

# the journal of Orgonomy



## major articles

The Function of the Orgasm (xi) \_\_\_\_\_  
Wilhelm Reich, M.D.

My Eleven Years with Wilhelm Reich (xvii) \_\_\_\_\_  
Elsworth F. Baker, M.D., O.S.J.

The Gouty Diathesis \_\_\_\_\_  
Charles Konia, M.D.

A Case of Conversion Hysteria \_\_\_\_\_  
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A "Problem" Child \_\_\_\_\_  
Peter A. Crist, M.D.

Some Effects of the Orac on Cancer in Mice \_\_\_\_\_  
Richard A. Blasband, M.D., O.S.J.

Bions and Cancer: A Review of Reich's Work \_\_\_\_\_  
Myron D. Brenner, M.D.

Orgonometric Gravitational Acceleration \_\_\_\_\_  
Philip J. Koopman

The Perceptual Function in Armoring (I) \_\_\_\_\_  
Charles Konia, M.D.

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*Marguerite Martha Mayberry Baker*

*Charles Wiesbahn*

## Editor's Page

When I started the *Journal*, I reserved one page for myself, "The Editor's Page," where your editor could write whatever was uppermost on his mind when this journal went to press. I have written about such varied subjects as my pioneer mother, space travel and the galaxies. In this issue I wish to pay tribute to my wife who died on June 4th, 1984. Some may feel that it is not organomic, of no interest to readers, too personal, and inappropriate in this context, but Marguerite was a part of the history of Orgonomy — a true pioneer spirit in this exciting frontier.

Let me explain. I come from a long line of pioneers. Each generation, they moved farther and farther west until my parents were born in Minnesota. They moved on to South Dakota, where I was born, and then on to the Northwest Territories in Canada, forty miles from the nearest railroad, where I grew up on the edge of civilization. I went into medicine and moved East. It seemed as though I was reversing the trend, but I became interested in Reich and orgonomy and soon found that here I was again involved in pioneer work — my destiny. Reich was scorned by the medical profession. I in turn was asked to leave the hospital where I was working; I was being groomed for the presidency of my county society and was dropped like a hot potato; the New Jersey Neuro-Psychiatric Association took steps to try to have my license revoked; friends of long standing left me and would not be seen even talking to me. I was bewildered because all I saw was that I had found something of great value for humanity. I did not realize that it upset old established customs and values, and the world was not prepared to accept it. Through it all, Marguerite went along uncomplaining at the chaos I found myself embroiled in. I am hoping that you would like to know something of the woman who stood behind me and supported me and my work for forty-three years.

Marguerite was born in Union City, New Jersey, December 8th, 1917, of Irish extraction and had the traditional red hair and blue eyes of maidens claiming ancestry from Olde Ireland. She was a nurse, a good one. In the early days, she did a lot of work in orgonomy. She went with me to Reich for therapy, joined his seminars on his invitation, started an organomic play group of two- and three-year-olds, attended the International Conferences and, later, the College meetings. She was the one who had the courage to tell Reich that one of his "Children of the Future" mothers was crude and pornographic.

She showed her pioneer spirit in other things, as well. Besides the usual household duties of cleaning, cooking, shopping, and so forth, she managed all of the business and finances of the household, as well as typed and corrected my writings, thus granting me a great deal of time which I could spend on my work, especially as I became more and more involved in it. But this was not all — she saved a lot of money by making all of the draperies for the house, hooking rugs for the floors, making patchwork quilts, and decorating with découpaged pictures and boxes. In all she undertook, her work was not just ordinary run-of-the-mill effort. She took great pains to help beautify the house and then went outdoors, helping to build and beautify the grounds. She got down on her hands and knees in the dirt and laid 8,000 bricks for a patio.

She was an inveterate reader, with particular interest in ancestry, lineage, and royalty. She was a fund of information on many topics and saved me from making a fool of myself repeatedly. When the children were grown and she had more time, she took up the study of professional dancing — something she had always wanted to do — and won many prizes, mostly firsts, in contests. She was also fond of traveling and saved to see as much of the world as she could. Each time, she brought me things from the countries she visited. She was a careful shopper, buying inexpensively and intelligently. She would buy Christmas presents for everyone, spending less than I did on her presents alone.

I have pointed out many times how, although we endeavor to help people live, we forget to live ourselves. Marguerite did not forget to live, in spite of all her work, and was an inspiration to all who knew her. She was loyal and faithful, a hard worker with many interests. She raised three sons of whom she could be very proud.

Marguerite Martha Mayberry Baker is greatly missed.

*The Editor*  
November, 1984

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*Love, work and knowledge  
are the wellsprings of our life.  
They should also govern it.*

Wilhelm Reich

# The Function of the Orgasm: Part XI\*

*Wilhelm Reich, M.D.*

## THE SOCIAL SIGNIFICANCE OF GENITAL STRIVINGS

In the previous section we concluded that aggressive tendencies toward the outside world intensify when genital aims meet with internal or external obstacles. In compulsion neurosis the penis becomes a fantasied instrument of hate, and genital eroticism is at the service of destructive impulses. Animal behavior confirms our finding that genital satisfaction allays destructiveness, while a dearth or absence of gratification evokes it; furthermore, that if we extirpate the source of sexual impulses, we permanently inactivate the destructiveness.

Since sexual repression and lack of genital gratification heighten sadistic impulses, it must follow that in our culture sex negative practices, which block and fragment sexuality, play a key role in the development of human sadism.

### *The Splitting of Genital Goals in our Society*

In animals the destructive drive appears only as an oral-destructive impulse for the purpose of survival or self-defense. The predatory carnivore only kills when hungry. Predators kept in zoos are not dangerous when they are satiated. Their hostility toward strangers reflects an instinctive sense of danger, as shown by their opposite behavior toward their familiar trainer. Anything akin to the phallic and anal sadism in man (stabbing, shooting, piercing, beating, crushing, trampling) does not exist. (Genital aggression at the service of conquering the female cannot be considered sadism.)

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\* Translated by Barbara G. Koopman, M.D., Ph.D., and Irmgard Bertelsen, B.S., from *Die Funktion des Orgasmus* which was published by the Internationale Psychoanalytischer Verlag in Leipzig, Vienna, and Zurich in 1927. This is not to be confused with *The Function of the Orgasm* (Volume I of *The Discovery of the Orgone*) published in 1942 by the Orgone Institute Press in New York.

The main hallmark of the destructive drive in man is that it does not subserve any basic biological needs. In this respect, it closely resembles the violence of sexually frustrated animals. It represents the antithesis (as well as the result) of civilization and human aspiration, which in turn are based upon the suppression and sublimation of sexuality. The outcome is very much a product of the social milieu and the individual's capacity to adapt. At either end of the spectrum the destructive drive may give rise to antisocial, violent character types (rapists and murderers) or to moralistic fanatics, who clearly reveal the origin of their behavior by their extreme intolerance and rigidity — for example, the Catholic fanatics of the Inquisition, who committed unspeakable cruelties on the pretext of defending their moralistic dogma. The ascetic practices demanded by religion were themselves the result of deep-seated guilt feelings; the original sin of Adam and Eve was a genital act, forbidden by God. The external *verbot* became an internalized prohibition, as it does in compulsion neurosis. As Freud and Theodore Reik have noted,<sup>1</sup> religious ceremonies follow the same laws as compulsive rituals. However, I believe no one has yet pointed out that their brutal character stems from the suppression of genital drives. The resulting sadism then becomes transformed into religious masochism. Basically, the masochistic orgies in the Middle Ages and the immense brutality of the Inquisition both subserved the release of sexual energies. De Coster's graphic account of the Spanish Inquisition shows his grasp of these facts in his vivid depiction of the characters of Philip the Second and Till Ulen-spiegel: The latter, a Protestant who negates and ridicules ascetism, emerges as the prototypical decent fellow in contrast to the cruel neurotic King of Spain. This rejection of ascetic practices symbolizes the benign influence of the Protestant faith upon religion; at least initially it differed from the Catholic in its kindly and tolerant attitude.

If we consider now our current sexual mores, as embodied in our traditional, capitalistic middle class, we see that they bear a striking resemblance to compulsive neurotic ideology:<sup>2</sup>

1. Extramarital intercourse is considered animalistic (sadistic) and dirty (anal).

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<sup>1</sup> Beiträge zur Religionspsychologie," *Internationale Psychoanalytische Bibliothek*, V, 1921.

<sup>2</sup> The following two sections are based on two of Freud's studies, but discussed from a different viewpoint: "Beiträge zur Psychologie des Lebeslebens" and "Die kulturelle Sexualmoral und die moderne Nervosität," *Gesammelte Schriften*, V.

2. Despite physical and biological reality, even doctors often enjoin premarital and extramarital abstinence.
3. Masturbation is considered the evil of evils, even by doctors, notwithstanding that it is a facet of normal psychosexual development.
4. There is a sexual double standard: Young bachelors are allowed extramarital intercourse but their feminine counterparts must be "protected"; thus society tolerates prostitution as a "dirty" but necessary evil. The sex act is seen as dirty and animalistic, a kind of defecation, and not a biological, physiological, and psychological necessity. The tender and sensual components of genitality are split. The young man satisfies his sexual appetites with a prostitute or a "chippie" whom he would never marry because she has surrendered herself without a wedding band on her finger. At the same time he idolizes a girl from his own social stratum — the more he adores her, the more vehemently he rejects the thought of a sexual relationship with her: Her yielding to his sensual demands would kill his tender feelings for her.

The split in genital aims and the separation of tender and sensual feelings bespeak an anal origin. Both evolve from the cumulative effect of various repressive mechanisms, which may be accurately observed in the analysis of neurotic patients. The woman on the pedestal represents the mother; the child expects no display of sexuality from her, for it is she who has forbidden him the pleasures of masturbating and condemned it as dirty. Thus, as a result of their childhood disappointment with the mother, many neurotics show a deep contempt for women. They see the parents, and especially the mother, indulging in the very acts forbidden to them. They then repress everything and are left with doubts about the justice of God and man, a tendency to greatly overesteem or underesteem women, compulsive preoccupation with religious dogma or atheism and most significantly, the inability to unite their tender and sensual feelings. Thus, only half the ego can participate in the sexual experience, resulting in a loss of sexual satisfaction with all its adverse effects. Of these, the increase in sadistic-aggressive impulses has the greatest social impact.

Aside from irrational reasons for justifying the sexual double standard, rationalization also plays an important role in evolving the contrasting ideas about extramarital sexual behavior (including adultery) on the part of men and women. These stem from the actual lack of sensitivity and naturalness in the current practice of sexual relation-

ships. Prevailing sexual morality first derogates sexual feelings, especially those felt during the act, and then belabors their baseness by condemning sexual needs as perverted and prurient.<sup>3</sup>

Thus a woman's extramarital surrender is adjudged differently than a man's, even by the relatively unprejudiced. The vernacular reflects this attitude: The woman has "thrown herself away" on the man; the man has "possessed and ruined the woman"; the woman never "ruins" the man, nor does a man ever "throw himself away" on a woman. Most men see "possessing" a woman as a conquest, and, if she is married, it is also a "triumph" over the "betrayed" husband. No longer are we dealing with a sexual experience, but with "possession," "loss," "betrayal," "triumph," and "revenge." According to bourgeois standards, it would be inconceivable for a husband to confide in his wife about an extramarital affair he may be temporarily pursuing.

Of course, under such conditions, the orgasmic experience pales beside the pleasures of conquest, betrayal, furtiveness, and desertion. Whenever middle class morality undermines orgasmic potency, this leads to distortion of genital object love and reinforcement of the sexual double standard. An orgasmically potent individual never sees the sex act as a proof of potency, a conquest, or an act of revenge against a third party, but as a necessary and pleasurable experience that needs no special *raison d'être*. A nonfrigid woman "gives" and "takes" just like a man does and is never just a sexual toy. It is clear that a sex-positive attitude can counteract the derogation of sexual pleasure and sexual activity.

The bourgeois individual justifies his lowly view of sex with a rational basis of his own creation, i.e., the sexual prurience of the average middle class man complemented by the life-negative upbringing of his sexually inhibited female counterpart. The smuttiness is a product of middle class sexual morality which sullies and destroys the natural sexual embrace, transforming it into something dirty and animalistic. Smuttiness, admixed with a strong natural sex urge, results in lust.

A striking fact complicates this social and psychological state of affairs: No matter how phallic and emancipated a woman is, she becomes enslaved to the man who brings her to orgasm. This appears

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<sup>3</sup> This sexual morality stems from the ideology and special interests of the affluent and propertied class but transcends these boundaries to include a large sampling from the petite bourgeoisie, minor officials, and civil servants. But even the urban working class members are not exempt, for they adopt the middle class standards as they approximate the petite bourgeoisie lifestyle.

rooted in the biological difference between the sexes. After a gratifying sexual experience a woman intensely desires her strong masterful male; if a woman is not too intelligent, she may develop a peculiar tendency toward dependence and submission. The healthy male, unlike his female counterpart, is protected from this by his phallic, sexually aggressive, traits. (Only an unsatisfied or effeminate man may become bound to a woman, who then secretly despises him for it.)

Prevailing middle class morality has transformed this biological interaction into the masculine wish to dominate and a reactive masculinization of the woman — and into orgasmic impotence in both sexes. To be sure, the woman's natural response to the lack of a penis increases greatly, if not decisively, by the downgrading of the female sex inherent in the double standard. Little girls are repeatedly told they cannot do what little boys can do. The result is a vicious circle: Unsublimated penis pride in the male leads to derogation of the female; this renders the woman masculine, sexually shy, and frigid; her frigidity makes her less valuable as a sexual object and conveys to her partner the feeling that he is just using her to satisfy his lust; this, in turn, intensifies his masculine arrogance and contempt for women.

The notion that women must "endure" coitus, that it is something degrading, cannot entirely be explained by the "sadistic idea of coitus," for this would imply that the woman hurts the man during intercourse. Moreover, a similar notion is common even among those without a sadistic concept of the sex act. Therefore, it most likely has its roots in the debasement of sexuality and the cruelly degrading behavior of men toward women.

Let us now look at the relationship between college fraternity practices and the sexual life of the individual fraternity members. Two features stand out: latent homosexuality, which is already inherent in the setup of male fraternities; and poorly disguised sadism. We are indebted to Bluher<sup>4</sup> for having signaled the great importance of homosexuality in the setup of male organizations and fraternities (though one may dispute some of his scientific and ideological thinking). Boehn in particular has shown that intercourse with prostitutes may serve to gratify repressed homosexual wishes. Possessing the prostitute becomes the means of sexual contact with all other men. In fact, in response to unresolved homosexual wishes, fraternity men, enlisted men, and officers enjoy visiting bordellos together. For two or more

<sup>4</sup> *Die Rolle der Erotik in der männlichen Gesellschaft*, Jena, 1919. "Beiträge zur Psychologie der Homosexualität," *Internationale Zeitschrift für Psychoanalyse*, VIII, 1922.

men to have intercourse with the same woman is as common in these circles as manifest homosexuality. "Crushes" between senior and freshmen classmen, though usually not consummated sexually, belong here, too. In both sexes (as we know from analysis of neurotics), the splitting of sexuality into tender and sensual components leads to heightened homosexual impulses and the emergence of sadism. Fraternity members gratify both tendencies through fencing and dueling. Characteristically, they relish the "fight" and the polarization of "friend" and "foe." In those patients, such as erythrophobes, who constantly struggle against their homoerotic impulses, the drive breaks through in dreams in the form of dueling with knives, sabres, and guns. Such imagery serves as a defense against the impulse as well as its gratification. Thus, among fraternity members, dueling with friends may be seen as a sadistic substitute for mutual masturbation, including at the same time punishment for the act. The wish to show off scars and the chagrin of young freshmen, as well as of prize duelists, who lack them, can only be construed in one way: The duel gratifies the wish for self-punishment, while the exhibitionistic display of courage compensates for inferiority feelings.

We must assume that a distorted capacity to love is a key factor in the development of violence — both in the individual, as well as in the masses. The brutality of the World War (and probably the war itself) would not have surfaced if the power hunger of a few leaders had not caught hold of the latent sadism of individuals. In an essay entitled "Current Thoughts on War and Death,"<sup>5</sup> which deserved more attention than it got from the circles it should interest the most, Freud explained war fervor as follows: War represents a collective abolition of repression, whereby an idealized father image, such as the emperor, sanctions the release of sadistic impulses in particular. At last one may kill without guilt. As we observed throughout the war, those capable of strong heterosexual attachments or complete sublimation rejected such sanctions; on the other hand, the most brutal daredevils of the war were men who regarded women as toilets, or were latent or overt homosexuals. Sadistic psychopaths and antisocial characters also fare well in a wartime setting. Everyone who fought in the war can recall how widespread were the sure signs of perverted genitality — anal jokes and scatological curses — in the casino, the barracks, the drill-ground, and the officers' mess. Talk of whores and "screwing" dominated the conversation. Those familiar with the mil-

<sup>5</sup> "Zeitgemässes Überkrieg und Todt," *Gesammelte Schriften*, X.

itary vernacular for genital functions can verify the collective regression to anal and sadistic levels, which escalated throughout the war. However, even the prewar language of the barracks was eloquent testimony to the sexual pathology of the masses and their leaders.

It is a truism that wherever power and force govern, there is no room for love. This is certainly accurate, but not complete. From both social and psychological standpoints, we must bear in mind the following: When genital object love cannot enjoy full expression, the need for power and brutality develops above and beyond what is biologically and sociologically necessary. Clinical experience has already shown us the effect of inhibited sexuality upon the readiness to hate. But power hunger alone was not the prime mover for those few leaders who decided about war and peace — although it was a strong factor when coupled with the socioeconomic powerplays. But surely sexual repression could not have failed to leave its mark on the mentality of the individual. No one has surpassed the dynasty builders and aristocrats of birth and wealth in extreme repressiveness. Class prejudice, class consciousness, perhaps even the welfare of the state, demanded that individual sexual needs be subordinate to class interests. Marriage and choice of consort were mostly political matters, especially among the higher echelons of government. Such renunciations, dictated by social needs, did not go unfelt. Dutifully acceding to such pressures without overt protest was not without consequences: The revolt of the infantile unconscious. And when the rigid dictates of *noblesse oblige* did not permit rebellion in one's household, release could be found in sexual "scandals" and the sadism of war.

In this way, external constraints, dictated by economic interest, compound the sexual *verbots* imposed upon the individual. The proletariat does not suffer such economically dictated sexual restraints. Less pressured than the affluent in this regard, they suffer fewer neuroses and fewer sexual restraints, the poorer their standard of living is. We can readily document this in the analyses of the neediest of working-class patients, whose childhood history characteristically reveals brutal deprivation, diminished repression, neglect, and sexual precocity (quite literally).

Among the poorer working class levels, violence breaks out in the form of knifing, murder, and alcoholic excesses. How does this fit in with the relative unrepressed genitivity of the group? First we should note that the manifestation of violence among the masses is not proportionate to the number of individuals. Considering the poverty of the workingman, compelled to toil at heavy manual labor, and the

greater or lesser dearth of effective cultural inhibitions, we might well wonder why violence is not more prevalent in this population. Sociological research was unable to answer the question of how single individuals can subjugate masses. Under such living conditions, hitherto prevalent, and still in evidence, chaos and revolution would surely have surfaced if this population had suffered the same sexual restraints as the ruling class. The comparative docility of the masses, surely surprising to even the most perceptive capitalist, can only be due to their relative lack of sexual repression and the resulting sexual gratification which withdraws energy from the sadistic impulses. However, if one provokes a member of the underprivileged class, his violence is much more primitive and direct than that of his wealthier counterpart, because the concealing cultural facade is lacking. It is infantile compared to the well-disguised, and therefore harsher and more diffuse, brutality of the advantaged. Certainly we can understand the latter's brutality as a way of protecting one's property; however, we might well wonder if their superior economic power came about only through their brutality, which was fostered by their setting themselves apart and restricting sexual freedom both within and outside their circle. Or was it the other way around? Did some individuals accrue great wealth right from the start, through purely external circumstances, as Karl Marx postulates? Did this state of affairs only secondarily lead the affluent to set themselves apart and restrict sexual freedom in order to safeguard their property which, in turn, fostered the rise of a brutal propertied class?

Sociologists may one day be able to unravel many important problems which would remain unresolved without the aid of such critical resources as analytically-oriented sexual psychology and the theory of the unconscious.

### *The Consequences for Marriage of the Split in Sexuality*

There is a major factor in the premarital sex life of men that has a devastating effect on marital life for both sexes. As is generally known, prostitutes are either totally frigid or capable of orgasm only with their lovers, the "pimps." Younger prostitutes sometimes feign orgasms, but this does not fool the experienced man for very long and may even disgust him. He soon becomes apathetic toward women and the sex act is reduced to a mere masturbatory release, no longer triggered by a woman, but by fantasies alone. The resultant attitude toward women is best epitomized by such expressions as "A hole is a

hole," or "All cows are black in the dark," etc., so often heard among officers' and students' circles. Some men use a repertoire of coital variations to compensate for the pleasure they should be sharing with a woman. There is little satisfaction to be had in this way.

Not uncommonly, there are many men and women who do not even know that a female orgasm exists or, if they do, consider it disgraceful. The contempt for women and the apathy they experience from "anal" and onanistic paid sex leaves men with a feeling of disgust following the act and even at times while ejaculating. This reaction is very difficult to overcome in marriage. Genital sensuality is so anally contaminated that it cannot be linked to tender feelings. If tenderness can still be felt, intercourse with a beloved woman, consciously or unconsciously means an act of defilement. When tender feelings cease, the act becomes a burdensome duty and a mere process of evacuation. If tenderness remains, the man may fall victim to facultative or total impotence. The wife, who had to suppress her sexual feelings until her marriage, likewise suffers. Overcoming her sexual shyness calls for great tact and understanding on the part of the husband, especially at the beginning of the sexual relationship. But her spouse has developed no interest in satisfying a woman or is turned off by any sexual display from his wife, which he associates with a prostitute's feigned excitement. This splitting up of genitivity into the antithetical components of marriage and prostitution is a major cause of chronic frigidity in women who are not particularly neurotic. In men, lack of interest in satisfying the partner leads to premature ejaculation and penile flaccidity. The husband proceeds to ejaculate without accommodating his wife's needs, making it difficult or impossible for her to reach orgasm. This is especially common early in the marriage. As a result, the wife regresses to early infantile fantasies, which are the breeding ground for psychoneurotic illness. In the therapy of female frigidity, this socially determined form of premature ejaculation on the part of the spouse looms large as the last but invincible obstacle. Although analysis frees up the wife's genitivity, it cannot develop because of her husband's sexual inadequacy, i.e., he cannot overcome the split in his genital strivings. He continues to behave as narcissistically as he did in his bachelor days with mistresses and whores.

In other cases, the husband cannot do with his wife what he did with prostitutes (e.g., coital variations, extragenital release), since he does not expect such "bordello" behavior from his passive, inhibited spouse. Such acts are appropriate only to the "degenerate" prostitute. From what we know of psychosexual development and from the anal-

ysis of married women, there is no doubt that foreplay, according to the needs of the individual, is necessary for the discharge of certain unsublimated pregenital impulses. Rejection of this practice is actually based on repression. Men who repress such pregenital needs may also fall prey to neurosis. The constraints always generate irritability in the marriage, the origin of which generally remains unconscious or suppressed. If a man fragments his sexuality by satisfying his genitality in the socially accepted marital act and his pregenital needs outside of the marriage, the effect on his marriage can only be detrimental. The inhibition or splitting of genital aims has a progressively dulling effect on sexual attraction; orgasmic discharge becomes less and less intense; fantasies stemming from undischarged impulses surface during the act in a disturbing manner; and finally hostility wells up especially toward the supposedly reprehensible spouse. As a result polygamous desires appear, stirring up guilt in morally inhibited husbands and serving only to increase the hate. If a man lacks the capacity for sublimation or the opportunity to do so in his work life, homosexuality may surface or he may become a gambler or alcoholic.

An inhibited woman with strong sex drives can only take flight in neurosis. Her disappointment in her husband may not necessarily become conscious; the stronger the repression, the more she turns to her fantasies for gratification. This leads to regression and sexual stasis. On the other hand, sexual frustration may make her bitter and quarrelsome. Her reaction depends on the strength of the sexual inhibition. Many poor marriages are based on the fact that the spouses could not find each other genitally (literally and figuratively), in which case the marital conflict is nothing but a neurosis in disguise.

The frigid woman always perceives the sex act as bothersome and brutal. It becomes an annoying duty for her and her husband, who correctly relates her disgust to himself. In such cases, even sublimation cannot help, since the fragmented sexuality erodes the existing sublimations. Many illnesses have come about in this way. The only remaining option is between neurosis and marital infidelity.

Under some conditions, a large family and great poverty may offer a way out of the difficulties by absorbing psychic energies that would otherwise be channeled into the development of a neurosis. The wife, in particular, may find some compensation in her children for the lack of sexual gratification in her life. Attempting to substitute work or numerous offspring for sexual satisfaction — as some religious or ideological beliefs promulgate — would be of no use at all. Given the

proper soil, a neurosis will develop despite poverty, workload, and an abundance of children.

Without underplaying economic factors, we should like to emphasize that inner conflicts also undermine one's assertiveness in the rough, real world. The inner turmoil compounded by external troubles have a mutually reinforcing effect on one another. Sociologists and demographers tend to overlook the intrapsychic aspects of social need, or only take into account the external difficulties. However, clinical experience shows us that neurotics can greatly escalate existing obstacles. Once we understand one's psychological readiness to use poverty as a flight from internal conflicts, we cannot believe that social measures alone can fully resolve social problems. From a socioeconomic standpoint, such latent neuroses are about as much a threat to public health as tuberculosis. We can easily verify this in any psychiatric emergency facility which services the poor. Welfare workers would have discovered this long ago if they did not have the mistaken notion that neuroses — like (presumably) all ideals — are mere "overlays" of economic conditions.

Marriage is only one of the many issues where social scientists go astray, especially since they fail to see marriage for what it really is — a sexual union, based primarily on genital love. They prefer to ignore that fact and merely view it as an economic union or means to perpetuate the human race. Actually very few people marry just for money or to have children; marriages of today really limit peoples' freedom and may lead to economic deprivation. It makes no psychological sense to suppose that such objective marital aims could ever become psychically motivated reasons for getting or staying married. When people brook economic and social limitations — even poverty — in order to get married, it is because powerful personal needs, especially sexual, are driving them. Freud once called sexual pleasure nature's reward to man for maintaining the species. Through sexual repression and its companion, poverty, civilization has cheated a large portion of humanity — especially women — out of that reward. Mostly it is the man's hope of obtaining the "pleasure reward" or the woman's poor prospects of surviving alone economically, that ensure continuation of the human race.

The biological urge to perpetuate the species is psychically anchored in the wish for a child, which is stronger in women than in men. However, in the course of psychosexual development, the wish for sexual gratification always precedes the wish for a child. One has only to think of puberty. Denial of sexual satisfaction also inhibits

the wish for a child. Only in some women does the desire for a child conceal the wish for sexual satisfaction. Analysis shows these women to be suffering from a neurotic inhibition of genital impulses; they unconsciously fear sex or have suffered sore disappointment at the hands of men, so wish to beget a child without male participation, i. e., through parthenogenesis (H. Deutsch). A frigid woman with a large family, even though she is the best of mothers, initially does not want children. Only after she has them do they serve as substitutes for sexual gratification by absorbing her sexual energy through maternal chores. After analysis such a mother quickly rebels against her duties and the requisite sacrifices. In relatively good marriages, the wish for a child usually appears only after a certain degree of genital satisfaction has been achieved.

It is generally believed that a child cements a marriage. This is true only under certain conditions, the most important being sexual harmony between the parents. If this is lacking, children become a fresh source of marital irritation and oppression, creating an insoluble problem for all but the affluent. If there are several children, the parents smother them with their unfulfilled nuptial needs; they take sides according to the sex of the children, each spouse playing his own favorite against the others. This is devastating for the psychic development of the children, who suffer severe conflicts both with siblings and parents. The so-called "multiple personalities," which Freud traces back to antithetical and (mutually incompatible) parental identifications, originate from just such marriages.

*(To be continued.)*

# My Eleven Years with Reich: Part XVII\*

*Elsworth F. Baker, M.D., O.S.J.*

## THE TRIAL PERIOD 1954-1957\*\*

Reich sent a New Year's letter to William Steig, who was collecting funds for Reich's trial. The letter was as follows:

Dear Mr. Steig:

Will you please be good enough to transmit the following message:

I wish to express my deeply felt thanks to everybody who has during the DOR emergency and the legal process contributed to the task of removing for our children a serious "obstacle in the way."

The battle could not have been conducted in our favour, as it has been, without the manifold kindnesses of many people close and distant alike.

