

December 15, 2009

Dear Friend of the ACO:

I've been writing this holiday fundraising letter to you for many years now and it occurred to me that in all these years of making contact with you, I've never focused on how the organomic understanding of contact is a simple principle with profound implications for our understanding of nature.

We can focus on contact with ourselves internally or outside ourselves in the broader social realm. Dr. Wilhelm Reich addressed problems in both of these realms from his very earliest days working in psychoanalysis. An individual's capacity for genuine contact with himself was at the core of Reich's therapeutic work. He made significant changes in psychoanalytic technique as he helped the patient relate to the therapist in a deeper and more truthful way. Reich became even more deeply involved in the social realm when he concluded that society itself was sick, prevention of neurosis was essential and social problems must be addressed with social programs rather than with individual psychoanalytic therapy. He was the first psychoanalyst, therefore, to take his theories out of the medical office to try to effect social change when he started a program to bring sexual education and advice as well as contraceptives to thousands of people, a revolutionary idea in 1929.

### **ACO Addresses Contact**

With that in mind, the ACO has continued to develop programs along the lines begun by Reich. We now have two training programs: medical organomy, with the primary function of improving contact with oneself, and social organomy, with the primary function of improving social contact with others. We also have public education programs to inform the public about therapy and social problems.

Just as an individual must concern himself with both internal contact as well as contact with the world at large, any organization such as the ACO must do the same.

This past year has been a year of significant work for the College in both of these realms. I will put my report to you now in this context of progress of internal contact within the ACO, and in our contact with the outside.

### **ACO Contact With Ourselves**

In my letter to you in April, I detailed how the ACO is funded, our difficult financial situation and budgetary shortfall, and most importantly, our vital need for new trainees to insure our long-term survival. I also announced our new donor membership program.

In the past year we made better contact with our financial situation. Closer scrutiny helped us to both look even deeper at our priorities and to make some additional cuts in expenses. Our staff negotiated many, often generous, reductions in the fees we pay to vendors. Also, after several previous attempts, we now have a better financial reporting and budgetary process in place so that the Executive Committee has immediate and accurate financial data for making its decisions. The result is that early in December we are now on track for expenses to be under budget. At the same time we have also done well on the other side of the ledger sheet, with ACO income for the year significantly beyond expectations. This is due to a number of factors:

- Your response to our funding appeal in the spring was very gratifying. We had a good number of people sign up for our new ACO donor membership program, which is a new, ongoing source of income. New members took advantage of the discounts they were entitled to and, therefore, many of the sustaining members came to our Social Organomy talk as well as to our annual dinner on October 3rd.
- We had a good response to our general fundraising appeal.
- Due to some unusual circumstances, we had several significant, one-time donations, which have allowed us to begin an endowment, hopefully to help support the ACO in the future.

With the ongoing income from member donors, as well as unanticipated, one-time individual donations, together with the additional cuts in expenses, we were able to balance the ACO budget. This gives us momentary breathing room and allows us to begin to function without a sense of financial anxiety. It does not mean, however, that we can relax our vigilance about how we spend our money or stop emphasizing how much we need your support. The work of the College is potentially infinite. I would like to live to see the day when all of our ongoing activities are supported by increased attendance at our programs, increased sales of our publications and the concomitant income from them, along with a large endowment. That way the donations from our supporters like you can go toward an EXPANSION of our efforts.

In addition to improved financial contact, we also improved contact within the ACO by clarifying staff functions and reporting relationships. A simple but major change in the work relationships of our executive director, Debra Sansanelli, has had a profound effect in greater excitement, creativity and production from Debra, as well as our office manager, Clara Williamson. Debra now reports directly to and has weekly meetings with the president, as well as attending all Executive Committee meetings. You have seen some evidence of these changes in the new flyers designed by Debra, as well as an entirely new promotional campaign for our October 3rd public presentation, developed and implemented by Debra and Clara. These are but a few aspects of the public face of these changes that go much deeper to include taking initiative in developing and improving every aspect of what we do -- from the training programs and publications to the financial affairs of the ACO.

Within the organization, among members, clinical associates, volunteers and staff, a heightened awareness has evolved that our work for the foreseeable future **MUST** address our central problem of finding new blood for the organization. We must have a continual stream of people becoming interested in our work, becoming involved and working with us, as well as ever more people coming to us for training.

