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OFFICIAL ORGAN OF THE INTERNATIONAL INSTITUTE FOR SEX-ECONOMY AND ORGONE-RESEARCH

DIRECTOR: WILHELM REICH, M. D.

EDITOR: THEODORE P. WOLFE, M. D.

Love, work and knowledge are the well-springs of our life. They should also govern it.

ORGONE INSTITUTE PRESS NEW YORK

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International Journal of Sex-Economy and Orgone-Research

VOLUME I, NUMBER I MARCH 1942

ABOUT THE HISTORY AND THE ACTIVITIES OF OUR INSTITUTE

By WILHELM REICH, M.D.

The psychiatric aspects of the biological energy are discussed in my book, "The Function of the Orgasm." In the present first number of the Journal, some co-workers of the Institute give a picture of our pedagogical and clinical work. Thus, I can forgo a general survey of our field and devote the following pages to a different subject.

The reader of this new periodical will ask an important question: *What kind of an organization is behind this work?* For, the organization of a field of science reflects its nature and its history. But, there is organization and "organization." The following little story illustrates what I mean by this distinction:

It happened one day in Hell. The Devil was in his throne-room, when suddenly one of his messengers from the Earth rushed in breathless, distraught, with a hopeless expression on his face. "Master, we are lost," he cried, "all is ruined for us, we are finished!" "What has happened?" said the Devil. "Something terrible," moaned the messenger, "I have just returned from the Earth as quickly as possible, to tell you the news that someone has discovered TRUTH, the real TRUTH, just what we have feared all these years!" "Tut, tut, my boy, don't let that worry you," said the Devil. "You just hurry back to the Earth and get them to organize."

Sex-economic research has always endeavored—and thus far successfully—to avoid this truly diabolical side of organization. It is—I may say for this very reason—still in full development. In spite of recognition from many quarters, and in spite of organization, it is far from having passed the pioneering stage. He who is familiar with such work knows that it is incompatible with routine research. For this reason, the work is "isolated" and has many enemies. This is an essential sign of its maturing, and proof of the fact that it presents something which is fundamentally new. For this reason, it cannot possibly be put into the framework of a routine kind of organization. The work continually poses highly unpopular questions, finds embarrassing answers and often operates with assumptions; in brief, it endangers emotional security and disturbs the peace of mind. That is an inherent part of it.

Between 1920 and 1934, sex-economy (nobody had as yet even an inkling of the existence of the orgone energy) developed within the framework of the International Psychoanalytical Association. When the differences of opinion with this organization became increasingly acute, it became necessary to found a publishing house of our own (Berlin, 1931). At the outbreak of the catastrophe in Germany, this publishing house moved to Scandinavia, and in 1937 it established a branch in Holland. It published works by me and my co-workers which could not have been published in any other kind of publishing house. For one thing, the subject of our work was new and at first not comprehensible to any neurologist or psychiatrist. For another thing, it was taboo. The seri-

ous study of sexual energy, scientifically, clinically and experimentally, was an unusual undertaking. General medicine continued to eschew the subject. It committed —and still does—the serious mistake of avoiding the subject of sexual pathology instead of taking it out of the hands of quacks and making it a legitimate part of science and medicine. We, on the other hand, by calling our science "sex-economy," made it clear that we were going to call a spade a spade. We did not want to hide the fact that we assumed the scientific responsibility for a field which is generally avoided and is left to the devices of pornographic business interests. What I mean is not cell-division or the conjugation of ovum and spermatozoon, but the *biosexual excitation* in the autonomic nervous system.

True, there was some opposition to the name of sex-economy even in our own group. But finally the realization prevailed that if one wants to engage in the fight, medical and social, against a universal disease such as the plague of the neuroses and psychoses, one cannot escape exposing oneself fully to it. If one is to take up this fight, such hypocrisy as talking about eugenics and really meaning sexual abstinence is out of the question. We knew that for years to come we would continually be confused with the pornographers, and that we would be the butt of all kinds of perverse sexual phantasies. But there was no other way. Thus, sex-economy came to be what it is today: a scientific, clinically and experimentally confirmed discipline which explores the laws of *biological energy*. As is well known, biological energy manifests itself first of all in sexual excitation. Every animal breeder knows that. In spite of great difficulties, we have had no reason to regret our decision to choose the name of sex-economy.

This name first came to signify an organization when in 1934 the "Zeitschrift für Politische Psychologie und Sexualökonomie" was founded. This periodical was published in Scandinavia until 1938. The requirement for membership in this informal organization of sex-economists was that each co-worker found his own field of activity within it. He kept his membership as long as he justified it by actual achievement. Thus, one of the most essential sex-economic findings—biological self-regulation on the basis of actual achievement—found its expression in the nature of the organization. In this way, we succeeded in reducing the dangers of formalism to a minimum.

After my separation from the organization of the psychoanalysts in the summer of 1934, study groups formed consisting of German, Austrian and Scandinavian physicians, educators and social workers. They acquainted themselves in special courses with the medical and pedagogical significance of sex-economy. Among them were physicians who previously had attended my courses at the psychoanalytic clinics. This group of students originated the plan of centralizing the work in an "Institute for Sex-economic Research."

The Institute was founded in February 1936, with its central office in Oslo. There was, from the beginning, a group of very active nursery and kindergarten pedagogues in Denmark, under the leadership of a sex-economically trained physician and two educators; there was a group in Oslo, consisting essentially of neurologists, psychiatrists, psychologists and a few educators. Soon, a group of physicians and social workers was formed in Holland; they translated several of our publications into Dutch and independently published several sex-economic treatises. The war has interrupted the connection with these groups. In 1937, A. S. Neill, director of the Summerhill School in Suffolk, England, and prominent as a modern educator in the best sense of the word, joined our group. In addition, there were more informal pedagogical and medical study

groups in Palestine and Switzerland. As early as 1935, one of the presidents of the "World League for Sexual Reform," director of a birth control clinic, joined our group, and the World League was dissolved.

The gathering of these people into an organization thus was not the result of an urge for formal organization, but of a real common interest. Between 1924 and 1933, the basic concepts of sex-economy had been taught at the Vienna Psychoanalytic Clinic and later at the Berlin Clinic. During the years from 1934 to 1936, the thing had a name but no home. Co-workers and students were held together by a strong tie of common interest, but the organization was a very loose one. Finally, the development of the work itself created the necessity for the establishment of an institute.

