

The Journal of Orgonomy

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Social Orgonomy: A Training Program for the Future

W. B. Apple, Ph.D.

Abstract

Social orgonomy is the branch of the science of orgonomy concerned with the social interactions of people and the systems that they create. In this field the principles of orgonomy are applied to understanding and intervening in both healthy and disturbed social relationships and systems in unique and powerful ways. As opposed to medical orgone therapy, which is concerned with the energetically- and biologically-based functioning of individuals in health and as distorted by characterological and biophysical armor, social orgonomy focuses on how energetic functions manifest in healthy and socially armored ways as people function and interact. There are numerous areas in which the social orgonomist is trained to intervene in the social realm, and the theoretical basis for and outline of such a training program is reviewed.

Medical orgone therapy is a unique and powerful treatment that utilizes the full range of orgonomic knowledge to address and dissolve chronic rigidity—armor—in the patient’s character and musculature. As well-summarized elsewhere (Chavis 1997), medical orgone therapy uses three basic tools in treatment: first, the orgonomist has the patient breathe in a full and natural manner in order to build up a bioenergetic charge. Second, there is direct physical work on the spastic and contracted musculature so that the muscles “let go.” This releases emotions, sometimes with memories or images, that were held in the tense musculature. Finally, the orgonomic physician utilizes character analysis to help the patient become aware of and address the characteristic defensive attitudes and mannerisms revealed in his behavior, the psychic equivalent of the somatic armor. It should go without saying, but is worth repeating, that medical orgone therapy is not

only unique and powerful, but uniquely powerful. It can be conducted responsibly and effectively only by well-trained physicians with specialty training in psychiatry, who then meet rigorous training requirements and are certified by the American College of Orgonomy (ACO).

The ability of the medical orgonomist to understand and treat both the *full range* and the *depth* of emotional problems faced by their patients has been well documented. However, the inability of orgonomists to reach the vast majority of mankind still trapped and limited in their functioning by their armor is also obvious. While the number of trained medical orgonomists will hopefully continue to grow, the treatment of individuals by physicians is limited by numerous factors, including motivational issues, financial realities, and geographic proximity.

In addition, individual treatment, while of benefit to society as a whole, does not directly address manifestations of armoring in social contexts—what we will define later as *social armor*.

Even if the number of practicing medical orgonomists increased by one thousand fold, they would barely scratch the surface of human suffering, difficulties, and misery. The problems of mankind will only be truly addressed when infant and childhood armoring is prevented, a process that, even ideally, would take many generations. As Reich stated:

The basic and paramount task of all education, which is directed by the interest in the child, and not by interests in party programs, profits, church interests, etc., is to remove every obstacle in the way of this naturally given productivity and plasticity of the biological energy. (Reich 1932)

And as Konia has recently stated:

To bring about a healthier society, our primary tasks must be *armor prevention* in newborns and children and, when possible, *armor removal* in adolescents and adults. The ultimate solution to social problems will come when enough people are free of armor, allowing them undistorted core contact and sustained rational thought. (Konia 2004a)

The task is huge, requiring patience but also innovation. Even without setting the immediate goal so high as the prevention of armoring in mankind, it is also obvious that large numbers of individuals, in various settings and many types of organizations, interfacing with and affecting masses of people who would never seek medical orgone therapy or orgonomic consultation, could benefit from thoughtful, rational application of or education regarding the perspective provided by orgonomy.

It is with these individuals and social entities in mind, and with the ultimate goals of helping mankind move toward healthier functioning and the prevention of armoring, that the American College of Orgonomy is expanding its training efforts to reach and prepare a new group of professionals to be *social*, as opposed to *medical*, orgonomists. There are literally hundreds of thousands of psychologists, social workers, drug and alcohol counselors, nurse practitioners, doulahs, educators, journalists, organizational consultants, lawyers, military leaders and yes, even politicians, who could potentially benefit from education and training within the orgonomic perspective and who could utilize this perspective in their work to benefit individuals, organizations, and society at large.

