

April 29, 2020

Dear participants:

Thank you again for attending our webinar, “Dealing with Pandemic Panic: The Fresh Approach of Medical Orgone Therapy.” I was touched by your overwhelmingly positive reaction with the majority of our more than 120 participants joining us from outside of our local area and from overseas.

Dr. Burritt and I appreciated your enthusiastic comments and questions in the Q&A section. Both of us would have liked to respond to more of them live during the webinar. On reviewing the entire Q&A list after the webinar, I was struck by the number of unanswered questions and your spirit of inquiry. The depth and openness of your comments also touched me.

Wilhelm Reich’s simple but profound statement, “Love, work and knowledge are the wellsprings of our life. They should also govern it,” remains so apt. Every single response to our request from you to report positive things you might have experienced in the face of the coronavirus pandemic falls in some way into one or more of those three core life functions becoming intensified or coming to the surface.

In fact, there is so much to learn from what you wrote in your Q&As that I’ve been moved to share some written thoughts about them. Below you can find the list of questions and comments that we retrieved, unchanged other than to correct some typos and punctuation errors. We’ve spelled out the list in its entirety in order of when the comment or question was received as shown by the time stamp. To respect attendee’s privacy, we’ve removed the names and identified each participant, in order, by a specific letter—using the same one if they wrote more than one entry. With so many responses we required the entire alphabet from A to Z plus AA to JJ. I’ve attempted to answer every question and made notes about many of the comments but left others to speak for themselves.

Note that the participants’ questions and comments and my responses to them reflect the views and opinions of each of us as individuals and do not necessarily reflect those of the entire ACO or its membership.

Thank you again for your involvement, your thought-provoking questions and touching comments.

Sincerely,



Peter A Crist, M.D.,
President, American College of Orgonomy

Participant A: 04:40 PM

Dr. Dave Price, a doctor on the frontlines of treatment in a large Manhattan hospital, said in a YouTube video alert he circulated that what he is seeing is not consistent with a viral pneumonia, but more consistent with altitude sickness and sudden inability to absorb oxygen. Are you aware of this, or of that YouTube video? If so, is what he's describing at all possibly part of an anxiety reaction?

Dr. Crist: You have asked two questions which I will attempt to address one at a time.

1. Yes, I am aware of this formulation and the video. But you have conflated two doctors, Dr. David Price and Dr. Cameron Kyle-Sidell and the two videos they made about their experiences on the frontlines in treatment of COVID-19 cases in the New York City area. I think both doctors and their YouTube videos are important, so I will clarify and talk about each one separately. Dr. David Price, a pulmonary critical care specialist at Weill Cornell Medical Center in NYC made a video on March 22, 2020 for his friends and family. It is quite long (57 min.), but well worth watching as an excellent non-panic medical review, in which he elucidates in a non-political, practical, let's-calm-down way an understanding of the virus, how it spreads and what to do to protect yourself. This video is on YouTube at: YouTube: <https://youtu.be/hTsBM-GRx6U>

Dr. Cameron Kyle-Sidell is also on the frontlines in New York, in his case in the Emergency Department and the ICU of Maimonides Hospital. He is the one with the YouTube video that you refer to, which is available at:

https://www.youtube.com/watch?time_continue=1&v=k9GYTc53r2o&feature=emb_log_o

In it he tells of his observations, as you describe, that patients with COVID-19 respond more like altitude sickness than a viral pneumonia. He then makes an impassioned appeal to anyone using ventilators with these patients that they adjust the ventilator protocols to reflect this new way of looking at the disease. His story was picked up by Medscape at:

https://www.medscape.com/viewarticle/928160?nlid=134891_3901&src=wnl_newsart_200405_MSCPEDIT&uac=91657EJ&impID=2336269&faf=1

and the NY Post at: <https://nypost.com/2020/04/06/nyc-doctor-says-coronavirus-ventilator-settings-are-too-high/>

I know there have been further developments with Dr. Kyle-Sidell and I haven't kept up with the details, but they can be found by searching his name on the internet or by watching subsequent videos he has posted on his YouTube channel. In one he states that he resigned his post in the ICU because he could not in good conscience follow protocols that he felt were harming patients. This wouldn't be the first time that mechanistic medicine failed to see the big picture and blindly followed a dogmatic approach based on an erroneous paradigm that ended in treatment and procedures that were destructive and caused more harm than good. Think Ignaz Semmelweis, decried during his lifetime for his ground-breaking discoveries about hand-sanitation, as described in the answer to Participant B's question below.