In 1934, together with my lectures at the Psychological Institute of the University of Oslo, I started experiments concerning the bio-electrical nature of sexuality and anxiety. In part, these experiments were the result of the controversies, between 1930 and 1934, about the psychoanalytic theory of the death instinct. For sex-economy, these controversies resulted in a major step ahead: the progression from the field of the psychology of the instincts into that of *experimental biology of the instincts.* I had shown that a biological will to suffer and to die, as postulated by the psychoanalysts, the so-called death instinct, could not be demonstrated clinically. What was being interpreted as a death instinct, was found to be the result of physiological tensions due to lack of genital gratification. Unrelieved sexual excitation and muscular spasms provided the explanation of all kinds of sadistic and masochistic tendencies. The generally prevailing social inhibition of natural genital love life creates not only neuroses, psychoses and sexual criminality, but also destructive impulses. When these destructive impulses are inhibited, they give the impression of a will to suffer. The will to suffer, the tendency to self-deprecation, to blind obedience, infantile dependence, to suicide and self-ruin, are the result of a fear of libidinous gratification in the biological system, a fear which is at first socially conditioned and then becomes psychically and physiologically anchored in the organism. Chronic sexual stasis (damming-up of sexual energy) results in a distortion of the perception of the organs and of their functions; this distortion is most clearly seen in schizophrenic or melancholic hypochondriasis. Its biophysiological nature cannot be doubted. In this way, the sexual chaos prevailing in our society distorts the basic biological functions in the human into something pathological, and produces secondary, antisocial, impulses.

The consistent study of the disturbances of vegetative sensations led, in 1935, to the experimental (oscillographic) finding that pleasure and anxiety correspond to two opposite directions in the flow of biological energy. *Pleasure* is functionally identical with a parasympatheticotonic plasma current in the direction of the periphery, that is, a biological *expansion.* Conversely, *anxiety* is functionally identical with a sympatheticotonic, centripetal plasma current, that is, a biological *contraction.* It was shown that all emotional disturbances and a great many vegetative neuroses are due to a disturbance of the *biological energy pulsation.*

These findings represented the breakthrough from depth psychology into biophysiology. Gradually, a biophysical laboratory was developed. From 1936 on, our Institute consisted of the publishing house, the experimental laboratory, and the teaching institute. The teaching courses produced various specialists in our field, who today are training and guiding their own medical and pedagogical groups.

But with that the development had not

come to an end. The physiological experiments on pleasure and anxiety led in a straight line to the function of expansion and contraction in protozoa. The Psychological Institute of the University of Oslo, where the work had been started, was not equipped for this kind of work. We were confronted with the problem of equipping our Institute with biological instruments. Thanks to the efforts of the Norwegian group, this became possible in 1936. The laboratory was equipped with what were then the most powerful microscopes (up to 4500x magnification) and has now a number of special instruments for the study of the phenomena of biological current and charge in protozoa and the human.

The experimental work on protozoa was guided by the so-called formula of "tension and charge." Sex-economic research had shown this formula to be valid for the orgasm. That is to say, the orgasm, like any other autonomic function, is based on a four-beat of *mechanical tension → bio-electric (orgonotic) charge → bio-electric discharge → mechanical relaxation.* I would like to emphasize the fact that the step from depth psychology to experimental biology was not the result of any conscious deliberation. It resulted logically and by itself, from the energy concept of the sexual instinct. According to Freud's basic discovery, psychic functioning is governed by unconscious and repressed instincts. These instincts are rooted in the biophysical realm. Early psychoanalysis had attempted to apply the principle of energy to psychic life: "libido" meant the energy of the sexual instinct. But, being a psychology of the unconscious, psychoanalysis was far from penetrating into the field of biophysics of the instincts. Sex-economy, on the other hand, focused its attention from the very beginning on the sexual stasis neuroses; for, sexual stasis is the central problem in cardiac neurosis and vascular hypertension. These syndromes present the pathology of the autonomic nervous system in pure form. From the consistently functional point of view of biological unity, no distinction can be made between pulsation in the vascular apparatus and pulsation in the protozoon. On the basis of our formula of biological functioning (the formula of tension and charge), the functioning of the autonomic nervous system is identical with living functioning in general. Thus, our biological laboratory grew logically out of the unification of psychological, physiological and biological questions, or, rather, their general reduction to *biological pulsation.* From there on, the avenue of approach from psychiatry to the biological basis of emotional life lay wide open before us. It is still impossible to foresee how far this road will lead; at any rate, the biological pulsation of the autonomic system and of the protozoa was—and still is—a central sphere of our experimental work.

One of the most important results of this work was the discovery of the vesicular disintegration which occurs in all substances when they are heated to incandescence and made to swell. These vesicles, which are charged with energy, I termed *bions* or "energy vesicles." The basic experiment was confirmed by the French Academy of Science in 1938. In 1937 the bion experiments were also confirmed by Dr. Du Teil of the Centre Universitaire Méditerranéen in Nice. Du Teil became the most outstanding advocate of bion research in France and was responsible for many valuable contacts with French science, though these contacts have become limited by present conditions. In 1939, the bion research was also recognized by the Société Internationale de Plasmogénie.

From the bions, protozoal cells develop. As I related in my book, "Die Bione" (1938), a magnification of over 2000x allows the direct observation of the development of amebae, paramecia and other protozoa from moss which is in the process

of bionous disintegration. Our biological archives contain several thousand meters of microfilm which record the main observations.

Hand in hand with the bion experiments, systematic experiments in cancer mice have been carried out since 1937. The presentation of the cancer experiments, as they developed from the bion experiments, will be one of the main objectives of this Journal. The news of psychiatrists engaged in cancer experiments usually arouses surprise and distrust. I hope to be able to show, in subsequent issues of this Journal, the logical way in which the knowledge of the emotional basis of sympatheticotonia gave access to the cancer problem.

For, the extension of the study of the physiological manifestations of the emotions into the biological basis of instinctual life resulted in an elucidation of the nature of psychosomatic interrelation. Emotions are reflected in variations of the electric skin potential. The results of measuring the bio-electrical skin phenomena of emotional excitation were incompatible with any of the existing concepts of the mind-body problem. They contradicted the concept that psychic functioning is an expression or superstructure of physiological processes. Similarly, they were at variance with the concept that the physical manifestations of emotions are the expression of psychic excitations. Neither did they fit the concept that psychic and somatic excitations are two parallel and distinct processes which merely influence each other. Only one concept was in accordance with the facts, the concept that biological emotion is *a simultaneous physical and psychic excitation;* in other words, the psychic and the somatic are an inseparable biological unity. An emotion may be precipitated by an experience *or* by a chemical, physiological, agent. For example, anxiety causes an outpouring of adrenalin into the blood stream; an injection of adrenalin causes anxiety. Anxiety and adrenalin are functionally identical; at the same time they mutually condition each other. This *psychosomatic unity and antithesis* became the most essential theoretical guiding principle of our clinical and experimental work.

In America, psychosomatic medicine showed a great impetus in the early 1930's. One of its few outstanding representatives, Dr. Theodore P. Wolfe, Associate in Psychiatry at Columbia University, found in the sex-economic concept of instinctual anxiety an essential key to the problems of psychosomatic medicine. Thus, in 1938, he did not shrink from the great sacrifice of a trip to Europe and the interruption of his practice for many months in order to study the work on the spot and to become thoroughly acquainted with sex-economy. In this way, an important connection with the United States was established.