May this brief note suffice to serve in place of a much larger acknowledgement of good will.

Wilhelm Reich

New Year 1956-57

Except when it was necessary to be in Portland, Maine, for the trial, Reich had been living in Washington, D.C., at the Alban Towers Hotel under the alias of Walter Roner. He made plans to marry Aurora Karrer and drew up a marriage contract with her. She would retain sole ownership to any assets she had. Reich would support her and any children they might have. The contract also stated that should divorce eventually be decided upon, neither would carry it out in anger, and they would part as good friends. The marriage was not to

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\* This is a continuation of the autobiographical account published in the preceding issues of this journal. It was read at the Annual Meeting of the American College of Orgonomy in September, 1983.

\*\* I am designating 1954-1957 as the Trial Period because these are the years in which the trial dominated Reich's life, though he continued the oranur research and other work.

interfere with Reich's scientific work. The contract — objective, fair, and original — stands in sharp contrast to the psychiatric reports on Reich when he was examined in prison only two months later.

Reich continued to be active in his work, especially in weather control, atmospheric conditions, UFOs, and antigravity equations. He also announced that he would be glad to see the medical orgonomists separately and discuss with them various problems, the future of orgonomy, and their place in the work if they wished to come to him in Washington. This was to be accomplished before he was taken to prison, which he fully expected, although the decision of the Supreme Court had not yet been made.

Dr. Duvall and I had made several trips to visit Reich, and on January 27, 1957, we rented a Red Bank air taxi plane and flew to Washington. It was good to see Reich and to be greeted so warmly. Aurora was there also. Reich asked about our families and discussed our work. Suddenly he asked me if I felt differently about him as a man sentenced to prison. I said: "Absolutely not!" I realized the whole circumstances and knew that he had done nothing wrong. On the contrary, he was trying desperately to help suffering humanity and, like many who went before, fell victim to the emotional plague.

He then sent Dr. Duvall out of the room and asked me if I would be willing to assume responsibility for the future of orgonomy. I said that I would, but my heart sank, and I became very sad because I knew what he was saying — that he would not survive his sentence. I could not imagine nor did I want to try to think what it would be like without him.

Reich then asked me whom I would like to assist me. I said: "Dr. Raphael." He replied: "No. Not Raphael. You can't have Raphael. Would you accept Dr. Duvall?" I said, certainly, I would be glad to. He then asked me what I thought of Dr. Herskowitz. I said he is honest and decent. He said: "You can have him with you. What do you think of Dr. Oller?" I said, "Dr. Reich, I don't understand Dr. Oller and don't know what to say." He replied: "You know, I don't understand him either. You will have to make up your own mind about him. You may also have Eva. But separate yourself from all of the others. They want to kill you." (I did not realize this as I was protected by Reich, but after his death it was not long before I began to realize how terribly right he was.)

Reich then called Dr. Duvall back and asked him if he would be willing to assist me in the future of orgonomy. Duvall said he would.

We chatted a bit and then bid Aurora and Reich goodbye. It was the last time I ever saw Reich alive.

Subsequently, I believe that all of the orgonomists went to see Reich. I do not know what he told them, but later Dr. Sobey said he had told him that I would be a liaison and to do what I said. Dr. Simeon Tropp said at a meeting that I was simply carrying out Reich's instructions. Dr. Gold and Oscar Tropp admitted that Reich had asked them to resign from the American Association of Medical Orgonomy (AAMO), which they did, but subsequently they asked to be taken back.

Reich, Silvert, Moise, and Eva endeavored to find a way to improve the legal situation.<sup>1</sup> Calls were made to the various offices of the FBI, including the Washington headquarters, and on February 2 Reich appeared at an FBI field office. On February 14 he went to J. Edgar Hoover's office insisting on a personal interview which was not granted. Two days later, Reich mailed all documents relating to the case to Hoover, and again two days after this, Silvert attempted to see Hoover. On February 27, Eva went to FBI headquarters. The purpose of all these visits was to persuade the FBI that there was espionage involved in the case and that Maguire and Mills had perjured themselves at the trial. All of this was reported to the FDA. On February 25, the Supreme Court decided against taking up the Reich case. Reich and Silvert immediately filed motions for reduction and suspension of sentences. Judge Sweeney ordered a hearing on these motions for March 11.

The day before this hearing, Reich and his party went to Portland and engaged a ten-room suite at the Lafayette Hotel. William Steig and Moise then went to the local police headquarters and asked if there were a cell available for a citizen's arrest they planned to make. Undoubtedly, they had Maguire and Mills in mind. The desk sergeant referred them to the County Attorney, who tried to dissuade them, warning of unpleasant consequences. Nothing further developed, and one wonders if it all was an effort to intimidate Maguire and Mills. If so, it did have some effect. Mills called Maguire and suggested he stay at Mills' home instead of a hotel, and Mills kept his doors tightly locked. The FBI kept a watch on Reich and his party. No further problems were reported, although special precautions were taken at the hearing with FBI men, federal employees, and men from the

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<sup>1</sup> The following information and prison record were largely obtained from information supplied by Jerome Greenfield who researched the original F.D.A. files and prison records.

Immigration Department interspersed among the spectators. After the hearing, Maguire was escorted to the Maine Turnpike by two FBI agents. Actually, no violence had been planned. At the hearing, each side was given fifteen minutes to present its argument. Maguire objected to Silvert representing the motion made on behalf of the Wilhelm Reich Foundation because Moise was the authorized representative. Judge Sweeney overruled the objection, however, and Silvert began to speak. His voice was hoarse so Reich took over. His remarks were reported in the *Portland Evening Press* of March 11 as follows:

He pleaded against being imprisoned, saying that if the sentence were carried out, it inevitably would deprive the U.S. and the world at large of his equations on space and negative gravity. These equations, he said more specifically in his written motion, "are carried only in my head, known to no one on this planet. This knowledge will go down with me, maybe for millennia, should mankind survive the present planetary DOR emergency. It would mean certain death in prison of a scientific pioneer at the hands of psychopathic persons who acted in the service of treason against mankind in a severe planetary emergency. It would amount to gross neglect of duty of the court with regard to all legal facts on official record in this case." He further maintained that his arrest would be a violation of the Constitution that would end the role of the United States as a "beacon of our planetary social development as it has been heretofore" and that would "lead to the downfall of the U.S.A. as a self-governing society at the hands of a few conniving master minds." Reich asserted that he and Silvert were devoted to the promotion of new knowledge, not a cancer cure. "We are not crooks, not criminals," he concluded, "but courageous people."

Maguire then rose to speak, but Judge Sweeney restrained him. The motion to strike sentence was denied, he announced; the motion for reduction of sentence would not be passed on at this time. He ordered Reich and Silvert to undergo psychiatric examinations within sixty days, after which the motion would be decided.

After arrangements were made to pay the fine of \$10,000 imposed on the Wilhelm Reich Foundation, Reich and Silvert were handcuffed and led out by deputies. Until this moment, Reich felt that somehow he would never actually go to prison, expecting intervention from someone high in government. He continued to believe that the federal government was secretly sympathetic to him and his work.

After a night in the local jail, Reich and Silvert were driven the next day to the federal prison at Danbury, Connecticut, by two deputy marshals. Aurora was there when they left, and Deputy Marshal William Doherty arranged for her to follow his car to Danbury. Do-

herty brought the original complaint, served the injunction, accompanied FDA agents on inspection visits to Orgonon, brought Reich handcuffed to the trial, and had been present at the first act of destruction. He had over the years developed a mutual respect and liking for Reich. In the car with Doherty, Reich and Silvert sat handcuffed in the back discussing weather conditions and observing the state of vegetation that they passed.

Reich was kept at Danbury for ten days, during which he underwent psychiatric examination and, on the basis of those psychiatric recommendations, he was moved on March 22 to the federal prison at Lewisburg, Pennsylvania, where there were more extensive psychiatric treatment facilities. Silvert remained in Danbury.

Judge Sweeney decided not to rule on the motion to reduce the sentence until he knew the results of the psychiatric examination. We may recall that he had suggested a psychiatric examination to Ilse Ollendorff at the time of the trial. It was the only way, he felt, that Reich could escape imprisonment. Reich's case had affected him a great deal. Dr. John Murray, a Boston psychiatrist and friend of Sweeney's, and incidentally a former student of Reich's in Vienna, said that Sweeney was much preoccupied with Reich's case and upset that he had to send him to prison.

The order for the psychiatric examination was very upsetting to both Mills and Maguire, especially the former. On March 18, Mills wrote to the Assistant Attorney General of the Criminal Division of the Department of Justice that he had no reason to doubt the mental competency of either defendant and that at the trial he had had no indication that the court was disposed to cause the accused to be examined as to mental condition.

However, in Maguire's memo of a telephone conversation he had with Mills back on June 14, 1955, he stated:

Mr. Mills said the Deputy Marshal who had been up to Rangeley with our inspectors came back with the story that Reich was a madman. Mr. Mills indicated that the court would not be too happy about having a madman in court and we might have some difficulty in fostering contempt of court proceedings against Reich. Mr. Mills thought that some strong language in a forwarding letter from the Department of Justice would be helpful.

Mills' concern with Sweeney's order for psychiatric examination, according to a March 18, 1957, memo of a conversation with Maguire, was that it would put him in a bad light if it were found he

had prosecuted men who were mentally incompetent. Maguire assured Mills that he had never felt that they were incompetent. But here again in a 1955 hearing before the subcommittee of the Committee on Appropriations of the House of Representatives, Commissioner Larrick testified in relation to the "orgone case" that "there was a very noted psychiatrist who . . . had recognition throughout the world as a leading psychiatrist, but apparently became mentally disturbed." Maguire and three members of the Department of Justice (Kiernan, Birely, and Gotschell) met on March 22 to discuss the mental competence of Reich and Silvert. Maguire told the others there that in his personal opinion, after having been legally involved with Reich for some years, Reich was perfectly sane and that he would welcome such a finding by the psychiatrists in order to avoid a relitigation of the case. "The writer feels sure," Maguire concluded in his memo, "that those persons at the conferences well understood our feelings and motives."

Reich and Silvert were examined at Danbury on March 22 by Dr. Richard C. Hubbard, a psychiatrist who was not a member of the prison staff but worked only in a consulting capacity. The interview lasted about an hour. Hubbard had heard of Reich and was familiar with Reich's *Character Analysis*. They spoke for some time about Reich's work, his scientific formulations, and the conspiracy. During the conversation, Reich, hearing an airplane, went to the window to see it. Then he turned to Hubbard and informed him that the plane was flying overhead because of his presence in the prison. It was a sign that he was being protected. Hubbard through further questioning ascertained that Reich really believed it.

At the end of the interview, Reich asked Hubbard his diagnosis. Hubbard was apologetic and explained that with his training he could only conclude that Reich had a definite disturbance. Reich nodded thoughtfully as if to agree that Hubbard with his background could not evaluate him any other way.

Dr. Hubbard's brief report on Reich was as follows:

*Diagnosis:* Paranoid [*sic*] manifested by delusions of grandiosity and persecution and ideas of reference.

The patient is relatively intact in the greater part of his personality though there is enough frank psychotic thinking to raise the question as to whether the diagnostic label might more appropriately be schizophrenia paranoid type. In general, his emotional responses and behavior are consistent with his ideas. No hallucinations were elicited.

The patient feels that he has made outstanding discoveries. Gradu-

ally, over a period of many years he has explained the failure of his ideas in becoming universally accepted by the elaboration of psychotic thinking.

*Discussion:* In my opinion, the patient is mentally ill both from a legal and psychiatric viewpoint, hence should not stand convicted of a criminal charge.

*Treatment:* Observation in a mental hospital.

In the case of Silvert, Hubbard's report was:

The condition of the patient is probably best described as "*folie à deux*." That is, by contact with Dr. Reich, he has absorbed Dr. Reich's ideas including the delusional ones. During the interview, he expressed some doubt concerning the truth of Dr. Reich's ideas (persecution and ideas of reference) but ended up with the statement that he believed them. His personality is well preserved. Affect and behavior were round and consistent with the ideas expressed.

*Discussion:* It is doubtful if the patient could be considered legally insane. Although, theoretically, his conception of the criminal charge against him would be the same as Dr. Reich's, namely a part of a plot against them.

*Treatment:* Separation from the primary psychosis is probably sufficient. He could follow a normal routine in prison.

On Dr. Hubbard's suggestion, Reich was thus transferred to the federal penitentiary in Lewisburg, Pennsylvania. There Reich was again examined. The report, dated March 28 and signed by Dominick J. Lacovara, Senior Surgeon and Chief of Psychiatric Service at the prison, stated in part:

During the interview, Reich's emotional responses and general demeanor were consistent with his expressed ideation. On occasion he elaborated upon certain theories which are not accepted generally by scientific circles but are adhered to by certain groups which appear to be in the minority. Reich circumvented interrogation when pressed, often expounding nebulous concepts. He considered himself endowed with a superior or, at least, unique, ability to isolate orgone energy from the atmosphere by means of a special "accumulator" he devised.

The following represents the consensus of the Board of Examiners:

In our opinions:

1. During the interrogation, Reich gave no concrete evidence of being mentally incompetent. He is capable of adhering to the right and refraining from the wrong.
2. Although he expressed some bizarre ideation, his personality appears to be essentially intact.

3. It is felt that Reich could easily have a frank break with reality, and become psychotic, particularly if the stresses and environmental pressures became overwhelming.

Thus, the examination at Lewisburg found Reich legally sane and therefore competent to stand trial.

All the reports were sent to the Bureau of Prisons of the Department of Justice whereupon Warren Olney III, the Assistant Attorney General of the Criminal Division, wrote a letter of evaluation. It said, in effect, that the Danbury report by one psychiatrist not resident at the institution who stated Reich was legally insane could not be considered as concrete as the Lewisburg report by three psychiatrists who found Reich legally sane.

Dr. Hubbard, who was upset by this finding, called Lewisburg and was told, in effect, that the finding was administrative in nature and that they essentially agreed with Dr. Hubbard in his diagnosis. Their own conclusion was principally to avoid a relitigation.

For the first thirty days at Lewisburg, inmates were not allowed visitors or mail either incoming or outgoing. After this period, he could be visited by three people, members of his family, and write to them and receive their letters. Reich chose Aurora, Eva, and Peter. Under special permission he could on occasion write to one other person not a relative. Reich was adjudged as suitable for general maintenance such as the clothing room, but the deciding committee chose the library, where he could be closely supervised, from their desire to maintain "medical and psychiatric contact." He was assigned to single quarters in accordance with his expressed preference.

Reich was given a thorough physical examination. He did not mention his heart condition but did indicate that he had a rapid heart under fluorescent lights. The examination showed a harsh systolic murmur, but nothing was done about it and no electrocardiogram was taken. Reich had maintained that he was in good health. And up to three days before his death, his progress report stated that he "has maintained good physical health."

He was also given an I.Q. test with a score of 118 which was rather ridiculous, considering the work that he had accomplished which placed him well up at the genius level.

Reich spent most of his time writing letters, reading Emerson's *Essays* and Carl Sandburg's four-volume biography of Lincoln. He had considerable contact with the Protestant chaplain and attended his services regularly. He also worked on two books. One he called *Poems*

and *Prayers*, which he ultimately gave to Aurora, and the other called *Creation* or *The Silent Observer*. This book disappeared after he gave it to the psychologist and has never been located. He also was allowed to play on the church organ.

He constantly planned for the future, hoping for an early release with plans to go to Switzerland with Aurora, but he was concerned that he might die before his release. The greatest amount of his free time he worked on his case and obtained an attorney, Roy St. Lewis, suggested by another inmate, to help in requesting his release.

A week after his transfer to Lewisburg, Reich was asked, in a form, to give his version of the reason for his imprisonment. He wrote:

I have made over the decades, a major discovery, the realm of Cosmic Energy Functions. Certain commercial and subversive political interests in the U.S.A. and abroad tried to stop and also to steal my work by way of *injunction*, which was obtained by *misrepresentations* to and repeated *fraud* upon the courts. I decided to establish a *test case* — how far such criminal *encroachments upon basic research* may go in the U.S.A. I did not defend my discoveries against fraudulent complaint, the Food, Drug, and Cosmetic Agents. I first disregard [*sic*] the unlawful court order. . . . My main motive was to establish on court record the *principle that basic research and natural science must be kept free*, unimpeded by commercial or political special interests. There are and never must be any authority on *new knowledge*, lest science fall prey to dictatorship procedures. *Rules of learning alone are valid.*

I may have lost my case personally, but on *principle* and historically I have won my case.

Reich kept hoping that Judge Sweeney's decision would be favorable, forgetting that such could only be on the grounds of insanity, and he even planned for an early release. He was thus greatly disappointed to learn first from Aurora that his motion for release was denied and then to receive the following letter from the Clerk of the U.S. District Court of Maine, dated April 30, 1957:

Dear Dr. Reich:

At the direction of Judge Sweeney, I am writing to advise you that he has denies [*sic*] your motion for reduction or vacating of sentence. His letter contains the following statement: "I have decided not to touch the sentences but . . . will recommend parole of both of these men when their minimum period has expired, provided the Parole Board will see to it that these men will stay out of the orgone business. Please see that this is part of your official record."

I have talked with the probation officer, and he will immediately convey the recommendation to the Parole Board.

Reich immediately started work on formulating a method to be released. He retained Roy St. Lewis as his attorney, who visited him at the end of May.

Reich also appealed to President Eisenhower directly asking for a pardon, but he received no response. The document which he sent to Eisenhower consisted of two parts: "The Cosmic Aspect of My Discovery" and "The Judicial Aspect of My Legal Test Case." The opening paragraph states:

I have "done wrong" in having disclosed to mankind the primordial *mass free* Cosmic Energy that fills the universe. This energy rules all living processes and the lawful behavior of celestial functions; it determines our emotions, our first sense of orientation, judgment, and balance. I have "done wrong" in having discovered and made practically accessible the basic force in nature that for millennia was called God by many tongues. God was made earthy, reachable, and understandable *within* man's heart and intellect, *without* in astrophysical manifestations.

The consequences of this discovery are truly dangerous to the emotional beliefs and intellectual construction of man; to his total scientific outlook, to his accustomed social, planetary, and emotional (t=cosmic) existence. . . . My technological achievements in the global atmosphere have already been adopted by special departments of the United States Air Force and were developed further.

Later he writes that "The U.S. film 'Earth vs. Flying Saucers' depicts certain aspects of my contribution to the space problem technology, especially in regard to countermeasures against spaceships." The film does indeed depict a gun that withdraws from invading spaceships their ability to defy gravity so they crash to earth. This is, of course, very similar to Reich's space gun that worked on withdrawing energy from the spaceships.

In the second part of the document he states: "I have disobeyed an unlawful court order. The law requires that orders be *lawful* to be obeyed. Judges must not issue unlawful orders."

Reich's application for a writ of *habeas corpus* does not appear among the prison documents. It probably was similar to his application for a Presidential pardon. Roy St. Lewis advised Reich not to apply for the writ until the time of his parole hearing in November. Reich was undecided about his lawyer's advice, but when Silvert was not released when his parole hearing came up on July 11, Reich considered that the same thing could happen to him, and he decided to go against his lawyer's advice and submit his application at once. He also hoped

to mitigate the effects of Silvert's parole failure on his own application for parole by writing to the Supervisor of Classification and Parole as follows:

I have separated my legal test case in my experiment of social pathology from Dr. Silvert. . . . Dr. Silvert's case has substantially and on principle *nothing whatever to do with me*. . . . The conspirators active behind the scenes doubtless will try in the future in such procedures as parole decisions to keep his case linked with mine. I request that, if not done already, my case should be dealt with entirely on its own merits. I do not wish to be held responsible for Dr. Silvert's opinions or actions. I had never any common business with him . . . neither do I want to be held responsible for my position on *principle* as made public on official court record. I have informed my lawyer, Mr. St. Lewis, of this crucial legal necessity and he agrees with me *entirely*. My case is of a *singular* nature; it is bound up with *my life* and *scientific discovery*, and *with no one else*.

St. Lewis visited Reich on July 27, and there were apparently sharp words about the matter of submitting the appeals before the parole hearing. Reich thus dispensed with St. Lewis' services.

On August 27, Reich wrote a letter to the warden explaining his reason for submitting his petition for a Presidential pardon three months before his eligibility for parole. He wrote:

The nature of my discovery as well as my well-known medical and philosophical theories make it quite certain the parole board, basing its opinion on current views, will hesitate to grant me parole. The opposition to my factual discovery on the part of dominating commercial and political organizations is overwhelming. To me this fact constitutes *sufficient reason* to bypass Rule 7 which requires that . . . parole should have been denied before application for pardon can be made.

The next day he wrote in a memo: "July 27, 1957: My lawyer . . . persuades me that 'nothing he can do' persuades [*sic*] me to wait 3½ months for parole: This in spite of the fact that according to him I am held unlawfully. I cancel his further services for disagreement."

However, St. Lewis did not give up. He called Eva for a conference stating that he would like to remain Reich's lawyer and that Reich at least needed a lawyer to help him with the parole process. He also felt that Reich should not have received a sentence of more than six months and wanted Reich's permission to talk to Judge Sweeney about this. Reich approved the plan to talk to Sweeney and invited St. Lewis to visit him again as soon as possible.

Aurora had moved to Lewisburg in order to be near Reich and visit him regularly. On one occasion he impulsively kissed her which was apparently against the prison rules. He was seen by a guard who later kicked Reich and made him scrub the floor as punishment, reminding one of the way Christ was treated after he was condemned.

When the weather was bad and there was a lot of DOR in the atmosphere, Eva and Bill Moise would bring a cloudbuster, mounted on a truck, to Lewisburg to clear the atmosphere. Eva repeatedly helped Reich in every way that she could. She obtained legal material for him, researched legal points, wrote summaries of precedent cases, reconciled Reich with St. Lewis, and brought Peter to visit Reich; in spite of this, Reich was suspicious of Eva and Bill and called them Chinese Communists at one time. He also accused Eva of slandering Aurora and making arrangements with St. Lewis he had not consented to.

In addition to his petition for a Presidential pardon and request for a writ of *habeas corpus*, Reich wrote to the Director of the Bureau of Prisons offering to alleviate the planetary desert development if he were released — “his freedom would be the price of breaking global drought tendency.” The Director replied promptly to the warden saying: “Please explain to him that neither the Department of Justice nor this bureau has the authority to modify his sentence nor grant his earlier release.”

On September 12, Reich gave his complete petition for Presidential pardon to the U.S. Pardons Attorney for Executive Clemency. On October 7, having no reply, Reich submitted additional material which probably did not arrive before the decision was rendered. In a letter the Pardons Attorney wrote to the warden:

Will you be good enough to inform Dr. Reich that his petition as one for pardon is not in order under the established procedure (Rule 16) and is also premature as one for commutation of sentence; that we have nevertheless subjected his application for review, together with related records; and that the conclusion has been reached that the judgment of the courts ought not to be disturbed and that otherwise intervention by the President is not warranted.

Below the letter in handwriting was the note: “discussed the above letter with Reich — he expressed keen disappointment.” There is no record that Reich ever submitted his petition for *habeas corpus*.

The time for the parole hearing was drawing near, and Reich began to make plans for his release. He wrote to Peter making a date at a

Howard Johnson restaurant near Peter's school and also mentioning the possibility of spending Thanksgiving at Eva's home in Hancock, Maine.

However, a week or more before the hearing Reich began to feel ill. Fearing that, if his illness were known, it might delay his parole hearing or adversely affect the decision of the parole board, he kept it secret. When Aurora visited him on November 1, he told her of his illness and also that because of it he had gone to the dispensary for aspirin. Instead, they had given him some pink pills. After he had taken them, he became suspicious they might be poison. He had wondered if some persons would try to kill him in prison. Aurora stayed three hours. It was the last time she saw him alive. He was found dead in his cell two days later, on November 3 at about 7 a.m. He was missed at roll call, and after a search was found lying on his bed fully clothed except for his shoes.

Prison authorities were aware of Reich's apprehension about being killed in prison, a fear shared by members of his family and followers. Consequently, they went to great lengths to document every circumstantial aspect of his death, and even brought an outside pathologist to do the autopsy. The autopsy report states that Reich died 3 or 4 hours prior to the actual discovery of his body. Thus, he died between 3 and 4 a.m. Did Reich awake feeling ill, arise and dress himself to seek medical help, but feeling too weak he lay back on the bed and died?

The report shows that he had lost 16 lbs. in prison. There was no evidence of violence, trauma, or injury. The immediate cause of death was myocardial insufficiency due to calcific aortic stenosis, associated with generalized arteriosclerotic heart disease and coronary sclerosis; also a purulent bronchopneumonia was reported (at this time there was an epidemic of flu in prison). Of note, the brain was remarkably free of arteriosclerosis and revealed no pathology. Interestingly, Reich had said years before: "They want my brain, they will keep it when I die." They did remove the brain and keep it. It weighed 1400 grams.

Reich's body was then taken by train to Orgonon, Rangeley, Maine, for his funeral and buried there on the grounds.

Aurora called me early on the morning of November 3 to tell me that Reich had died. It was a terrible shock and difficult to believe. I kept saying: "It can't be. I don't believe it." I did not want to believe it but it was true. Reich was dead. The years I had known him had passed, and now we would all have to go on without him.

I called Raphael and the other orgonomists. Eva called me to suggest that we ask Raknes as the oldest member of Reich's followers to come from Norway and give the eulogy. The funeral was to be held in three days. I said that I did not think it was fair to Raknes at his age (70) to ask him to come in such a hurry but that I would call him and notify him of Reich's death. If he decided to come, fine, but I would not urge him. I did call him. He did not come.

Everyone made preparations to go to Rangeley on November 6. I functioned mechanically, feeling the tremendous loss of one who had been such an inspiration for the past twelve years. Somehow I knew I would have to adjust to his loss and carry out my responsibilities to the work. Already, I felt the heavy burden, but I had only a slight glimmer of the trials ahead.

Reich died in Lewisburg prison on November 3, 1957. His funeral was held at Orgonon on November 7, 1957. Dr. Duvall and I chartered a two-engine Apache at the Red Bank airport to fly us to Orgonon. We picked up Raphael at LaGuardia Airport in New York City. The plane landed on a small, poorly kept, rough runway near Orgonon around noon. We called a taxi from Rangeley to take us to Orgonon. Just as the taxi arrived so did a car from Orgonon that came to pick us up. The plane had been seen landing. We went in the car and turned the taxi over to the pilot to whom I gave five dollars to go into Rangeley to get something to eat. (You could eat for that in 1957.) We would meet him at the airfield at 4 p.m.

We went to the observatory where already a number of people had gathered on the first floor where the funeral was to be held. I embraced Ilse Ollendorff and Aurora and greeted Eva Reich and her husband, Bill Moise. Eva asked me if I would give the eulogy. I said I would. Simeon Tropp and his wife Helen were there, so were Drs. Thorburn, Oscar Tropp, Charles Oller, Morton Herskowitz, and Max Hughes and Norman Levy (both students in training). Dr. Willie was also there and Sobey, Handleman, and Gold.

A great number of patients and their friends were also present, many of whom it seemed to me did not belong there. They had never known Reich, and he had left instructions that only those close to him should view his body. But here they were, standing mostly against the walls. The coffin was just north of center and open showing Reich's head and chest. Around it were masses of flowers and Reich's painting of the murder of Christ, illuminated by a candle. Six or seven more of Reich's paintings hung on the walls. Lighted candles were everywhere. A great deal of preparation and work had gone into arranging

the setting. It was a very solemn and awesome occasion in which it seemed that only a few deserved to take part.

The funeral was to start at 1 p.m., and promptly Bill Moise took charge and read Reich's instructions for his funeral. There was to be no religious ceremony, Marian Anderson's recording of Schubert's *Ave Maria* was to be played, readings from *The Murder of Christ* and then a recording of Beethoven's *Ninth Symphony* played. He was to be buried near the Observatory and on the Plaque was to be inscribed: Wilhelm Reich, Born March 24, 1897 — Died — The tomb was to be covered with a slab of granite.

After reading these instructions, Bill Moise read from *The Murder of Christ* and then asked me to give the eulogy. I stood near the coffin at Reich's head and said:

Friends, we are here to say farewell, a last farewell to Wilhelm Reich. Let us pause for a moment to appreciate the privilege, the incredible privilege of having known him.

Once in a thousand years, nay once in two thousand years, such a man comes upon this earth to change the destiny of the human race. As with all great men, distortion, falsehood, and persecution followed him. He met them all until organized conspiracy sent him to prison and there killed him. We have witnessed it all, *The Murder of Christ*. What poor words can I say that can either add to or clarify what he has done. His work is finished. He has earned his peace and has left a vast heritage for the peoples of this earth. We do not mourn him, but for ourselves, at our great loss. Let us take up the responsibility of his work and follow in the path he cleared for us. So be it.