2. Regarding whether what Dr. Kyle-Sidell is describing could be part of an anxiety reaction, it is crucial to avoid a common tendency to attribute psychological or emotional causes to physiological reactions. The organomic understanding is that emotions are biological and represent our perception of energy movement in the body. In that way emotions and physiology are interrelated with every emotional reaction having its physiological concomitants and every physiological process its emotional reactions. But the realms of nature occur in a natural relationship to each other with the biological realm deeper than the emotional realm. It’s important to understand their relationship and stay clear about whether the basis of what we are seeing at any particular moment is primarily emotional or primarily physiological.

It would be a mistake to attribute the inability to absorb oxygen in COVID-19 to the emotion of anxiety. Anyone experiencing oxygen starvation would naturally feel tremendous anxiety when their life is in danger like that.

There is little doubt in my mind that in this situation, the oxygen starvation is a primary physiological process caused by the virus that interferes with oxygen absorption. I’ve recently heard some intriguing ideas from a Swiss colleague who reports that some people now think that the virus attacks the hemoglobin in the red blood cell and prevents it from absorbing oxygen. There is much we don’t know and must continue to make observations to understand before jumping to conclusions.

Participant B: 04:43 PM

What function does the pointing out of the discrepancies in the numbers of dead and infected people have for those of us that do that are outcast for it? We do not fit the two extremes that you described (chicken little and ostrich).

Dr. Crist: You have raised two points. I absolutely agree with your second one that not everyone fits the extremes of ostriches and Chicken Littles. I may not have clearly enough described what I intended, which is that I’ve seen a spectrum between two extremes along which actual people may fall, but not that everyone is one or the other. I also apparently did not adequately underscore that the alternative to the ostrich/Chicken Little dichotomy is a functional approach offered by organomic knowledge that arrives at the truth by observing until the truth becomes clear.

If I understand your other point correctly, you are saying that pointing out truth often causes people to shun those who do. I agree. Someone who does not accept the group misperception or delusion and points out the truth can threaten those who cannot tolerate seeing the truth. Your question reminds me of the little boy in Hans Christian Andersen’s “The Emperor’s New Clothes” who exposed the Emperor’s nakedness when he pointed out the sham of the Emperor’s splendid outfit. In that story the town saw the truth the boy spoke but all too often in real life, the boy would be outcast, as you describe. A tragic case with terrible irony in our current situation is that of Ignaz Semmelweis who in 1847 observed that compared to medical hospitals, midwifery hospitals had markedly fewer cases of postpartum fevers (what we now know are caused by infections.) He came up with the idea that doctors should wash or otherwise disinfect their hands before delivering babies after attending the medical wards and especially after doing autopsies.

When Semmelweis did that, the rate of postpartum fevers among his patients was drastically reduced, but his procedure did not fit the medical paradigm of the day. When he suggested hand washing with a chlorine solution before delivering babies, he was mocked for the crazy and insulting suggestion that his colleagues were somehow dirty. He was hounded to an early grave at age 47, the details of which are tragic. Sometime in the past month I noticed that Google had posted one of their Google Doodles to honor Semmelweis as the father of medical hand washing!

Participant A: 04:50 PM

An observation: Since work is a biological function, like hunger or the need for sleep, having our work blocked is having as profound an effect as being starved or sleep deprived. So, I’m finding people I’ve interacted with, myself included., to really underappreciate how profound an effect that is having on us, and that a lot of the tension people are feeling is related to that, in part because the work function as a biological function is generally under appreciated.

Dr. Crist: Wilhelm Reich identified so clearly that work is a natural, biological function that needs spontaneous discharge. And I agree with you, the reality of that and its impact are all too often underappreciated. Work serves a function much deeper than making money. Undischarged work energy can deeply affect someone. Since anxiety is what we feel when an impulse does not yet have a satisfying outlet, work stasis creates and fuels anxiety. That’s why in the current situation it is vital to find some form of expression for our natural work impulses.

Participant C: 04:51 PM

really vivid dream

Participant D: 04:51 PM

If a society consists of a collection of damaged character types, including its leaders, how does social organomy address the challenge of trying to overcome centuries of the blind leading the blind, or in organomic terms the neurotic leading the neurotic, and in terms of pandemics, neurotic societies leading panicked herds over the cliff and into totalitarianism, whether from the politically left or right?