It is important to consider why we are using the term *social orgonomy*. After all, Reich first used the term *orgonomic sociology* to refer to that part of orgonomy dealing with human social functioning and the understanding of social factors that reflect and lead to pathological armoring instead of healthy functioning. It includes the application of orgonomic functionalism (“functional thinking”) to the study of social processes (Konia 2004a, page 17). However, for a natural science involving interventions of a social nature, it is suggested that *social orgonomy* is the more appropriate and preferred term, as “social” is the adjective, the modifier, of the main, more essential word “orgonomy.” The term also reflects a focus that is a wider realm than sociology alone, and includes consideration of the biological and social realms, and the psychological processes derived from them.

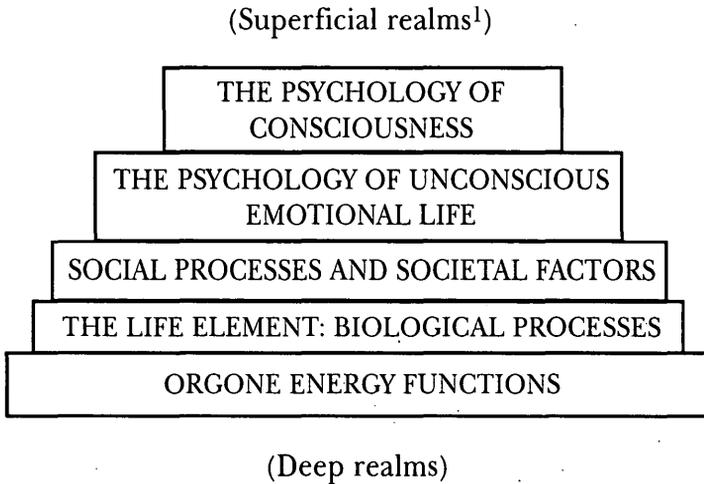
So what exactly is social orgonomy? What is its relation to orgonomy as a whole? What areas of human functioning are included in social orgonomy? What does it encompass? What are some of the specific areas of problematic human functioning that social orgonomic interventions can address? How do we understand these problems, and the healthy alternatives, from an orgonomic perspective? What are the goals of social orgonomic interventions? What are the tools, techniques and specific interventions available to or required of the social orgonomist? Who is qualified for training to function as a social orgonomist? How are social orgonomists to be trained? What are the limits of what the social orgonomist can and should do? How will the social orgonomist differ from the medical orgonomist?

What do we mean by Social Orgonomy and what is its Realm?

To be clear, we must first specify the realm of orgonomy itself and then delineate the unique principles and processes of the science of orgonomy that are applicable to a multitude of areas of life by social orgonomists. These considerations ground and orient us, differentiate our work from other “social” or “psychological” approaches to understanding and intervention, and precede all other considerations in defining the domains of social orgonomy.

Social orgonomy, like orgonomy in general, is first and foremost a *natural science* and thus rationally stands outside the past or current social and psychological frameworks, which, to the degree that they are based on armored thought systems, are always more or less mechanistic, mystical and/or superficial and “off the mark.” Orgonomy observes and assesses the essence of human existence and its manifestations in the vastest contexts of nature, life and health (Reich 1949b). Thus, the orgonomic perspective is not just another or alternative way of looking at things, as such a judgment assumes that there are other perspectives equally broad, functional and effective. *The orgonomic perspective allows natural functions to be clearly perceived that are otherwise unobserved, misinterpreted or unappreciated.*

Reich described the path his work and research took in developing the foundations of orgonomy, leading from the more superficial and less inclusive realms to increasingly deeper and more inclusive ones (see below).



Reich observed and appreciated that each deeper realm contains the more superficial² realms, which in nature are based on and develop from the functions and processes of the deeper realms. The word “*inclusive*” clarifies this relationship (Konia 2004b). The biological realm is more inclusive than, it includes, the social realm. Social functioning evolved from and differentiated out of biological functions. Similarly, the social realm is more inclusive than the psychological realm. The social realm contains the more superficial realm of the psyche. Another way of saying this is that in considering the psychological and social realms, the *social realm is primary*. For example, the armor of individual interrelations, including the family, a social entity, leads to the armor of the newborn, not vice-versa.

¹Here the word “realm” is being utilized in its general, common sense meaning, not in the technical orgonometric sense (Meyerowitz 1994).

²In this presentation, the word “superficial” has none of the everyday associations to the word, such as “trivial, casual, perfunctory or lightweight.” Instead, it denotes the external, peripheral or least-deep aspect of a function, process or phenomenon.