In the meantime, political conditions in Scandinavia became such as to make the continuation of a work with such radical and far-reaching implications extremely difficult. During 1938, social and scientific life took an increasingly rapid turn in the direction of Fascism; this was a general process, taking place unconsciously rather than consciously. The publication of my books, "Orgasmusreflex, Muskelhaltung und Körperausdruck" and "Die Bione," precipitated a newspaper campaign against sex-economy instigated by psychiatrists of the hereditarian school and reactionary politicians. The Fascists did their best to capitalize this campaign which was a matter of public debate almost daily for ten months. In spite of vigorous support from various circles of the Norwegian public it was impossible to re-establish that quiet without which the work could not be fruitfully carried on. The typical moment in the social process where latent Fascism becomes manifest had arrived. Bacteriologists no longer looked into the microscope to find out whether substances treated in a certain manner turn into con-

tractive and expansive bions. They began to ask only whether the discoverer of the bions was "Aryan" or "Non-Aryan," a distinction which, as is well known, has no scientific basis in fact. True, in the long run, sex-economy emerged from this painful struggle—which finally was waged by attorneys against police officials who were in the Nazis' service—with increased inner strength and further public recognition; but, the unintended publicity was too much. One cannot make measurements of biological excitation or microscopic examinations of cancer cells under the watchful eyes of reporters. Under these circumstances, Dr. Wolfe's assurance that in the United States such things were not likely to happen, was a great relief. There, in the United States, seemed to be opportunities for unhampered work and an open mind for new problems.

In May 1939 the whole biophysical laboratory was dismantled and shipped to New York. Two months later I followed, having been granted a professor's nonquota visa. From 1939 to 1941 I lectured at the New School for Social Research to physicians and teachers on the subject of character formation on a biophysical basis. From these lectures came a group of students who now form the nucleus of the American branch of the International Institute. The chief emphasis of this group was from the beginning the physiological basis of psychic disturbances and the emotional basis of organic disease. This work is organized in the *"Orgone and Cancer Research Laboratory."* There is as yet no pedagogical group, nor one for therapeutic gymnastics. After two years of intensive work, this group felt ready to take the responsibility for the official organ of the International Institute, and for its publishing medium, the *Orgone Institute Press.* Nobody will blame them if the first attempt to establish contact with the American public will show some unevenness. As a result of our determination to maintain our independence, we have no outside financial help, and thus, lack of funds forces the work to be done without the necessary technical assistance. Nor can they be blamed for the fact that the Journal makes great demands on the reader; in particular, by expecting him to adjust himself to functional thinking and to do his part in the assimilation of the material. In addition, our Journal presents a highly emotional subject, to which every reader will react not only objectively but also personally. This is unusual. The subject cannot be taught like a mechanically memorized text. For this reason, the training to be a character-analytic vegetotherapist or a worker in the orgone laboratory makes great demands on the student:

He must be trained in some specialized discipline in which he can apply the knowledge of biological energy. That is, he must be a physician, a pedagogue, social worker, laboratory worker, biologist or physicist. The training takes several years and requires an alteration in the student's personality structure. He has to shed many attitudes which are at variance with scientific pioneer work. He may not let social anxiety influence his attitude toward truth. He must be biosexually healthy, i.e., free from sexual disturbances and perversions. He must acquire the ability to defend his scientific conviction against prevailing misconceptions and not to dodge attacks. He must shed the customary ambition to be recognized immediately. And last but not least, he must get to know his own irrational reactions and learn to master them. This is asking much, but it is, in the long run, the only basis for genuine research and practice in our field.

The Institute is composed of three groups: The first and central group consists of professional workers who, in years of productive practical work, have demonstrated their knowledge and their intellectual independence. They are the members of the Institute. The second group

consists of specialists who are training themselves in the practice of sex-economy. They form the "Association of Sex-economic Therapists and Pedagogues." The third group comprises all actively cooperating friends of the Institute. One such friend, say, may take it upon himself to raise funds, another to establish connections with scientific or other organizations. During the Norwegian newspaper campaign, for example, journalists used to inform the public about misinterpretations and about the real character of the work. Every bit of advice, every aid from this group is welcome. However, decisions regarding the fundamental work and functions of the Institute rest with the membership, that is to say, with that body of individuals who have made the work their life work and who have made our method of research their own.

Our method of working is based on the functional energy concept of living processes and not on chemical, mechanical or physical concepts. The chemical substance, as, e.g., the hormone, means to us nothing more in biological functioning than does the coal in the steam engine. It is not the coal that moves the wheel; the coal is nothing but the source of energy which creates the motion.

Many a reader will register surprise at the fact that we mention the ameba and the autonomic system in the human in one breath, that we consider them as functionally identical, biologically speaking. It is customary to consider the ameba as belonging to biology and the autonomic nervous system to physiology; in other words, to consider them as basically different things. One has learned to make a sharp distinction between a heart and a medusa, and to think of innervation in terms of sharply defined nervous pathways. We do not overlook the anatomical and physiological differences between a heart and a medusa; we also know that there are pathways in the vegetative system. But what interests us above all is that which the heart, the medusa and the autonomic nervous system have *in common:* the alternating expansion and contraction, in other words, *the basic function of biological pulsation.* The very fact that we make these pulsations—which so clearly demonstrate the biological functioning of energy—the center of our work, enables us to gain a better understanding of the functions of the autonomic system in the human, and of the vegetative nature of the emotions.

To the reader, psychology is one thing, and physiology another. We, on the other hand, cannot think of an emotion, like pleasure or anxiety, without thinking, spontaneously, of the corresponding activity or disturbance of the biological energy in the parasympathetic or sympathetic system.

To the reader, the activities of the psychiatrist and those of the cancer researcher will have no conceivable connection. Psychiatry and cancer research seem to be sharply differentiated fields. We, on the other hand, have learned from our patients that the biological organism, in *all* its functions, represents an *inseparable unity.* We have found that a chronic emotional rigidity ("psychology," character-analysis) functions practically as a muscular spasm ("physiology," vegetotherapy). The muscular spasm, in turn, forms an important predisposition to cancer ("biology," "organic pathology") because in a spastic organ, biological functioning is severely disturbed (e.g., anal inhibition of affect → spastic constipation → disturbance of tissue respiration → bionous tissue disintegration → cancerous protozoal growth).

Such a theoretical position in medicine requires a flexible and manysided knowledge. But it also opens avenues of understanding which, without it, remain barred. It leaves, of course, a great many questions unanswered. That is the essence of any

work in a new field; errors, as long as we are willing to correct them, prove only the aliveness of the work. We do not aspire to be infallible.