Dr. Crist: You have put your finger on the depth of the human problem and the daunting task of applying medical, social and biological organomic knowledge to it. The only way to address this problem is to do it one person, one relationship, one organization, one town at a time. The hope lies in finding some way to establish a foothold in society for this knowledge. Another hope lies in the fact that we don’t have to wait for everyone to be emotionally healthy for us to see improvements. As I describe in the answer to Participant R below, there are times when changes in the interactions in the social realm can markedly affect the overall functioning of a group with only minimal changes in the individuals.

Participant E: 04:51 PM

Some positives: time with family, an increased state of togetherness. Enjoying nature more. Slowed down pace even though busier. Knocked out of my usual routine, I have had time to reinspect my goals and priorities.

Dr. Crist: So, many aspects of life can see positive effects when the usual routines are shaken up as long as the person can be open to seeing and taking advantage of them.

Participant F: 04:51 PM

I've had a chance to focus on my writing.

Dr. Crist: That's great. Another form of vital work expression.

Participant G: 04:52 PM

I became excited, mobilized.

Participant H: 04:52 PM

I was surprised how much I like the loneliness and the [how] much time I have. I do not need a lot of people around me. That surprised me. I like it calmer than I thought.

Dr. Crist: That's great that you're peeling away layers of the onion to see and feel what is deeper and closer to the core of who you are. I'm glad you are surprised by new discoveries about yourself. Hopefully you can retain contact with them once things go back to “normal” whatever that will look like.

Participant I: 04:52 PM

One positive thing for me is having more time to think things through more deeply.

Dr. Crist: That's great.

Participant J: 04:52 PM

there's definitely been more of a connect with my children. They have become much closer and as a family, as a single mom we have really become more unified despite everything.

Dr. Crist: As I've said, such difficult times can afford opportunities for the best to come out if we can take advantage of them.

Participant G: 04:52 PM

I felt deeper contact with myself and others.

Participant K: 04:52 PM

I live in a city and I’ve noticed how literally quiet it is - unnervingly so, outside. It’s not the natural life of the city, which itself is contracted.

Dr. Crist: Interesting observation about the city in a state of contraction. Social systems including cities are biological systems that pulsate with expansions and contractions.

Participant L: 04:52 PM

Serenity; sense of what is truly important, essential.

Participant M: 04:52 PM

The pandemic has helped me to access my anger in a way that would otherwise not be readily accessible

Dr. Crist: It’s valuable to differentiate rational anger from irrational anger. It sounds like you are referring to accessing your rational anger that can be used for constructive purposes. I may not have emphasized enough that the excitation stirred up by dealing with the pandemic activates our core nature. Expression of that allows us to do more productive, creative and socially constructive things than usual. But if our core expressions are blocked, our character becomes activated to manage the energy and we react in neurotic, self-defeating or socially destructive ways. The ultimate effect depends on the extent to which the primary, healthy core expressions are accessible in relation to the secondary, neurotic ones. I believe where that balance ends up at any particular moment is the basis for the common observation that traumatic events in society can bring out the best and the worst in people.

Participant N: 04:52 PM

I feel closer to my spouse and family during this time.

Dr. Crist: Again, love, work and knowledge.

Participant O: 04:52 PM

cleaner air, soft blue sky, quieter

Dr. Crist: With more contact with our core nature we are more likely to appreciate contact with the whole of nature.

Participant P: 04:52 PM

I find work far more enjoyable since I am working from home.

Dr. Crist: As I said in the webinar, the experience with the pandemic has the potential to bring people into better contact with their core nature. You are identifying something about your specific work nature. It would be great to try to identify what it is about working from home that is more enjoyable so that even when you have to go back to an office you can reproduce as many aspects of that as possible.

Participant Q: 04:52 PM

I'm seeing how plants react and connect in nature more. Thanks.

Dr. Crist: As I said to participant O above, with more contact with our core nature we are more likely to appreciate contact with the whole of nature.

Participant R: 04:52 PM

I have noticed the discrepancy between individual reaction and the social reaction. Do you have any thoughts about it.? Individuals realize that to hoard merchandise is crazy but then they still go to the supermarket to buy more of it. I think this is interesting. Individuals can be rational while groups are not.