### **ACO Contact With the World**

The past year has also been a year of significant effort by the ACO in reaching out to make better contact with the world. The first level of contact is with our own constituency. This has been successful as shown by our improved fundraising efforts, as I mentioned. We also continued our successful, ongoing series of social organomy public presentations, which have all been well attended and well received by our constituents.

We made progress in making better contact with the general public beyond our own mailing list, as you will see below.

The topic of the latest social organomy talk this past October, "Text, Phone or Talk? Communication Confusion in Our Electronic Age," was chosen to be more accessible to the general public. It was the first talk we promoted beyond the ACO mailing list, with flyers in local schools and universities, invitations to several department heads of high schools and universities, and press releases to all of the major papers from New York to Philadelphia. We had a larger attendance than for any previous social organomy talk, including more young people, and some entirely new people. Because of the large registration we moved the event off-site to a new, modern venue in downtown Princeton, also giving us greater public exposure. As a result of our outreach, a local business weekly picked up and ran a story about the talk that led to an invitation by the International Institute of Municipal Clerks for me to speak to them about communication as one of two educational speakers at their Mid-Atlantic Regional Conference in January in Atlantic City, NJ.

Last month two of our medical organomists, Dr. Edward Chastka and myself, made contact with a much broader public by speaking from our knowledge of organomy as part of a nationwide rally in each state capital to bring doctors and patients together to have a constructive debate on healthcare reform. Dr. Chastka spoke in Harrisburg, PA on, "The Emotional Plague: Why So Many People are Afraid to Manage Their Own Healthcare, and Why There are So Many People Willing to Do It for Them." And I spoke in Trenton, NJ on, "The Doctor-Patient Relationship in the Current Healthcare Reform Debate." I see each of these contacts with the broader public as a seed sown to see what future fruit they may bear.

I am also very excited to inform you for the first time about an entirely new initiative in reaching out to the general public. For years we have talked about making contact with young people. In August we began a young people's brainstorming group composed of a group of enthusiastic, intelligent, young people in their 20s. We have met twice to date and explored ideas for informing and interesting people, especially young people, about the ACO and our work. One of the members is a medical student who notes that there was great interest in his class about an alternative to pharmacological treatment of depression. There are signs of a tide shifting.

As I outlined in April, a major source of our income is from our training fees. We must continue to develop both our medical organomy and our social organomy training programs. I believe that they support each other and can deepen as well as broaden our outreach to new people. For example, one trainee who entered the social organomy program as a businessman planned to use what he learned to help in his business relationships. After the second year of the course, which covers the individual character types, he realized that he wanted to make organomy a more

integral and deeper part of his work life and he decided to become a therapist. Since it would take him at least ten years to complete medical training and because of his age and life circumstances, he concluded that this was not possible. Therefore, he has enrolled in a Masters-level program in psychology, plans to go on for a Ph.D. in clinical psychology and continue in training with the ACO as a social orgonomy therapist. If the social orgonomy training program existed ten years ago and he had enrolled then, it is likely that he would be on the path to becoming a medical orgonomy trainee. We must watch to see how we can find and attract individuals such as him.

### **We Need Your Support to Accomplish Our Basic Tasks**

Our basic tasks come in the two realms: contact within and contact with the outside world. We must continue to look to ourselves to improve contact and integration within the organization. We **MUST** keep working at reaching out to discover, make contact with and interest an entirely new audience of people, especially young people, who have the potential to become involved in the work of orgonomy. These **MUST** include those who will train as medical orgonomists so that we can have the therapists needed to improve people's contact with themselves in order to be able to do work in any field of orgonomy. The basic problem is clear and must stay in our focus. We must keep working on **HOW** to solve it. I believe significant numbers of people among the general public are becoming increasingly disillusioned with either mechanistic or mystical approaches to life and there is a real window of opportunity for us to bring the simple discoveries and the functional approach of orgonomy to those open to it. I have dedicated my life to achieving this goal. I hope you will continue to count yourself among all of us at the ACO who have done so.

There is so much that the American College of Orgonomy offers to this endeavor and I hope you will agree by continuing your financial support to insure our success. With the enclosed card or on-line at [www.orgonomy.org](http://www.orgonomy.org), please send your donation or sign up as a member donor.

From all of us at the ACO, I wish you and yours a happy Holiday Season and a healthy New Year.

Sincerely,



Peter A. Crist, M.D.  
President

P.S. If you are not already on our e-mail list, please help us make contact with you more quickly by going to our website at [www.orgonomy.org](http://www.orgonomy.org) and clicking on "Join Our Mailing List" to receive our e-mail distributions.