Once one has learned to think of a nerve not as an organ separate from the muscle, but to think of both as *one* functional unit which executes an impulse originating from the *total* organism; once one has learned, further, that the inhibition of the total body impulses results in a rigidity of character, one begins to understand our language. Then, one begins to see the vast biophysical field of our *vegetotherapy* and *character-analysis*. The enormous popularity of non-medical practitioners of therapeutic gymnastics with people suffering from rheumatism, muscular tension and pathological posture, shows two things: First, it points to the existence of a vast field of pathology in which the patient feels that he cannot expect any understanding on the part of the average medical man; second, it shows a deep appreciation on the part of intelligent lay people of the disturbances of the autonomic system. One has only to remember the many methods and cults which attempt to correct respiratory disturbances by way of diaphragm exercises. These respiratory disturbances, however, are part and parcel of instinctual repression which is accompanied by spastic conditions of the diaphragm. According to everyday experience, the medical man himself feels that the disturbances of the vegetative system, including the neuroses and psychoses, are neglected and not understood from a biological point of view. Every practitioner of medicine knows the state of helplessness in which he is left by the usual medical education when he is confronted by a spasm of the diaphragm, by vascular hypertension, by a tic, a chorea, or a functional sexual disturbance. The object of character-analytic vegetotherapy is just this field of autonomic functions which is so neglected in medical education. By elucidating the inhibitions of biological energy in such disturbances as asthma, tuberculosis or a psychosis, it establishes the long sought-for connection between psychiatry, internal medicine and biology. The character-analytic vegetotherapist knows, e.g., when a chronic pain in the lower back is due to a chronic fixation of the pelvis in a retracted position, or when an unco-ordinated gait is due to a fear of falling, which in itself is the expression of disturbed vegetative innervation.

A specific technique enables him first to make such inhibitions clearly evident, and then to reduce them to infantile repressions and to dissolve them. Pathological character development is represented in a frozen form, as it were, in pathological body innervation. Inhibition of expiration, fixation of the chest in inspiratory position, a stiff neck and retracted shoulders, e.g., express a chronic attitude of anxiety. Myopia is often due to spasm of the eye muscles.

The vegetotherapist does not attempt to cover up the pathological bodily attitudes and innervations by exercises or by the establishment of artificial attitudes. On the contrary, he attempts to elicit the characterological significance and the origin of such disturbances, and, above all, to release the anxiety which, by way of muscular spasms or chronic sympatheticotonia of groups of vessels, has become anchored in them.

It goes without saying that the vegetotherapist looks, in every case, for the sexual disturbance which acts at the basis of the disturbances in the vegetative system. Many diseases take their origin from these disturbances: vascular hypertension which may lead to organic heart lesions, the so-called cardiac neuroses, rheumatism, chronic constipation, pseudodebility as expressed in a fogging of intellectual activity, lumbago, many menstrual disturbances, and, last but not least, cancer. Cancer, as we shall try to show, does not consist

in the appearance of a cancerous growth in this or that place, but in a disturbance of innervation of the total organism. Of course, character neuroses, psychopathy and schizophrenias also belong here. Without a knowledge of the laws of biological energy which govern the autonomic apparatus, none of these diseases is comprehensible; consequently, none of them can be treated correctly without this knowledge.

Thus, the work of our Institute is carried on in a wide gap left open by organic medicine and by psychiatry—a gap which makes quackery flourish and which makes every real physician feel dissatisfied in his practice. Our responsibility is great. For this reason, we do not send this Journal on its way light-heartedly. The task before us requires the collaboration of patients, physicians and various specialists. It involves social problems as well as biological and moral questions. In this new field of research, there are no authorities in the customary sense. The factual authority can be acquired only in the struggle against the misery which stems from the ignorance and the maltreatment of living functioning. We are dealing with an all-embracing disease which leaves untouched not a single corner of individual and social living. We have come to use the term "emotional plague" for it. It ruins human happiness, reduces achievement in work, disrupts social living and thus exacts a far heavier toll in life and health than the bubonic plague ever did. It is no exaggeration to say—as every human knows who has maintained contact with life beyond the noise and political rigmarole of the day —*that humanity is biologically and psychiatrically ill.* True, it has mastered technic, but it is far from having mastered the human organism. What we need, therefore, is modest, but vigorously determined and persistent work to uncover the causes of this emotional plague.

This brings me to the great difficulty which I felt when I was asked to write this introductory article for the Journal. I did not know how I could possibly define, in a few sentences, the words "orgone research" which the reader finds in the title of the Journal. Our Institute has not published anything about the orgone radiation since its discovery. How should I be able to introduce the reader to a piece of work of which nobody had heard, which sounds highly incredible and which asserts facts of far-reaching importance in the world of physics as true and demonstrable? It is impossible to explain in an introduction what several volumes of this Journal will have to expound.

Briefly: "Orgone" is the term for a form of energy which can be objectively demonstrated in the living organism, the atmosphere, the earth and in the radiation of the sun. It has a specific biological activity. It charges organic substances, living tissues, especially blood corpuscles, and it kills bacilli and protozoa. It acts differently from the known forms of electromagnetic energy. It accounts for a number of astronomical phenomena: the Northern lights, lightning, the atmospheric disturbances of shortwave transmission at times of increased sun spot activity, etc. It accounts for the light phenomena of many flowers and of wood undergoing bionous disintegration, of the sexual organs of many insects, and for the blue coloration of many frogs in a state of sexual excitation. It is the essence of biosexual excitation in general. It is of a bluish color. It is what astronomers, in August 1941, observed in the form of a bluish haze in the sky. It is the same energy which made an English physicist contend that the flickering in the sky was due to terrestrial magnetism. The flickering of the stars reflects the motion of this energy. I discovered it in January 1939 in a culture of certain bions; later I found it to be present everywhere and demonstrated it electroscopically and thermically. By way of cer-

tain apparatus in my laboratory, it is made visible and is concentrated. Systematic therapeutic experiments with this energy in cancer mice, started in the fall of 1939, gave positive results. On March 8, 1941, experiments with orgone therapy were begun in human cancer. To give a picture of the discovery of the orgone energy and its relationship to psychosomatic research and to sex-economy, is one of the main objectives of this Journal.

The relationship between orgone and sex-economy is simple: The sexual orgasm is a basic function of the living animal organism. The involuntary orgastic plasma contraction is the yardstick of the integral functioning of the autonomic system, that is, the body plasma system. "Sex-economy" means "biological energy household"; for, the sexual function is the key to the bio-psychic energy economy. The consistent study of its psychological, physiological and bio-electrical aspects led to the discovery of the orgone, the biological energy active in the plasmic contraction.

But now it is time to let others speak on the subject of "sex-economy."

A TALK WITH A SENSIBLE MOTHER*

By ERNST WALTER, M.D.

MOTHER: I read that article on the sexual enlightenment of a little girl of three in the last number of the "Zeitschr. f. Polit. Psychologie und Sexualökonomie." When one reads that, it all looks very simple and matter-of-course. But isn't that dangerous? After all, things aren't as simple as all that!