Dr. Crist: Yes, I've had many thoughts about it ever since I started looking at the distinction between the social realm and the individual realm. It's fascinating. I think your observation is important in how it highlights the fact that the realms of individual and social functioning while interrelated are at the same time distinct. I've also seen it the other way around that individuals can be irrational while a group is not. Years ago, while singing in a chorus, we were rehearsing Beethoven's Ninth Symphony. While transported by the music, I happened to look around me at the faces of my fellow singers showing masks of frozen misery, artificial smiles, contempt, disgust, pain and so much more. I sensed tension in their bodies. I heard coughs and wheezes and remembered the petty gossip I'd overheard before rehearsal started. Flashes of each person's character that I'd gotten to know since joining the chorus went through my mind. In the midst of all of that I thought, *I'm surrounded by the full range of human pathology and yet this glorious music pours from us as a group.*

It was a profound experience that has affected my approach to social oronomy ever since. It is possible to bring the best out in a relationship or group without having to wait until each individual and their character has become completely healthy. It's what I've seen in working with couples as well as with my business clients. Remarkable improvements in a relationship or functioning of a group can occur with small changes in the interactions without having to wait for major changes or restructuring of the individual characters involved. In his book, *Joy at Work*, Dennis Bakke described the same sort of phenomenon when people derived more satisfaction from their work with a restructuring of the interactions in his industrial company without having to change the individual people.

Participant S: 04:52 PM

I'm enjoying the peace and quiet, less hustle and bustle.

Dr. Crist: A lot of people have mentioned that. Again, it would be great if you could reproduce as many aspects of that as possible when things get back to “normal” in whatever form that will take.

Participant T: 04:53 PM

I feel that during this time I have been more in tuned to my feelings in a more honest manner. It also has made me feel aware of the important parts of life.

Dr. Crist: I think this is another example of better core contact.

Participant U: 04:53 PM

I have been able to do my schoolwork with a higher level of satisfaction now that I am studying on my own. My fiancé has been able to work on many projects that she had put off. We are both doing quite well doing satisfying work at home together. Very surprised to be doing well with school from home.

Dr. Crist: In a wonderful short description, you’ve captured that better contact has occurred with all three of the essential aspects of life: love, work and knowledge.

Participant V: 04:53 PM

The understanding that dealing with a communist regime like China may not serve the well-being of a relatively free nation like America. This has been brought to the attention of many more people.

Dr. Crist: Yes, again as we said, a crisis can bring out the best or the worst in people. In terms of our ability to see things, threats can cause us to go blind as ostriches and Chicken Littles or they can bring us more in contact with reality. Some people’s eyes are more opened, and we can hope that that will continue after the acute threat has passed.

Participant W: 04:53 PM

We have time to spend together, or with ourselves without every day routine. Big walks, singing together have fun.

Dr. Crist: Better core contact leads to spontaneous movement that allows for expansion and pleasure even when the original stimulus was a threat and one of contraction.

Participant G: 04:53 PM

I dropped many of my usual defenses such as overeating. Now that it seems we are on the downslope of the pandemic, I am overeating again.

Dr. Crist: Character and defenses are fluid and dynamic as I’ve described in my answer to Participant DD below.

Participant X: 04:53 PM

slowing down. more sleep and feeling resting. home life more central. time to address back log of projects and paperwork. actually, with less business...more socializing.

Dr. Crist: Such a consistent theme in people’s responses—better core contact and focus on what is important.

Participant Y: 04:54 PM

The way me and my partner resolved issues, was a very positive surprise to me... we were able to not shut down facing our problems and remain in contact even though we were saying uncomfortable things.

Dr. Crist: Again, initial contraction in the face of a problem can bring about better contact with oneself and what’s important.

Participant Z: 04:54 PM

There are so many unknowns about this virus. any advice on how to move forward once the shelter in place guidelines are lifted? Not having a medical background makes it difficult for me as a layperson to make decisions. I tend to err on the side of caution due to underlying illness and high-risk factor.

Dr. Crist: You have underscored how much that uncertainty is a key aspect of the current situation. I wouldn't know how to give advice with so many uncertain variables for each person. You have to take into account, as you seem to be doing, what your own personal risks are, and treat yourself as a unique individual with needs and risks particular to you. You seem to decry your lack of a medical background, but that may be an advantage for you. You have the opportunity to follow common sense, which is all too uncommon. In my opinion, many of the people with medical backgrounds, especially those in positions of authority as advisors to governmental agencies, have not been doing very well at giving rational guidelines that help people know clearly how to handle the current situation. As far as your tendency to “err on the side of caution” it is valuable once again to follow the principle I discussed of looking at the effect rather than the intention. What are the effects of the course you are following, is it causing secondary problems and are the effects of it manageable?