Following this, all were allowed to view Reich in the casket, and the record of Marian Anderson was played. At this point, Roy St. Lewis, Reich's lawyer while he was in prison, came up to me and introduced himself. He started to talk about Reich. I took an immediate dislike to him and told him that I did not feel like talking. It seemed quite inappropriate at the moment and interfered with the emotional tone of the occasion. Roy St. Lewis could not appreciate this. One wonders whether he was there solely out of respect for Reich. He left me and went over to Dr. Willie, where I saw them talking for some time.

After Marian Anderson's record ended, Eva put on Beethoven's *Ninth Symphony*, which reverberated loudly through the room and even outside. Reich's casket was then closed and taken outside and lowered into a temporary vault built near the eastern entrance against the wall of the building. The top was covered with a Persian rug while all who had moved outside stood in silence and viewed the tomb. Bill

Moise then gave me a passage from *The Murder of Christ* to read after which he read the "Prayer of Life," also from *The Murder of Christ*. It went as follows:

Oh life eternal  
with the being of the stars  
Forego thy mercy with thy killer . . .  
Spend thy love on the newly born  
Of man and animal and plant . . .  
Return man home in thy peaceful gardens.  
Let life, thy grace once more  
Pour over the forsaken souls . . .  
Fulfill thy towering power.

Then with silent respect for a few moments, the funeral was over, and each departed his separate way.

Duvall, Raphael, and I bade goodbye to Ilse, Aurora, Eva, and Bill Moise and went back to our plane. I do not remember seeing Peter Reich, although I know he was there as he wrote and thanked me for the words I said about his father. He may have been in the background feeling very sad.

The weather was very mild. No one wore a topcoat. I believe Bill Moise took us to the plane as Beethoven's *Ninth* was still playing. We got in the plane and flew back to New York just as the sun was setting.

Reich would be with us no more, but we would carry him ever in spirit. Reich's attitude, in fact his entire life, was unconventional and as difficult for the world to understand as were his discoveries. Many legends, probably even religions, will develop about him. Already, some people look upon him as a superman who could not err, or a spaceman come to earth; others have rationalized and written articles attempting to prove him insane, a charlatan, or a fraud. Significantly, those who try to discredit him are persons who had seen him once or not at all and know nothing of his work from factual knowledge, or who project their own irrationalisms onto him. These are such people as the Mildred Edie Bradys and Henry H. Works — some of whom claim even to be "disciples" or "followers." History will remember them only for their attacks on Reich, as Mocenigo is remembered for the murder of Giordano Bruno.

Perhaps most to be feared are those zealots who, structurally unable to understand Reich, will make of him a savior and make orgonomy a dogma, with themselves as inquisitors. They will allow neither nat-

ural questioning nor rational arguments. They will mysticize sex, reaching for power and defense against their terror of living, thus attempting to destroy Reich's work in the name of supporting it. These are the ubiquitous emotional plague characters, ever ready to offer their services and assume positions of authority in order to kill. They are rarely recognized before it is too late.

Reich was not a mysterious superman nor a spaceman, nor was he insane or a fraud. He was very human, natural, and open, and foremost, a great and genuine scientist. All of his findings and intentions were honestly reported to appropriate government agencies, and he was at all times prepared to cooperate with these agencies if they were serious and honest. He had no patience with snoopers and curiosity seekers, whom he rather forcefully dispatched, but was infinitely patient with those whom he felt were sincerely interested in his work.

I first met Wilhelm Reich on January 6, 1946, and saw him for the last time on January 27, 1957. During these years, I came to know him very well. He was a true child of nature, never quite caught up in our patriarchal civilization. He could be as soft and warm as a summer breeze or as violent and angry as a thunderstorm; he was as trusting as a child, and yet he could see through the smoothest intrigue. His *Character Analysis* is a classic on the understanding of human structure, yet he could easily be fooled by people. At times, it seemed, he was unable to grasp the simplest explanation, but he could make clear the most difficult problems to anyone. He changed his mind frequently, but never swerved from his scientific integrity. His humor at times was most delightful, yet at other times he seemed humorless. Although he was impatient, he would wait two years after the writing before publishing a book. He was radical — in the true sense — but voted with the conservatives, believing them most interested, ultimately, in human freedom. He loved social activity, but spent much of his life alone. He was a man who loved babies and children, and he left his estate to be used for their welfare. I never saw him without learning something. He had a quality of reviving people and stimulating their interest in broader horizons and vistas beyond their own narrower lives. To quote from Shakespeare's *Hamlet*:

He was a man, take him for all in all,  
I shall not look upon his like again.

## The Gouty Diathesis

*Charles Konia, M.D.\**

Gout is a disease of unknown origin, characterized by a slow accumulation of sodium biurate, manifested by hyperuricemia and tophi with deposition of excess urates in various parts of the body. Sequelae occur primarily in the kidneys (renal colic) and the distal joints (gouty arthritis). There is usually an obvious emotional component. Some patients recognize symptoms such as irritability, feeling "acidic," depression, mania, vague muscular symptoms, nausea, dyspepsia, and sometimes a ravenous appetite, as well as other signs of emotional upset. Typically, functional energetic disturbances precede structural abnormalities. The gouty diathesis, in the form of latent hyperuricemia, exists long before it first becomes manifest as clinical gout. This symptomless condition represents a susceptibility to gout. Asymptomatic or "essential hyperuricemia" may or may not become manifest. It may remain latent or may progress to clinical gout. The gouty diathesis is characterized by a lengthy course with exacerbations and remissions, with the development of irreversible morphologic alterations in the final stages of illness. During its development, gout passes through the following states:

1. A prearthritic stage (latent gout).
2. A stage of acute recurring gouty arthritis with complete symptomatic remission, averaging about 11 years' duration.
3. A stage of chronic gouty arthritis with no symptomatic remission. In the early phase of this stage, acute exacerbations are superimposed on an active chronic arthritis. In the later phase, joint destruction results in relatively painless, inactive, residual arthritis.

The earlier the onset of the illness, the more severe will be the disorder. The gouty diathesis may progress to the final stages, or it may stop at any one of the earlier stages. Patients whose first attack

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is in middle or later life may never reach the final stage. The prognosis is best for those who first manifest gout late in life and poorest for those whose symptoms begin before the age of 25. Although attacks may come at any time, they are most common in the spring and fall. Attacks may be precipitated by excessive physical activity.

Significantly, the first joints that are affected are those of the lower extremities, including the great toe, ankle, instep, and knee. The initial attack occurs suddenly, lasts several days, and then disappears almost completely. It is monarticular, afebrile, and short. Sooner or later, there is another attack. The later attacks commonly increase in severity and frequency, coming semiannually or oftener. They are frequently polyarticular, longer, and may be febrile (1).

Since the above-mentioned characteristics represent the essential criteria for the presence of a somatic biopathy, it is evident that gout is a biopathic disorder. A somatic biopathy is always superimposed on a preexisting psychic biopathic disorder. The following case history of a manic depressive character is presented to illustrate the application of orgone therapy to a patient with gout and to demonstrate some of the biophysical features of this biopathy.

### *Case Presentation*

This 48-year-old single, white, male musician came to therapy because he wanted to experience more reality. His life was dull and uninteresting. He had no strong sexual drive and had difficulty relating to women. He had homosexual longing but no actual experiences. In his mid-twenties, he was told by a physical therapist that his muscles "were as tight as that of a 50-year-old man." He had felt tension and weakness in his lower back for as long as he could remember. When he was eight years old he "accidentally" fell down a flight of stairs on his back. In retrospect he felt that he did this unconsciously to relieve the tension in his back. There was no other significant medical history. When he was 27 years old, he became involved in a macrobiotic diet. He went on a ten-day fast, five days of which he did not eat or drink anything. Gradually he broke the fast by having tea and brown rice. Approximately six weeks later he had his first attack of renal colic in which he passed bright orange (uric acid) stones, followed by a second episode three months later. Semiannual attacks have occurred since then. The subsequent attacks were unrelated to diet but were precipitated by stressful life events. A feeling of tightness and a tingling in the paraspinal muscles and those of the lower back usually preceded an attack. They also occurred following

excessive physical exertion. He has been passing uric acid stones and crystals on and off for the past 20 years. During the recent past both the frequency and severity of the attacks have markedly diminished. He has minimal gouty arthritis of his left heel and thumb.

During the initial interview the patient talked excessively, smiled ingratiatingly and appeared "cute." It soon became clear that he could be obnoxious, pushy, demanding of attention, and a bully. This was typically concealed by his presentation as a good, "cute little boy," and an "actor." He was also quite impulsive and chaotic in his life. He said and did things without thinking that invariably got him into trouble. There appeared to be a great deal of anger just beneath the surface. As he spoke he felt himself pulling away from me. He said he was afraid of homosexual urges and wondered if I had them too. He botched up everything in his life, including his relationships with people and his work. He was totally incapable of giving himself to women. As a child his mother pushed him to become a dancer. She was quite domineering and intrusive. In dancing school she would have him dance with taller girls. She only bestowed affection in terms of his ability to entertain others. His father was passive and not much in the picture.

On biophysical examination his eyes appeared frightened, but he was not in touch with his fear. The occiput was tight, his lips were full, and he appeared like a cute little boy. His throat was armored but he was able to shout. The chest was held high in inspiration and not compressible. He could hit forcefully. There was armoring of the paraspinal muscles and legs, especially the hamstrings. There was no ballooning of the diaphragm. The buttocks were fairly loose. Kicking was restricted. His musculature was generally hypertrophic, especially the lower torso and legs. He felt a weakness and numbness, as well as a tightness in his lower paraspinal muscles. His chin was pulled into his neck, his chest was puffed out, and he appeared jerky, like a wound up doll.

I began character work by focusing on his being an actor, and said that every one of his expressions was phony. He admitted that he discredited his emotions because he was afraid of feeling. After this he felt some genuine sadness but then felt like going to sleep. I mobilized the occiput which produced a feeling of weakness in his lower back. This was accompanied by some crying. Following this he appeared more serious and in somewhat better contact and admitted that he wanted me to care for him. Breathing produced strong paresthesias and trembling, accompanied by the same sensation of weakness in his lower back. After this he contracted severely and felt

frightened of revealing himself. His chest was pushed out and he gave the impression of being a "tough guy."

I had him kick to draw energy out of his legs. He felt as if his lower back was breaking, and he gave in to more crying. Again he contracted severely. He had a dream, in which he took his head off and held it in his hands, but then he could not put it on again. In this session he was terrified. His back was arched and his chest was held high. Breathing produced a strong energy push. He appeared helpless and said in a frightened voice: "Doctor, I can't stand it, it's too much, the pain is too much, no it's not the pain, it's the weakness. I can't stand the weakness." He pointed to his lower back. After this he contracted severely again.

Again I focused on his character and pointed out his constant search for approval. He gave in to more sobbing and said: "I can't believe that anybody can care for me." He stated that, because he felt that he was bad, I would become angry with him and throw him out of therapy. I kept after his compliance and showed him how he was behaving like a "good little boy." I told him that his phony act was an attempt to be liked at any price. He felt exposed and expressed some nasty rage and negative feeling toward me. He began to show his obnoxious side both in therapy and to others.

I continued to draw energy from his legs through kicking and physical mobilization of the hamstrings and paraspinals to relieve the severe contraction in the chest, diaphragm, and lower back. This produced a momentary mobilization of his respiration but then a contraction set in once again. Mobilization of the occiput brought a feeling of connectedness with his spine, followed by deep gagging. This produced angry shouting, followed by deeper crying. He appeared temporarily softer and in better contact. He had a strong sensation in his solar plexus, and a feeling of weakness was felt this time in his genitals.

His biophysical status at the end of the first year of therapy was that he could cry through partially, and he was more open in the upper four segments. But he was still severely contracted in the lower segments and was unable to tolerate deep feelings. Socially he was still very contactless, talked excessively, and often behaved impulsively and obnoxiously.

He then began having nightmares of planes crashing and of buildings crumbling around him. He also had thoughts of being thrown out of therapy. In therapy he was able to feel a bit closer to me and gave into deeper crying. This terrified him and he would run from it saying: "I can't believe it's real. I can't believe you really care for

me." He then admitted that he was afraid of finding things out about me that he would dislike. Then he would have the power to slander me. He began showing his rage more on the outside. It often took all the firmness I could muster to keep him from sabotaging himself in his social life. He then told me that he really didn't want me to be nice to him because it confused him. He is a good mimic and could model himself after me, but, if he did this, he felt that he would not get anywhere in therapy.

He then had the following two dreams:

1. His eyes are opening wide and he goes blind.
2. He goes to an older male therapist who makes a sexual pass at him. He runs to me, terrified.

These dreams express his terror of his soft feelings and his distrust of the therapist. I kept after his neurotic behavior, including his being a "big shot," an actor, as well as his impulsivity, and related it to his fear of facing his feelings. He cried like a little boy. He felt that his entire life had been a waste and admitted that he was afraid of being a patient. He really did not believe in therapy but did not have the guts to quit. He could not stand being nothing in relation to me. He admitted to having fellatio fantasies and said "I hate you for what you have." As he said this his body gave into strong clonisms, and briefly he appeared more genuine.

Following this, fantasies of death and dying appeared. His first contact with pelvic sensations was accompanied by embarrassment. These were reminiscent of feelings he had had as a child. For several weeks he appeared more integrated and contactful. He then began having a series of impulsive dreams. I told him that the function of his impulsivity was to tear himself down and to avoid his feelings, and to avoid being responsible. I added that his grandiosity was really a compensation for his underlying feelings of being a failure. These comments struck home. He realized that his impulsivity was based on his identification with his mother, who, like himself, could not tolerate feelings. He saw that he could not be a success because he felt like an extension of his mother. The following two dreams occurred:

1. He is holding on to an airplane. He is not letting go, so that he does not fall.
2. His father dies but he is able to revive him.

These dreams were an expression of his wish to hold on to his feelings and not identify with his mother.

After a brief period of integration, he again became contracted. His ocular block intensified and he had periods of diplopia, as well as of falling asleep. His impulsivity returned together with his not wanting to be a patient, which he equated with being small and capitulating to his mother. On the couch he appeared like the "good little soldier" with his chest puffed up. He felt a strong intolerance to any sensations. I went back to the beginning again and worked on his eyes. Rolling his eyes produced an intense fear and a sensation of anxiety in his chest. Breathing brought him in touch with his penis which felt cold and dead. Continued breathing made him go off in his right eye, and he wanted to go to sleep. He felt torn between identifying with an impulsive mother, and a passive, helpless father. He felt sad and lonely and gave in to some crying. At this time he also developed genital herpes.

Crying softened his chest and for the first time he experienced sensation traveling into his lower back. This was followed by rage toward his father for being so passive. He felt very shaky and gave in to deeper misery, as he began having feelings of longing for his father. He realized that because of his fear of being successful, he sells himself short. He then had the following dream: He has very deep feelings for a woman. Then a monster comes and bites him. He identified the monster as his mother. He recalled how she constantly interfered with his sexuality. On one occasion she pointed to his penis and told him that he was too small to go out with girls.

On the couch looking out of his left eye or turning his face to the left terrified him, and he gave in to the deepest sobbing thus far. He saw me as a loving parent. As his chest let go, his pelvis began to become mobilized. Then his lower back arched strongly. He then had a dream in which the tip of his penis falls off and he only has half a penis. He is frightened but thinks that he can have intercourse even with half a penis. This dream was interpreted as an expression of his impulsivity. During the session he was frightened and wanted to behave like a big shot. Following the expression of more nasty rage, he gave into more misery, which mobilized his chest and diaphragm. He felt more expanded sexually and said that he wanted to be loved by a woman and did not want to be pushy anymore.

This was immediately followed by an episode of renal colic. While feeling more sexual, he had the impulse to gulp down large quantities of food and drink. He felt an itching in the urethra and discomfort in the right flank area which led to colic. The episode subsided after passage of a fairly large stone.

In the session he gave in to more crying as it became clear to him

how difficult it was to tolerate sexual expansion. A change in his facial expression appeared, as he became more capable of making contact with me. This frightened him, however, and he fantasized wanting to have a penis in his mouth. He stayed with his feelings, and he felt an intolerable sensation in his chest. Gradually he became irritable and had another episode of genital herpes.

Until this time his attacks averaged twice a year. During this period, however, they increased in frequency. In one session, as he recalled a frightening experience as an adolescent, he developed an intense pain over the right flank. This area felt hard, cold, and clammy. When I mobilized it, the patient responded by crying and the pain subsided. Passage of copious amounts of urate gravel and uric acid crystals became more frequent. He could predict the level of uric acid in his urine, by the amount of emotional tension he was experiencing. When uric acid levels were elevated he felt irritable and had a "sour" or "acidy" feeling. With mobilization of the diaphragm or with contact with the therapist, uric acid levels diminished. This was noted by the patient's observation of the appearance of his urine. This varied between dark brown, when it was full of urates, and normal yellow when it was not.

Based on these clinical observations the following tentative hypothesis was made:

1. The attack of renal colic resulted from an acute armoring of the diaphragmatic segment. The spasm of the musculature of the diaphragmatic segment constricted the kidneys and impaired renal functioning. This resulted in a deficient excretion of urates. The pain of renal colic was related to an attempt of the body to expel urates in the form of stones and gravel that had built up because of a pulsatory disturbance of the kidneys. (Based on organ sensations from the area of the kidneys, the patient could sense whether or not his kidneys were functioning adequately or not.)
2. Pelvic mobilization, manifested by preorgastic sensations and increased sexual excitation, intensified armoring of the diaphragm and was responsible for the exacerbation of the renal colic. There is a close anatomical relationship both in the vascular and urinary systems between the diaphragmatic and pelvic segments. The gonads and kidneys arise from the same anlage.

Some of the attacks of renal colic were accompanied by shingles (herpes zoster), involving the skin of the sacral area, while other episodes were accompanied by genital herpes.

On biophysical examination the paraspinal muscles over the right diaphragmatic area were hypertrophied and tender. The costal origin of the diaphragm and the abdominal muscles of the right side were also tender. Mobilization of this area with kicking produced some superficial misery, followed by a deep rage. Energy was able to move downward with forward movement of the pelvis on expiration, and the patient experienced a strong sense of relief.

This was followed by more deep rage directed toward his mother and his girlfriend. He again felt "acidic," as if he were about to have an attack of renal colic, but this did not occur. He saw how his mother never loved him, but only used him for her own needs. His impulsivity was just a way of taking revenge on women. This brought him into better contact superficially, but he was still afraid of genital contact. He had frequent bouts of genital herpes.

He then had a dream in which he is getting close to a madwoman. He allows himself to get close and not run from her. He ends up feeling warm throughout his body when he embraces her. This was accompanied by frightening thoughts of the vagina. He became angry toward his girlfriend for having sexual feelings for him. He became in touch with how frightened he is in his life.

His entire body became hard, especially his lower back. Kicking and stretching of his lower back produced a very strong nasty rage. This was followed by relief with increased sensations. Once the rage contained in the contraction was expressed, the patient could feel and became soft again. *It was clear that, if the patient remained soft and in touch with his sensations, no attack of renal colic occurred.*

Once again I returned to mobilization of the ocular segment. This was accompanied by more intense emotional memories of his childhood and a greater feeling of belief in the reality of what was happening to him. He looked intently at me as he related how his mother perverted all of his feelings, setting one sibling against the other. He felt worthless because he had no identity, since he was only an extension of her. He also became aware of the tremendous amount of guilt within him, and how his impulsivity generated even more guilt. Again he gave into deep sobs and felt energy moving down into his legs which felt alternately hot and cold.

He felt better contact with his spine, and he had vivid images of being like a snake. The increased contact with his spine produced these images. This was followed by the feeling of being devilish. Finally this gave in to a deep wail, and he felt strong contact with himself. He recognized more acutely the prodromal symptoms of the

attack of renal colic: A feeling of tightness around the lower back. He made contact with muscles of this area by making growling animal-like sounds while twisting and stretching his lower spine. He felt that he was changing. He felt more sexual and lighter in the lower back.

He had a dream in which a tidal wave is approaching. He sees a woman. Afraid of being destroyed by the wave, he goes into his house. A flood of childhood memories ensued, where he was punished for things he never did, and what he should have done to protect himself. He recognized how his feelings were a threat to his mother. She protected herself by destroying his feelings, just the way he himself does with other women. He recalled how his mother would buy him dolls for presents. She put pink sheets on his bed and impulsively flaunted her sexuality in front of him. In his daily life he felt a stronger right to exist and became more capable of standing up for himself. Accompanying the softening of his armor, people seemed "realer" and "softer." At the present time his attacks of renal colic have decreased markedly. His last attack occurred more than four years ago. Although he still passes gravel when he experiences tightness around the diaphragm, no large stones occur. He has developed a very close relationship with a woman and plans to marry her. Therapy is now focused on allowing the patient to tolerate his softer feelings and, in particular, his genital sensations.

### *Discussion*

This case illustrates the management of manifestations of the gouty diathesis with orgone therapy. The clinical response shows that attacks of renal colic associated with gout can be treated effectively. There has been minimal evidence of gouty arthritis during the twenty years that the condition has existed, and the attacks of renal colic have diminished dramatically in both severity and frequency. Passage of urinary gravel is now a rare occurrence. This improvement corresponds to the process of armor removal and the appearance of early signs of genitality. The question arises, why does plasma uric acid crystallize in certain individuals but not in others? We postulate that certain patients respond to biophysical contraction by the formation of urate crystals. It was regularly observed that the attacks of renal colic paralleled the acute intensification of the somatic and, in particular, the diaphragmatic armor, while gout-free periods occurred when armoring was relieved. Mobilization of the diaphragmatic segment was accompanied by great amounts of rage.

There is ample evidence from the medical literature indicating that both biophysical contraction and anorgonia are associated with the gout attack. All of the following conditions may elevate serum uric acid levels:

1. Systemic hypertension (vasospasm of the diaphragmatic segment);
2. Hypoxia;
3. Elevated serum lactic acid;
4. Cold (tophi are most commonly located at cold areas of the body).

From the clinical evidence supplied by this case it is proposed that the biophysical bases for attacks of renal colic occur as follows:

1. Excitation to a point that is beyond the individual's tolerance.
2. An acute biophysical contraction as a reaction to the excitation. The contraction is particularly severe in the diaphragmatic segment. This contraction can result in hyperuricemia by either one or both of the following mechanisms:
  - A. Decreased urinary urate excretion, due to impaired renal function, resulting from muscle spasm and vascular contraction, particularly of the diaphragmatic segment.
  - B. Increased urate production, arising from generalized muscular hypertonicity.
3. This contraction produces anger which is held back. The individual becomes irritable and feels "acidic." (Excess acid production is a sign of biophysical contraction.)
4. This gives rise to the attack of renal colic. Expelling stones is a biophysical expression of a severe, acute contraction (hardness) of the lower back and diaphragm.
5. Physical relief ensues after passage of stones and the excretion of high concentrations of DOR (dark urine). Urates are a product of OR energy metabolism and can be viewed as DOR.

Hyperuricemia is a frequent concomitant to the development of gout. Many individuals with elevated uric acid never develop gout, while one may occasionally observe the gouty diathesis in individuals with normal uric acid levels. Why this condition progresses to develop into the gouty diathesis in certain cases, but not in others, is a mystery. This case provides a possible answer to the question. The presence of excessive muscular tension and a tendency for acute contraction in the diaphragmatic segment may be factors that turn latent hyperuricemia into manifest gout.

It is the rapid *change* from expansion to contraction, or a rapid

change in levels of plasma uric acid, that seems to be critical. Patients can have high plasma uric acid levels and yet have no gout attack until a biophysical contraction occurs. Sudden lowering of plasma uric acid levels with uricosuric agents may also precipitate an attack.

One final word about the patient's motivation to get well. Despite the severity of his disorder, his strong desire to achieve health was the most critical factor in the favorable outcome of therapy.

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# A Case of Conversion Hysteria

*Elsworth F. Baker, M.D., O.S.J.*

Developmentally, hysteria is the closest to health of any of the character types except the genital character which is healthy. It is therefore usually the easiest to treat therapeutically. However, this depends to a great extent on the integration of the particular case. Some can be the most difficult candidates to help and may be totally unable to function in our society. All hysterics are timid, due to their marked genital anxiety, and must be watched constantly for signs of running from therapy. The following case was quite well integrated and turned out to be my shortest adult case in which a cure was obtained.

The patient was a twenty-nine-year-old married female who was referred to me by her attending physician directly from the hospital in which she was being treated for an inability to take any food. She had not eaten for twelve days and was being fed intravenously. Her doctor had become worried about her health and, recognizing her condition as emotional, referred her to me before she could become even more debilitated.

Her presenting condition started two weeks before the referral, when she had spent a weekend with her husband and married friends at a summer resort in the mountains. The night before her departure from the resort, she had drunk quite a lot at a party and felt that it unnerved her. She awoke in the morning not feeling well and remained in bed. She was nauseated, unable to retain food, vomiting anything she ate, was lethargic, and felt that she had lost her ability for emotional response. She was unable to focus her eyes, even to the point of being unable to read, which she loved to do. This frightened her. She felt a reluctance to go home, did not want to see her daughter and, when she did go home, she could not stand to hear her daughter's voice. Not showing any improvement and rapidly going downhill physically, she was taken to the hospital after a week. She remained in the hospital six days, being given intravenous glucose and was then referred to me.

She was born in England and came to the U.S. at the age of three. She went only to the third year of high school because her father became very ill, and she left school to take care of him. He died soon after. After leaving school at fifteen, she worked at various jobs, chiefly office work, and was married at the age of 22 years. She had known her husband since she was 17. She insisted they got along well and loved each other very much. They had one child, a girl, six years old. She had several love affairs before marriage, was very active, the life of the party, and liked to enjoy herself. At presentation she had no desire even to get out of bed. Her appetite was never too good, although prior to the onset of the illness, she had been gaining weight. Menstruation was profuse, and she menstruated just prior to the onset of her illness. Sexually, she said she would be "just as happy being left alone" but was agreeable to it for the sake of her husband. She did not react against sex, it was not disgusting, and she usually had a climax, but only by manual manipulation. She was usually too tired to really enjoy sex. She had been faithful during marriage. Her bowels were constipated.

When she first married her husband, he was a diamond importer and she lived in New York. Later they moved to a farm. She said she came from a beautiful home in New York to a shack on the farm. She had always had difficulty with her only sibling, a brother, six years older than she. He had always bossed her and told her what to do. She constantly rebelled. She wanted to study medicine, but he told her they did not have the money. Her father died of tuberculosis shortly after she left school to take care of him. Her mother was still living and remarried.

She was a perfectionist, very emotional, subject to outbursts of temper and critical of her husband, particularly as he had not brought her the wealth she expected. She expected her child would be a boy, but said she accepted a daughter, although she added significantly that she named her Joseph Abraham. They call her Joan Anne. She went overboard in buying her things and believed she spoiled her. A great worry was that her daughter was a poor eater. While in the hospital she noticed that she did not miss her daughter and, in fact, did not want to see anyone. She was totally unable to understand what might be behind her illness, why she had no emotions, and was so lethargic, because she wanted to get well. She had so much to live for, but she literally could not stomach her situation. She did think of suicide on one occasion but dismissed it immediately as she wanted to live. She came into the interview walking very slowly and stiffly

with her head down and, during the whole examination, she was quite dramatic, showed an affected manner of speaking, and certainly wished to convince me of the seriousness and bizarre nature of her condition.

The husband said she had always been very carefree, liked to enjoy herself, but wanted to make a good home for him and their daughter. He thought the routine was too much for her, that she had been trying to do something that was not suitable for her. She was too meticulous and had been too afraid he would lose patience with her. After she got sick she could not stand her daughter and, whenever she would look at her, she would clench her fists. She did not want to go home from the hospital.

On the couch she lay rather stiffly but was passively cooperative. There was very little muscular armor, although she was holding very tenaciously. She was very thin, having lost considerable weight. Her face was drawn, worried, and depressed. Her eyes were anxious but freely movable. Her face was stiff. She could not make a face. Her hitting and kicking were feeble and without feeling or motivation. Her pelvis was movable. With some difficulty I got her to scream in a very stifled way. I could elicit no emotional response, and I felt that therapy would be difficult. I concentrated on her breathing and loosening the paraspinal muscles, in an effort to overcome her holding back. I hoped to elicit some of the rage I knew was there. I was, as far as I could tell, wholly unsuccessful and felt that I had been able to accomplish little. The next three sessions were essentially repeats of this. I worked on the chest and paraspinals and got her to hit repeatedly, hoping to bring out some rage which she neither felt nor did she have any contact with. I was no more successful than I was the first time. Usually I see patients once or twice a week but, because of the urgency of the situation, I saw this woman daily.