Konia has noted that human society is a specifically differentiated part of the living (biological) realm, which is a specifically differentiated part of nature. The social behavior of animals and humans has a biological foundation, which is rooted in mass-free energy functions (2004a, page 34). An individual person is subject to natural laws and the social circumstances within which he or she lives. In health, any "conflict" or opposition between the different realms, such as between the individual and society, can be resolved so that natural functioning is not disrupted. The opposition is natural and actually brings the "opponents" together in seeking resolutions that serve the healthy needs of both. The free pulsation of orgone energy is the basis of such health. Reich discovered that this natural pulsation can be temporarily or chronically blocked and found the cause to be characterological and muscular rigidity, which he called "armor."

Armor is responsible for turning simpler conflicts into more complicated and antagonistic relationships, such as between the individual and the society in which he or she lives. Similarly, the apparent contradictions between religion and science, for example, or freedom and responsibility result from the presence of armor. In healthier individuals, freedom and responsibility go hand in hand; one does not desire to be "free with no responsibilities" or to "act responsibly but have no freedom." Conflicts between the two are temporary and resolvable without compromising the essential and healthy exercise of freedom *and* responsibility by the individual.

Both social and medical orgonomy are concerned with the processes of armoring that disrupt healthy, natural functioning in all areas of life. Armor prevents us from accurately perceiving our true place in nature. It also disrupts functioning in accord with the natural laws and processes that have formed us. Thus, to the extent that people are armored, they divorce themselves and are alienated from the only processes that are prerequisite for health and happiness. Because armored individuals predominate today, it is impossible to find an area where the orgonomic perspective cannot lead to powerful insights concerning the misery of mankind and generate specific paths

toward healthier functioning, difficult though implementing those insights may be.

But what then are the differences between social and medical orgonomy? Essentially, the difference is in the depth and primary realms to which interventions are directed. As opposed to attention and interventions addressing local, component (part) functions of the somatic realm, i.e., armor, the social orgonomist addresses manifestations of the unitary (whole) energy functions in the perceptual (psychic) realm, including social and psychological disturbances (Konia 1998). A related difference involves the basic goals and techniques utilized in interventions, as will be shown below. A less essential difference between social and medical orgonomy are the specific areas of life that can be constructively impacted by their respective interventions.

Simply put, the realm of social orgonomy lies in natural functions, and the distortions of these functions, of the social realm and in the functions of the psychological realm that evolved out of and are included in the social realm. It is concerned with the social interactions of people and the systems they create, including healthy and disturbed social interactions. More poetically, but as is true for all of orgonomy, social orgonomy is concerned with the wellsprings of life: love, work and knowledge, as they develop or are hampered in the social and psychological realms.

Thus, while the areas of life where social orgonomy finds relevance are vast and wide, it is not primarily or intentionally focused on *as deep* a realm of nature as is medical orgonomy. The phrase *social* orgonomy stresses its grounding in natural science, like *medical* orgonomy, but, as opposed to medical orgonomy, serves to underline the focus to the social and psychological realms of human functioning, rather than the biological and energetic.

Social Armor

As we have seen, when armoring becomes chronic there is a loss of natural energetic flow and pulsation, and this produces disturbances.

Armoring of the character, in the realm of the psyche, is the functional equivalent of muscular armoring in the biological realm. But what about in the social realm?

Konia has noted that society can armor itself as well. Because the most potent factor in determining the way that an individual relates to the world is the status of ocular functioning, the presence of ocular armor in humans is directly related to the development of armor in society.

Konia identifies *social armor* as the equivalent of biophysical armor in the somatic realm and character armor in the psychic realm (2004a, page 114). Social armor consists of the processes of distorted, unhealthy social functioning, including social interactions and individual thought and perception, and the consequences of these distorted processes (social patterns of interaction, rules, structure, traditions, customs, rituals, laws, etc.) in the social realm that preserve and perpetuate distorted functioning and thinking, that preserve armored human existence. Social armor manifests in the disturbed social functioning of armored human beings, and, to some degree, disrupts all rational social functions. It gives rise to and is the common functioning principle of the opposing forces of mechanistic and mystical functioning, with their corresponding systems of thought, that are manifested socially, politically, and economically as ideological forces on the sociopolitical left and the right. These distorted forms of functioning cannot provide healthy guidelines for protecting unarmored human life. In fact, what they often provide or attempt to dictate is irrational and destructive. Their continued existence depends on doing so.