Participant AA: 04:54 PM

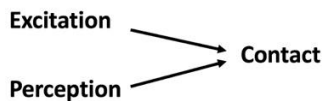
I feel to have a surprisingly clear sense of reality, regarding work and private life. I just do the things that have to be done, without suffering or complaining.

Dr. Crist: As with others, you describe the positive side of the coin that can happen in reaction to a crisis in which the contraction in the face of a threat or hardship can bring the person in better contact with their core nature and the neurotic reactions can drop away. As I’ve said, this is a basis for bringing out the best in people under stress.

Participant BB: 04:54 PM

How is observing connected to functional thinking?

Dr. Crist: This is an excellent question that has a simple answer with many ramifications. We can define functional thinking as the process by which thoughts spontaneously come to us that are in contact with an actual phenomenon in nature. The functional scientific method: perceive, perceive, perceive until a conclusion spontaneously comes to us that directly reflects a spontaneous process in nature, is a method for facilitating functional thinking. It requires tolerating uncertainty to suspend judgment and not jump to conclusions until the perceptions clearly reflect what we are observing. You cannot have functional thinking without contact with something in nature. The basis of bioenergetic contact is the accurate and integrated perception of excitation as I showed in the diagram:



Observations are a form of perception.

Participant CC: 04:55 PM

the lack of distractions in isolation seems to make each person's character more obvious to the observer. Have you seen this?

Dr. Crist: Yes, I have seen that people’s character are more obvious in the current situation. While they may be more apparent in isolation without distractions, I wouldn’t attribute it all to that. As I said, everyone’s character is more activated and has come more to the surface in the face of the intense uncertainty and heightened anxiety in response the pandemic and the approaches to its management. That activation of the character is enough to make it more obvious to anyone who is perceptive enough to observe it.

Participant K: 04:55 PM

I also see my procrastination in full bloom, ironically, with so much “extra” time on my hands.

Dr. Crist: Yes, whatever character traits that are usually present will tend to be exaggerated and/or come to the fore in a crisis. And the irony that you describe, comes from the fact that the irrationality of those traits is often more strikingly evident when highlighted by the discrepancy between your situation and how you react to it—in your case more time and less ability to use it in a satisfying way.

Participant G: 04:55 PM

Each weekend, early in the weekend I felt anxious about whether I should go to work in person. As each weekend evolved, I became aware of a strong desire to work, to get out of the house, and to interact with people.

Dr. Crist: One of the big problems in the current situation with the pandemic is the uncertainty about to what extent it is rational to avoid going out and having contact with people. You have healthy impulses to work and to reach out for contact with people all held back by uncertainty and fear about whether that is a risk worth taking. It’s a set-up for anxiety, defined as the feeling we have when an impulse is blocked and does not yet have a satisfying outlet.

Participant DD: 04:56 PM

With your definition of character, it seems to be fluid... that with effective therapy, someone's character would change because their reaction to external stimulus would change. Is this correct? I'm asking because often we think of character as static.

Dr. Crist: Yes, that is correct. The extent to which someone can change their typical reactions to stimuli indicates the extent to which they have been able to change their character. And it’s not just external stimuli but also the internal stimuli of emotions and sensations. And yes, I/we understand character as a dynamic process rather than a static thing. The tendency is to think of something described by a noun as an object rather than a constantly moving and changing process. Also, it’s not that one’s character type changes. The particular style of reactions that defines our character is usually pretty well determined by around the age of five. But the flexibility of that characteristic style can change and develop a broader range of reactions.

Participant EE: 04:57 PM

I have been gratified by increased interaction with neighbors I encounter while walking on my street -- people I rarely encounter -- one I have never met in 25 years!

Dr. Crist: Nothing like a crisis to shake us out of our normal routines. It may create uncertainty and anxiety but at the same time can afford unexpected opportunities.

Participant DD: 04:57 PM

If character changes and is not static, is there any part of our being that is static? When all is stripped away from us, what would be the part of who we are?

Dr. Crist: No, I don’t think any part of our being is static as long as we are alive. The fundamental nature of the universe and of life is spontaneous movement. When all is stripped away, what is left is our essence of dynamic, pulsating, spontaneously moving life. That essence is what I refer to as our core nature—what someone with a more mystical orientation might call the spirit or the soul. And that core nature has specific unique ways that it moves in each individual.

Participant G: 04:57 PM

I decided, rightly or wrongly, that my immune system might be stronger if I went to work.

Dr. Crist: Intriguing assumption but for me the proof would have to be in the pudding.