When she came in for the fifth session, I was in for a great surprise. She walked with a brisk step, was smiling, and seemed perfectly normal. I asked her what had happened. She told me that, after leaving the last session, she went home and suddenly went into a fury with a desire to tear the house apart. She turned over furniture, pulled down pictures from the wall, tore their elaborate set of files all apart and scattered them all over the floor, broke dishes and went on until she was exhausted. The house was a mess. It looked as though a cyclone had struck it. She viewed the sight with great satisfaction and relief. In fact, she felt fine and was very hungry. She persuaded her husband to take her out to dinner where she ordered a steak. She ate all of the dinner which of course she promptly vomited, not having eaten for

sixteen days. Since then she had felt well and had been eating normally. I had been more successful than I thought.

There did not seem to be too much left for me to do. On the couch she seemed a little tense and anxious. Her breathing was somewhat restricted, although her chest was quite free. She was still tense in her orbital ridges, and her eyes, although alert and freely movable, showed some anxiety. On the whole the tense rigidity she had previously shown was no longer present. There was merely an attitude of anxious expectation. I got her to breathe more fully and deeply. Soon she began to feel currents in her hands but they did not become a problem.

I then proceeded to her eyes. I loosened the holding in her supraorbital ridges by pressure and rubbing. While leaning over to do this, she suddenly put her arms around my neck and drew me down obviously to kiss me. I freed myself and told her that "My mother would not approve." I pointed out that she was running away from therapy by trying to turn it into an affair; for the sake of her health, she had to stop running and face whatever was there. She said she really did not love her husband and was disappointed in his business ability; besides, he was not a good lover. I told her we would keep all of that in mind and decide about him later. Meanwhile, she had to finish her therapy and consolidate her health. Her eyes lost their anxiety and seemed quite alive and flirtatious. I said she should go ahead and flirt with me; she was not aware that she was. So I made her consciously flirt. Eventually she was aware of when she was flirting and instead would flirt intentionally.

I then proceeded to her jaw. Here was some holding, and I worked vigorously on her masseters, dissolving the holding, and had her bite a towel. The jaw began to tremble and I encouraged her to just give in to the trembling. She felt quite relaxed and I sent her home to return in one week. She had maintained her improvement and was functioning well at home. I loosened her paraspinals and had her breathe deeply and hit the couch. Although she could hit vigorously, she showed no emotion in the hitting. This was standard in her therapy. During the session she showed no emotional expression, but expressed it all at home. I told her I did not care where she expressed it, as long as it came out.

After checking her eyes and jaw I examined her throat, the great holding point in hysterics. Although her voice ordinarily now was normal, there was considerable holding here. The sternomastoids and even the deep muscles were quite tense. I worked on them, had her scream and vocalize saying "aah." Her scream at first was stifled but

soon, with repeated trying, she could scream quite freely. I also had her gag and told her to gag every morning. I spent three sessions on her throat and, at the same time, loosened her thighs which were very tense. I wanted to open a place for energy to move down from her throat. The paraspinals also still held some tension which I was able to overcome quite fully. She consistently denied negative thoughts about me, but she took them all out on her husband. I was suspicious of her trust in me but could elicit nothing to indicate I was justified.

Her abdomen was no problem so that finally we came to the last segment, the pelvis. This was movable to start with, but there was holding in the iliopsoas, suprapubic region, and floor of the pelvis. I worked on these holding points and had her repeatedly tense and relax the vaginal and anal sphincters. There was considerable trembling of the thighs, and she could voluntarily bring her pelvis forward when breathing out, but I was unable to elicit the orgasm reflex. Reich pointed out that, although some cases may attain a high degree of health, they may never show the reflex, and some never feel streamings. One day when I was working on her pelvis, she again reached to pull me down and, in a typical Greta Garbo voice, said "I luv you." I said "That's nice," and asked her if she recognized her affected voice. This rather dispelled her passionate feelings of love. From here on she worked seriously. Although she maintained that she did not love her husband, their sexual life improved, and she developed a strong sexual desire with considerable pleasure and satisfaction. Later she took on a lover and experienced, on occasion, vaginal orgasm. She divorced her husband after several years.

She recognized that she had rejected her daughter because she was a girl, which made her feel inferior for not producing a son for her husband. I informed her that her husband — not she — was responsible for the sex of the child. She had overcompensated by buying her so many things. She began to develop real feelings of love for her daughter. The patient had been very attached to her father, but he showed little affection for her, except when she was very young. This did not allow her to live out her Oedipus phase and thus solve it. She never got along well with her mother.

After several sessions of just breathing in the absence of holding in her organism, I felt that she was sufficiently restructured to go on her own. I told her I would like to see her in six months. She was still well 15 years later when I last saw her. Therapy consisted of 22 sessions.

# A "Problem" Child

*Peter A. Crist, M.D.\**

Reich's discovery of the distinction between primary and secondary drives opened a new avenue of approach to "problem" children and children's problems. From the psychoanalytic view of him as an id-governed "wild beast," the child emerged as basically "good" and "social" from birth, "bad" and destructive only in reaction to the frustration of his natural (primary) impulses. When this destructiveness is organized psychically and physically in his armor, the child becomes truly a problem child. The "nature vs. nurture" dilemma, as to whether the problem originates in the child or in the adults and their culture, was underscored by Reich's discovery.

## *Case History*

Aaron is a 7-year-old white male child. When he was first seen, he was 4½ years old. He had been under evaluation by his day care center for being "moody, depressed, and aggressive." It was after he threw a chair at another child that he was referred to the clinic where I began seeing him. He was born of an unplanned pregnancy, with a brother one year older and a sister age 8 from his father's previous marriage. His mother reports she felt good during most of the pregnancy but occasionally had worries that she would have a deformed baby, a feeling she had had with the previous pregnancy. She felt guilty about having another child so soon and for having had an abortion before getting married.

Aaron was born with respiratory difficulty and spent the first two weeks in the intensive care unit (the first 10 days on a respirator). She feels the period of nursing (to age one year) was when she had the best contact with him and felt most competent as a mother. Aaron's

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early development was reportedly "normal." He was weaned "without problems" at age one year, "because he was getting too big and aware." Toilet training began about age 18 months, and was accomplished by age two years through the use of shame and comparison with his older brother.

When he was 3 years 3 months Aaron's parents finally separated after more than a year of increasing difficulties and several brief separations. The children saw their father less often than the agreed-on every other weekend. While his mother worked for a period and then decided to go to college, Aaron and his brother spent more and more time with babysitters and in day care centers. When Aaron was seen in the therapeutic nursery at 4 years 6 months, his mother reported feeling that the children had not been "disciplined enough." She was in a relationship with a young man who used a coat-hanger to hit them with "to get their attention" and encouraged her to do the same. She said she felt unable to "get into this," unable to handle them, and guilty that she was not giving them enough attention. At the same time she felt her "needs were not being met" and that she did not have enough time to do her schoolwork which interfered with her hopes to "make something" of her life. She noted that Aaron and his brother often got into fights and that Aaron had developed enuresis at about age 3½ (not long after the final separation of the parents). On the positive side, she described him as "lively and curious."

### *Therapy*

My treatment of Aaron has consisted of 25 months of traditional play therapy, followed by 6 months of orgone therapy, with direct biophysical work. The first 21 months were twice a week in a clinic setting, the remaining time once a week privately. The two techniques give us the opportunity to compare them, theoretically and practically.

### *Play Therapy*

When I first saw Aaron he was an attractive young boy who seemed older than his 4½ years. He had an open endearing quality which gave me the feeling of wanting to cuddle him and do things for him. His behavior was overly self-sufficient. He would not even allow anyone to help him get his coat off. He was bright and curious and explored the playroom, asking many questions. He could make good

eye contact but rarely did so. His color was good but his hands were cold. Physically he had a solid athletic "feet on the ground" appearance.

The first year involved establishing a trusting relationship and handling his resistance to therapy. After only a few sessions he spontaneously although tentatively took hold of my hand while walking to the therapy room. In these early sessions he frequently asked me to build him a house from blocks and gradually allowed me to do more for him.

These early sessions, with the developing strong affection for me, were followed by a one- to two-month period of intense resistance to leaving the nursery for therapy. For several sessions he was dragged by the teachers to the therapy room. When he was prevented from leaving, he became panicky but unable to express it. This problem was then handled by my keeping my appointed time and letting him know I was there to see him. If he refused to come in, I would sit in the nursery while he went about whatever he was doing, which usually involved play with other children. As time went on he interacted more with me. Finally, after increasingly clear signals from him to do so, I began picking him up and carrying him to the therapy room.

As soon as he remained in the playroom long enough for me to feel he could hear what I was saying, I gradually and consistently told him that I thought he was afraid to come to the playroom because he would have strong feelings for me and feared I might leave him like his father did. With each increment of this interpretation he said, "Shut up, don't talk," but would stay longer in the playroom. When the connection with his father's leaving was made, he said, "Shut up, that's not true — how did you know that was true?"

Most of the rest of that academic year involved his asking me to make things for him (usually animals) out of paper or *Play-doh* that he could take home. He began talking more about things that were troubling him, especially missing his father and his bed-wetting. Each of these would only be touched on and, if I pressed to hear more, he would look sad for an instant, then briefly anxious, and quickly become irritated and angry. He also began tentatively asking questions about sex. During this period Aaron's resistance to going to or remaining in the play therapy room was often handled by following his request to go outside, playing games or walking. Often he would ask to be pushed in a small wooden doll carriage he called "the wagon." We would go to the area near the clinic where there were mounds of earth overgrown with weeds, wildflowers, and brambles. He would

be curious and deeply interested in nature, looking at, smelling, and often tasting each new flower or plant, after asking me what it was and if it could be eaten. It was on one of these jaunts that a most touching moment occurred. Aaron had caught a grasshopper and was holding it in his cupped hands and saying he wanted to take it back to the nursery. Then peering at it through a crack between his hands he said, "No, I won't take you back." Delicately taking it by its back between thumb and finger, he tossed it away from him saying, "Go free and enjoy your life."

His mother continued to bring him during the nursery's summer break. This was a period in which he became more immediate and direct, ushering in the second year of therapy which saw a strengthening of our relationship. This allowed us to work more directly with his anger, which was often precipitated by the termination of the sessions and expressed in his "wildly" throwing things off the shelves or attempting to flood the room from the sink. He remained in the therapeutic nursery mornings, while starting regular kindergarten in the afternoon.

At mid-year he was terminated from the nursery because it was decided he no longer needed it. His mother continued to bring him to therapy but was not as consistent as the nursery bus. The clarity of his intellectual awareness was often startling. After several missed sessions when he became hostile and was shooting at me with a gun, I said, "I wonder if you are mad at me for not seeing you several times." He replied, "No, I'm not mad at you, it's my mother that didn't get me here, but I don't let her know I'm mad." I asked, "What do you do with those mad feelings?" He replied, "I eat them and then they go down in my stomach and I throw them up, then they are out on the floor." During this time we began talking more directly about his bed-wetting problem and how it tied in to his anger.

Academically, he performed well in kindergarten. There were few behavior problems, other than occasional minor fights and mischief, until the end of the year, when he was "caught" in two "incidents" of sexual play with girls. The school suddenly decided to do an extensive evaluation and was strongly considering placing Aaron in a special class for behavior problems. I recommended giving him a chance in the regular first-grade class, where his curiosity and obvious intellectual ability could be challenged and in which he should do better with the more structured setting.

When I left the clinic, his mother made the commitment to bring Aaron to me (privately) once a week. There was an initial period of

greater openness and sweetness toward me during which he talked relatively freely and made things for me rather than vice versa. Later, he began hiding from me both literally and emotionally. This coincided with several suspensions from day camp for "incidents" which at the time sounded like defiance of the counselor. At the time we were dealing with his defiance of me. He was also undergoing testing for the evaluation at school. For the most part he refused to talk with me about this saying, "You weren't there so it doesn't have to do with you." When I asked him what he understood about it and why it had been done, he said, "They want to find out if I'm crazy." When I asked, "Why would they want to do that?" he replied, "I'm not crazy but I've been acting a bit crazy there." He then tried to run away and would say nothing more about it.

He began regular first-grade class. It was after several months that he revealed to his mother that the "incidents" for which he had been suspended from day camp were sexual, probably including intercourse with the little girls. She was disturbed on learning this, uncertain how to handle it, and finally gave him a long talk about sex, including the risks of intercourse. She told him it should wait until he was older, but that in the meantime masturbation was all right. He had told her he would not talk with me about it. In the next session, when he asked endless questions about things he knew the answers to, I said, "Often kids ask many questions when they are afraid to ask about something else they want the answer to, like where babies come from or sex." He said, "I'm not afraid of anything" and showed marked contactlessness in his eyes, prompting me to work biophysically on them. When I had him follow my finger with his eyes he stopped breathing. I tickled him to get him breathing, and he ran away across the room. I again had him follow my finger and asked if he knew he went "off" in his eyes. He told me, "Oh yes, I do that whenever I'm about to get in a fight and then they don't know I'm there, and I come out and surprise them and win." Continued mobilization of his eyes quickly brought out "wildness," a frantic, angry response.

### *Orgone Therapy*

His mother jokingly noted the "wildness" in contrast to the sleepiness when she brought him saying, "What did you do to him? I couldn't wake him when we got here." I told her of my work with

his eyes, that there are feelings he was holding back in them, and briefly about orgone therapy. I recommended that I work with him biophysically on the couch. She noted that, when he is upset, he gets a funny look like he is "retreating into himself." She considered my recommendation and agreed.

Biophysical examination showed that his eyes were capable of a wide range of expressions but often looked as if he were about to "get away with something." He also gave the impression that he put his eyes out of contact "intentionally." At these times he showed an "impish" smile but could bring himself back into contact when asked to. (Frequently though he would laugh and roll his eyes all the way up into his head.) When he was willing he could track well with his eyes, although often got "stuck" in the upper quadrants. His forehead showed little movement and when asked to raise it, marked anxiety appeared in his eyes. His occiput was tense and tender, his lips full and pink. He could yell and scream without difficulty when first asked but then refused. His shoulders, back, and intercostals were ticklish but not hard. He held his chest high with little movement. When asked to breathe with his mouth open, he first gave a "silly" grin and then alternately pumped his chest and abdomen up and down without moving much air. He would do this for a few breaths until told to just breathe. He then would settle into a rhythm for a few breaths before holding his chest high again. His pelvis was somewhat stiff both actively and passively. There was little other apparent armor. The overall impression was of a lively, bright, and alert organism.

On the couch I pursued a much more structured approach with him than in play therapy. Initially direct biophysical work consisted of mobilizing his eyes, work on his occiput, and tickling along his ribs to keep him breathing. I had him look at me and bring out the expression in his eyes. The more structured approach quickly brought out his defiance and sneakiness, as shown by his attempts to sneak off the couch and his pretense of following instructions while doing the opposite. I attempted to restrain him from acting on any impulse, until he was fully in contact with it. Initially there were indications of progress with this approach. He began to talk more simply and directly than ever about some of his problems, i.e., how being sneaky would get him into trouble at school and elsewhere, and his fears that he would not have any friends because his brother had told them all that he wets the bed.

He continued to spend much of the sessions fidgeting and trying

to move around on the couch. There would be short periods when he would be calm and cooperate with breathing or with looking at the corners of the room when I called out the numbers he had assigned to them. For the most part, however, he showed little evidence of coordinated emotionally-charged expression. Attempts to work bio-physically on his musculature would lead to increased restlessness and wild or "silly" behavior.

After discussion in supervision it was decided to simplify the approach and work initially only with organizing his breathing and, in a calm, firm manner, stop his disorganized discharge through fidgeting. As he lay on the couch I placed my hands on his chest and instructed him to breathe in through his mouth as I moved my hands up, then out through his mouth as I moved my hands down. Meanwhile I continued to talk to him quietly while trying to establish a rhythm to his breathing. When he fidgeted I calmly restrained him and told him I thought he moved around so much to get away from some feelings he is afraid of, that we need to have him stay still and just breathe, so we can let his feelings develop. In that way we can see what they are and help him get them out, so he does not have to carry them inside. To this he said: "I'm not afraid of anything and if I was it's none of your business." Even so, he established a rhythm in his breathing for four or five breaths, then looked quite serious and a little anxious and asked, "If someone had their eye come out, but it was still hanging on their face, could they still see with it?" and "Could it be put back?" (Not being certain of the origin of this question, I elected to say little about it.)

I continued working on his breathing in the same way. Frequently after merely a few full breaths, he began to cough and developed audible wheezes. Over the next several sessions he initially resisted coming into the treatment room and getting undressed, but with verbal encouragement did so. He began these several sessions by saying "I'm bad," resisted breathing when told to do so but finally began to develop a breathing rhythm. He was told that acting "bad" may be his way of asking for what he wants, such as his mother carrying him into the treatment room, or my holding him on the couch.

The next session he cooperated well, coming into the treatment room and undressing. He sustained a rhythm with his breathing but quickly began to look anxious. When asked if he was aware of looking frightened, he replied, "I'm not afraid of anything." Work with the penlight to mobilize his eyes was immediately followed by his saying,

"Did you see Indiana Jones? The guy in there was not a very good actor because he was afraid to show he was afraid." Continued mobilization of the ocular segment, by having him open his eyes wide and raise his forehead, elicited a progressively clearer expression of fear. Asked to scream, he did so with his silly "getting-away-with-something" look. He was told, "Maybe you are afraid to show you are afraid." He then was able to scream several times which, although restrained, was accompanied by a discharge of real affect. He then began talking about being anxious about going away to overnight camp and that he was having problems wetting the bed again. (His mother had confirmed his report that the bed-wetting had almost entirely stopped for several weeks.) He was reminded of the association we had previously made between his bed-wetting and feeling angry. He spontaneously talked about getting into fights in school in the previous week.

The following week he cooperated well, breathed spontaneously without much prompting, and seemed more serious and "together." He talked about going to camp, his excitement as well as his fear of revealing his fearfulness to the other children. He also said he had stopped wetting the bed, except for the night he spent at his father's. Several attempts to have him talk more about this were answered with, "There's nothing more, it's just what I said."

He returned from camp and a two-week break in therapy. Although cooperatively coming into the treatment room and undressing himself, on the couch he was restless, uncooperative, and defiant. His breathing was again disorganized and lacking spontaneity. I returned to his breathing and pursued his tendency to hide what he thinks and feels, and his acting as if no one would take him seriously. He replied, "Well no one does and besides only sissies show what they feel." He again became restless and, in my attempts to calmly restrain him, he sneaked kicks at my head.

His mother reported that since camp he had been wetting his bed. He also had been very interested in sexual matters. He hid with his brother in her closet, only to come out giggling when she emerged from the shower. She also reported that Aaron unlocked her door to barge in on her with her boyfriend in the sexual embrace, because he said he wanted to "see us moving."

At the present writing I continue to work on his breathing and eye contact and to try to have him express his hostility in a more directed way.

*Observations on the Therapy*

The work with Aaron is instructive in basic human terms. From the beginning, the simplicity and directness of his expressions were striking. Within a few meetings, he reached out and took my hand. His resistance to therapy was directly expressed by refusing to go to the playroom.

Aaron has the "Emperor's-new-clothes" ability to uncover what is irrational in the behavior of adults, challenging and causing one to question the rationality of some rules. For example, early in treatment he asked to take home a Stegosaurus I had constructed with him from *Play-doh*. I reminded him of the rule that "nothing is to be taken from the playroom." He replied, "You can get more *Play-doh*. I know where they keep it." My own "need" to be "right" was challenged, and I stuck rigidly to the rule. His genuine heartbreak quickly turned to anger as he smashed the Stegosaurus and ran from the room. I realized I had made an error and that it would be important to our relationship to let him know this. Doing so would also serve the broader function of showing him that it is all right to reveal that one can be wrong. (The teachers had noted that he would not do this with other children.) When I told him I had not understood how important it was for him to have the figure and that I had made a mistake in not letting him take it, he replied, "That's all right. You can draw on paper I bring from the nursery, and maybe someday we can make one from *Play-doh*." (A child's ability to forgive is a tribute to his capacity to re-expand and be outgoing again.) Several months later his request for me to make a similar figure accompanied a breakthrough in his therapy.

Aaron's liveliness encouraged me to overcome my own stiff role as "Doctor" and to play again: tag, rolling down hills, drawing, and playing with clay. His absolute faith in my ability to draw or sculpt gave me the courage to try these again.

Many of Aaron's statements and descriptions of his experience are intriguing in biophysical terms, for example, his description, "I eat my anger and then throw it up and it's out on the floor." Also striking was his observation of going out of contact when challenged, so he can then "come out and surprise them and win." His questions about eyes coming out of the head appeared to come from "out of the blue" shortly after he breathed fully for only a brief time. They suggest castration anxiety. Of note, however, in the timing of these questions

is Koopman's observation that, with breathing and organization of their energy fields, patients frequently report a sensation of the energy around their eyes extending out from their heads (1).

### *Discussion*

What causes a child to become identified as a "problem child"? The child does not come requesting treatment but is brought when some grownup becomes aware of a problem. This can be because the adult recognizes bona fide symptoms from which the child suffers, or because his behavior has become a problem to the adult. In the latter case, it may be because the child's behavior is neurotic, which the adult sees and seeks help to change, or because the child displays healthy behavior which the adult cannot tolerate.

In order to properly treat any problem, we must first diagnose it. The theoretical approach influences the diagnosis. The mechanistic, biochemically-oriented psychiatrist, using DSM-III criteria, might give Aaron a diagnosis of "attention deficit disorder with hyperactivity" (commonly, the "hyperactive child") but could then offer little more than *Ritalin* or other drugs. The psychoanalyst de-emphasizes diagnosis in favor of a "psycho-dynamic formulation" of the patient's unconscious psychological conflicts. My psychoanalytic supervisor felt Aaron's conflicts centered around unresolved issues from his father's separation from the family and unconscious conflicts related to castration anxiety and sibling rivalry.

In orgonomy, diagnosis is functional, having its roots in Freud's early libido-economic theory of psychosexual development, a legacy which Reich always acknowledged. Orgonomic characterology develops the concept much further, since it is based on an understanding of energy movement or its disturbance. In orgonomy, it is the pattern of armoring that establishes the diagnosis. In adults this is defined as a specific character diagnosis. Reich and Baker have noted that a specific character diagnosis cannot be made in children because the character does not become fully set until puberty (2:142). (Baker has said elsewhere that once the child has "resolved" the Oedipal conflict, one can often make a statement of the character diagnosis with some certainty (3).)

Aaron has features suggesting diagnoses from ocular, phallic, or impulsive characters, so no specific diagnosis is yet justified. Even so, the functional energetic theory allows us to establish that his principle

areas of holding are in the ocular, thoracic, and pelvic segments, and that he has significant problems of contactlessness and impulsivity. Since Aaron was treated from the two different theoretical frameworks of psychoanalytic play therapy ("play therapy" from here on) and orgone therapy, we can compare the theories and their practical implications for treatment.

The goal of play therapy is to help the child alter maladaptive behaviors based on unconscious conflicts, i.e., to help him develop insight and be in control of his behavior rather than driven by it. The method is designed to allow him free expression in the activity that children naturally do (play), while making and reporting to him observations about his activity and its meaning. The relationship with the therapist is considered an essential aspect of the therapy. It provides the child with an experience of being accepted and not punished for what he thinks, feels or does. It also provides a person with whom the child can identify and emulate. Most important, it provides a situation in which the child's automatic behavior in a relationship (the transference) can develop, come to light, and be shown to him. Theoretically, the realm of study and treatment in play therapy is the psychic processes of the child: his ideas, fantasies, and behaviors (4:2648).

The goal of orgone therapy is to achieve unitary, natural functioning of the organism. This implies restoration of plasmatic pulsation and the unimpeded discharge of the orgone energy within the organism, i.e., a healthy sex economy. Therefore, the realm of investigation and treatment in orgone therapy is the child's functioning as a total organism, with emphasis on the interrelationship between psychic and somatic processes. This theoretical difference greatly broadens the practical techniques available to the orgonomist, as compared with those of the psychoanalytic play therapist. All of the techniques available to the play therapist may also be used by the orgonomist.

The transference relationship between patient and therapist is also very important in orgone therapy. The basic tools used by the orgonomist in the treatment of a child are the same as those used in the treatment of adults. These have been well summarized by Baker (2:45; 5) and briefly comprise the following: (1) breathing to increase charge and heighten energy movement through the organism; (2) direct biophysical work on muscular armor to remove blocks to the energy flow; and (3) character analysis.

The distinction in goals between "maladaptive" vs. "adaptive" behavior in play therapy and "natural and healthy" vs. "unnatural and

unhealthy" in orgone therapy has practical implications. If the goal is "adaptation," we become caught in the quagmire of "adaptation to what?" This was pointed up by the recommendation of the psychoanalytic supervisor who suggested seeing Aaron for not more than a year or so after leaving the clinic, as long as he was getting along in school and not wetting the bed. This approach is based largely on the removal of symptoms and adaptation to what is societally normal.

Early in his career, signaling his move beyond psychoanalysis, Reich established two theoretical principles still central to orgonomy: (1) The basis for neurosis goes deeper than the symptoms to the very character of the person; and (2) objective criteria for health can be established. When seen from the perspective of orgone therapy, it becomes immediately obvious that Aaron is far from the goal of treatment, with his muscular armor, disturbed contact, disturbed respiratory function, and disturbed capacity for organized emotional discharge. The criteria of functional health (unimpeded bioenergetic pulsation) — not societal "normality" — is crucial in the orgone therapy of both children and adults. The child who deviates from social norms is, of course, more vulnerable than the adult because of his dependency upon adults.

Throughout his work Reich especially cherished children and saw in them the hope for the prevention of neurosis. He had hoped through the Orgonomic Infant Research Center (6:7) to establish objective criteria for what is inborn, natural, emotional expression and what is secondary expression, coming from distortion by armor. Reich wrote:

We do not even know what percentage of children are emotionally deadened soon after birth, or how many retain their inborn agility through their first puberty. We do know that noisiness and biopathic hypermotility are often mistaken for natural behavior. (6:66)

The emotionally deadened child is not usually identified as a "problem." He will generally be perceived as a "good" child. It is the child who is very much alive that presents as a "problem," because biopathic developments have given rise to "noisiness and hypermotility." The dilemma of distinguishing "biopathic hypermotility" from "natural behavior" and a "genuine" request from a "neurotic" demand in therapy is the same dilemma every parent faces in trying to raise children rationally. Corollary to this is the distinction between responsibly "free" behavior vs. licentious behavior, as discussed by Reich, Baker, and Neill (2:372; 7). The goal is not just to allow the child to express himself, but rather to help him to express himself as much

as possible from the core, while removing the impediments (both internal and external) to his doing so. This case illustrates how difficult it can be to make these distinctions in practical action. Aaron is full of life. Some of his expressions are healthy and come out cleanly, and some are neurotic and come through in a distorted way. Essential to supporting the health in a child is first knowing what it is. Reich's differentiation of primary from secondary drives is a vital theoretical distinction.

It was in part this child's expressiveness which caused him to be identified as a "problem." His referral to the clinic for aggressive behavior (throwing a chair at a classmate) stemmed from the adults' recognition of its neurotic character. On the other hand, his suspension from day camp, the referral for evaluation by his school, and the contemplated placement in a special class were triggered by his sexual behavior. All of this seemed less a recognition of neurotic problems than the adults' intolerance of his natural expressions and their failure to distinguish natural from sick behavior. A recent release of some of Reich's work with children provides insights on this very problem. In order to help children evolve naturally toward genitality, Reich observes:

... we must agree that a first puberty in children exists; that genital games are the peak of its development; that lack of genital activity is a sign of sickness and not of health, as previously assumed; and that healthy children play genital games of all kinds, which should be encouraged and not hindered. (6:66)

It is of interest that the mother could tolerate his motor discharge of rage (it was the school which referred him for that), but she became upset and confused by his sexual behavior. Thus she feared he would develop "sexual hangups" like herself and lectured him on the dangers of intercourse, though she knew better intellectually.

This child's problems with "hypermotility" are intimately related to his problems with contact. In retrospect, I felt that my error in the play therapy treatment of this child was in failing to ensure that he was fully in contact, i.e., that he felt what he was expressing, before acting on his impulses. With his contactlessness when we approached his questions about sex and the "wildness" which subsequently emerged, I feared my previous errors had returned to haunt me. I had often had the impression that much of his fidgeting, wild running around, laughter, etc., were in some way sexual. In play therapy there had been times when he would rub his genitals against

objects by straddling them, or would straddle my leg and rock while sitting on my lap. These would be quiet times, following which he would suddenly become giggly, wild, and then begin throwing things. It was as if he discharged some of his sexual energy in his chaotic physical activity. With his activity he has defended himself from and not been in contact with various feelings: sexual excitement, anxiety, anger, and sadness.