PHYSICIAN: If I remember correctly, the article didn't say that things were simple. But please tell me about your misgivings. I know that, on the whole, you have a very sensible attitude toward the sexual enlightenment of children.

MOTHER: Well, to be honest, many years ago I felt the same way about it as the author of that article. But bitter experience and disappointment with my own children forced me to give up that point of view.

PHYSICIAN: Please explain that in some detail.

MOTHER: As you know, my girl is now 15, and when she was 3 or 4, I told her everything. But now she has become rather a problem child and I see that the whole enlightenment hasn't done any good.

PHYSICIAN: That means you expected that correct enlightenment would keep her from becoming a problem child? What are the difficulties?

MOTHER: For one thing, she is terribly afraid of masturbation. I don't understand it. We not only told her, at a very early age, about the anatomical differences but we also told her explicitly that she was allowed to masturbate and that the people who say it's bad and shouldn't be done are wrong. I'm afraid we even went too far; my husband and I went bathing together naked and talked very openly about all these things. And today the child has this terrible genital anxiety; so I've come to the conclusion that all this sexual enlightenment hasn't done any good.

PHYSICIAN: From your description, it really looks as if the consistent sexual enlightenment of children were the wrong thing. After the experiences you have had, how would you handle the problem today?

MOTHER: I really couldn't say. I just wouldn't know what to do. I suppose I would tell the child less than I did then and wouldn't force so much knowledge on her.

PHYSICIAN: You believe, then, that the mistake was that of telling the child too much. But listen. Thus far, we have taken it for granted that she hasn't turned out right. But this is a very relative thing. What, really, seems to be wrong?

MOTHER: The child does not have the equanimity I wish she had. She often bursts out with anger and feels badly about these outbursts; she is often cranky and dissatisfied with school and everything around her; at times she is bored; in brief, something is wrong.

PHYSICIAN: Have you tried psychoanalysis?

MOTHER: Yes. She has been in analysis for almost three years now. She has become somewhat more quiet and even, but I feel that beneath the surface nothing has really changed.

PHYSICIAN: Let's try to analyze the situation a little. Not all the things you describe are of the same nature, origin, or significance. Take school, for example. You say the child is dissatisfied with school. How does she learn?

MOTHER: No trouble there. They all say

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she has superior intelligence and is highly gifted. But she simply gets no satisfaction from school.

PHYSICIAN: Has that always been so?

MOTHER: No, there were times when she liked school very much.

PHYSICIAN: Do you have any idea what might have made the difference?

MOTHER (after some thinking): I don't know whether that's it, but I just remember that she was always dissatisfied when she went to a public school. For some time she went to a private school of the Montessori type, and then she did very well.

PHYSICIAN: Don't you think the dissatisfaction with school could have a basis in reality? That the way school is taught might make an intelligent child feel antagonistic?

MOTHER: Well, that's quite possible. But how will she make a proper adjustment in life?

PHYSICIAN: Look here. Here we come to a contradiction which doesn't seem to be quite clear to you. You seem to think that being quiet and even is being healthy—and being restless and full of protest is being neurotic or a failure. I think we shall soon agree that a neurotically inhibited child will react less strongly to an education which is objectively not in keeping with the child's needs than a lively, intelligent and critical child.

MOTHER: I can see that. But what has that to do with the inhibition of masturbation? Her analyst and I both believe that the child should have a genital structure; that is, she shouldn't have any masturbation anxiety. I know that she shouldn't be urged to do it if she doesn't want it herself; but I don't understand this anxiety, since we have explicitly allowed her to masturbate.

PHYSICIAN: Just a moment. You just said, "allowed." One can "allow" only things that are otherwise prohibited, and we both know that masturbation in children is quite generally prohibited. But let's consider two specific questions; without them, we cannot understand the whole problem:

1. What is the child's sex life like? 2. How was she brought up previous to full sexual enlightenment? Let's take question one: Does the child have what one calls a sex life?

MOTHER (somewhat taken aback): How do you mean?

PHYSICIAN: Just as I said it. Does the child have any sexual activity? Does she experience sexual gratification?

MOTHER (somewhat excited): I don't get you, doctor. I just explained to you that the child is afraid of masturbation, that she does not permit herself any genital activity, even though we do not object to it.

PHYSICIAN: Please be patient. It is not just a question of whether you object or not. You have to consider the other circumstances under which she lives. How does she live?

MOTHER: For a long time, while I had a job abroad, she lived in a home. Now she lives with me.

PHYSICIAN: What was the situation in the home?

MOTHER: Well, there was a little flirtation with a boy, but nothing serious.

PHYSICIAN (surprised): What makes you think that this love affair was nothing but a little flirtation and not a serious matter?

MOTHER: Since the child had this genital anxiety, it couldn't have been a serious matter.

PHYSICIAN: I think you are making a serious mistake there. From the fact that the child has genital anxiety, that is, that she is afraid of a genital relationship with the boy, you conclude that it was nothing but a harmless flirtation. Don't you think it's possible that this flirtation was a very serious matter, as serious as children's love affairs are to them, and that she later presented it as unimportant because she was unable to go through with it and yet had

to solve the problem somehow? That she tried to solve it by minimizing its importance?

MOTHER: My husband and I have discussed this question a good deal. He thinks I underestimate its importance, because, as he says, the child has talked with him about it in a very serious manner. I don't believe it, because the child senses that her father would like to see her genitally healthy and so she tells him what she thinks he wants to hear.

PHYSICIAN: Well, let's assume for the moment that that is true. Does that prove that the love affair was not a serious matter? I can't see it.

MOTHER (somewhat confused): Well, but she has genital anxiety.

PHYSICIAN: Here you are back at the same old spot. You should realize that your daughter finds herself in a conflict. Deep down, her genital desire is genuine; it also makes itself felt as a genuine desire. But when it comes to its realization, it is turned into something "unimportant" or anxious. You cannot consider a love affair as not serious or as unimportant because the child, at the same time, has genital anxiety. On the contrary, it is just when the child comes up against the barrier of her anxiety that she feels all the more confused, being confronted with her own instinctual urge. And don't forget that you are not dealing with a child who is unconscious of her sexuality. She knows everything and talks about everything, doesn't she?

MOTHER: Surely. She thinks and talks about these things a good deal, but I avoid talking with her about them because I do not want to push her into something for which she is not ready.

PHYSICIAN: Now we understand each other better. It is quite clear that when a child knows everything and, as a result of sexual enlightenment, considers genital sexuality as something natural and matter-of-course, genital anxiety presents a much more difficult problem to her than to other children. In such cases, genital anxiety plays quite a different role than in children with a sex-negative structure. Can you tell me how the analyst handles this problem?

MOTHER: Well, she does the usual thing. She makes the child conscious of the fear of her own genital impulses.

PHYSICIAN: Is that all she does?

MOTHER: Surely. What else could an analyst do?