Participant FF: 04:58 PM

I was surprised that I was not so easily infected by the panic of others. I had rather an emotional reaction similar to the climate change discussion, i.e. mostly disagreeing. But then, there are some short moments of anxiety and feeling insecure.

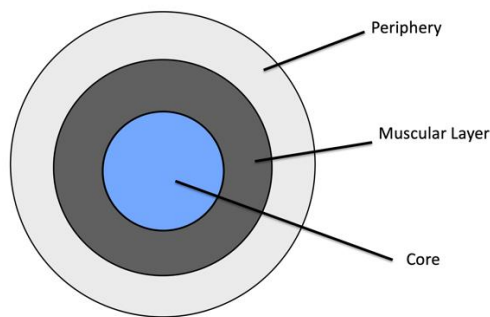
Dr. Crist: Again, I think you are describing core contact that for the most part can hold its own with some wavering connection.

Participant GG: 05:00 PM

How can we express anger in video therapy and at home?

Dr. Crist: I think it’s noteworthy that rather than one of the other primary emotions of love, fear, sadness, longing and anxiety, you asked about expressing anger in video therapy or at home. You must sense that anger is somehow different, and I believe it is. Your short, seemingly simple question about how to express anger has ramifications far beyond that particular context and beyond what I suspect you may have intended. But your question is a good opportunity to show something about how organomists handle emotions differently than many other disciplines. Let’s first, take a look at the bioenergetic basis of emotions in general. Then we’ll address anger as a particularly difficult emotion to manage in therapy, at home and in life generally.

Emotions are our perception of energy moving in our body between core and periphery.



Each of the basic primary emotions of love, fear and anger, occur with the perception of a specific movement of the energy—love with an expansive movement from core to periphery; fear with a contraction in response to a threat where the energy moves from periphery to core accompanied by sensations of cold skin and butterflies in our stomach; anger in response to the frustration of a natural impulse in which the energy moves from core and periphery into the muscles to remove or destroy the threat. Two subsidiary primary emotions of sadness and longing are felt primarily in the chest—sadness as a contraction of the energy into the heart in

response to a loss and longing as an expansion reaching out from the heart toward something that we desire but is not yet fulfilled.

If the natural spontaneous movement of energy in any of these emotions is blocked, it leads to additional anger, anxiety, misery and a whole host of secondary emotions that must be managed. If the blocks become chronic, we call them armor and the resulting emotions become bound up in the individual’s character and secondary layer. [See the diagram in the answer to participant D below.] It is important to differentiate primary, natural healthy emotions and impulses from secondary, neurotic twisted emotions and impulses that result from a block to the natural energy flow. This is especially true of anger because by its very nature it contains a destructive impulse.

There is no simple answer to how to express anger in video therapy or at home because without knowing the function of it in the individual’s character and their emotional structure at any particular time, it could become destructive. Somehow in the 1960s and 70s, Reich’s work and medical orgone therapy developed the reputation as a place to just express whatever emotions come up—a “scream therapy” where if someone was angry, they just needed to let it out. This view was further promoted by students of Reich’s or otherwise influenced by him who went off in their own directions to create their own approaches such as Janov’s primal therapy and Lowen’s bioenergetic therapy.

I wondered if the participant who asked this question might have been thinking along these lines about the possibility that during video therapy, they could punch a pillow, scream, yell or hit the couch. Those are all physical ways that anger could be discharged and might be of value in sessions with a medical orgonomist. But whether in-person or by video, therapy is not just about expressing emotions. It is about helping the person to allow better contact with themselves and stay integrated so that they can handle their emotions more rationally.

If anger is simply allowed expression when it’s coming from a neurotic source it can become destructive and not just a healthy aggression to eliminate an obstacle. As I said in the answer to participant M above, it’s important to differentiate *rational* anger from *irrational* anger.

Managing emotions in general but particularly managing anger these days brings us to the crucial intersection between medical and social orgonomy. One of the important discoveries in social orgonomy has been the understanding that in the 20th Century, society in the Western world has undergone a major transformation from an authoritarian social structure to an anti-authoritarian social structure. That transition was largely complete in the US by about 1960. I am in the swing generation of orgonomists who actually can remember the 1950s. In the time that I’ve been in practice the social transition has been reflected in a consistent shift in the character of individuals. The authoritarian social structure tended to create repressed characters with whom merely encouraging expression of emotions was absolutely rational and therapeutic in helping overcome their basic problem of inhibition. In the anti-authoritarian era, the general tendency toward excitation means that discharging emotions without improved perception can often be disastrous. It would be irresponsible for me to suggest any particular action for someone to take on video or at home to manage their anger. Without differentiating primary healthy expressions of anger from secondary, neurotic and pathological expressions, one could activate additional excitation that the individual could not integrate and risk them taking their anger out on someone

in a destructive way such as acting it out in abuse towards a spouse or their children or becoming destructive toward themselves.