In orgone therapy, we have been able to address this problem more directly. This has involved the work to organize his breathing and work on his eyes to improve his contact. It also has involved sufficient inhibition of his impulsive expressions of secondary drives to allow him to come more in contact with the emotions behind them. In this way, the energy of the secondary drives can be adequately discharged in an orderly fashion, rather than partially leaked off in the contactless, impulsive act.

### Summary

This case has given us the opportunity to review several practical and theoretical issues in the treatment and diagnosis of children. Because of the two different treatment modalities we have been able to compare them. We also can appreciate how much can be learned from one child.

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# Effects of the Orac on Cancer in Mice: Three Experiments\*

*Richard A. Blasband, M.D., O.S.J.\*\**

Wilhelm Reich first reported the results of treating mice with cancer with the orgone energy accumulator (Orac) in 1943. Thirty-six mice with one-week-old spontaneous mammary tumors were treated with a mouse-sized Orac for one-half hour daily. Their average life span after detection of the tumor was 11.1 weeks, about one-third longer than the untreated controls (1:256).

Our initial studies attempting to replicate Reich's work used spontaneous tumors, but later, in an effort to standardize initial tumor size, we experimented with transplanted tumors. Experiments using the accumulator and the medical DOR-buster demonstrated biological changes and distinct trends toward increased longevity, but we did not obtain the results we had anticipated (2,3,4).

Some work with a differently structured cylindrical Orac and "charger" in experiments on wound-healing in mice indicated that this arrangement might be particularly efficacious in treating mice with tumors. The charge within these Oracs seemed more intense than in those used in previous studies. The following experiments were designed to test this new accumulator setup on mice with spontaneous and transplanted tumors.

*Experiment 1: The effect of the charger/Orac on mice with recently developed spontaneous tumors*

*Procedure:* Eight C3H/HeJ female mice over one year of age, retired from breeding, bearing newly developed tumors were divided into

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two groups of four, treated (T1) and control. The treatment device was a cylindrical accumulator ("Orac"), consisting of an empty one-pound metal coffee can, wrapped in successive and alternating layers of soft vinyl plastic and steel wool, four double layers of non-metallic/metallic materials in all, with the plastic material on the outside. The opening in the top of the can was closed with a metal lid, which in turn was covered with the plastic lid that accompanies the can. The bottom of the can, made of metal, was covered with a similar plastic lid. This arrangement, according to Reich, concentrates orgone energy from the atmosphere to the interior of the can (1:100).

In order to increase the organotic contact between the mouse and the energetic charge of the accumulator, mice were first placed within a special "charger." This consisted of a galvanized iron cylinder, 4" long, 1½" in diameter with a metal screening covering the ends. The cylinder was large enough to permit sufficient clearance for movement but small enough to prevent the mouse from turning around. The mouse was first placed within the charger, which was in turn inserted into the Orac. Two chargers fit into each Orac.

Treatment began April 1, shortly after tumors were first detectable. The mice were usually treated twice a day, morning and evening, for 45 to 60 minutes, depending upon the liveliness of the atmospheric orgone energy that day. The experiment was run in April and May of 1980. On 12 of the 60 consecutive days of treatment, the mice were treated only once. During treatment, the control mice were placed within plastic cylinders identical in size to the charger tubes. These, in turn, were placed within light-tight cardboard cylinders the same size as the coffee-can Oracs.

The tumors were measured weekly. Tumor size was determined by the product of the radii of the longest and shortest tumor lengths. Estimates of DOR intensity and weather were made daily. The weather throughout the test period was generally fresh and sunny to partly sunny. DOR levels were low.

*Results:* Average tumor growth in square millimeters is shown in Figure 1. The mice began dying on 4/23. From 4/1 to 4/22 the average increase in tumor size was 212% for the control mice and 89% for the treated mice.<sup>1</sup> This difference is highly statistically significant.<sup>2</sup>

The average life span of the control mice after first appearance of

<sup>1</sup> The standard deviation (S.D.) from the mean for the two groups is 83.4 and 51.9, respectively.

<sup>2</sup> A probability (Prob.) of 0.98.

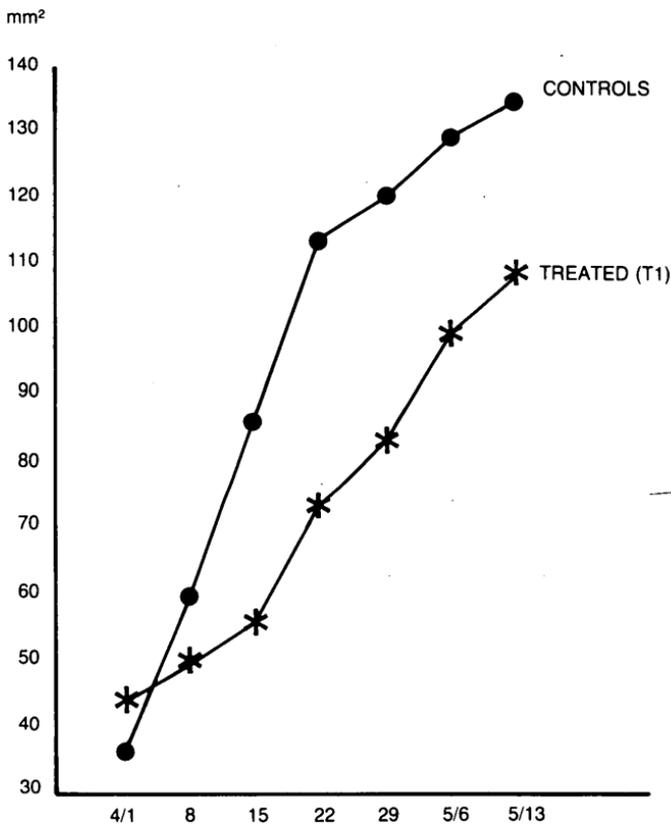


Figure 1

Tumor Size Experiment 1  
Spontaneous Tumors (Treated on Detection)

the tumor was 38 days, contrasted to 69 days for the treated mice.<sup>3</sup> This difference is very highly statistically significant.<sup>4</sup>

*Conclusion:* The charger/Orac method of treatment can inhibit spontaneous mammary tumor growth and prolong life in the C3H/HeJ mouse under the atmospheric conditions that prevailed during the treatment period.

<sup>3</sup> The S.D. is 15.3 and 11.5, respectively.

<sup>4</sup> A probability of 0.99.

*Experiment 2: The effects of the charger/Orac and the charger/Orac/cube Orac, respectively, on mice with transplanted mammary tumors*

Previous experiments with transplanted tumors had always yielded confusing results. Despite apparently beneficial effects on the animal as a whole, the Orac treatment at times seemed to increase tumor growth rather than decrease it as expected. Possibly with this new treatment modality we would find results similar to those found in Experiment 1. In order to intensify the effects, we decided to put one group of treated mice (T2) within an additional accumulator.

*Procedure:* On June 10, 1980, 16 ten-week-old female C3H/HeJ mice weighing between 28.0 and 35.0 grams were inoculated subcutaneously in the ventral abdominal wall with small amounts of minced mammary tumor taken from a retired C3H/HeJ breeder mouse. They were then split into three groups: eight controls, four treated (T1), and four treated (T2). The controls and T1 were to be treated exactly as in Experiment 1. The mice in T2 were also placed within the charger/cylindrical Orac device, but in addition the entire device was placed within a fourfold one-cubic-foot box Orac ("cube Orac").

Prior to beginning treatment, a tumor growth rate was established by measuring tumor size every three days, beginning on 6/10. Treatment began 6/19 and continued through 7/25. It consisted of daily 60-90 minute periods depending upon the liveliness of the atmospheric orgone energy that day. Tumor size was then measured weekly until July 18. Weather and DOR intensities were recorded daily. The weather throughout the test period was uniformly fresh, partly sunny, and energetically exciting with low DOR levels, except for four days when they were moderate.

*Results:* Figure 2 shows tumor growth for the three groups. From 6/10 to 6/19, the pretreatment phase, we found no statistically significant differences in tumor growth rate for any of the groups. With the introduction of treatment, however, we see an acceleration in the rate of tumor growth in T1. By 7/18, the last measurement, the average tumor size of T1 is so much larger than the controls that the difference is statistically significant at a high level of probability (Table 1).

Surprisingly, there were no significant differences in tumor growth between the controls and T2, those treated in the charger/Orac/cube Orac. The tumors of the T1 mice were, however, so much larger than

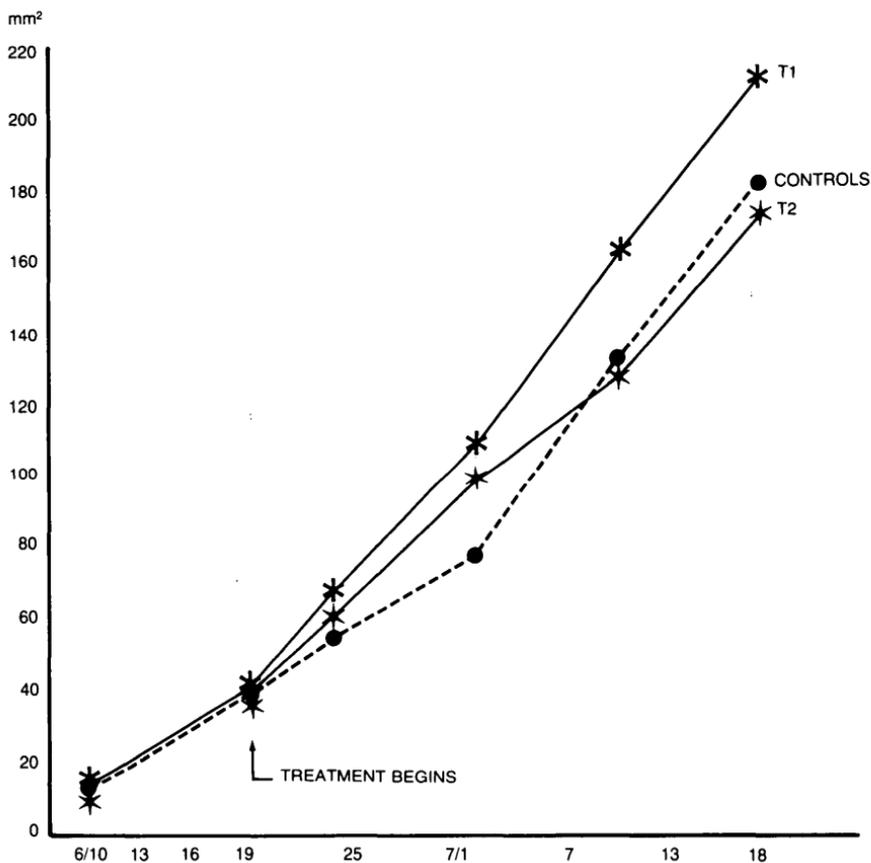


Figure 2

Tumor Size Experiment 2  
Transplanted Tumors

those of T2 on 7/18 that the difference between their average was statistically significant at a very high level of probability. There were no differences in longevity among any of the groups.

*Conclusion:* In C3H/HeJ mice with transplanted mammary tumors the charger/Orac tends to accelerate tumor growth, while the charger/Orac/cube Orac combination apparently does not. There is no significant effect on life span.

TABLE 1  
Average Tumor Size, 7/18

	7/18	S.D.	Prob.	% Increase 6/19-7/18	S.D.	Prob.
Controls	185	21.7	.95	375	73.3	.90
T1	216	10.0		464	162.0	
T2	175	21.7	.99	350	60.6	.88

*Experiment 3: The effects of the charger/Orac and charger/Orac/cube Orac, respectively, on spontaneous tumors*

In this procedure, we repeated the treatment setups of Experiments 1 and 2, using spontaneous tumors instead of transplants. Unlike Experiment 1, we here established a pretreatment tumor growth rate.

*Procedure:* C3H/HeJ retired breeder mice were kept until they developed spontaneous mammary tumors. Tumors were then measured at several day intervals up to ten days, thus providing a pretreatment tumor growth rate. Six mice became controls (C), three were treated with the charger/Orac device (T1), and two were treated with this same device, which in addition was placed within the fourfold cube Orac (T2). All mice were enclosed for 45-60 minutes daily until death. Weekly measurements were made of tumor size. Weather and DOR levels were recorded daily.

*Results:* The experiment began on January 21, 1981. All mice were dead by June 22. During this period DOR levels were minimal and it rained or was overcast on 87 days.

Figure 3 is a graph of average tumor size. It is readily apparent that there were little differences among the groups until day 14 when the tumor growth rate of T2 shows a trend toward slowing and T1 toward accelerating compared with the controls (Table 2).

A surprising result was in longevity. Those mice with the largest tumors, T1, lived longer than the controls and more than twice as long as those with the smallest tumors, T2. The difference in longevity between T1 and T2 is very highly statistically significant.

*Conclusion:* In this experiment where the spontaneous tumors are permitted to grow prior to treatment, mice treated with the charger/

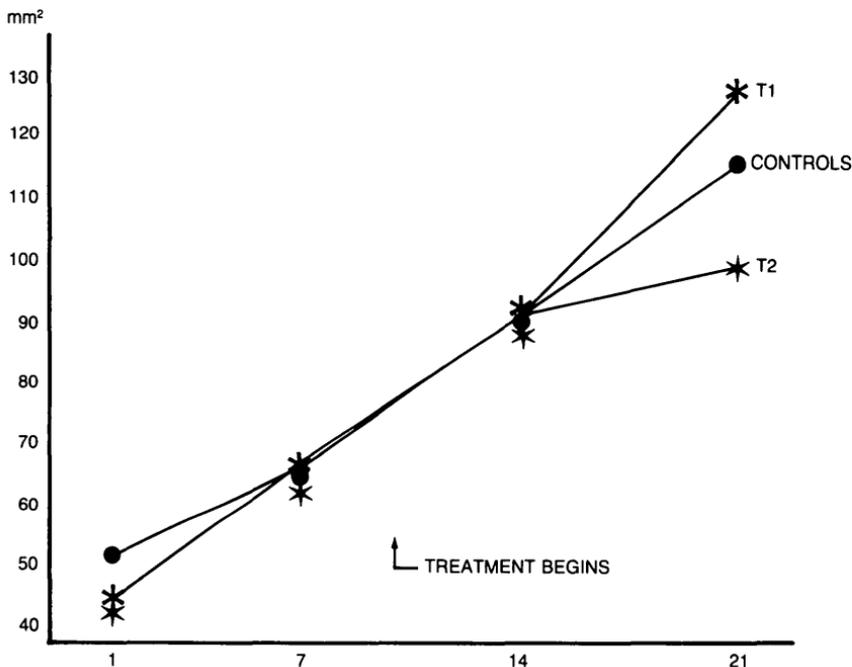


Figure 3

Tumor Size Experiment 3  
Spontaneous Tumors (Allowed to Develop before Treatment)

Orac device (T1) showed little difference in rate of tumor growth until day 14 but a tendency to longer life when compared with the control mice. When the treatment device is placed within a fourfold cube Orac, T2, we get a different effect after day 14: a slowing of tumor growth, and a shortening of life span. This tendency reaches significant proportions when T2 is compared to T1, suggesting markedly antithetical effects of the two devices.

### Discussion

Despite the small number of animals in these pilot experiments, the results suggest some interesting possibilities. The several variables compared with their controls are summarized in Table 3.

If we examine the results with spontaneous tumors in Experiments 1 and 3, we find that there is a tendency toward prolongation of life

TABLE 2

	Tumor Size, Day 21			Tumor Growth, Day 14-21			Longevity, Day 10-Death			
	Sq.mm	S.D.	Prob.	% Inc.	S.D.	Prob.	Days	S.D.	Prob.	
Controls	118.6	41.5	.90	32.8	31.0	.79	38.5	18.3	.88	
T2	110.0	11.3		12.1	14.9		.87	21.0		1.4
T1	128.8	27.8		33.4	47.6			52.7		18.3

TABLE 3

	Expt. 1: Spontaneous <i>(treated as soon as tumor detected)</i>		Expt. 2: Transplants		Expt. 3: Spontaneous <i>(tumors permitted to grow 10 days prior to treatment)</i>	
	Tumor Size	Life Span	Tumor Size	Life Span	Tumor Size <i>(after day 14)</i>	Life Span
T1	decreased	prolonged	increased	no difference	slightly increased	prolonged
T2	N/A	N/A	no difference	no difference	slightly decreased	decreased

of those animals treated with the charger/Orac (T1). This is a life-positive effect most likely due to the charging of the organism as a whole. It could not have been due primarily to tumor shrinkage for, as we saw in Experiment 3, the size of the tumors of the charger/Orac-treated mice (T1) was not significantly different after day 14 than the controls.

These findings tend to support Reich's concept of cancer as a bioenergetic shrinking of the entire organism with the tumor representing merely a local manifestation of the generalized disease (1:128). Successful treatment depends upon recharging of the organism: Our results suggest that in mice this may or may not slow down or reverse tumor growth. In Experiment 1, where the mice were treated as soon as the tumors were detectable, tumor growth was significantly slowed. In Experiment 3, where tumor growth was permitted for ten days before treatment was started, the tumors showed a slight but insignificant increase in size over the controls after day 14.

These differences in tumor growth rate may be explained by differences in host reaction to the developing cancer tissue. Early on in tumor development, the organism reacts to the new growth as a foreign intruder and establishes physiological defenses against it (inflammatory and immune response). It is hypothesized that supplemental charging with life energy from the Orac, when given early in tumor development bolsters the defensive operations, thereby slowing tumor growth. In an earlier pilot study, the growth of transplanted tumors was markedly slowed and the life of the mouse prolonged when treatment with the accumulator was started immediately after transplantation, before the transplanted tumor had been accepted by the animal (2).

It is generally understood that once transplanted tumors have been accepted ("taken") in the host, they behave like a graft (5:563). This usually occurs in this strain of mouse because they have been inbred over many generations to be receptive to the mammary tumor transplant. Acceptance of the tumor means that the host's physiological defensive reactions against the tumor material are too weak to fight the establishment of the tumor. It is hypothesized that, once the tumor has been established, charging the host with orgone energy simply increases energy available for tumor growth. This would explain the results in Experiment 2, where *transplanted* tumors, given time to grow prior to treatment, accelerated their growth when treated by the charger/Orac (T1). In Experiment 3, however, where *spontaneous* tumors were given time to grow prior to treatment with the same device (T1), we saw no significant differences in tumor growth rate as compared with controls. This may indicate a difference in host resistance against transplants as compared with spontaneous tumor development.

The effect of adding the cube Orac (T2) to the charger/Orac device is somewhat equivocal. The combination appeared to slow the growth of established transplanted and spontaneous tumors while apparently, paradoxically, shortening life span. This paradox cannot be satisfactorily explained at present. It may be that excessive charging can have a deleterious effect on a weakened organism because either: (1) The organism cannot stand the heightened charge and contracts; or (2) tumor shrinkage, and possibly tumor breakdown, flood the body with T-bacilli, hastening death (1:276). There is also the possibility that the cube Orac used in these experiments was oranurized; it had been used in previous studies and may have been contaminated. Oranur or DOR could directly cause life-negative effects, nullifying all possible

life-positive effects of the charger/Orac. In any case, the results of Experiment 1 demonstrate a definite positive biological effect of the charger/Orac.

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# Bions and Cancer: A Review of Reich's Work\*

*Myron D. Brenner, M.D.\*\**

## *The Bions*

In his years of work as a psychoanalyst, Wilhelm Reich, M.D., gave particular attention to the role of sexual energy in the origin and maintenance of illness. In the 1930s, after studies of bioelectricity in human subjects, Reich knew that he had encountered evidence for a specific biological energy: Something whose flow in the body is perceived as emotion and as sensation; something which has characteristic electrical manifestations on the skin; something whose movement defines the overall functioning of the autonomic nervous system; and something which is discharged in a full orgasmic release.

He reasoned that he might learn about this life energy by microscopic observations of preparations associated with basic life forms, such as grass infusions, where it is well known that protozoa are found. What he eventually saw was startling.

Studying grass in water under a microscope over a period of time, Reich found that it begins to deteriorate by forming vesicles within the cells. If one observes this process for several days, a continuous development is seen. First, the vesicles within the grass blades coalesce, forming heaps. With time, the heaps develop enclosing membranes and begin to pulsate, first with movement of the vesicles within the membranes and then with pulsation and rotation of the whole structures. In some cases the material within the membranes becomes more uniform. The new entities then move free of the grass blade,

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rotating, vibrating, and moving across the field. These are typical single-celled organisms, such as amoeba, paramecium, and vorticella.

When Reich performed these initial studies, he realized that he was observing the natural organization of protozoa from vegetable matter, and that the origin and rapid reorganization of life were occurring every day, not just millions of years ago, as conventional scientists thought.

Reich examined many other materials, such as beach sand, earth, charcoal, and iron filings during and after the process of vesicular breakdown. To facilitate breakdown these substances were either autoclaved or flamed to the point of incandescence. They were then placed in a sterile medium consisting of 50% potassium chloride (0.1N) and 50% laboratory beef bouillon. To Reich's amazement, the same progression of forms and the same end results appeared in all of these preparations.

Reich concluded that he had found previously undescribed microscopic entities, transitional between nonliving matter and simple organisms, whose development somehow results from the breakdown of matter. He reasoned that the continuous progression in the development of their form, resulting finally in familiar life forms, is an inherent characteristic of these entities. He called them *bions*.

In microscope preparations the bions are clearly visible at a magnification of 2000 times, with apochromatic objectives. They are vesicular in composition, have a bluish glimmer, and are surrounded by a white halo or field. They show pulsation, both within themselves and in their surrounding field. They move about, fuse, and divide. They can immobilize and kill bacteria. Bions are Gram positive, stain blue with hematoxolin, and under special conditions can be cultured.

A question arises: Can these forms be the product of contamination? This question must be answered negatively. First, these moving forms develop despite meticulous sterile technique. Second, when even more laborious cautions against contamination are made (e.g., working in sealed glassware, doing successive sterilizations), the results are the same. Conversely, when the materials are prepared without sterilization, or are left open to the air for long periods, there is some growth of well-known bacteria, but none of the phenomena first observed by Reich: the rich density of forms, the stepwise development in their shapes, and the vigorous movement.

Another question suggests itself: Can the movement of these forms be Brownian, that is, the result of molecular kinetics? With careful observation, it becomes clear that the characteristics of the bions' motion are not consistent with Brownian movement. First, in a given

microscopic field, some forms move quite actively, while others of the same size move very little or not at all. Second, a continuously moving form may suddenly and completely stop. Conversely, a stationary one may all of a sudden start to move. Also, the speed of movement is not dependent on the temperature of the medium. Finally, there is a definite tendency toward mutual attraction between forms.

To further explore the progression of bions to living organisms, Reich added other substances to the bouillon/potassium chloride medium, such as gelatin and lecithin. In such enriched media he observed an acceleration of the process of development, and a greater diversity of resulting forms.

In another experiment, Reich moved in the opposite direction, removing substances from the medium, after the initial heating and breakdown of the starting material. He subjected the fluid in which the bionous disintegration of earth had taken place to ultrafiltration and freezing. After freezing, instead of being clear all the way through, the ice had a yellow core. When thawed and examined under the microscope, Reich found flakes of bionous material in the yellowish water and realized that bions can arise even out of highly filtered water, which has been previously exposed to the disintegration of matter.

Reich concluded from these studies that he was observing the manifestations of an extraordinary form of energy. Other phenomena confirmed that this energy was not previously known to scientists. While he was watching the most highly active bion preparations under a monocular microscope, Reich developed conjunctivitis in the viewing eye. Upon switching to the other eye, the same thing occurred. Equipment in his laboratory became magnetized. The room where the bion cultures were kept manifested a blue-gray fog in the dark. Examination of the bion cultures by a radiation expert ruled out any radioactive source.

Later, Reich found evidence for the existence of this energy practically everywhere. He concluded that he had discovered an energy which is central to the formation and maintenance of life, and which permeates the world. Because of his starting point in the study of the orgasm, and the fact that this energy charges organic substances, Reich named this force *orgone energy*.

### *Cancer*

While later experiments in physics and meteorology elucidated various functions of orgone energy, one line of study led Reich directly to a major discovery about cancer. When he examined live cancer

tissue fresh from the tumor under the microscope he found it teeming with bions, identical in every observable way to those which result from the bionous breakdown of living and nonliving matter. Reich also found, in live preparations of other tissues from cancerous animals, precancerous cells showing internal breakdown and reorganization identical to that in disintegrating grass and moss. That is, those cells contain vesicles, and their internal structures show a loss of definition. Reich also observed amoeboid cells and various smaller forms, as well as the cancer cells typical of the tumor.

Reich concluded that the process in cancer is essentially the same as that in bionously disintegrating vegetable matter. In a great leap in thinking, he formulated a radical hypothesis about the nature of cancer: Cancer is a disease of the entire organism, not just of one tissue. It is a disease in which the body as a whole has begun to break down. The immediate cause of this tissue breakdown is a relative depletion of the body's orgone energy. With this overall loss of vitality, some cells begin to slowly die. These cells break down in a vesicular manner, forming bions, which reorganize into unicellular organisms. These are the cancer cells, *per se*.

We reason that since material derived from the dying cell type is available in abundance in the tissue, the cancerous cells that form can be a close approximation to the cells of origin. But since the whole system is deficient in energy, it does not have the organizing capacity to regenerate fully developed cells. Therefore, the resulting cancer cells are less fully differentiated and less well regulated than are the cells of origin.

Reich's hypothesis is a dramatically unconventional concept about the origin of the cancer cell. To reiterate, he reasoned that the cancer cell results from the breakdown of the cell of origin and the subsequent "upward" reorganization of material produced in that breakdown. Classical scientists think that the cancer cell originates by the aberrant reproduction of a single cell, resulting in a new population of more primitive cells. That is, they posit a direct transformation "downward" from the cell of origin to the cancer cell. They have had the greatest difficulty in trying to understand how such a "downward" transformation might occur. With great effort they have clarified many specific differences between normal and tumor cells, but they find themselves not at all close to explaining how the one might lead to the other.

Since they have not yet recognized the intermediate stages Reich found in live bion and tumor preparations, classical scientists do not have available to them the concept of the "upward" reorganization of

bions into protozoa and tumor cells. They are trying with a plethora of facts to validate a process that is assumed to exist and to be the basis of cancer, but which actually may not be of much importance at all: the direct, sudden emergence of a tumor cell from a "normal" cell. Actually, a "downward" transformation probably plays some role in the genesis of some cancers. Reich did report observations of pre-cancerous cells breaking down in the direction of cancer cells. But it is his study of the "upward" reorganization that is his revolutionary discovery in this realm, and thus far, classical scientists seem to have totally missed the process of bionous disintegration and reformation.

Reich's formulation correlates well with many clinical-pathological facts. For example, the better cancer prognoses are associated with the more defined cell types, and all other factors being equal, the more undifferentiated the cell type, the worse the prognosis. According to Reich's hypothesis, an organism that is less seriously ill with cancer than others is one whose orgone energy is relatively less depleted. In organisms with a relatively higher orgone energy charge (though still below the level in health), the reorganization process after breakdown can achieve a higher level of organization and function, compared with the level it can achieve in sicker organisms with even lower energy charges. In the very sickest organisms, those with the least energy, reorganization cannot get beyond the level of anaplastic cells.

Another way in which Reich's conception is consonant with well-known facts about cancer is in regard to the rapid rate of reproduction of cancer cells, the characteristic that makes them malignant. In the reproduction of healthy cells, Reich recognized the four-beat rhythm of tension-charge-discharge-relaxation that he first discerned in the orgasm. He reasoned that normal cell division occurs when the cell reaches a sufficiently high level of tension and charge. Division into two cells is a means by which a cell achieves a release of built-up orgone energy.

In the cancer cell, Reich reasoned, reproduction comes about somewhat differently, since the cell as a whole is deficient in orgone energy, not overcharged with it. He observed signs of heightened activity in the nuclei of cancer cells, compared with normal cells, such as their deepened coloration. He concluded that the nucleus of the cancer cell becomes highly charged with orgone energy, as the cytoplasm loses charge. Overly charged, the nucleus achieves the discharge of its energy by initiating its own division. Since nucleic processes are keys to the division of the whole cell, rapid reproduction of the cancer cell results.

Another pathological finding correlating with Reich's hypothesis is the well-known presence of a variety of microscopic forms in many malignant tumors in addition to the cancer cells themselves, such as bacteria and cellular debris. According to Reich, these are not contaminants nor coincidental findings. Rather, these entities are different stages that have been reached as the material, which is continuously produced by bionous disintegration, is either reorganizing in the direction of higher forms or breaking down further.