These disturbances of ocular functioning reflected in social customs also lead to ocular armoring in succeeding generations. Thus, to eliminate social armor, it is necessary to address ocular disturbances in human beings, their social interactions, as well as in their various social organizations. In fact, one can say that working with the manifestations of the ocular segment and the distortions resulting from armoring there, though not directly on the

musculature of the ocular segment, means working in the domain of social orgonomy.

Contact and Contactlessness

The term *contact* defines the perception of the movement of organismic orgone energy above a certain minimal level (Baker 1967); in other words, the accurate perception of biological excitation. In common terms, when we are “in contact” we feel what we feel, and we know what we feel. We are “with it,” or “in touch.” Where there is *contactlessness*, or the absence of contact, a consequence of armoring, we are “out of touch” with ourselves and “out of it.” Contactlessness is rampant in our society, as is its by-product, *substitute contact*. Efforts to establish substitute contact, attempts to connect with other people in the presence of armor, must remain unsatisfying and more or less frustrating because of this inner obstacle. Substitute contact can usually be recognized by its inappropriateness and artificiality. Paradoxically, despite being increasingly pervasive, it is often somewhat harder to recognize today because people’s social façades are better honed and seemingly sophisticated.

Irrational social interactions always involve a disturbance of contact. As Konia has stated, a crucial first step toward a healthier society is to overcome or reverse the state of contactlessness (2004a, page 114). However, a disturbance in contact blocks rational thinking and self-perception and thus the *very recognition* (and resolution) of the problem of contactlessness. A vital task, therefore, is to find ways to eliminate or at least alleviate ocular and social armor in order to improve contact in society as a whole.

What are the Bases and Goals of Social Orgonomic Interventions?

When working primarily in the realm of social processes and societal factors, the social orgonomist’s goal is to bring about psychic contact with the manifestations of social armor and to alleviate it (Konia 1998). This goal is addressed primarily by attending to and using the *social interaction* itself—noting its qualities, form, mode of expression

and communication, tone, responsiveness, and so on—as the medium of change rather than primarily focusing on and addressing the individual's character structure. In working with couples, for example, this is accomplished by focusing primarily on the *qualities of the interaction* between the individuals. When addressing the social realm, social orgonomy is more concerned with social interactions and contact between people and systems than contact with self, although one cannot exist without the other.

The social orgonomist also addresses disturbances in the psychological realm of functioning. In individual social orgonomic counseling (the realm of conscious psychological operations) the focus is on education based on the principles of orgonomy and, as needed, attention to the social interaction between the social orgonomist and patient.

In working with somewhat deeper psychological disturbances of psychic contact (the realm of unconscious emotional life), the goal is the dissolution of social as well as character armor and the establishment of psychic contact. This goal is addressed primarily by focusing on the *social interaction* between the social orgonomist and patient, including, of course, the patient's transference to the therapist as it occurs, as well as the patient's unique mannerisms and attitudes in this interaction—manifestations of character armor.

By focusing on the mode of expression and the form and quality of responsiveness of individuals in their social interactions and systems, the social orgonomist helps them to become aware that they are “not in touch” with themselves or the consequences of their contactlessness in their social interactions. By bringing people into contact with their contactlessness, it is possible to gradually effect positive social change on a mass scale. Simply recognizing that one is out of touch with oneself helps to relieve ocular armoring and improves contactful functioning. As awareness of the consequences of contactlessness increases, functioning becomes increasingly natural and healthful.

Thus, in summary, whereas medical organomists are trained to direct their interventions to wherever the patient is blocked, whatever the realm, social organomists' interventions address the social realm and the important functions of the psychic realm that evolve out of and are included in it. Interventions by the medical organomist address psychological armor (armored cognition and perception), social armor, character armor, and somatic armor, as well as direct use of orgone energy functions (such as breathing to build energetic charge). The social organomist's interventions, on the other hand, are focused variously, as the situation requires, on the superficial psychological realm (for example, organomic counseling or education), the unconscious psychic realm, contactlessness (aspects of character analysis), or the social realm in terms of social interactions. This is summarized below:

Realm of Nature	Interventions by the	
	Social Organomist	Medical Organomist
Psychology of Consciousness	Yes	Yes
Psychology of Unconscious Emotional Life	Yes	Yes
Social Processes and Societal Factors	Yes	Yes
The Life Element: Biological Processes	Not Directly	Yes
Orgone Energy Functions	No	Yes

Also, while the social organomist is not focused or trained to intervene on the biological or energetic levels, and cannot responsibly extend treatment directly there, any of the interventions he or she does use may have indirect and more or less subtle effects on deeper realms of functioning, including the biological functioning, of the individual.³ This fact obviously has important and unique implications

³This should not be surprising, because, as noted earlier, psychological and social functioning are rooted in biological functioning—they have a biological and energetic foundation.

for the need for comprehensiveness in the training of social organomists, as we will see below.

What Tools, Techniques and Specific Interventions do Social Organomists Employ?

The sciences of medical and social orgonomy share a common perspective. Consequently, their tools and techniques of intervention overlap to some degree, but differ in scope and primary focus.

As detailed by Konia (2004a), the structure of armor in armored social systems (couple, family, businesses, organizations, etc.) and in the biopathic individual is identical, and consists of 1) a superficial layer of contactlessness, that is, substitute contact from the social façade; 2) defensive forces and processes (e.g., denial, projection, displacement, etc.) originating from the secondary layer against 3) underlying destructive impulses from the secondary layer and 4) healthy impulses from the biological core.

In the analysis of individual character armor, Reich (1949a) noted that the process of orderly removal of each layer of character armor consists of the following steps: 1) the individual is made aware (brought into contact) by the therapist *that* he is behaving defensively, 2) he is then made aware of *how* he is defending himself, which eventually 3) brings him into contact with *what* underlying impulses are being defended against.

By focusing on the character defenses revealed in his patients' behavior and interactions with the therapist, rather than primarily on their impulses, intrapsychic productions or content of their verbalizations, Reich moved into the social realm. The principles of character analysis are within the domain of social orgonomy and provide powerful guidelines for addressing individual, group and organizational problems resulting from distorted perception and thought. Knowledge of characteranalytic technique for addressing psychic armor also provides the understanding necessary for addressing contactlessness and relieving social armor.

We stated earlier that to eliminate social armor it is necessary to address manifestations of ocular disturbances in human beings, as well as in their social organizations. Even though the structure of the armor is the same in both social armor and individual armor, this structure cannot be dealt with in the same manner in both cases. This is because the necessary conditions for individual treatment are not present or appropriate in addressing social interactions and social organizations. How, then, can we approach social armor?

According to Konia, social orgonomists can do so

...if they apply the first and second steps in individual armor removal—that is, if they elucidate (1) the contactlessness that pervades individuals in contemporary society and then (2) the way that defenses are used to establish substitute contact and perpetuate social pathology. If successful, this process would increase contact and clear perspective while partially disarming defensive ideas, behaviors, and attitudes. It would provide individuals with an opportunity to take a step back and observe their irrational or questionable behavior and character attitudes. The third step, bringing the patient in contact with the underlying defended impulses, involves the actual removal of individual armor and lies outside the province of the social orgonomist (2004a, page 247).

Thus, the social orgonomist addresses social armor and the manifestations of ocular armor without working directly on the muscular armor within the somatic/biological realm.

**What Areas of Human Functioning are included in Social Orgonomy?
What are some of the Problem Areas of Human Social Functioning that
Social Orgonomic Interventions can Address?**

Social orgonomy studies and is grounded in natural life processes that have evolved from even deeper energetic processes. It includes understanding broad social processes and phenomena and the relationships between and effects of social armor and its variations represented in the armored thought systems of mechanistic and mystical functioning, authoritarian and antiauthoritarian family structures, societal structures, contactlessness, and social

destructiveness. Practically speaking, because of the pervasiveness of individual and social armor, there is almost no limit to the settings or areas where the social organomists might be consulted or offer useful interventions. What are some of these areas?

The Emotional Plague

One specific and uniquely destructive phenomenon of social functioning, in fact, one that is destructive *because* it is a social phenomenon, is known as the emotional plague (Reich 1949a). Manifestations of the emotional plague are as wide as the scope of armored human existence. Recognizing and addressing these reactions, either by education or direct intervention, is clearly within the domain of the social organomist. Indeed, one might expect to find at least some aspects or qualities of the emotional plague in many if not all dysfunctional social interactions, and in the negative reactions to attempts to address social armor.