PHYSICIAN: Another point where the mother lacks knowledge and where the child is made unhappy. Can you imagine that a function which lives and works could be handled satisfactorily by just talking about it? Talking about it is, of course, the first prerequisite for bringing about a change, but it is not enough. We must realize that what the child experiences psychically as anxiety, is represented physiologically in her genital functioning. We know from therapeutic experience that in adults one cannot treat genital disturbances in a vacuum, but that one has to bring about a concrete change. Thus, one does *not* consider their pathological genital activities—and they are always pathological—as an expression of their natural genital drive; consequently, one will not urge them to engage, without anxiety and guilt, in their particular genital activity. The procedure is a quite different one. We find that genital anxiety is expressed in pathological muscular attitudes. Consequently, one has to unmask these actions, movements and bodily attitudes as a defense against genuine biological excitation and activity. We know this from experience in adults as well as in children. I am sure that in your child we are dealing with the same thing.

MOTHER: Yes, I have vaguely heard about all this, but I can't understand how genital masturbation could be a defense against genital masturbation. Does that mean that the child is not really afraid of masturbation, but that the pathological

form of masturbation is itself an expression of anxiety and a means of avoiding the fear of the biological genital rhythm? I don't understand it.

PHYSICIAN: It is not easy to understand and yet, it is quite simple. Most people, after early education has smashed their natural biological rhythm, develop a different, artificial kind of genital activity, unless they renounce it altogether. We know now that most analysts make the serious mistake of taking these activities—which have replaced natural, biological genitality—as genuine genitality, while in reality these activities are a defense against natural genitality. Do you follow me?

MOTHER: Yes, I understand it because I have read a good deal about it. But I have no concrete conception of it.

PHYSICIAN: There are certain clinical phenomena which make it quite clear. If one succeeds in making an inhibited individual relax—if that is possible—there appear spontaneous vegetative impulses and sensations, particularly at the genital. If genital anxiety is present, the individual will immediately show a definite restlessness. This is not the expression of the excitation itself, but the restless activity serves the function of suppressing the excitation. This fact is not recognized by the psychoanalytic school. Consequently, psychoanalysis of genital inhibitions can be continued *ad infinitum*. It cannot be successful because the attack is in the wrong place.

MOTHER: I begin to understand. But, in view of the fact that the child was given sexual enlightenment, how is it possible that she should be so much afraid of the excitation?

PHYSICIAN: Let's take a simple example. Let's imagine a child who has been very lively and active until the age of three or four. It would climb on tables and chairs, slide down bannisters, and generally run around like a wild little animal. You and I don't believe, like so many others, that such behavior is unnatural or annoying; on the contrary. Let's assume the following situation: The child is told that all the running, jumping and romping is absolutely natural, and good for the child, and that all the others are wrong who say it is bad. The child, of course, would want to do it. But at the same time, it could not do it, it would have to sit still for one reason or another. Let's go further and assume it would have to sit still for years, prevented from letting its body move in a natural manner. At the age of 15, it would be paralyzed. But not only that. If you would try to make the child use its musculature anew, it would develop a severe fear of moving. You make the same mistake as so many progressive educators, including many of the Freudian school. You favor sexual enlightenment, perhaps you do not theoretically deny the possibility of an actual sex life for the child, but you judge the final result not from the *real* life of the child, as it takes place according to external and internal conditions, but merely on the question of whether it has obtained sexual enlightenment and what kind. But you will understand that a child who has not been enlightened and who does not engage in sexual activity has a much easier life than a child who has been sexually enlightened and yet behaves like a child who has not. That's the first point.

MOTHER: I understand. But we have not prevented the child from engaging in sexual activity.

PHYSICIAN: Theoretically, no; practically, yes. Please be very patient now. These things are of decisive importance for your child. Didn't you consider the budding love relationship with the boy an unimportant affair? By doing so, did you not shirk the responsibility of helping the child? You knew that she needed help in this conflict. But you did not even talk with her about it.

MOTHER: Well, do you expect me to

force myself on the child? I give her complete freedom of action; she can do as she pleases. I don't interfere.

PHYSICIAN: This is another important point where you are mistaken. We agree that the child lives in a general environment which makes genital activity impossible for her. Look here: does that environment take a neutral attitude, like you? It does not. It inhibits the child in every conceivable form, by its atmosphere, its direct admonitions and prohibitions, the school, etc., etc. The child, sexually enlightened, and thus having a relatively uninhibited sexual urge, is confronted by a sex-negating world. And in this situation you take the stand that you let the child do as she pleases! You fail to distinguish the situation of urging the child into something that she does not want, from the situation of aiding her in something she wants but of which she is afraid in a specific manner. This is the *social* aspect of the problem.

MOTHER: I'll have to think about that. I still can't see why the child does not herself find her way to a thing in which we have given her all freedom possible.

PHYSICIAN: This leads us to the second question. The child not only has to struggle against a whole sex-negating world; on top of that, she is handicapped in this struggle by her own pleasure anxiety, as we have seen. Let's discuss this question.

MOTHER: I still fail to see why you consider this such a problem. As I see it, the child simply has genital anxiety and thus is afraid of any genital activity.

PHYSICIAN: I see that without an understanding of the second question the whole thing will remain a mystery. We must assume that the anxiety which originally came from the environment, has in some way become anchored in the child, mustn't we?

MOTHER: Yes, that is quite clear.

PHYSICIAN: You say that neither you nor your husband instilled genital anxiety in the child. Let's grant that for the moment. Let's assume, then, that the child is different from other children in that, though she shows genital anxiety now, she has not acquired it from her childhood environment. This leaves only two possibilities: either her genital anxiety is the result of the general social atmosphere; or, if we leave this out of consideration, the only other possibility is that there is some other reason for the anchoring of genital anxiety. What do you think that could be?

MOTHER: I don't understand.

PHYSICIAN: Well, let's see. It goes without saying that the development of a child during the period of genital excitation is determined not only by the experiences in this period itself, but also—or even more so—by the experiences which preceded this period. Do you remember how you handled the problem of training to excremental cleanliness?

MOTHER (after some thinking): I don't know whether I should have a bad conscience there.

PHYSICIAN: Please, it is not a matter of a good or a bad conscience, but a matter of clarifying a situation which is bad for the child.

MOTHER: Yes, I'll have to confess. During the first two years of her life, neither my husband nor I quite knew what we were doing. Until the age of two, perhaps even later, the child suffered from soiling her bed.

PHYSICIAN: You say "suffered from"? Why? Isn't it quite natural for a child of that age, or perhaps even somewhat beyond that age, to soil her bed occasionally? Did it happen frequently?

MOTHER: Well, not very often; only during a certain period, which lasted a few weeks, when she wet the bed every night and occasionally also soiled it.

PHYSICIAN: And what did you do about it?

MOTHER: We scolded her and pointed out to her how wrong it was. I remember

our doing that even before she talked, that is, before she was one year old.