Reich found that one form he observed in the cancer cell preparations had particular significance. These are very small linear shapes, from 0.2-0.5 microns long. They are clearly visible only at a magnification of 5000 times. (At 2000 times they are tiny black dots, and at 300 times in a dark field they are points of light.) They stain red with eosin and carbol fuchsin, and are Gram negative. Their movement is intensely active. After studying these forms Reich came to understand them as the final breakdown product of cellular degeneration, and the most life-negative of all the forms he encountered. He called them T-bacilli, "T" standing for *Todt*, the word for death in German.

Observing T-bacilli in various tumor preparations and in cultures, Reich saw that in the most severe cases of cancer the precancerous cells may deteriorate rapidly, directly to T-bacilli, without going through the stage of large bions. Also, he found that when bions are poorly charged with energy, instead of developing into higher forms, they can degenerate into T-bacilli (as well as into bacteria and, probably, viruses). And in those cases where true tumor cells do develop, later in the disease, progressive depletion of the energy system leads to eventual breakdown of the tumor cells themselves into T-bacilli.

T-bacilli seem inimical to other microscopic entities. Reich observed that when they are sufficiently numerous, T-bacilli can kill bions, and that very highly charged bions can in turn kill T-bacilli. Also, the T-bacilli appear to be carcinogenic. Reich found that when T-bacilli are injected into the gluteal muscles of healthy mice, there is inflammation, then ulceration, and about a year later, cancer.

While the tendency to cancer results from a depletion of energy in the organism as a whole, there are specific factors which determine the location of actual tissue breakdown. One such factor is muscular armoring. An area of the body where there is chronic unconscious muscular tension (in order to reduce sensation and emotion) has tissues that are undersupplied with nutrients and oxygen. These tissues are more prone to disintegration. Other factors are chemicals and radia-

tion which can cause local injury, thereby initiating cellular breakdown in an organism that is marginal in its orgone energy charge.

In summation, in Reich's view the fundamental process in cancer is one of an energetic depletion and a resulting deterioration of tissue at a cellular level, plus a reorganizing reaction to that deterioration. Hence, cancer is initiated by a sort of dying within life and involves a reaction against cellular breakdown and death, with the reorganization of material produced in the breakdown. The tumor cells are the highest form that the struggle produces, and the T-bacilli are the lowest. Between them, there is a dynamic continuum of forms.

To aid in assessing cancer and other conditions resulting from an overall disturbance in the body's orgone energy functioning, even before the overt manifestation of disease, Reich developed a test which gauges the energy state of the organism. Called the Reich Blood Test, its microscopic portion involves the observation of fresh red blood cells.

Reich understood the red blood cell as an orgone energy unit. When live, the red cell is not really red, it is bluish, as is the orgone energy in the atmosphere. At high magnification under the microscope, it pulsates and has a visible halo of energy around it. (The bright energy field around it cannot be an optical artifact because it, too, pulsates.) When removed from the body and placed in a warm saline solution, normal red blood cells begin to break down. As they break down, bions are formed.

It is logical that the more highly charged the whole organism, the more highly charged are its red blood cells. One would expect, then, that the breakdown of red blood cells removed from the body of a healthy person will be slower than the breakdown of cells from an energy deficient person. The rate of red cell breakdown is quantified in the Reich Blood Test. Basically, the sooner the disintegration starts, the sicker the person. In fact, in advanced cancer states the red cells are breaking down abnormally fast in the blood. In such cases a small proportion of the cells in the test sample are found to be deteriorated immediately after being drawn from the body.

It is not only the rate of bionous disintegration of the blood cells but also the morphology of breakdown that conveys information about the person's state of health. Red blood cells from healthy subjects, as they move toward breakdown, develop several glowing vesicles, arranged like beads in a circle, within the donut-shaped outer portion of the cell. Red cells from cancer patients, however, become tight spheres, and develop a covering of thin spike-shaped projections. In

any one individual, red cell breakdown may produce both the beaded and spiked forms, not just one or the other. Other factors being equal, the higher the proportion of beaded forms, the healthier the individual. (The simultaneous appearance of spiked and beaded forms eliminates the possibility that the spiked ones are merely cells created by an osmotic process.)

The Reich Blood Test can be used to assess the course of an illness and measure the effectiveness of treatment. Its potential for early detection of cancer seems quite significant.

After lengthy consideration of the cancer process from a psychiatric point of view, Reich concluded that at some point in the life of the future cancer patient, there begins a chronic characterological resignation, often expressed as a relinquishing of the drive to seek pleasure in life. The abandonment of the hope for deep pleasure may be overt, but it may also be partial and unconscious, masked by compensatory behavior and attitudes. The basic resignation about pleasurable excitement and discharge may be as insidious as the onset of the disease.

In keeping with his retreat from pleasurable expansion, the person in a precancerous state finds excitation less and less tolerable. His breathing becomes more inhibited in order to reduce the experience of sensation. An emotional calm tends to take over. There may be considerable drive manifested superficially, but only as a compensation. Inwardly, hope and passion are gone.

In the precancerous stages, after pleasurable expansion and discharge via orgasm have lost importance for a long enough period of time, the body's orgone energy field reacts with a progressive contraction. Held in stasis too long, the energy field loses its ability to expand, and begins to shrink. At the energetic core of the organism, associated anatomically with the autonomic nervous system, there is a loss of pulsation and a diminution of energy. At the level of emotion and behavior, a state of resignation replaces hope of pleasurable expansion and discharge. At the level of tissues and cells, resignation takes the form of plasmatic shrinking. As the organism as a whole loses its ability to pulsate, so do the cells lose theirs. Eventually, bionous disintegration begins and the full-blown biopathic picture emerges.

By the time cell breakdown and reorganization are well established, the body as a whole has literally contracted. In advanced cases, this contraction is seen as the cachexia of cancer. The nervous system, which is a key regulator of orgone energy in the body, also contracts,

and its contraction can produce the generalized pulling pain in some cases of cancer.

Diseases that result primarily from an energy disturbance Reich called *biopathies*. Cancer he termed the *carcinomatous shrinking biopathy*. Since he understood cancer to be a result of an intolerance of pleasure, including sexual pleasure, Reich felt that the cancer problem would be with us for a long time.

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# Orgonometric Gravitational Acceleration\*

*Philip J. Koopman\*\**

Gravity is a well-known but little understood phenomenon. We know how gravity acts, but not what makes it *work*. A step-by-step analysis of experiments with the Kr<sup>x</sup> pendulum leads us to a functional expression of gravity in three-dimensional space.

This paper is based on data given by Wilhelm Reich for experiments with pendulums and his development of the Kr<sup>x</sup> number system (1:104-7).

The numerical base for the Kr<sup>x</sup> number system was derived from the periodic table of the elements. The Kr<sup>x</sup> system is based on the mass numbers of the elements hydrogen, helium, and oxygen. These have mass numbers of 1, 4, and 16 respectively. All mass numbers are related to 1/16th the mass number of oxygen,<sup>1</sup> making the mass number system base 16 (instead of the commonly-used base 10, or decimal system).

Since the Kr<sup>x</sup> number system was derived from nature, Reich felt it had a functional quality. To test his hypothesis, he ran a series of pendulum experiments which are detailed in *Contact with Space* (1).

Basic to understanding the gravitational function is how the Kr<sup>x</sup>-system value for gravity (g) was established. The standard seconds pendulum is generally given to be 99.4cm in length. A pendulum this length makes 60 single swings per minute at a latitude of 45°. It thus "beats" the seconds of a minute (its period, the time of a double swing, is actually two seconds). Reich's pendulum experiments showed that the simple pendulum of 100cm length had a rate of 64

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\* Editorial Note. This is a revised version of a paper first submitted at a scientific meeting of the Oranur Research Laboratory in June, 1965. Circulation of this material was restricted to the then-members of the Laboratory, in accordance with the author's wishes.

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<sup>1</sup> Since the time of Reich's Kr formulation (1957), the mass number system has been changed. Currently, mass numbers are related to 1/12th the mass of carbon.

swings per 64 seconds. Since 64 is a strict Kr<sup>x</sup> number (4<sup>3</sup>), this pendulum length was used to define the functional ORG-minute which is equal to 64 ORG-seconds.

Reich used these data and the classical equation, approximating the time of a double swing, for a simple pendulum:

$$t = 2\pi \sqrt{\frac{L}{g}}$$

From this equation, solving for  $g$  by standard algebraic manipulation, we find:

$$g = 4\pi^2 L / t^2$$

Then, substituting  $L = 100\text{cm}$  and  $t(\text{double swing}) = 2$  seconds, Reich derived the functional equation:

$$g \neq 100\pi^2$$

From this, he concluded that free fall is expressed in terms of a circular function. Contrast this to the Newtonian view that gravity is a linear function (i.e., it acts along straight lines joining masses) and that the curved motions of the planets are a secondary manifestation of that linear function.

Reich also stated that a *time* function is expressed by the oscillating pendulums since they are cosmic clocks. Also, in free fall (gravitational acceleration), a *space* function is expressed. He discovered a connection between the two in the similar appearing equations (1:108):

$$Lt^{-2} = 100\text{cm/s}^{-2}$$

(where  $L$  is the length of the pendulum and  $t$ , the time of a single swing), and

$$Lt^{-2} = (\text{approx.}) 1000\text{cm/s}^{-2}$$

(where  $Lt^{-2}$  is the free fall acceleration of gravity, which is 981 in the classical system and 987 in the orgonomic system).

We will consider linear free fall as a secondary manifestation of the circular function of gravity. Consider two of the basic classical equations describing free fall:

$$D = \frac{1}{2}gt^2$$

$$V = gt$$

(where  $D$  = distance,  $V$  = velocity,  $t$  = time).

Now, using the functional value  $g = 100\pi^2$ , we get:

$$D = 50\pi^2t^2 = (50\pi)\pi t^2$$

$$V = 100\pi^2t = (50\pi)2\pi t$$

The reduced form of these equations leads one to think in terms of circles, since the general form is quite similar to those used for circular mensuration:

$$\text{Area of a circle} = \pi r^2$$

$$\text{Circumference of a circle} = 2\pi r.$$

Note that the circular formulas are identical to the linear free fall equations, except for a constant factor of  $50\pi$  and the fact that one set of equations (free fall) is a function of time and the other set (circular mensuration) is a function of length, i.e., space. In both this relationship and the relation discovered by Reich (1:108, see above), one has the feeling that some deep functional relationship between the fundamental units length and time is being expressed.<sup>2</sup>

Until now, we have been using a simple plane pendulum. While  $g$  can definitely be expressed as a circular function, we are not yet working in three dimensions. Again, thinking of circles leads us to the next step.

Pendulums do not have to operate in a single plane. A second type can be used. This is the *circular pendulum*, also called a conical pendulum (2:320). This kind of pendulum is rotated in a circle rather than oscillating back and forth. The time of rotation is the same as that of a plane pendulum whose length is equal to the altitude of the cone formed by the conical pendulum.

<sup>2</sup> Editorial Note. Even in mechanistic physics a lawful numerical relationship between length and time appears. In the concept of space-time, length and time are considered to be the same with a constant of proportionality of  $c = 2.9979 \times 10^{10} \text{cms}^{-1}$ . Like Reich's discoveries, this relationship involves (to three significant figures) a whole number multiplier, although this mechanistic relationship lies outside the  $Kr^2$  system.

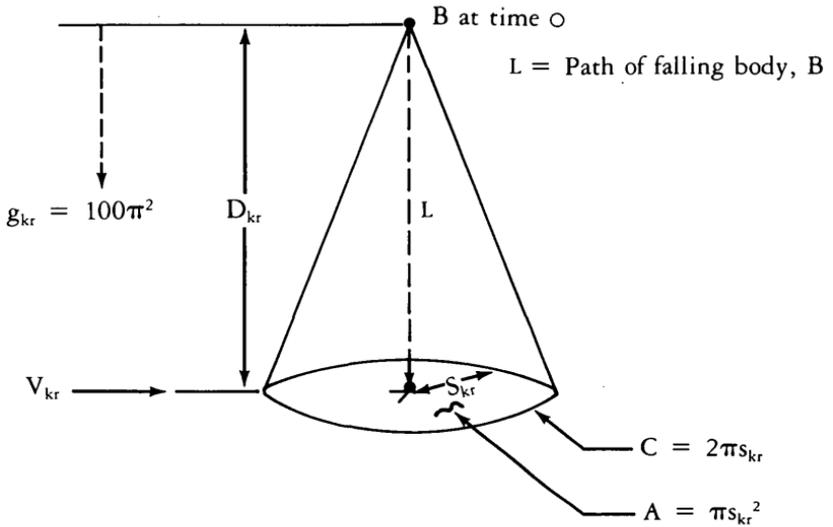


Figure 1

The formula for the period can be easily derived from classical physics; it is

$$t_{\odot} = 2\pi \sqrt{\frac{L \cos \Theta}{g}} = 2\pi \sqrt{\frac{h}{g}}$$

where L is the length of the string and h is the height of the cone formed by the pendulum. This formula (which, except for friction, is exact) corresponds to the approximation of the period of the plane pendulum:

$$t_{\curvearrowright} = 2\pi \sqrt{\frac{L}{g}}$$

*Conclusion:* When Reich's functional value for gravitational acceleration is used, a relationship between two fundamental free fall equations and two fundamental equations of circular measurement is shown. Further investigation of this relationship may shed light on the relation between length and time. The circular pendulum may be a more direct way of investigating this as well as the circular function, gravity

itself. These relationships are diagrammed in the functional equation shown in Figure 2.

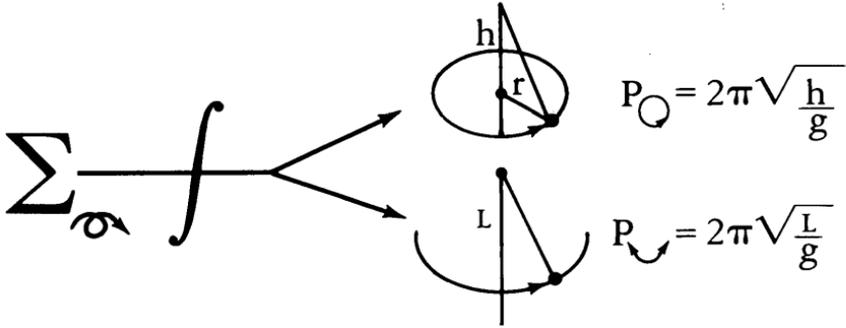


Figure 2

The Functional Relationship between the Conical Pendulum, the Linear-Oscillating Pendulum, and Gravity

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# The Perceptual Function in Armoring: Part I—General Survey

*Charles Konia, M.D.\**

## *Introduction*

The previous section dealt with the perceptual function as it occurs naturally. It was shown that:

1. Perception is a manifestation of OR energy functions in the living. It exists before the development of sensory neurons.
2. The perceptual function can be recognized at the very beginning of life. It does not exist in the nonliving realm.
3. The subjective perceptual function is always associated with the objective function of excitation. Perception is at the same time identical and antithetical to the excitation or movement of orgone in the living.

Contact is based on the movement of energy above a certain minimal level (1). When energy flow is not impeded by armoring, this movement gives rise to sensation. In health, the flow of sensation is felt as pleasurable streamings. The organism is fully aware of itself, its emotional needs and sensations. It is also fully aware of its environment. If the environment is pleasant, pleasure is felt. If it is menacing or unpleasant, anxiety or rage is experienced. Under certain particularly disturbing conditions, the healthy individual may withdraw contact completely. Full contact with the environment is experienced with bodily streamings and full binocular vision, together with a feeling of responsibility. Love is an expression of full contact. In health, thoughts are objective, rational, and reality-oriented. There is no contradiction between the individual's needs and his environ-

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ment or between thoughts and emotions. The healthy organism's perceptions are simple, not complicated.

In contrast, the perceptual apparatus of the armored organism is disturbed in a typical fashion. This is illustrated by the following diagram:

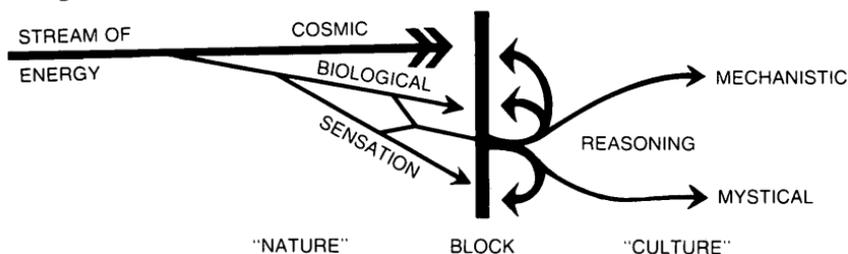


Figure 1

Man — Deviating from Nature; "Culture" versus "Nature" (2)

Classical psychology recognizes the differences in the perceptual apparatus in various psychiatric disorders. Projective tests such as the Rorschach and the TAT reveal that various diagnostic types perceive differently. Furthermore, there is an intimate association between the perceptual apparatus and thinking. This is made immediately apparent by the fact that often the same words are used interchangeably to describe perceptual and cognitive processes (e.g., "see," "regard," "view"). Yet, in his investigation of nature, the mechanistic scientist ignores these critical facts.

With the discovery of armor, Reich made it possible to place this realm of knowledge on a firm biophysical foundation. He was mainly interested in the essential features that distinguished the armored organism from his biopathic counterpart. He outlined the mechanistic and mystical outlook of the world as two basic and antithetical forms of thought of armored man. Baker further defined the various socio-political character types and described in great detail the opposing ways of viewing the world. The individual differences of the perceptual apparatus encountered in the diverse *nonpolitical* character types has generally been overlooked in the organomic literature. The focus has appropriately been on the typical defensive structure of each patient. Nevertheless, the *manner* in which each character type perceives is significant, not only from a diagnostic standpoint but also in terms of the patient's management.

Reich viewed sensation as a "feeling out" of nature. In perceiving its environment the organism *reaches out* to make contact with it. In

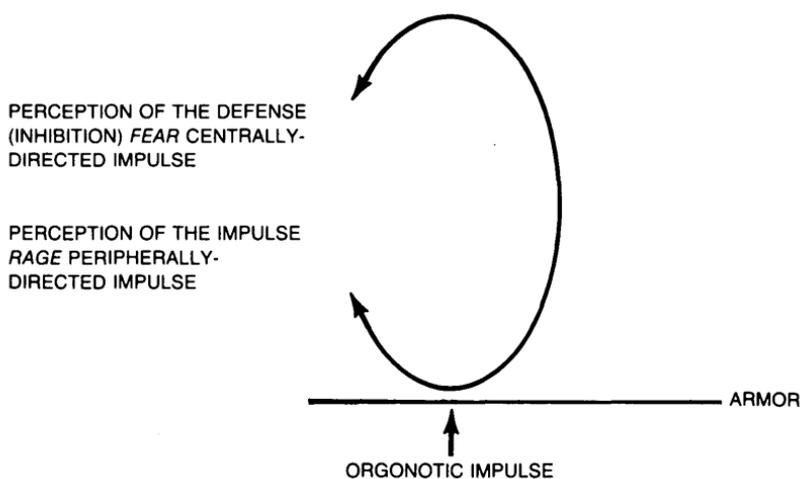


Figure 2

Dissociation and Antithesis of the Unitary Orgonotic Impulse Resulting from Armoring

the presence of a block, the outward movement becomes dissociated into two opposing impulses: the original outward impulse and an antithetical impulse directed against it, as illustrated in Figure 2.

In neurotics the mode of perception can originate either from the side of the defense (the inhibiting aspect of the armor) or from the side of the impulse. In dreams these two aspects are often represented separately. The defensive aspect of the perceptual apparatus is often revealed in the *form* of the patient's dreams. The wish of the dream is usually represented in the *content*. In paranoid schizophrenia, as a result of the split, the *perceptual function itself is perceived*. This gives rise to the phenomenon of depersonalization, as well as to delusions and hallucinations.

In embryological development the forward swing of the CNS orgonome in the ocular segment gives rise to certain structures, in particular the formation of the optic system. As a result of the forward swing, the eyes and also the ears become the most important distance receptors. They serve to orient the organism and to make distance perception possible. An ocular block can occur at any stage of psychosexual development. It is no surprise that, in the ocular system, the greatest variety of perceptual distortions are encountered.

The following are some of the *general* features of armored perception:

1. *Reduced sensitivity.* Armoring results in a lowering of the energy charge of the organism below the critical level required for sensation to be fully perceived. Depending on the amount of armoring, excitation is reduced in varying degrees giving rise to different levels of *contactlessness*.<sup>1</sup> The most extreme forms, such as anesthesia, affect-block, or "deadness," occur when armoring and, hence, immobilization is most complete. In this situation energy charge is below the absolute level required for any sensation to occur.

When armoring is present but some degree of energy movement occurs through it, then sensation is present but *distorted*. Irritability, paresthesias, and depersonalization, are examples of distorted contact with self. Contactlessness is a result of dynamic interaction between two opposing forces: The more or less equal opposition of the repressed impulse and the repressing defensive forces. In armored individuals, sexual sensation, if not altogether deadened, is invariably distorted. A common example is that sexual ideas and feelings are experienced as being dirty. Because the sexual impulse does not flow unimpeded to the periphery, it becomes associated with the idea of dirtiness. This may be projected onto the environment or simply be felt as sexual guilt. Ideas centering around purity and holiness originate as a defense against this idea of dirtiness. They can become generalized to include any aspect of the individual's life such as a goal or a relationship. There is usually a great deal of sexual hatred behind these lofty sentiments. Anxiety can also be perceived in a distorted fashion. Examples are disgust, repulsion, emotional pain, and guilt ("conscience anxiety"). Later in therapy when the patient is in better contact, these feelings are perceived accurately as anxiety.

In projection and introjection the individual distorts perceptions originating from both the inner and outer worlds. Mysticism represents man's distorted contact with the cosmos. Some cosmic feelings are retained but are misinterpreted because of the armor. The mechanist has lost all cosmic contact, which is replaced by a world view that is devoid of any sensation, a world consisting of dead matter. This outlook is an exact replica of the deadness of the mechanist's perceptual apparatus.

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<sup>1</sup> A large part of what passes for verbal and written communication can be considered a manifestation of contactlessness or substitute contact.

2. *Rigidity of perception.* Since armoring gives a rigid or fixed stamp to an individual's character, it is not surprising that the perceptual apparatus also becomes inflexible. Every armored person perceives in a manner that is more or less predictable and is peculiar to his structure. This static feature accounts for the boring quality often encountered in armored individuals. Not only does armoring complicate the perceptual apparatus but also only complicated things are perceived. Simple observations are either viewed with contempt or are entirely ignored. Because of the presence of armoring, the individual does not fully perceive what is actually happening within himself or in his surroundings. The world literally passes him by. Because of immobilization of the ocular segment, events occur too quickly for them to be accurately perceived. Furthermore, since armoring creates the secondary layer, this necessarily introduces defensive and moralistic attitudes which further complicate the perceptual apparatus.
3. *Heightened sensitivity.* Heightened sensitivity is another aspect of the effect of armoring on the perceptual apparatus. This occurs typically in schizophrenics where both somatic perception and excitation are acute and are preserved to a very high degree, despite the presence of a severe ocular block. Because of a contraction in the brain, there is an intolerance of the full intensity of sensory stimulation. Schizophrenics respond initially to excitation by withdrawal. If this is unsuccessful, then perception becomes split from excitation and leads a separate existence. A common example of perceptual intolerance in schizophrenics is photophobia. This condition is to be distinguished from disuse photophobia, which is not a biopathic symptom. Schizophrenics may also complain of sounds or sensations being too intense. The split between perception and excitation allows the schizophrenic to perceive not only from within his organism but also from the orgone energy field. In contrast to the humdrum quality of the neurotic's perceptions, the perceptual apparatus of the schizophrenic is typically alive although distorted. He understands cosmic longing but usually brings in considerable mysticism. Any increase in sensation causes him to go off in the eyes. The perceptual distortion brings in delusional material as well.

### *The Relationship of the Perceptual Function to Specific Biophysical States*

We have shown that simple perceptions are accompanied by certain forms of energy movement. Reich's clinical studies into disturbances

of orgasmic potency led him further into a detailed investigation of the complicated biophysical structure of the armored individual. He found that biophysiological states are represented in psychic modes of behavior. The neurotic psychic content of the individual waxes and wanes with the degree of muscular armor. Complex concepts such as ideas of death or bursting, as well as pregenital wishes of the armored organism, are actually anchored in his biophysical structure. As the armor is dissolved, patients experience various somatic reactions that contain specific psychic elements. Reich found that every muscular rigidity contained the history and meaning of its origin. A given biophysical structure is at the same time a certain psychic structure.

He outlined the interrelationship between the psyche and the soma as follows:

1. The psychic excitation is identical with the somatic excitation.
2. The fixation of a psychic excitation occurs as a result of the disturbance of vegetative innervation.
3. The alteration of the vegetative state alters the functioning of the organ.
4. The "psychic meaning of the organic symptom" is the somatic attitude in which the "psychic meaning" expresses itself. (Psychic reserve expresses itself in a biophysical holding back; psychic hatred expresses itself in a definite biophysical expression of hatred; psychic slipperiness expresses itself in a certain type of muscular agility.)
5. The established somatic state in turn influences the psychic state (3).

The presence of armoring distorts the perception of organ sensations which give rise to the various neurotic psychic attitudes. By the process of dissociation and antithesis to be discussed later, the original unitary flow of bioenergy becomes transformed by the armor into a highly complicated structure. Each biophysical attitude corresponds to a certain type of psychic experience. The following are some illustrative examples:

*Masochistic Ideas:* Let us briefly review the biophysical state of the masochist (3). Like everyone, the masochist strives for pleasure, but he appears to be striving for pain because he is trapped in a specific biophysical situation. Reich showed that masochism is based on a spastic attitude, both in the psyche and in the genital apparatus, which immediately inhibits any strong pleasure sensation, changing it to unpleasure. The individual cannot bring about a physiological relaxation by himself because he experiences the increasing pleasurable

excitation as a threat of bursting or dissolving. The most dreaded expansive impulse is the orgasmic discharge which is experienced as a physical disintegration or melting away. Therefore, the masochist avoids any increase in pleasurable excitation. Because he also intensely desires this state, he develops the psychic attitude of expecting or demanding that someone else help him to obtain release. This puts the masochist into a no-win situation. The longed for pleasurable release is at the same time dreaded and warded off. The masochist's chronic sense of suffering (a psychic attitude) is objectively based on the high inner tension and readiness to feel anxiety, a specific somatic state. The specific masochistic sexual fantasy in cases of erogenous masochism, as well as masochistic attitudes in cases of moral masochism have the function of obtaining relaxation by someone else who is then responsible for it. The fear of bursting is the psychic expression of an inhibited organotic expansion.

*Ideas of Death:* Ideas of death and dying originate from two sources:

1. Those related to fantasies of injury or destruction to the individual, in which case they are accompanied by severe anxiety and are grouped under the idea of genital castration. In males, castration anxiety arises from being cut off from genital sensations — that is, from a reduction of organ sensation from the genital. In females the origin of castration anxiety is more varied. It can occur as a result of a loss of a fantasied penis. It can also occur with pelvic mobilization associated with the fear of being injured genitally. In the normal progression of therapy, this response is usually followed by a desire for a penis. Occasionally, it can simply be based on a lack of anatomical information of the female genitalia.
2. Those associated with a pleasurable striving for dissolution, for unconsciousness or nirvana. In most cases these ideas appear with the final dissolution of the armor when orgasm anxiety becomes activated. In the neurotic the idea of full sexual gratification often becomes associated with the idea of dying. Orgasmic sensations and ideas of death are based on the same organ sensations, of dissolution, melting away, and giving up one's neurotic identity. Reich showed that the striving for death is a secondary neurotic formation. Because of a specific disturbance in the pleasure mechanism, it often *appears* that the neurotic is striving for annihilation whereas actually he wishes for a pleasurable release. The element of suffering contained in these masochistic reactions is based on the struc-

tural incapacity to experience pleasurable sensations. They are not subjectively desired as would appear on the surface.

In the final stages of the cancer biopathy, when the organism is actually dying, armoring also disappears. One observes that as energy is no longer available for maintaining the armor, emotions begin to emerge layer by layer in a manner that corresponds to the armor's original formation.

*Ideas of Falling:* Fear of falling occurs in therapy when the lower segments become mobilized. It occurs when the patient clings to a more superficial mode of existence by holding on and functioning from the superficial layer; that is, from the upper segments. In dreams, the fear of depth or uncovering unconscious material is often represented as a fear of going down into a basement or falling into an abyss. Organ sensations from the lower segments are the biophysical basis for these dreams. The healthy individual experiences these sensations as pleasurable. Armored individuals perceive these sensations with anxiety, often accompanied by ideas of falling. These ideas and the emotion of fright are biophysically associated in the following way: Because in fright somatic excitation flows toward the center of the organism and because in actual falling this process occurs automatically, it is evident that the idea of depth and falling must originate from a central sympathetic excitation in the organism.