Reich defined the emotional plague as the displacement of intrapsychic conflicts and their vicissitudes and consequences onto the social (including political) sphere in an irrational and destructive manner. In a plague reaction, the individual's painful emotions such as fear, rage or anxiety are avoided and, in a distorted attempt at contact with the world, these feelings are displaced onto the social scene. The emotional plague reaction may occur in unorganized interactions between individuals or become organized in social organizations. Most simply, it is the neurotic character in action in a destructive fashion on the social scene. Thus, the emotional plague represents a point of transmission of pathology from the individual onto the social realm, and vice versa.

While a full discussion of the emotional plague is beyond the scope of this paper, several essential features are worth mentioning here. First, the emotional plague is distinguished from other socially destructive behavior by always hiding its real motivations behind a façade of seemingly rational, admirable, even moral justification. Thus it is through the social façade that the emotional plague's attack

against the living is expressed. (One finds distorted, mechanistic and/or mystical thinking in the motives given for each expression of the emotional plague.) Second, the emotional plague has the ability to incite others in the social setting to act in a destructive manner, either through their own actions or inaction.

Those afflicted with the plague are unable to tolerate the spontaneous functioning of healthier individuals or organizations. They are driven to impose their own restricted, armored mode of functioning on others, thus attempting to disrupt or destroy healthy functioning of individuals at all levels of social organization.

A “simple” example of the emotional plague reaction in both the individual and social realms was the insistence by a *doctor*, the *hospital* in which he or she works, and the *society* (via existing laws) in which they live, that a newborn infant *must* have silver nitrate drops placed in the eyes minutes after birth (a painful procedure) *to protect the eyes from diseases such as gonorrhoea*—this despite the excellent prenatal care the mother received and the laboratory tests which determined beyond a doubt that no such diseases were present. More recently, instead of silver nitrate, an antibiotic ointment is placed in the infant’s eyes. While this may be somewhat less painful, it is still questionable whether it is a necessary and rational medical practice. Furthermore, and most telling, this routine practice can only have a *destructive effect* on the infant’s ocular functioning and his or her initial attempts at contact with the mother. And thus, ocular armoring in the next generation begins moments after birth in the newborn, and the inability of individuals within armored organizations to perceive and think rationally is perpetuated.

Other Areas of Social Functioning Social Orgonomy can Address

Let me review six areas in what is a beginning list where training in social orgonomy can provide unique insight, functions and services.⁴ In each of these areas knowledge of functional thinking, and its distortions, and of the emotional plague is essential:

⁴Note that in the *Journal of Orgonomy*, spanning nearly 40 years of scientific inquiry, numerous articles have already been published on most of these six and the other subjects that follow.

- Education and counseling regarding pregnancy, childbirth, child care, child development, parenting and self-regulation. *Armor in the newborn and the young child is the most important problem in the world today, preventing it is the most important task.*
- Education and counseling regarding the sexual functioning of children and adolescents. This includes promoting knowledge of sex-economy, sex education and sexual health in childhood, adolescence and adulthood. Konia (2004a) has noted that the symptoms of unhealthy social relations appear with special clarity in the sexual relations of adolescents. Next to the problem of preventing armor in the newborn and young child, failure to understand the sexual function of adolescents is the most important problem in the world today.
- Individual and public education. Orgonomic education is an important tool of intervention in social orgonomy. Konia summarizes:

The public can be educated about matters relating to emotional and energetic hygiene, so that parents are better equipped to raise healthier children.... It is essential that professionals and laypeople alike understand the difference between primary core drives and impulses, which are healthy, and secondary layer drives, which result from armor and must be curbed. The importance of personal responsibility in effecting the maximum amount of freedom the individual can tolerate must be appreciated...The distinction between healthy, genital sexuality and secondary, distorted, pregenital forms of sexuality, as well as the functional significance of sociopolitical character structure, must be understood (2004a, page 210).

It is also essential for individuals to be able to identify the emotional plague, both in themselves and others, and to learn how to deal with it. However, while education can be very helpful, to the degree that ocular armor with its resulting perceptual and cognitive distortions, along with contactlessness, is present in the population, education will not be enough. It does not reach deeply enough. Therapeutic social interactions to eliminate or at least alleviate ocular armor are also required.

