboradores depois da morte de Reich, já é uma questão que extrapola nossas possibilidades e nossos interesses. Sendo que aqui somente podemos ser responsáveis por nós mesmos e com muitas restrições.

Alguns destes artigos, de acordo com nossas possibilidades e interesse, já estamos traduzindo.
Não somos tradutores especializados e, portanto, pedimos a sua compreensão para possíveis erros que venham a encontrar.

Em nome da comunidade Arte Org.
Textos da área da Orgonomia Bifísica. Casos clínicos.
Texts from the area of Biphysical Orgonomy. Clinical cases.

International Journal of Sex Economy and Orgone Research

Orgone Biologics 2. A case History

01 Wilhelm Reich. The Orgasm Reflex. A case History 1942.
International Journal of Sex Economy and Orgone Research Volume 1 Number 1 1942
Interval 60-69 Pag. 55-64

02 Carl Arnold. The Treatment of a Depression. 1942
International Journal of Sex Economy and Orgone Research Volume 1 Number 2 1942
Interval 69-76 Pag. 163-170

03 Wilhelm Reich. The Mosochistic Character (1933)
International Journal of Sex Economy and Orgone Research Volume 3 Number 1 1944
Interval 43-66 Pag. 38-61

04 Walter Hoppe. My First Experiences the Orgone Accumulator 1945
International Journal of Sex Economy and Orgone Research Volume 4 Numbers 2 3 1945
Interval 78-79 Pag. 200-201

Orgone Energy Bulletin

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01 Simeon J. Tropp. The Treatment of a Mediastinal Malignaney with the Orgone Accumulator 1949
Interval 5-10 Pag. 100-109

02 Ola Raknes. A short Treatment with Orgone Therapy 1950
Interval 14-18 Pag. 22-31

03 Victor M. Sobey. Six Clinical Cases 1950
Interval 19-24 Pag. 32-43

04 William A. Anderson. Orgone Therapy in Reumatic Fever 1950
Interval 14-15 Pag. 71-73

05 Simeon J. Tropp. Therapy of an Early Breast Cancer 1950
06 Charles I. Oller. Orgone Therapy of Frigidity A Case History 1950
Interval 28-33 Pag. 207-216

07 Emanuel Levine & Elizabeth N. J. Treatment of a Hypertensive Biopathy with the Orgone Energy Accumulator 1951
Interval 14-20 Pag. 23-34

08 Chester M. Raphael. Orgone Treatment During Labor 1951
Interval 17-21 Pag. 90-98

09 N. Wevrick. Physical Orgone Therapy of Diabetes 1951
Interval 17-21 Pag. 110-112

10 A. Allan Cott. Orgonomic Treatment of Ichthyosis 1951
Interval 25-27 Pag. 163-166

11 Philip Gold. Orgonotic Functions in a Manic-Depressive Case 1951
Interval 25-27 Pag. 167-180

12 Emanuel Levine. Observations on a Case of Coronary Occlusion 1952
Interval 24-27 Pag. 44-50

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01 Eva Reich. Early Diagnosis of cancer of the uterus 1943
Interval 25-28 Pag. 47-53