*Ideas of Suffocation or Drowning:* The organism reaches out to its environment through the erogenous zones which are located at both ends of the body. The myriad psychic attitudes originating from the biophysical states having to do with neurotic character formation have been exhaustively treated elsewhere (1,3). Here we have only to add certain psychic phenomena arising from armoring of the nonerogenous segments. Sensations of suffocation or drowning frequently occur when armoring in the cervical and thoracic segments prevents the expansive impulse from reaching the periphery. Emptiness is often the first sensation that appears when a lower segment first becomes mobilized. Sensations of hollowness or openness or feelings of being scooped out may occur following removal of armor from a particular region. In females when the sensation of hollowness arising from pelvic mobilization first appears, it may be experienced as castration anxiety. Later on, when genital sensations are more developed, it is experienced pleausably.

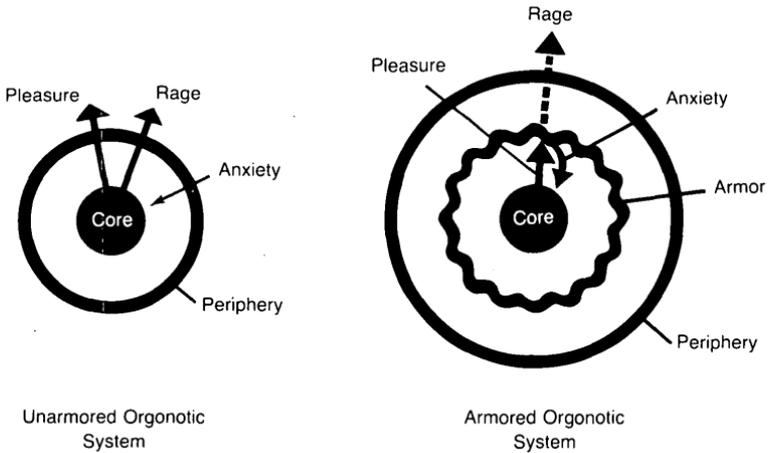


Figure 3

*Guilt*<sup>2</sup>: Under normal circumstances a threat to the individual on any level results in a response of fear or rage. Rage is experienced when the expansive impulse passes through a block and is discharged into the periphery (Figure 3). The expansive impulse reaches and breaks through the periphery (skin). This is experienced as rage with relief (psychologically, "satisfaction") (4).

The block may be either temporary as in a healthy organism or permanent in which case it is called armor. If, for whatever reason, the rage is not able to pass outward into the periphery but is blocked before reaching the surface (skin), guilt is felt. In guilt, the expansive impulse passes through and excites the armor. Since it is not discharged to the periphery, no relief is felt.

Thus, guilt can be viewed as being composed of two basic emotions, rage and anxiety. The excessive contraction (anxiety) prevents the expansive rage impulse from reaching the periphery. This gives rise to the perception that "rage is turned inward." Each time the original conflict situation is revived (psychologically "remembered") by an excitation of the energy in the armor, guilt is experienced. The expansive impulse breaks through and excites the muscular armor, but does not become discharged into the periphery. This is felt as "rage turned

<sup>2</sup> This formulation of guilt is the author's own extrapolation from Reich's ideas.

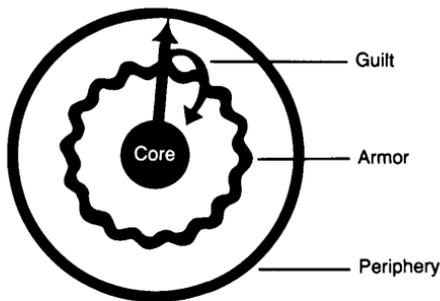


Figure 4

inward" and corresponds to a perception of the rage impulse being directed at the self (within the organism), as illustrated in Figure 4. Since there is no energy discharge outwardly, no relief is felt. By contrast, anxiety is simply a perception of the inward flow of energy against an expansive push. It does not excite the energy in the muscular armor.

It is understandable why guilt is such a prominent feature of depressive characters. The lowering of the energy level results in a weakening of the energy push against the armor. The expansive impulses cannot break through to the periphery, thus resulting in the production of guilt feelings.

Reich was keenly aware of the importance of the perceptual structure of the individual involved in natural research. He writes, "Functional research presupposes a knowledge and mastery of one's own character structure. *This is so because every perception and sensation is tinged by the character structure.*" (5) (Emphasis added.) Careful observation during the course of therapy reveals that as the patient becomes less armored his perceptual structure also changes in the direction of becoming more accurate. For example, he will see the therapist more clearly. In asking the question why orgone energy was not discovered long ago, Reich made a distinction between errors that are rational and based on the limitation of our powers of observation and those that are irrational which originate from a disturbance in the individual's perceptual apparatus.

Observation of students taking the course in orgonomic biology and physics reveals that in the process of making contact with orgone functions in nature and the energy movement that it produces within the organism, the armored individual reacts with deep anxiety, which

for the most part is unrecognized. How the anxiety is dealt with depends on the character structure of the individual and his state of health. In therapy, patients construct similar obstacles (defenses) in dealing with orgone energy movement within their biosystems as the laboratory students do when faced with orgone energy phenomena in the outer world.

These reactions can be divided into two general categories which are reflected either in a mechanistic or mystical attitude toward the living. Some of these include the following: irrationality (including frank psychotic reactions), doubt about the reality of what is being observed (this is particularly characteristic of compulsive types, including catatonics), terror accompanied by running (with or without groundless attacks on members of the teaching staff), rationalizations ("it's just this or that"), evasiveness, falling asleep, contactlessness, social withdrawal, becoming overly excited, etc.

It is common knowledge that no two individuals will give an identical account of the same event. Immobilization of the eyes prevents the individual from exactly perceiving both what is happening in his external environment and what he is experiencing within himself. Some patients, such as chronic depressives, are capable of giving a highly reliable description of a particular event. One has the feeling that their perceptions can be trusted. Other patients' perceptions, for example the hysteric with an eye block, cannot be as reliably trusted. Despite the presence of ocular armoring, schizophrenics are capable of giving a fairly objective account provided they can tolerate their energy level.

### *Conclusion*

Based on what has been presented, the following conclusions can be drawn:

1. Since armoring impedes the free flow of biological orgone energy, its presence produces perceptual disturbances.
2. The type of perceptual disturbance depends on differences in the structure of the armor. Every kind of perceptual distortion can be understood in terms of the manner in which the flow of bioenergy is disturbed.

*(To be continued.)*

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## Book Reviews

*The Repression of Psychoanalysis.* By Russell Jacoby. New York: Basic Books, Inc., 1983. 201 pages, \$16.95.

This book is about the second generation of psychoanalysts, those born around the turn of the century, and their role in the ultimate suppression of psychoanalysis as a force to effect social change. It is of interest to the student of orgonomy for its many glimpses of the youthful Reich in his initial involvement with the precepts of Marx and Freud, set against the backdrop of the burgeoning psychoanalytic movement. Reich's subsequent and total repudiation of the left is now a matter of history. The book covers Reich's early courtship and ultimate rejection of the left, though he is not the main protagonist.

The story centers upon Otto Fenichel and those "political psychoanalysts" with whom he tried to conceptualize a psychoanalysis wedded to socialist theory. Among them was Wilhelm Reich who was initially their leader, but later moved in his own direction. This well-documented book by the author of two previous books, on psychology and Marxism,<sup>1</sup> is based upon Fenichel's *Rundbriefe* (letters) to his inner circle, transcribed oral histories, personal interviews, and original papers and books. Among Reich's books, he quotes primarily from *Reich Speaks with Freud and People in Trouble*.

The first generation of psychoanalysts, including, to a certain extent, Freud, were zealous reformers of sexual and social codes. They envisioned their science not only as a trade, but also as a cultural and, sometimes, political force. The second generation, those born at the turn of the century, included among others, Paul Federn, Helene Deutsch, Siegfried Bernfeld, Herman Nunberg, Annie and Wilhelm Reich, Edith Jacobson, Willi Hoffer, Martin Grotjahn, Karl Landauer, Bruno Bettelheim, Ernst Simmel, and Otto Fenichel. They were collectively devoted to social theorizing that, according to Jacoby, was vital in keeping alive the breadth of classical psychoanalysis. Known by many names, "left-wing Freudians," "Marxist psychoanalysts," and "political Freudians," they became an extinct breed with the Nazification of Europe and the subsequent Americanization of psychoanalysis. It is Jacoby's belief that their demise was identical with the "repression" of psychoanalysis as a cultural and political force.

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<sup>1</sup> *Social Amnesia: A Critique of Conformist Psychology from Adler to Laing* (1975) and *Dialectic of Defeat: Contours of Western Marxism* (1981).

In 1918 the political Freudians were in their early 20s. World War I had just ended, Vienna had become a republic ending six centuries of the Austro-Hungarian Monarchy, the Bolsheviks were celebrating the first birthday of the Russian Revolution, and throughout Germany and Austria workers and soldiers were returning from the fronts to form self-governing councils. Fenichel, Annie Reich, and Jacobson, who were friends, participated in the left and Jewish youth movements that swept Germany and Austria in the first decades of the century. The Hungarian analysts who later joined them, Barbara Lantos, George Gero, and Edith Gyomroi, moved in the Budapest student circles around George Lukacs (a later prominent Marxist) and Karl Mannheim (a socialist and critic of Marxism).

Following the completion of their medical degrees and analytic training, political commitments became subordinate to professional work until later in the 1920s when the conflict among Social Democrats, communists, and Nazis charged the political and cultural atmosphere of Weimar Germany. Then these Freudians were drawn not simply to politics but to the project of a political psychoanalysis.

In Berlin, which in those days was the cultural and scientific center of Europe, the Freudians had established the first formal psychoanalytic teaching institute in the world, numbering among their teachers Karl Abraham, Melanie Klein, Max Eitingon, and Ernst Simmel. Spurred on by Freud, they established the first clinic for those lacking means for private treatment.

Although it embraced liberal and social values, the Berlin Institute discouraged open political discussion. Fenichel, who was a member of the official teaching staff, therefore established a seminar, the so-called "Children's Seminar" outside the institute, which became a locus of activity for the younger dissident analysts. Internal disagreements led, however, to the splitting off of a left-wing group, which met privately. It included Jacobson, Fenichel, the Reichs, Erich Fromm, and Gero. They dealt specifically with therapeutic character problems, Reich's ideas, and socio-psychological questions. Participating with them as political Freudians were Kate Friedlander, Lantos, Gyomroi, Simmel, and Bernfeld, who as early as 1925 had expressed the sentiments of many analysts bucking the orthodoxies: "Both Marx and Freud are right, though not the Marxists or the Freudians."

By 1930, in the face of the Nazi threat, the political Freudians were forced to choose between the Social Democrats and the Communists. Simmel and Bernfeld drew close to the Social Democrats, Fenichel and Reich to the Communists. Reich along with Gyomroi

became party members. Both were expelled from the Party within a year of their exile from Germany.

Although it was uncertain whether Fenichel ever joined the Communist Party, he did lecture frequently on the social implications of psychoanalysis to left-wing groups. In his writings he included reviews of Reich's work, usually favorable, but tempered with criticism. In the early '30s there was no doubt about his essential agreement with Reich who, he said, possessed the courage to set forth in a popular pamphlet the connection between sexual morality and the capitalist system. Another of Reich's works was described as "the first effort to bring psychoanalytic knowledge to bear on a Marxist critique of the social-sexual order." Fenichel found *The Impulsive Character* to be, "extremely thoughtful," but ". . . weakened . . . by a formal and terminological inexactness."

It was, however, in a lengthy review of *The Function of the Orgasm* that Jacoby first sees the differences that were later to divide Reich and Fenichel. Fenichel found the clinical description fine, but the theory "unfortunately not always clear," the account of anxiety incomplete, the abandonment of the psychological for the biological approach premature, and the role of satisfying sexual intercourse in sustaining psychic health exaggerated.

In 1933, Hitler was appointed chancellor of Germany. Fleeing for their lives, Leftists, Jews, and psychoanalysts departed, Reich to Copenhagen, Fenichel to Oslo. The political Freudians, except for Reich, began to beat a conceptual retreat. Analysts scrambling for visas and entry permits were in no position to boldly advance psychoanalysis, much less a leftist movement. A wave of caution passed through the profession. With Reich's expulsion from the International Psychoanalytic Association in 1934, the lesson was driven home: Psychoanalysis and radical politics do not mix. With the disintegration of the Berlin Institute, the mantle of psychoanalysis returned to Vienna and Freud who apparently believed that, if psychoanalysis maintained a low and nonpolitical profile, it might escape suppression.

Faced with the threat from official psychoanalysis and the inhospitability of the Western democracies toward radical Central European exiles, the political Freudians attempted a reorganization. Reich, accepting responsibility for delineating the social implications of psychoanalysis in the face of a victorious fascism, founded a new journal for "political psychology." With some help from Fenichel, he wrote the first issue almost totally by himself. By virtue of his past achievements, his great energy, and his magnetic personality, leadership of

the group almost automatically belonged to Reich. But he was unable to unify the political Freudians. The group split into two camps, those who followed Fenichel and those who followed Reich.

Although far overshadowed in public and political identity by Reich, Fenichel was quite prominent among many of the left-wing analysts. He lacked Reich's theoretical brilliance and originality but was much acclaimed for his lucidity and command of analytic knowledge, his discipline, energy, and intellect. Reich and Fenichel's backgrounds were almost identical. Both were born in 1897 of Jewish fathers from Galicia who strongly identified with German culture. Both had a single brother, attended the Faculty of Medicine of the University of Vienna and received their medical degrees a year apart. In their early twenties both delivered papers to the Vienna Psychoanalytic Society and led highly regarded seminars for many years. In addition, it was through Fenichel that Reich met his first wife, Annie Pink.

During 1933 and 1934, the political Freudians tried to develop a unified program for an "opposition" within the psychoanalytic movement. Reich and Fenichel, both living in Scandinavia, had many meetings in which they presented positions and tactics. But it didn't work. The conceptual, political, and personal differences were too great. According to Reich, Fenichel was unfit for the rigors of a Marxist opposition, sought personal power, usurped Reich's findings, and tried to kill his orgasm theory with silence. In the face of Reich's expulsion from the International Psychoanalytic Association, Fenichel, according to Reich, failed to galvanize a public opinion group that would forcefully defend Reich. Rather, Reich said, Fenichel fudged issues, vacillated, and retreated; he feared sharing Reich's fate, expulsion from the psychoanalytic organization. Jacoby quotes Reich's summary of his position:

Fenichel did not understand that it was not a question of a few persons who, as friends, began an opposition movement. He did not understand that it was not a matter of personal considerations, but that what was called for was a clear formulation of some decisive basic issues. He tried to lead the opposition in such a way that, as far as possible, no one should learn of its existence. It should be 'Secret.'

Those who eventually went with Fenichel found Reich "prickly" and contentious, concerned only with absolutes. According to them Reich felt that one was either with him or against him, and many shared a belief in Reich's mental instability. If Reich were "unhinged," Jacoby writes, it could well have been caused or exacerbated

by his catastrophic situation at the time. Assaulted from every direction, Reich was the "Job of psychoanalysis," as Jacoby puts it. Within 18 months he was purged from the Vienna Psychoanalytic Association, had the publication of *Character Analysis* rescinded by the psychoanalytic press, was harassed by the press, was denied residence in Denmark and later Sweden, and was simultaneously expelled from the Communist party and the International Psychoanalytic Association. In a letter to Rado, Reich writes, "Collapse on all fronts, disappointment in former bulwarks, as well as serious personal problems." Annie had left with the children to join Fenichel in Prague.

It was clear that Fenichel and the others could not commit themselves to Reich's scientific program (the orgasm theory, sex economy, and sex-politics), which Reich felt was the only valid program for an opposition movement. By then Reich objected to calling the group Marxist. The political Freudians saw Reich becoming increasingly difficult and rapidly leaving behind both psychoanalysis and Marxism. Fenichel chose to lead a covert group of analysts who could not completely accept Reich's theories, who were unwilling to challenge openly the official psychoanalytic organization, and who were dedicated to exploring the issues of a social and political psychoanalysis.

In 1935 Fenichel left Oslo for Prague. This signaled the final breach between them and the consolidation of the Fenichel circle. Members of this group, of whom Annie Reich and Edith Jacobson were the most prominent, were kept together by a *Rundbriefe*, a letter written by Fenichel and mailed individually to each member of his circle. Over an 11½ year period, until 1945, Fenichel wrote a total of 119 letters ranging in length from 15 to 25 pages, constituting altogether about 3,000 pages of manuscript. The material consisted mainly of theoretical discussions and exchanges which at first focused on elaborating "our" position, meaning that of the political analysts who did not follow Reich. Later they included Fenichel's elaborate sifting of psychoanalytic theory, the movement, and observations of events in Oslo, Prague, and later, Los Angeles. He reported exchanges with the others in his circle and those outside it. Recipients of the *Rundbriefe* were urged to maintain secrecy regarding its existence and at times were even urged to burn it after reading.

Jacoby reports that Reich was regularly mentioned in the early *Rundbriefe*. Fenichel included countless items about him plus reviews of his recent publications. Although Fenichel's people remained sympathetic to Reich's originally espoused political theories, this sympathy weakened as Reich revised his theories. Although they made a

clean break with any personal collaboration, the political Freudians continued to defend Reich against official psychoanalysis. In the *Rundbriefe* Fenichel sympathetically reviewed *The Mass Psychology of Fascism*, but felt Reich exaggerated the sexual remedy for humanity's ills. Later, he failed to understand what Reich's "muscle analysis" or "vegetative therapy" offered to analysis. Fenichel concluded that Reich's work on "The Experimental Investigation of the Electrical Function of Sexuality and Anxiety" could not be seriously accepted. "Marxist analysts" must "silently reject" it.

But when it came to an attack on Reich by the Viennese psychoanalytic establishment, Fenichel came to Reich's aid. On the heels of Reich's expulsion from the international association, Robert Waelder, a Viennese analyst and co-editor of *Imago*, evaluated Reich's new journal on political psychology. His review went far beyond the journal to a general assessment of Reich's career and contributions. Recognizing Reich's great clinical contributions, Waelder stated that the past contributions did not sanction present activities and closed by stating that Reich's "scientific" effort had nothing more to do with psychoanalysis and that no one who followed Reich had the right to appeal to psychoanalysis. Fenichel submitted a rebuttal to Waelder declaring that many colleagues shared Reich's commitment to Marxism, and indeed Fenichel would be curious to learn why Marxism was incompatible with psychoanalysis. A series of exchanges followed, none of which appeared in public print. Fenichel never gave an inch, despite Waelder's (official Viennese position) repeated attempts at conciliation. Jacoby does not mention this, but it is quite evident that Fenichel was not protecting Reich per se, but Reich as a Marxist, which in fact Reich no longer was. Thus Fenichel was primarily protecting his group, not Reich. As for Waelder, as Jacoby points out, he was most likely very reluctant to lose Fenichel from the fold. They had already lost Reich who was the best of that generation. Fenichel, who was perhaps second best, was a force to be reckoned with. Psychoanalysis could not afford to lose another extremely talented practitioner.

Freud and Vienna tried to make a deal with Fenichel. He was to write a historical, critical overview of present psychoanalytic knowledge. Fenichel agreed but there were too many disagreements, and the work was never published. With their link to psychoanalysis weakened, the political Freudians retrenched. They exchanged manuscripts, ideas, and projects but intruded little into the wider psychoanalytic community.

Shortly thereafter, in the mid 1930s, Fenichel found himself in a battle to preserve orthodox psychoanalysis. He deplored the loss of the Berlin Institute and later attempts under Hitler to reconstruct it and German psychoanalysis. He later admitted that he and Edith Jacobson had been disastrously wrong in supposing that even a curtailed psychoanalysis could be preserved in Germany; it would have been much better to have dissolved the German Society in the spring of 1933, as Reich had proposed. Jacobson, who stayed on in Berlin, was arrested and incarcerated in a local prison. She was later smuggled across the border into Czechoslovakia by some of the Prague analysts.

Fenichel welcomed the neo-Freudians for their introduction of social and historical concepts, but sharply criticized them for surrendering the critical spirit of psychoanalysis and its dimensions of the unconscious and sexuality. With his socialist tendencies Fenichel was, at heart, a classical Freudian analyst. Believing that psychological development and neurosis were a result of the interplay between basic impulses and the outer world, he vigorously opposed all biological or cultural reductionist neo-Freudian theories. He took verbal and written arms against Michael Balint, Joan Riviere, Karen Horney, and Erich Fromm.

Within his own group a cultural optimism, a "Rousseauism," became popular. It was the concept of man being born naturally good within a corrupt society. Insofar as Rousseauism simplified to the point of falsehood the nature of desire, eros, and instincts, Fenichel, loyal to Freud, rejected it outright. However, according to Jacoby, Fenichel's own critique of the romantic illusion came close to Freud's late pessimism; it almost accepted the opposite supposition: A natural aggression and evil renders man immune to cultural transformations. Naturally this proposition did not sit well with his fellow political psychoanalysts. As Freudians the group did not want to yield to a neo-Freudian culturalism or what they considered a reformism that failed to confront the psychic depths. Ironically, several *Rundbriefe* recipients questioned whether Fenichel in rejecting culturalism over-emphasized biology. It was generally agreed, however, that a socialist society would, in time, eliminate sexual anxiety, thereby producing liberation. While Fenichel agreed, it was all right only as long as one did not yield to a Reichian sexual reductionism and romanticism.

Fenichel, commanding a small group of closely knit analysts including Annie Reich, was happy in Prague. But by 1939 the group had been decimated by Nazism. In 1938, Fenichel left Prague for Los Angeles, where he had a contract with a psychoanalytic study group

to teach. By now he felt that the task of elaborating psychoanalysis into a theory of human culture and society had to be abandoned: It would be sufficient in the barbaric years to come to preserve classical psychoanalysis. These sentiments were reinforced by the situation in America where conditions did not prompt political Freudians to advance a more social or militant psychoanalysis. The weakness of a credible Marxism; the relative newness of psychoanalysis; the geographic dispersion of the analysts; and the tenuous legal status of the immigrants, all worked effectively against a political psychoanalysis. In addition, according to Jacoby, the medicalization of psychoanalysis, the rapid movement away from lay analysis, undermined the cultural and political implications of psychoanalysis.

Fenichel's revolutionary strivings were, by now, almost completely underground. His classic book, *Psychoanalytic Theory of Neurosis*, six hundred dense pages of categories and descriptions, barely mentions the message of socialism. The *Rundbriefe* now addressed problems of organizational threats to classical psychoanalysis and less theoretical discussions of a social psychoanalysis.

Fenichel did, however, find a greater receptivity to social theory in the United States than in Europe; even the physicists he encountered were open to social issues. J. Robert Oppenheimer was apparently "delighted" with Fenichel's essay, "Psychoanalysis as the Nucleus of a Future Dialectical-Materialistic Psychology," which had originally appeared in Reich's journal.

Among the professional analysts, Fenichel witnessed everywhere a flight from classical analysis. After reading a summary of a psychoanalytic congress, he observed that no one talked of sexuality, proof of the sublimation of analysis. "How right Reich was once again!" Fenichel noted, alluding to Reich's belief that establishment psychoanalysis deemphasized sexuality. The medical doctors and neo-Freudians threatened to tame psychoanalysis, streamlining it so as to fit it neatly into their offices, stripping it of its cultural and political implications, Jacoby writes.

Fenichel avoided surfacing openly with his allies as an oppositional group dedicated to preserving classical analysis. They were all foreigners, and their appearance as an organized circle would only feed suspicions, he felt. His only entry to the issues were in the practical questions of the regulation of psychoanalytic societies and institutes. But the fragmentation of psychoanalytic theory became further accelerated with the declared independence of the American psychoanalytic association from the international one in 1938.

With respect to the issue of lay analysis Fenichel was completely loyal to Freud. The future of psychoanalysis as more than a medical treatment, as a larger theory, depended on lay analysts. For Fenichel, this larger theory implied a critical political vision, but both he and Freud perceived that monopolization by medical doctors risked degrading psychoanalysis into a technique with no cultural or political consequences. By 1938 the American association decided that it would not certify new lay analysts. Legally, Fenichel was a lay analyst: His European medical degree was not recognized in the U.S. The issue of lay analysis and his own status in the psychoanalytic community weighed heavily on Fenichel. He believed that his theoretical and, perhaps, personal position could be undermined if he legally remained a lay analyst; he would always be vulnerable. At the age of 47 he enrolled in a one-year rotating internship in a California hospital. He sent out his final *Rundbriefe*, believing that they were no longer worth the effort. Within six months of beginning his internship, a grueling task for much younger men, he was dead of a ruptured cerebral aneurysm.

Without the *Rundbriefe* to hold them together, the members of Fenichel's circle went their separate ways with little mention of politics in their writings. Today there are very few who know that Edith Jacobson and Annie Reich were anything but the most orthodox psychoanalysts. Wilhelm Reich, however, remained public and productive, but according to Jacoby, veered toward a "mystical science." His harassment by the U.S. government is briefly documented.

Jacoby concludes with a chapter on the Americanization of psychoanalysis. He deplores the loss of humanism in the efforts to limit psychoanalysis to a medical discipline and to integrate it into contemporary mechanistic science. The recent flurry of psychoanalytic theorizing in the universities is criticized as "devitalized" and "unreadable." The insularity of the universities offers an exact counterpart to medical psychoanalysis, Jacoby writes, ". . . both have exchanged Freud's openness and lucidity for a mangled jargon and vision." He documents the mechanization of Freud by quoting Bettelheim: "Freud's direct and always personal appeals to our common humanity appear to readers of English as abstract, depersonalized, highly theoretical, erudite and mechanized — in short, 'scientific.'" For instance, a key word *Fehlleistung* ("faulty achievement") becomes a technical term "parapraxis" and *ich* becomes "ego," not "I." (In this context, it is worth noting that Jacoby states that the Farrar, Straus, and Giroux editions of Reich's works often "fundamentally diverged from the earlier German editions.")

The net result, in the words of one of the deans of American psychoanalysis, Clarence P. Oberndorf, who had studied with Freud, was that psychoanalysis in America had turned "legitimate and respectable," as well as "sluggish and smug," attracting those who "find security in conformity and propriety."

For the organomic audience, this book provides an ideal opportunity to know Reich better within the context of his times. Considering his sources, Jacoby is reasonably objective with regard to Reich — and that is in itself a pleasure. Fenichel, and Reich's other contemporaries, emerge more three-dimensional, despite their eventual negative relationship to Reich. They were all pioneers striving to find a way to better the world. Fenichel died for his beliefs in preserving classical psychoanalysis, Reich's conceptual home for many years.

Jacoby describes the similarities between Reich and Fenichel. But it was in their differences that their fates were sealed. Fenichel's structure did not permit the kind of break that might have meant for him the realization of his goals with respect to society. He died heroically, but a victim of years of compromise. Reich's structure permitted nothing but following his own path, regardless of the necessary professional and social breaks. He was, indeed, "absolute," and it earned him the thrills and satisfaction of the great discoveries that were his and now are mankind's.

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*Mars.* By Fritz Zorn; Afterword by Adolph Muschg. New York: Alfred A. Knopf, 1982. 220 pages, \$12.95.

Fritz Zorn — the surname means rage — is the pseudonym of a Swiss national, born to a wealthy upper-middle-class family, who died of cancer at age thirty-two. His book is a remarkable document of a life deprived of breath from childhood that came alive with the author's recognition that he was fashioned to be cancerous. In the last months he had the vain hope that, by exposing his wounds to light, he might expunge the disease. He fought, but failed. However, he succeeded in another sense, because he turned an insipid life into a significant one by bestowing on us this account.

The childhood that Zorn describes was "quiet," in the sense that nothing was permitted to make noise in the environment. There was no brutality, no gross inconsiderateness, no dramatic emotional trauma. Those would have been too disquieting. He writes, "Everything had to be harmonious. The existence of anything problematic couldn't be permitted; that would have meant the end of the world." He says further, "We were unable to argue. We simply didn't know how to do it, just as someone may not know how to play a trumpet or make mayonnaise."

To ensure that no breeze of discontent stirred in the household, everyone shared the father's views. Zorn says, "Saying yes was a necessity for us (even though we didn't perceive it to be such). How dreadful it would have been if anyone said no. . . . To jeopardize our harmony would have meant to jeopardize our world. . . . I realize today that in my youth I never learned how to have an opinion of my own. All I learned was how not to have my own opinion."