PHYSICIAN: Do you remember any particular changes in the child?

MOTHER: I remember that between the age of two and three, she went through a period of crying and tantrums; sometimes she would scream like mad and could hardly be quieted down.

PHYSICIAN: Well, the mystery seems to clear up. You know, don't you, that a child reacts by crying and temper tantrums when the adults prohibit something, particularly if they do it at a time when the child understands neither what is being prohibited nor why. This is one of the most tragic experiences of childhood. The children do something which is entirely harmless, having not the faintest idea that it is "bad." The parents, who have no more of an idea what they are doing, and being afraid for the "cultural" future of the child, interfere in some clumsy way.

MOTHER: Yes, I know, now. But what has that to do with genital anxiety? That's what we are dealing with.

PHYSICIAN: It has a lot to do with it. As you probably know, psychoanalytic theory contends that the infant holds the feces back because it derives anal pleasure from doing so. More recent investigations have shown this to be incorrect. What happens is this: At first the child is quite innocent in its anal function and simply derives the corresponding pleasure from it. Then, usually very early, at the age of six months, certainly not later than the end of the first year, it is prohibited from soiling its bed. This prohibition is enforced more or less severely. What the child develops now is, to begin with, not a pleasure in retaining the feces, but a fear of letting the feces out. Objectively, of course, this expresses itself as a holding back; this may easily be misinterpreted as a holding back in order to obtain pleasurable anal sensations, as if the child were perpetuating the earlier anal pleasure in a different form. That is not so. The child is afraid of what will happen if it lets go. When does it begin to hold back, anyhow? When the familiar rectal sensation appears which indicates the downward movement of the feces. If you imagine this sensation clearly, you will find that it is very similar to the sensations of beginning genital excitation. So we see: as soon as the child feels the excitation in the rectum, it begins anxiously to clamp down and to hold back. That's the way in which the diverse kinds of infantile constipation come about.

MOTHER: Yes, but I still don't get it.

PHYSICIAN: You will, very soon. The child has a conflict between an internal tension and a fear which prevents the release of this tension. If, now, the anus lets go during sleep and the punitive measures are repeated, this conflict becomes intensified. Analyses show clearly that spite reactions at such an early age make their appearance always as a result of such training to excremental cleanliness as you described. One can distinguish two phases. In the first phase of the spite reaction, the child still fights, in an entirely healthy manner, against the violence done to it by the educational measures. In the second phase, the child, under the pressure of guilt feelings or the fear of losing its mother's love, represses its spite and becomes compulsive and self-tormenting. This is what your child went through.

MOTHER: Yes, but I still don't see what that has to do with genital anxiety.

PHYSICIAN: We are coming to that. When a child with such sphincter training enters the genital phase, it will inevitably develop the condition your child finds herself in. Genital activity as such is not inhibited; the child affirms it intellectually as well as emotionally. But, of course, this activity is accompanied by certain sensations of current in the genital. If, now, there has been the wrong kind of training to cleanliness, the child associates the genital sensations with the anal sensa-

tions, which it has come to consider as dangerous. This happens all the more easily in that the sensations are of the same quality. Thus the child develops a kind of genital anxiety which expresses itself at the genital but which in reality is not genital anxiety but a fear of soiling herself.

MOTHER: At last I begin to understand.

PHYSICIAN: That is lucky for both your daughter and you.

MOTHER: There is one thing I don't understand. The child is being analyzed. Doesn't the analysis dissolve the anal inhibitions?

PHYSICIAN: This is another misconception prevalent in psychoanalytic therapy. It is not a matter of recognizing a certain anxiety and of "interpreting" it. It is a matter of a technique which makes it possible to reverse this process which has taken place in the child: the displacement of the anxiety from anus to genital, or, in other words, the displacement of the fear of anal excitation to a fear of genital excitation. This cannot be done by interpretation, not even, as experience has shown, by character-analysis along purely psychological lines. This requires a technique which dissolves the various forms of anxiety and defense which the child has developed in a definite sequence which corresponds to the development of the neurosis. But I can't go into that here because it is too technical.

MOTHER: But what should I do now?

PHYSICIAN: First of all, let the things we have discussed sink in; check them with the actual life of your child; and, most important, try to find out whether deep down in your own attitude toward these things, you are ready to put into practice what you intellectually know to be true. Very often, the mothers' own earlier experiences prevent them from drawing the practical conclusions from their knowledge and convictions. We'll discuss it again, and then, I hope, we'll understand each other even better. These things are very difficult and in part still unrecognized and misunderstood. Everything takes time to mature.

SEX-ECONOMIC "UPBRINGING"†

By PAUL MARTIN,* M.D.

What is a sex-economic upbringing? The answer to this question will not be found in sex-economic literature. There are a few minor articles which give an idea of the sex-economic concepts according to which children should be brought up but hardly more than that.

However, a sex-economic pedagogy does exist; or, rather, there is the beginning of a sex-economic pedagogy in practice as well as in theory. Parents, kindergarten teachers, child psychologists and other educators have extended their interest in sex-economy to the practical application of sex-economic teaching. And we have, in addition, study groups in which the manifold problems of sex-economic upbringing are constantly being discussed.

In this article, I shall not enter into the details of our procedure, but shall limit myself to the attempt to sketch briefly those aspects of our work which have yielded the most significant results to date. Many problems have had, of necessity, to be omitted; they will be discussed in later articles.

At the outset, I should like to say a few words about the theoretical background of sex-economic upbringing. The word "upbringing" is misleading. Our basic principle is not to "bring up" but, to the extent to which circumstances permit, to replace education by the principle of *self-regulation.*

In biology, it is a well-known fact that all living organisms have a tendency to self-regulation. Our experience shows that children, too, have this tendency to self-regulation, with regard to their immediate needs as well as to those pertaining to their general development. They show it in all essential matters, such as eating, sleeping, and cleanliness *if, but only if, the children themselves are given the opportunity* to regulate the gratification of their needs. The most important task of the "educator," therefore, is that of cooperating with the child in the satisfaction of its needs. For example, the mother must sense when the infant is hungry, give it the breast and let the infant have it until it lets go of the nipple by itself. The child must have adequate facilities for the satisfaction of its developmental needs: sufficient space to move around in, toys which absorb its interest, other children among whom it can choose its playmates. But one should not be afraid to make reasonable demands on the child. It is part of the needs of a child to solve tasks which, however, must be in accord with its development, capacities and inclinations. That is, the child must have every opportunity for *free development.*

Among the conditions which have to be fulfilled to make possible such a development, I have mentioned several external circumstances, space to play in, etc. But the people around the child must, also, further this development. They must act and react in an alive manner; they must be able to tolerate the child's emotional outbursts. They must be able to feel when the child needs help and when it simply tries to boss. Infants as young as 6 to 8 weeks try to force the mother, by crying, to be around all the time. Nevertheless, most mothers soon learn to distinguish whether the child cries because there is something wrong or just in order to get attention.