- Orgonomic knowledge, such as the distinction between natural biosocial functions and irrational, unhealthy social activity, orgonomic functionalism, and Konia's recent identification of the excitant-percipient function (1998), make it possible for social orgonomists to make social diagnoses and work in a unique and powerful manner with biosocial relationships, including but not limited to: the developing fetus and mother, parent and child, husband and wife, couples, sexual partners, student and teacher, friendship and work.
- Working with family systems (including families of origin and choice; nuclear family systems). Whereas the bion is the basic unit of life and the cell the basic unit of the organism, the family is the basic unit of the social realm (Konia 2004a). Again, orgonomic principles provide unique insights into the life of the family, such as, for example, the breakdown of the traditional authoritarian family structure and the rise of the antiauthoritarian family system.
- Increasing the healthy functioning of individuals through counseling and psychotherapy uniquely and powerfully informed by the orgonomic perspective, and through rational application of characteranalytic techniques, as outlined above.

In addition, here is a beginning list of other areas, beyond the scope of this discussion, where the social orgonomists' training prepare them for providing services and functions from the unique perspective of orgonomy. I imagine others could add to this list, which underscores the exciting prospect of "cross-pollenization" of ideas between orgonomy and other fields of study:

- Group functions and dynamics
- Organizational systems and functions; organizational consultation
- Work functions
- Career counseling
- Community and neighborhood affairs
- Governments, local and national, and international bodies

- International relations
- Education
- Economics; consultations in marketing, advertising and public relations
- Political behavior, including but not limited to knowledge of the sociopolitical character types, which provides a natural scientific means to understand social pathology; political consultation
- The law; legislative analysis
- Cultural issues and studies
- Societal issues and studies

Who is Qualified for Training as a Social Orgonomist?

The Social Orgonomy Training Program of the American College of Orgonomy now offers training in the application of orgonomic principles to individuals in fields which address interpersonal interactions and dynamics and problems within social structures such as families, couples, work organizations, and political, governmental or other entities (ACO 2004).

The first requirement for trainees in social orgonomy is that they demonstrate the capacity for *responsibility*, defined as an individual's capacity to respond with full contact with one's environment (Konia 2004a, page 18). Responsibility coexists with that individual's *freedom* to move and develop unhampered by external or internal constraints. As noted earlier, in health there is no irresolvable or irreconcilable conflict between freedom and responsibility.

The second requirement for training is character restructuring with an approved training medical orgonomist. The capacity for full contact both with one's self and with the external world, the goal and result of medical orgone therapy, profoundly changes the individual including the way he or she thinks and views the world. Medical orgone therapy allows one to move toward thinking and perceiving functionally, as nature functions, rather than in an armored and

distorted manner, either mechanically or mystically. Because only a functionally thinking individual is capable of recognizing and resolving the irreconcilable contradictions arising from nonfunctional (armored, neurotic or psychotic) thought, character restructuring is the most important aspect of training for both social and medical orgonomists.

Finally, prospective trainees in social orgonomy are expected to be moving toward completion of or to be actively enrolled in an advanced degree program in fields of social intervention such as psychology, social work, nursing, marital and family therapy, or organizational development. Before formal acceptance into the training program, the trainee must have completed training in an advanced degree program.

The process of enrollment begins with the recommendation of the training therapist and completion of a written application, followed by interview and recommendation by the Social Orgonomy Training Subcommittee and approval by the ACO Training Committee.

How are Social Orgonomists Trained? What are the Areas of Training?

Because the realm of social orgonomy is differentiated from the biological realm, and because interventions in the social realm will to some degree affect the individual's biological and energetic functioning, the trainee must be well-grounded in the processes of those realms even though their interventions will not be directed specifically at somatic or energetic functions. Furthermore, appropriate social intervention depends on many factors and may vary, even within the same patient's therapy, from the superficial to the depths of the social realm. The social orgonomist must have an understanding of biophysical and biopathic functioning, i.e., must perceive and appreciate that their patients are bioenergetic beings, and that their social interactions are based on bioenergetic functions.