Not only was conflict between family members never conceived, but also subjects that were controversial were never entertained. Such topics were considered "difficult," and nothing "difficult" ever bristled about a "comfortable" home. House guests who insisted on discussing matters about which one argued were never invited back. Contentment was the steady state. No one cried, raised one's voice, was afraid. There were certainly disturbances acknowledged in the world at large, but they occurred at too great a distance to touch one.

Even in early adolescence an inner voice whispered to the young

Zorn that things were not as cozy as they seemed. He writes, "I had come across the concept of 'lovable eccentricity' in a book somewhere and had immediately adopted it. I felt that I would need it to caulk the cracks that might someday appear in my world view."

The bliss of ignorance was dissipated gradually in the Gymnasium (high school) years. What had fit so well at home was now all wrinkles and bunches. Zorn found himself incapable of participating in discussions, approaching girls, or dancing. Despite the fact that some of his classmates complimented him on his unvarying good spirits, he was aware from age seventeen that he was chronically depressed. Later at the University when he contracted hepatitis, he became acquainted with the wonderful relief of letting go and not having to pretend to be happy.

Once aware of his depression, the style of his life shifted to accord with his disease. He drifted toward the color black and walled himself off in his apartment where he acknowledged the awareness of no desires. He says of that period of his life, "The word that best described my state at this time is resignation. . . . I spent hours scribbling words like *triste* and *soledad* on sheet after sheet of paper and I always wore black. But I never would have said that I was miserable. . . . All my vital energy, which now took the form of pain and suffering, raged at some subterranean level, split off from my conscious mind and lost to my conscious experience."

Two events at this time shook him into the acknowledgement of his misery. The first incident was the death of a neighbor which caused him to recognize the reality of that "difficult" fact, death (amazing, at this age). The second was a romantic movie which brought him face to face with the reminder that he never felt love and that he was incapable of it. From this point it was impossible to avoid the confrontation with his wretchedness.

Now in his young manhood, a competent instructor in romance languages, he developed a tumor on his neck which he assumed was the manifestation of tears which had not been wept. When his physicians suggested surgical removal and biopsy, he welcomed the idea. The dream was that the process of anesthesia and surgical removal could mark a symbolic death and rebirth. When the biopsy revealed cancer, his immediate response was, "Of course . . . I was a good boy all my life, and that's why I got cancer. That's the way it should be, anybody who is a good boy all his life deserves to get cancer. It's a just punishment for all that goodness."

Then he entered into psychotherapy in an almost frantic attempt

to comprehend the course of his life. He attained insight into the emptiness of his existence and recognized that the inability to feel and to love was the essence of the disorder. In the course of his research he met with Reich's formulation of the problem of cancer. It made simple and absolute sense to him. He writes, "My life is more tragic than my parents', their lives were more depressing than mine." He describes their inadvertent resignation as a "dull ache," but he considers his unsuccessful battle against the destructive forces he has come to recognize as a more fierce and piercing pain. The training to maintain peace and quiet at all costs for fear of disturbing someone else's peace and quiet is no less abominable to him than the tumor on his neck. In his torment he rages against bourgeois morality and against God who permits such gross deformity of life.

As a chronicle of the cancer process, there are elements in this account that are universal, and others that are more individual. The privilege and the extent of the stuffiness are a little beyond the experience of most. The dull deadness of the spirit in this wealthy house will certainly give pause to those who simply envy riches. But the extremes of the murder of soul practiced in this household have quieter reflections in households of all classes and all civilized nations. Wherever the nature of children is stifled by moral fiat, the seeds of biopathic disturbance are planted.

There is a peculiar quality to the writing. Although the insights are incisive, and though they are even sometimes aided by a bright sarcastic wit, the reader is confronted solely and consistently with an intellectual product. One never feels muscle or tears or heart; and, as brightly as the brain shines, it becomes somewhat tiresome. Given the life of the author, the fault is inevitable; the lifestyle and the product are of one piece.

There are three acknowledged sources of the cancer disease — the genetic, the environmental carcinogens, and the emotional (energetic). It is obvious that these three are not clearly demarcated in life. An overload of the carcinogen asbestos, for example, certainly disposes a resigned character to become even more resigned. The great increase in the incidence of cancer with an increase in the life span reveals a confluence of the ebbing of the life-fires and the increase in the tendency to T-reaction in our protoplasm. It has been demonstrated that the immune system is also altered in patients with depressive disorders. The energetic balance can be tipped from a healthy, functionally organized, life-sustaining cellular structure to anarchic, life-abandoning structure by genes alone (genetic strains), by carcinogens alone

(overwhelming doses of radiation), or by deep characterologic resignation alone. In most cases subtle combinations of all three are probably at work to eventuate in the cancer biopathy. We are fortunate to have this first person account of a biopathy that was largely emotional in origin. That the author became so finely attuned to his disease and was so honest in its revelation is felicitous for all students of biopathic disorder.

*Morton Herskowitz, D.O.  
Philadelphia, Pa.*

## Report on the Fourth International Orgonomic Conference

The Fourth International Orgonomic Conference was conducted in Munich, West Germany, on June 15, 16, and 17, 1984. It was conceived and organized by Dr. Giuseppe Cammarella and was designed to be a continuation of the first three international orgonomic conferences held at Orgonon in Reich's time. It brought together more than 180 students of Wilhelm Reich's work from the following countries: Austria, Brazil, Canada, Denmark, France, Germany, Greece, Holland, Italy, Norway, Spain, Sweden, Switzerland, and the United States. Among those attending were physicians, scientists, and educators who gathered to hear lectures given under the auspices of the American College of Orgonomy. Simultaneous translations in English, German, and Italian were provided, and the entire conference was recorded on both audio and video tapes.

The presenters, in addition to Dr. Cammarella, were Richard A. Blasband, M.D., Patricia Humphrey, Charles Konia, M.D., Richard Schwartzman, D.O., and Myron Sharaf, Ph.D. The lecture material consisted both of Reich's work and recent developments in Orgonomy. Dr. Elsworth F. Baker, President of the American College of Orgonomy, gave the opening welcoming address on videotape. Dr. Baker's recollections of his association with Reich, as presented at the 1983 annual meeting of the American College of Orgonomy, were also shown on videotape. Professor Paul Mathews, also via videotape, discussed the sociopolitical character types and the emotional plague.

Dr. Richard Blasband lectured on the origin of life and the discovery of orgone energy and showed a film depicting bion formation. In another presentation Dr. Blasband spoke on the fundamentals of orgone biophysics and, in a discussion of Oranur, DOR and desert formations, presented a film showing the effects of the Reich cloud-buster.

Dr. Giuseppe Cammarella described his orgone therapeutic work with children — work that produced lasting effects with short-term treatment. In his second lecture, he graphically depicted the clash

between the healthy child and the armored school. Mrs. Patricia Humphrey compared A. S. Neill's Summerhill with her work and experiences as headmistress at the Fifteenth Street School in New York. She spoke of truly functional education of the future, as she envisions it will be in the center for the American College of Orgonomy.

Dr. Charles Konia presented papers on the biopathies, first as a general introduction and, then, on some of the specific biopathic disorders. Dr. Richard Schwartzman lectured on the basic principles of orgone therapy illustrated with a videotape of a patient in treatment. In a second lecture, he discussed the cause of, and some of the functional childrearing practices necessary to help prevent, chronic armoring in infants and children. Dr. Myron Sharaf discussed the relationship between Reich's personality and his work and orgonomic functionalism in the realm of the living and nonliving.

#### *Impressions of Dr. Charles Konia*

One felt it a great privilege to be present on this momentous occasion. In general, the conference was well received. Most attendants were serious, eager to learn, and asked well thought-out questions. Many of them traveled great distances and went to considerable personal expense to be there. Through personal contacts between the discussants and the European workers, many observations, ideas, and papers were exchanged. Some of these articles may be printed in future issues of the *Journal of Orgonomy*.

A new method of photomicrography, employed by a West German research group, was capable of demonstrating the structure of living tissue in exquisite detail. For example, the length of T-spikes on red blood cells was shown to be at least twice as long as that observed by conventional methods of microscopy. It was readily appreciated how these long, thin, delicate structures could easily break off and become T-bodies. From all this it was clear that many of the participants demonstrated a remarkable ability to think in functional terms.

A few of those attending the conference were not so well-intentioned, however. One incident deserves particular mention. On the second day of the meeting, at the start of Dr. Schwartzman's lecture on functional childrearing, an individual stood up at one of the floor microphones and insisted on being given "equal time" to air his views. It was evident that the members of the panel were being placed in a no-win situation. If the person were allowed to speak, then a chaotic situation would inevitably follow. If he were not, then we could be, and indeed later were, accused of employing Fascist tactics and

suppression, with the usual false charges and projections that are typical of the plague. The correct course of action was clear — to ensure that the schedule be continued without interruption. The conference was never intended to be an open forum. Because of the tremendous amount of information packed into each lecture and the limitations of time, it was necessary to maintain a fairly tight format right from the start. Obviously, the protester was not as much interested in hearing the members of the panel as in using the conference as an opportunity to generate controversy and disorder under the pretext of presenting his own views. Accordingly, the person was removed from the room when he refused to give up the microphone. The next time someone demanded equal time, he was summarily reminded by a panel member<sup>1</sup> that those attending the conference had paid money to hear the discussants and that, if he did not agree with what was being said, he could organize his own conference. A hearty round of applause by the audience forced the dissident back to his seat, and the conference resumed without further interruptions.

The true reaction to the conference by the overwhelming majority of the attendees did not become apparent, however, until the end. A deep sense of appreciation for what was given by the panel members was expressed. The mother of a child treated by Dr. Cammarella, for example, in a profoundly moving expression of gratitude, said, "Thank you, Dr. Cammarella, for giving me back my child!" Sensing this intensely positive reaction from the audience gave one the feeling of great hope for the future of orgonomy in Europe and the chances for natural forms of human life to prevail, provided that one finds the way to deal with the life-destructive forces that are no less real and powerful. Orgonomy is capable of exciting the deepest feelings within human beings. If the individual has contact with his core, then feelings of gratitude and love are evoked. If, on the other hand, the core is blocked by armor, then the full murderous force of the emotional plague can be unleashed. Squarely facing this threat to freedom and life is our first priority.

### *Impressions of Dr. Richard Schwartzman*

The response of the audience to this wealth of material presented was remarkable. The effect of one lecture after another, each dealing with yet another aspect of orgone energy, was cumulative. Excitement

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<sup>1</sup> Editor's Note: Dr. Charles Konia.

ran high and the atmosphere became electrified. One translator remarked she had never, in 16 years, seen a conference like it — three full days, each more exciting than the last, with every lecture fully attended. At certain points, the excitement was too great to tolerate, and some in the audience experienced marked autonomic reactions and had to leave to compose themselves.

The Emotional Plague was anticipated and, quite predictably, showed itself — planned disruptions by factions who loudly complained that they should have been invited to speak, proclaiming to all how the conference should have been organized, and what should be the priorities of the College. At one point, the police had to be summoned to ensure continued order and those disrupting the conference were ordered taken out by a security guard.

The plague was met with the necessary force, and it retreated. Any lesser action would have allowed chaos to have taken over, disorganizing and disrupting the work of the conference. Reich has told us that neurotic behavior forces authoritarian measures.

The reaction of those in the audience to the disruption was quite characteristic — at the onset of the plague attack, they became very tense, then confused and disoriented, and then immobilized. It was only when order was restored that they felt secure and could again attend to the conference.

This Fourth International Orgonomic Conference, the first since Wilhelm Reich's death, was a remarkable achievement — a step into the future — extending Reich's work, through the American College of Orgonomy, into Europe. Future conferences are planned worldwide to allow those moved by the truth of Reich's discoveries to expand their research and application.

*Impressions of Kathleen Erickson, Editorial Staff, Journal of Orgonomy*

When Dr. Baker appeared on the big screen for his introductory lecture, a warm "a-a-a-ah" went through the audience. The appreciation shown for Dr. Baker continued throughout the conference. Whenever his name was mentioned by a speaker, we heard applause. During one of the breaks, some participants told me: "We're just glad he exists." Many in Europe have an understanding of his deep human kindness.

How much more "politicized" issues are in Europe. I felt a bit naive when I saw how much more extreme the left and right are, compared with the United States. The charged political atmosphere

revealed the liberal character structure in action — the false humanitarianism and “dead below the head” gray look. Some participants, who had walked out in protest when the dissident was asked to leave, later came like children asking permission to return to the room. They demanded freedom they already had but could not tolerate.

By the third day, I realized how very many participants had come to find out how they could better apply organomic principles in their work and life. Many were health care professionals and educators and parents who shared strategies with each other for working more functionally within the system. A group of about eight students expressed to me their interest in the living organomy of today rather than the historical organomy which they had been reading, studying, and translating for the past five to ten years. “Reich is dead. We’re interested in Orgonomy and today.”

Quite evident was the respect for Reich, gratitude to Dr. Baker, and a driving interest in the future of organomy and the contributions they can make to the environment through their knowledge of natural functioning.

*Impressions of Mrs. Marie-Françoise Rosat, Co-Chairman, A.C.O.  
Building Program*

As a participant of the Fourth International Organomic Conference, I would like to communicate what I observed and felt at this extraordinary event. The program was very diversified, including very different subjects in Orgonomy. We were welcomed by Dr. Elsworth Baker in a film, where he told us how grateful he was to Dr. Cammarella for organizing this conference.

We saw a very impressive film and slides about the experiences with the bions, made by Dr. Blasband, and a film illustrating, in a marvelous way, cloudbusting. Dr. Sharaf impressed us by showing us the life and the work of Wilhelm Reich and the discovery of the functional laws in nature. Dr. Konia spoke to us about a difficult matter for those who have no medical background: the biopathies. And indeed, he managed — with his concentrated and serious way — to transmit his message very comprehensibly. Mrs. Humphrey captivated us with her simplicity and her charm by telling us her experiences in the Fifteenth Street School, and by making new propositions for other future, free schools.

Dr. Schwartzman showed us the importance of correctly conducting orgone therapy and the depths it can reach. He also put forth some

of the measures conducive to the healthy rearing of infants and children. Professor Mathews sent us a film where he spoke about the emotional plague, the consequences of it, and how to counteract this kind of disease. Finally, Dr. Cammarella fascinated us with a matter which interests all of us very much: childhood. The depth, the human dignity, the emotion that came from his words deeply touched the audience, and I think that most of us really felt how a healthy, free, and happy child could be.

I was very impressed to see the great capacity for concentration and attention of the participants, for the deep subjects lasted sometimes nine hours a day! The enthusiasm was demonstrated by the quantity of questions and doubts presented by the audience. Unfortunately, for reasons of organization, the time for asking and answering questions had to be limited. But, the roundtable discussion at the end gave an opportunity to solve this problem.

The feelings that were left in myself were a mixture of admiration, surprise, sadness, happiness, a lot of emotions that provoked a revolution in me! The speakers were so serious, so interesting and precise, while being simple, very contactful, human, and full of humor! Nevertheless, the number of subjects that were presented one after the other — because they were very strongly emotional — submerged me with very deep feelings. We had almost no time between one speaker and the other to assimilate and to “digest” the whole.

There was a disturbance that came up from the group of persons who were too threatened by the depth of orgonomy and who belonged to so-called “liberal” political and therapeutic organizations, and who tried to disturb the atmosphere. The conference members rationally faced the problem and were quickly able to resolve it. They also showed their open-mindedness, in allowing an independent group from Berlin to show us a film they had made on bions.

I would like to thank the members of the American College of Orgonomy for their fabulous work — that demanded such dedication, knowledge, and love — and for having come to Munich to give us the opportunity of better knowing and understanding the great work of Wilhelm Reich.

I would also like to stress the importance of the organizing work, honesty, and humanity of Dr. Cammarella, as it was made public very movingly by one of his patients whose son was in treatment. It touched all of us deeply.

This is to testify to my great gratitude to all who gave us so much in these three days and who never failed to satisfy us fully! My grat-

itude goes also to Dr. Elsworth Baker, without whom we could not have had this great opportunity of being surrounded for three days by those conference members trained by him.

We hope that this great opportunity will be repeated soon and reach other people so eager for sincerity, honesty, serious work, knowledge, and love, as were the majority of the participants at the Fourth International Conference of Orgonomy!

- *The Work of Wilhelm Reich: Orgonomy*, a two-day conference presented under the auspices of the American College of Orgonomy, was held in Arlington, Virginia, on November 10th and 11th, 1984, at the Hyatt Regency Crystal City. Lectures, films, and group and panel discussions were planned by the conference director, Dr. Myron D. Brenner. Guest lecturers included Barbara G. Koopman, M.D., Ph.D. (speaking on "The Development of Orgonomy and Orgone Therapy"); Richard A. Blasband, M.D. ("The Discovery of Orgone Energy and Orgonomic Biology" and "Orgonomic Physics"); Morton Herskowitz, D.O. ("Orgone Therapy"); Charles Konia, M.D. ("Orgonomic Medicine"); Prof. Paul Mathews ("Emotional Plague" and "Sociopolitical Orgonomy"); Richard Schwartzman, D.O. ("Raising Children"); Prof. John Bell ("Orgonomy, Art and Literature"); and Myron Sharaf, Ph.D. ("Orgonomic Functionalism").

- *The Works of Wilhelm Reich*, a new 10-week course conducted at East Stroudsburg University by Roseann Cappella, Ph.D., was conducted on Monday evenings from September 24 through November 26, 1984. The course addressed topics in orgone therapy, orgone physics, and social orgonomy, and featured the following guest lecturers: Richard A. Blasband, M.D., Peter A. Crist, M.D., Robert A. Harman, M.D., Charles Konia, M.D., Prof. Paul Mathews, and Richard Schwartzman, D.O. For information about future courses on Reich at East Stroudsburg University, contact Dr. Roseann Capella, Department of Psychology, ESU, East Stroudsburg, PA 18301, or call (717) 424-3355.

- *Professor John Bell* presented a lecture on "Wilhelm Reich and the Cancer Biopathy" at the Conference on Alternate Therapies and Cancer, sponsored by the International Association of Cancer Victims and Friends, held in New York City, June 16 and 17, 1984.

- *Dr. Richard Blasband* spent a week in June, 1984, in Thessaloniki, Greece, where, at the invitation of 20 medical students, hospital residents, psychiatrists, and scientists, he held seminars, conducted biophysical diagnostic interviews, and gave a public lecture. The seminars were on psychiatric orgone therapy, the biopathies, ergonomic biology and physics, and the Reich Blood Test. The public lecture, which was attended by more than 300 people and very well received, was entitled "The Work of Wilhelm Reich and the Future of Man."

- *Myron D. Brenner, M.D.*, presented a lecture on "The Bions and Cancer: A Review of Reich's Work" in San Francisco to friends and supporters of the A.C.O. Building Program on September 19, 1984. The lecture, accompanied by films and slides and followed by a discussion period, was the first presentation of the American College of Orgonomy's Speakers Bureau. It was originally presented at a symposium, sponsored by the International Association of Cancer Victims and Friends, in New York City, on June 17, 1984, and subsequently adapted for publication in this issue of the *Journal*.

- *The Life and Work of Wilhelm Reich: Introduction to Orgonomy* is a two-part course offered at New York University, School of Continuing Education. Parts I and II are taught by Professor Paul Mathews and guest lecturers, including Professor John M. Bell, Richard A. Blasband, M.D., Peter A. Crist, M.D., Robert A. Harman, M.D., Morton Herskowitz, D.O., Charles Konia, M.D., Barbara G. Koopman, M.D., Ph.D., Arthur Nelson, M.D., and Edward Pell, LL.B., medical orgonomists and scientists who discuss their work in such areas as orgone therapy, biophysics, and meteorology. Part I, dealing with ergonomic medicine and orgone physics, is offered in the fall semester. Part II deals with ergonomic social sciences in the spring semester. Part I is not a prerequisite for Part II; either course may be taken first.

Unless schedules are changed, these courses will be held on Wednesday evenings from 8:00 to 10:00. For each course, the tuition is \$160.00 and the registration fee is \$20.00. For more information, including registration procedures, call (212) 598-3091, or write to New York University, Division of Liberal Studies, 332 Shimkin Hall, New York, NY 10003. Persons desiring guest passes for one or two specific lectures may call Professor John Bell at (212) 598-2744.

- *Laboratory Workshops in Orgone Biophysics* will be given over a weekend in June, 1985, for those with little experience in laboratory work or who only wish an introduction to the subject. An advanced course for those working in medical and scientific disciplines will run concurrently and extend for the next two days (Monday and Tuesday). The workshop will be run at the Elsworth F. Baker Oranur Research Laboratory in Rosemont, N.J., near Flemington.

The workshops are designed to acquaint students with fundamental phenomena in organomic biology and physics. Lectures, films, demonstrations, and hands-on work with microscopes and physical apparatus permit laymen to get a primary feel for the work. Subjects covered include the study of bions (transitional elements from the nonliving to the living), the natural organization of protozoa from grass, Experiment XX illustrating the development of life from "mass-free" orgone energy, and an introduction to the Reich Blood Test. Observations will be made of the atmospheric orgone energy, how it can be quantified by temperature measurements and the electroscope, and how it functions in weather formation. If conditions permit, the cloudbuster will be demonstrated.

Advanced students will study all of the above in greater detail and complexity, and in addition will study blood and tissue from cancer mice, as well as conduct small research projects. The advanced course is a prerequisite for certification by the American Board of Medical Orgonomy.

The teaching staff includes Drs. Richard A. Blasband, Charles Konia, and Peter A. Crist, and other organomic physicians and scientists. The fee for the introductory course is \$150; for the advanced course, \$300. Applicants should send a resume of their academic and organomic training (lectures, reading, etc.) to Dr. Blasband at RR #2, Box 474, Stockton, NJ 08559.

- *An Introductory Clinical Seminar* and an *Advanced Seminar for Qualified Mental Health Professionals* on the understanding and treatment of emotional disorders, based on functional energetic principles, are being conducted on an ongoing basis. Persons interested in participating should write Charles Konia, M.D., Spring Hill Farm, RD #4, Easton, PA 18042.

- *A Seminar in Social Orgonomy*, under the direction of Professors Paul Mathews and John Bell, has been offered each academic semester, including the summer semester, since 1972. The meeting schedule is

determined by the seminar participants and leaders. Those interested in participating may call Professor Mathews at (212) 638-6853, or Professor Bell at (212) 675-0829.

- *Lectures, seminars, and workshops* conducted by qualified ergonomists, both in this country and abroad, will be arranged for responsible individuals and organizations seriously interested in ergonomic work. For information about advance preparation requirements and funding, interested parties may write to: Professor Paul Mathews, Ergonomic Research Foundation, P.O. Box 548, Van Brunt Station, Brooklyn, NY 11215, or phone (212) 638-6853.
- *Erratum* in Volume 18, No. 1, page 88. The fifteenth typed line in Dr. Charles Konia's *For the Record* reads: "protozoa: Outward streaming movement is functionally identical with the perception of anxiety." It should read: "protozoa: Outward streaming movement is identical with the perception of pleasure, and inward streaming movement is identical with the perception of anxiety."
- *Organomic Publications, Inc.*, would like to thank our former staff artist, Barbara Vinson, for her many lovely drawings for the final page of the *Journal*, "To Hold, as Twere, a Mirror." Future illustrations, based on Dr. Baker's Editor's Page, will be contributed by a rotating pool of artists, including Howard Schneider and Peter Robbins, whose first contribution is included in this issue.
- *The Annual Meeting of the American College of Orgonomy* was held at the Carlyle Hotel in New York City on September 23, 1984. Dr. Elsworth F. Baker read Part I of his work-in-progress on the years and events following Reich's death. Peter A. Crist, M.D., was inducted into the College as a Member, and Giuseppe Cammarella, M.D., was promoted from Member to Fellow.
- *The American Board of Medical Orgonomy* is an authoritative and responsible body of physicians whose primary function is the setting of standards and testing for qualification to practice ergonomic psychiatry and medicine. Board certification of medical ergonomists requires that candidates have graduate training in classical psychiatry or internal medicine, pass their respective board examinations in that discipline, undergo characterological restructuring by a qualified medical ergonomist, receive at least three years of didactic, clinical, and

laboratory instruction by qualified instructors in orgonomic medicine, and pass written and oral examinations in orgonomic theory and practice.

These are the most stringent standards in medical practice today. Orgonomy and those whom it would serve deserve no less. A clear statement of the qualifications for board-certification is important, since more and more untrained lay "therapists" are picking up bits and pieces of Reich's medical discoveries and calling themselves "Reichians," "neo-Reichians," "bioenergetic therapists," "Radix therapists," etc. It is our responsibility to the public to keep it informed of our standards and of those who have satisfied them. To this end, we make available the names and locations of all board-certified and board-eligible physicians. The latter have satisfied all requirements of the board except the examination. There are also physicians-in-training and others who are qualified to accept patients. Their names may be obtained from the Secretary of the Board, David Blasband, 110 East 59th Street, New York, NY 10022.

All training in medical orgonomy under the auspices of the American College of Orgonomy takes place exclusively on the East Coast in the New York/Pennsylvania/New Jersey area. At the present time, there are no training centers on the West Coast. Those interested in training or information about qualifications should write to Elsworth F. Baker, M.D., 200 East End Avenue, New York, NY 10128.

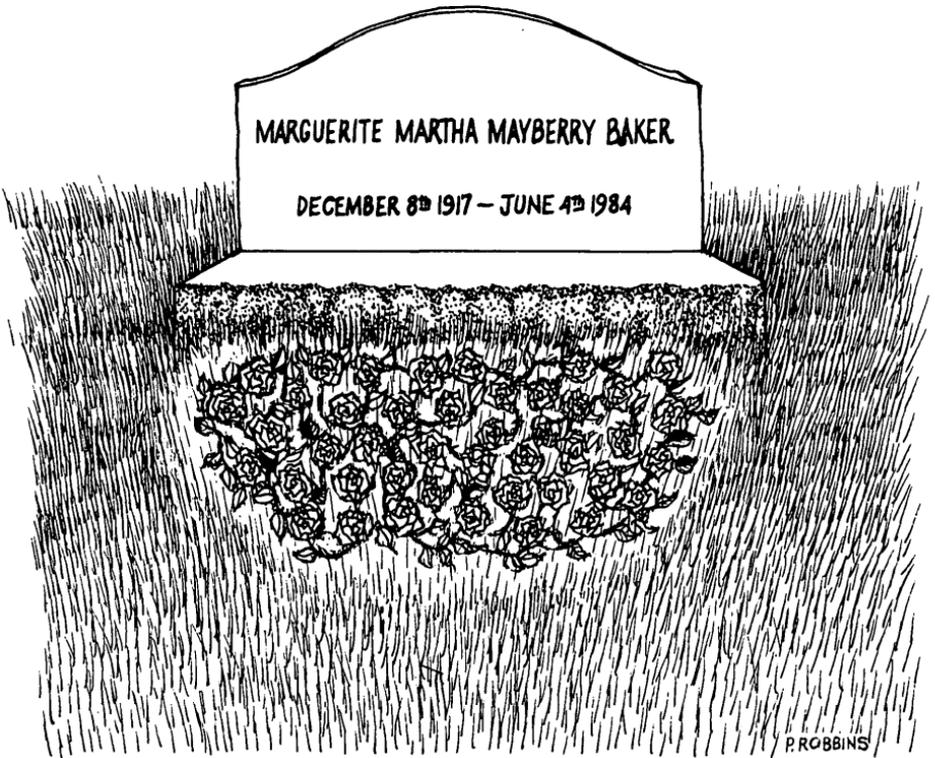
- *Orgonomy in Europe.* Two medical orgonomists, qualified by the American College of Orgonomy, practice orgone therapy in Europe: Giuseppe Cammarella, M.D., and Richard Schwartzman, D.O.

## Notes

## Notes

## Notes

To Hold,  
as Twere,  
a Mirror



*“ . . . Marguerite was a part of the history of Orgonomy.”*

From the Editor's Page

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**Comprehensive Index:** Published in Vol. 18, No. 1, the Index lists article names, authors, and inclusive page numbers for each issue of THE JOURNAL OF ORGONOMY to facilitate ordering from UMI. The Index is available as a reprint and will be updated each year. To order the Index, send \$2.00 (\$2.50, foreign) to Orgonomic Publications, Inc.

### OTHER PUBLICATIONS AVAILABLE FROM ORGONOMIC PUBLICATIONS, INC.:

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- *Conversations with Elsworth F. Baker, M.D.* This unique series of six taped interviews, each approximately 45 minutes in length, features Dr. Baker, the dean of orgonomists, discussing topics ranging from relationships, sex, love, and orgastic potency to DOR, cloudbusting, and UFOs. Dr. Baker brings orgonomy to life with his discussions on Reich, the growth of orgonomy since Reich's death, and the future of orgonomy. Each set of tapes comes enclosed in its own cassette album, with the title of the series silk-screened on the cover and spine. Including postage and handling, the cost of the set is \$59.95.
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