In my experience it is generally safe to have the patient express anger verbally in a video session but even then, the anger could be either something that needs expression or a way of avoiding another emotion. That has to do with the way the patient’s character defenses are layered and how they handle their emotions.

Because of the limitations of perception with video, it is even more essential than ever for the therapist to understand the patient and their character and be sure the patient is integrated and in contact before discharging emotions more intensely than verbally. These are some of the reasons that I wouldn’t want to attempt to treat someone by video that I have not already seen and gotten to know well in person. I need to understand their character and the function of each particular emotion that may come up. Especially with someone in another city, another state or in another country, there’s no way to evaluate what that person might do with the expression of anger without understanding them well in a way that can only come from feeling them out in person. I also want to feel safe that I knew the patient well enough that they would not need to come in for a session if they got in trouble—impossible at a distance.

I’m not sure how to answer the question about expressing anger at home beyond what I’ve already said about expression of anger in general. Again, it all depends on whether it is rational or irrational. But a key principle that I mentioned in the webinar is that what matters is not what is said or the intentions but the actual effect. This is especially true of expressing anger which can potentially have destructive effects if the person is not in good contact with themselves and therefore not in good contact with someone else and the effect they are having.

I hope this long answer to a seemingly short simple question about expressing anger illustrates why it is so important to grasp the function of a patient’s particular emotion in each moment. Conducting therapy in a truly functional way requires understanding the patient and their character overall, which is why in the webinar I emphasized character as a central aspect of medical orgone therapy.

Participant H: 05:03 PM

I had video sessions as a patient and it actually felt a bit easier to let go into strong emotions than in one-to-one sessions.

Dr. Crist: Yes, I can see how that might feel counter-intuitive. But as I said, what matters is the actual effect not the intentions or what we think ought to be the way to do things. I have had patients who initially travelled a distance for intensive therapy with several sessions over the period of a few days. After a while, we discovered that phone and video sessions were actually better because they reduced the intensity compared to in-person sessions, and made it easier to allow things to happen spontaneously and become integrated. A functional approach is about paying attention to the effects and seeing what actually works, rather than some formula about how things should be done or what we expect should happen.

Participant D: 05:05 PM

I don't believe that it ALL comes through on video. Disagree about eye contact. There is no true/full eye contact on video. It is virtual eye contact. The energy field is missing.

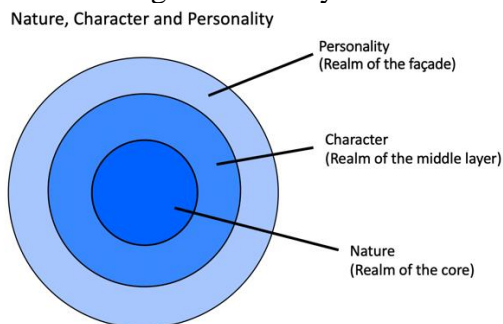
Dr. Crist: I agree with you, it can't ALL come through on video and there can't be any true/full eye contact on video. I don't recall either Dr. Burritt or me saying that it ALL comes through on video. If either of us even implied that, we misspoke. As I showed in the diagram, genuine, bioenergetic contact occurs with accurate perception of excitation. The perception through video can only be of a mechanical, electronic form of energy with no direct perception of primary bioenergetic excitation. So, yes, it is a virtual contact in which each person must in some way perceive and reinterpret from an abstract image what is going on with the other person.

Participant D: 05:06 PM

Masks: aren't we always wearing one?

Dr. Crist: I think you're being humorous, and I like it. But there is something much more significant in your seeming quip. I think it depends a lot on what we mean by a mask. In the webinar I showed a diagram of our emotional structure, core, secondary layer and façade. The façade is our mask. The three layers correlate closely with the realms of nature, character and personality. My paper by that name, published in the *Journal of Orgonomy* from 1993, is available at: https://www.orgonomy.org/articles/training_links/crist_nature_character_27_1.pdf

As shown diagrammatically:



In it I discuss the origins of the three words. “Personality” comes from *persona*, from the Etruscan *phersu*, “mask,” as used by an actor in ancient dramas. So, clearly, our façade, our personality is like a mask.