After the recommendation of the therapist and approval by the Education and Training Committee, all trainees begin the Didactic Seminar. The basic premise is that understanding the individual

character types and how they manifest is fundamental and essential. In addition, the trainee in social orgonomy will need to be well-versed in the basic principles of orgonomy. A brief list of these principles includes:

- Pulsation—expansion and contraction in the atmosphere, individual, social organizations, and even societies. Most simply, being aware of and in contact with energetic pulsation, energetic expansion and contraction, allows the social orgonomist *to see, to say, and to discuss things with patients in helpful ways that is otherwise impossible.*
- A definition of health and healthy functioning
- Character, character formation and character types in individuals and organizations
- The three layers (the façade, the secondary layer, and the core) of the armored human bioemotional structure
- Differentiation of the primary and secondary drives (in armored individuals and in organizations)
- The segmental arrangement of the human skeletal musculature and the layering of armor
- Contact, contactlessness, and substitute contact
- The emotional plague
- Functional thinking and orgometry
- The sociopolitical character types
- Social armor and social anxiety

The second level of training is the Post-Didactic Course, with divergence and specialization of training for medical orgonomists-in-training and social orgonomists-in-training. The medical orgonomist trainees enter the Clinical Seminars for medical orgonomists. The social orgonomist trainees enter into a unique and separately structured training program consisting of:

- A Social Orgonomy Didactic Seminar that focuses on specific applications of the knowledge of character structure in the social realm as well as essential topics regarding the social realm considered from the orgonomic perspective. The training program for social orgonomists, while creating an educational atmosphere that addresses the individual student's needs and interests, also includes lectures and presentations on: the relationship of social orgonomy to nature and to orgonomy; applications of the orgonomic perspective in couples', group, family, and individual therapy; the distinctions between working with social armor revealed in social interactions and addressing manifestations of individual ocular armor; orgonomic counseling, psychotherapy and the principles of character analysis; the emotional plague; functional thinking versus mechanomystical thinking; basic orgonometry as a vital tool for understanding social phenomena; social armor and social anxiety; the authoritarian and antiauthoritarian family and social structure; how individual character types manifest in different work and social systems; the social application of the work function in and the character of organizations; and other topics as diverse as the orgonomic perspective on alcohol and substance use and abuse; classical and operant conditioning and the autonomic nervous system and their relation to armoring; developmental theory; education; forms of government; business and economics.
- Individual supervision: following the trainee's achievement of licensure or certification in their professional field and/or establishment of a work setting where he or she practices independently. As the functions are unique, the supervisor is not the trainee's therapist.
- Ongoing case seminar: trainees prepare and present case reports of situations they are involved in for discussion with the faculty and other trainees.

Finally, a word about training in character analysis: It has been stated above that knowledge of characteranalytic principles provides

an understanding of how to address contactlessness, as well as manifestations of ocular and social armor. Character analysis was developed by Reich to address disturbances in the unitary (whole) functions in the realm of the psyche, and is thus within the province of the social, as well as the medical, organomist. While these statements are true theoretically, it is also true that character analysis is not practiced today as it was when developed in the 1920s. At the very least, character analysis is now practiced in the broader context of the developments in orgonomy that followed it. It is a process that inevitably leads to reactions and changes not only in terms of manifestations of ocular armoring, but also, especially in later stages of treatment, one that proceeds to deeper levels of armor and more often approaches if not enters the biological and energetic realms—clearly the province of the medical organomist. Thus, social organomists become candidates for training in character analysis only after successful completion of or involvement in the initial components of the training program, i.e., the social orgonomy didactic seminar, ongoing case seminar, and individual supervision.

In conclusion, the American College of Orgonomy is embarking on a historic endeavor in developing a new training program in social orgonomy. An organized science and profession of social orgonomy is the fulfillment of one of Wilhelm Reich's greatest dreams. It is a groundbreaking and expansive program that extends the perspective of orgonomy to the new and unique training of both medical and social organomists in the social realm, and extends training from the organomic perspective to non-physicians as social organomists capable of functioning in a multitude of social domains. The specific techniques within some of these various areas have been worked out, and in some they are yet to be developed. In addition, there remain areas within the domain of social orgonomy not yet discovered. It is a new frontier, and the American College of Orgonomy is looking for those with a patient, yet innovative and pioneering spirit to join in exploring it.

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