But it's key to distinguish between a false façade/mask and a useful tool to better connect with people and the world. I present a different face to different people depending on my relationship and function with them whether as a doctor with my patients, a husband with my wife, a father with my daughter, as a friend, as president of the ACO or stranger to stranger. The key is whether each particular face/mask/personality supports or interferes with each function in my life.

I believe at times our expressions emanate directly from our core nature. In those moments the distinctions between nature, character and personality fall away and are no longer functionally

relevant—our personality, our mask becomes one with all of us. Of course, even then our expressions still have a face to them, but I wouldn’t say we’re “wearing” a mask.

Your question reminds me of a great little story about Wilhelm Reich. In working with a patient, he pointed out that she had a mask. She is reported to have said, “But Dr. Reich, you have a mask too.”

He responded, “Yes, but my mask doesn’t have me.”

Participant HH: 05:07 PM

Is the amount of production that goes into satisfying secondary needs a reflex [reflection?] of the unpreparedness and lack of economic resilience the pandemic has brought into focus? This phenomenon scares me.

Dr. Crist: I’m not sure I follow, but I think you’re talking about the distinction between primary and secondary emotions and impulses that I mentioned in the webinar and in my answer to Participant M above. I think resilience comes from core contact. The extent to which energy is diverted into secondary layer expressions it will be unavailable to support a true resilient response. I agree that is a problem and at times frightening. But this is not unique to the current pandemic. A review of human history shows that the tendency for human energy to be diverted into pathological expressions has been true since the origin of human neurosis and the dawn of civilization. I tend to be an optimist by nature and ironically find solace in a study of history that shows how bad things have been for so long. Because, after all, we still exist as a species.

Participant G: 05:07 PM

Although as a medical ergonomist I have been impressed by the seemingly positive aspects of the patient and I seeing each other’s face up close on video sessions, I feel that the interaction is headier and not as alive.

Dr. Crist: I agree. I have been surprised by how much of a connection can happen with video. At the same time, as I said in response to Participant D’s question above about virtual eye contact, I think contact through video requires reinterpretation of perceptions from an abstract image of what is going on with the other person. By its very nature that can only occur in the brain and is of necessity headier.

Participant S: 05:08 PM

Do you see the attendees?

Dr. Crist: As the presenter, I could see Dr. Burritt when he was speaking but never saw the participants.

Participant Z: 05:09 PM

Is it too late to ask my question above?

Dr. Crist: I’m sorry that with all of the attendees and the many excellent questions asked, it was not possible to answer all of them. That’s one of the reasons I decided to give answers here after the fact, in this way.

Participant DD: 05:09 PM

Thank you.

Participant D: 05:10 PM

Video eye contact lacks the awareness that the other person is actually making eye contact in return.

Dr. Crist: I agree. As I said in my response to your earlier comment there cannot be direct bioenergetic contact through video. Even the reinterpreted virtual contact is further complicated by the fact that the placement of the webcam on the computer makes it impossible to look directly at the camera while simultaneously seeing the image of the other person directly. Maybe, especially these days, someone will come up with a laptop with the camera right in the middle of the screen to allow the image of the other person to be centered over it.

Participant AA: 05:11 PM

Thank you very much for the insightful webinar! I'm looking forward to seeing more of that kind!

Dr. Crist: You are welcome. Please follow our website and e-mail blasts to keep informed. If you are not already on our e-mail list, join it at www.orgonomy.org to be sure you are kept up to date with our upcoming events.

Participant W: 05:11 PM

Excellent!! Looking forward to next webinar. Thank you!!

Dr. Crist: Thank you and you’re welcome. We’ll look forward to seeing you on the list for the next one.

Participant II: 05:12 PM

Thank you for this webinar!

Dr. Crist: You’re welcome.

Participant W: 05:13 PM

We don't really want to leave meeting!!

Participant JJ: 05:43 PM

I miss the excitement of small music group get togethers in my home.

Dr. Crist: A lovely final note clocked in almost a half-hour after we ended the webinar. It reflects the longings of a social animal to gather for creative expression like the birds in the final video I showed. The starlings can soar as a murmuration with instantaneous harmony of individual movement that spontaneously creates shifting, ever-new forms of the whole group. As I said at the end of the webinar, my hope is for the day when humans can overcome the obstacles to contact with themselves and contact with others to function as independent and free individuals who are also part of a cooperative social process. Music is a universal language that can help do that.