† Translated by the Editor.

* *Editor's note:* This is a pseudonym. Present conditions force us, unfortunately, to withhold the names of our European co-workers.

The most essential need of children is, without doubt, their *need for love,* physical as well as psychic. How important this factor is can be seen from the following situation: Poor children from large cities who are taken to the country on vacation, placed in beautiful surroundings, and given the best of care will, frequently, out of boredom and home-sickness, make plans for a flight back to the backyard playground and father and mother. They may even make actual attempts in this direction, while the whole personnel of the camp believes that they are as happy as fish in water. This illustration provides, in part, the explanation for what one hears all the time about the importance of the family. The decisive factor, however, is not the family as such; it is the amount of love which the environment offers and whether it provides enough love to satisfy the growing child's intense need. If we consider conditions in kindergartens and similar places where children are brought up, with little or no opportunity for personal development, it is easy to see why the family is regarded as the best place for the child. But in reality, the family, *in its present form,* is most often a breeding place for quarrels, suppressions, and inhibitions; a place where the children—in spite of the best of intentions—cannot be brought up lovingly enough; but where, on the contrary, they are exposed to ignorance and hatreds; where the parents, unsatisfied in their own emotional needs and incapable of real contact, gush out a substitute affection over the children. And I repeat: in spite of the best of intentions.

A good upbringing is a loving upbringing. The child's need for affection is immense, and it is not only psychic. In this as well as in other respects, the child's needs are tied up with *bodily pleasure and the urge for sexual gratification.*

Children of all ages like to pet and to be petted, and they will in every way possible combine their affection with their urge for sexual pleasure. The infant will satisfy its desire at its mother's breast. The older child will masturbate and will try in other ways to obtain as much pleasure as possible from those it loves, parents as well as playmates.

As is well known, Freud believed that between these two phases, the oral and the genital phase, there is a third, the anal phase, which he considered to have a biological basis like the others. We doubt this very much. We believe this anal phase to be an artifact, strongly developed as it often is. The customary upbringing requires of the child a very strict control of the sphincter functions at a time when the child can meet this requirement only by holding back the excrement because of fear. The children accept this holding back because they discover that the retained excreta, particularly the feces, stimulate the respective zones strongly and thus produce a new kind of pleasurable excitation to make up for the one lost in the natural function.

What is to us of utmost importance is *that the child's pleasure in its own body and its capacity for sexual gratification be not destroyed.* The experiencing of pleasure plays a central and decisive role in the whole structural development of the individual. This means that physical pleasure is the basis for all bodily functions. It is pleasure which makes the wheels go round. If, then, the experiencing of pleasure is interfered with, the bodily functions become disturbed. This disturbance of function, localized at first at the place where the original interference with pleasure occurred, later involves all other functions which hang together with the first one.

In a healthy individual, it is appetite and not hunger which makes him take food, genital pleasure and not the wish for offspring which makes him engage in the sexual act. If the way to sexual gratification is open, the individual will stay vege-

tatively mobile and he will retain his capacity for work and his orgastic potency. If the way to sexual gratification is blocked, the basis is laid for a pathological character structure with corresponding disturbances of work and potency. Life energy and sexual energy are identical.

A further, and important, inhibition occurs when anxiety and aggression are suppressed. Yet these emotions are being suppressed, consciously and unconsciously, to a far-reaching extent, by all the existing modes of upbringing. Education in its present form is not only ruinous for the individual but it also develops the passivity of character which strengthens the suppressions of family and society so much that it has assumed the *social function* of being an essential prop in the maintenance of the patriarchal, sex-suppressing family as well as the present life-negating form of society.

The individual's ability to defend himself against this kind of upbringing is reduced—to a varying degree—by the fact that he has practically all the authorities arrayed against him. Not only are school and church essentially authoritarian, but this upbringing also has the support of all medical and practically all educational authorities. As far as the latter are concerned, this is true to varying degrees, and with the adherents of modern educational concepts, very much against their own intentions. One may mention, as an example, the larger part of the Montessori school. The reason for this lies in their neglect or avoidance of the sexual problem. Another example of misdirection in education is psychoanalytic pedagogy (Anna Freud, Aichhorn, Bernfeld) which utilizes its knowledge of sexuality in order to repress it *all the more*. In fact, up to now a pedagogy with both the intention of and ability for a real affirmation of life has not been in existence.

Given the fulfillment of all needs, there is one thing which more than any other characterizes the healthy child and the healthy human being in general. This one thing is the *ability to give oneself.*[1] If a child has this ability, it *gives itself over* completely to whatever it is doing. This is true of its play as well as of its sexuality, of the infant's suckling at the breast or the older child's masturbation. Whatever the child does, it does fully. The psychologist's observation of a decreasing intensity of feeling with advancing age is but the reflection of the gradual emotional stagnation under the powerful life-negating pressure to which everyone is subjected: first by their early upbringing and later by their life experiences. We try, therefore, not to disturb the child in whatever it is engrossed; partly, in order that it can live fully in its own rhythm, partly out of *respect for the individuality of the child.* We force the child only when it is absolutely necessary: when, for example, the child exposes itself or others to danger.

And just as we fully respect the child's play and other activities, so, too, do we fully respect its feelings. Nothing could be more mistaken than to regard them as merely "childish." Most adults have good reason to envy children their intensity and spontaneity of feeling. Without compelling reasons, we never hinder the fullest expression of the child's emotions. This applies primarily to what we call the basic emotions: the child should be allowed to experience freely pleasure, anxiety, anger and sorrow (except that too vehement anger should not be directed against smaller children). In other words, the child should be allowed to like what it likes and to be angry at and to hate that which it cannot stand. It is of particular importance not to force the child to love anybody against its

[1] *Translator's note:* In German: *Hingabe.* In view of the decisive importance of this characteristic, the lack of a corresponding word in the English language is highly regrettable. The term "surrender" which I have used elsewhere, specifically in the sense of orgastic *Hingabe,* unfortunately carries the implication of "capitulating," "relinquishing."

wishes—not even parents. Love cannot be compelled! And the right to weep, too, belongs to the basic rights everyone should have.[2]

We may epitomize these observations in one statement: we treat the child, right from birth, as an individual personality. It is an independent personality, budding, it is true, but forthwith a complete entity with a way of being all its own. In the expressions and movements of the newborn child, we see developing interests. Even small motions are not meaningless to us; we see them as inadequate and unsuccessful attempts in one or another direction. I trust that in the discussion of our practice I shall succeed in showing that in every respect in which we deal with children, we treat them as individual personalities with rights equal to our own. It follows from this that we never consider any response of the child, including pathological manifestations, merely as an isolated phenomenon, but we always view it in the light of its significance for the personality of the child as a whole, for the whole vegetative organism.

Well—the reader will say—is this anything new? No, definitely not—all of these things have been said many times before. What, then, is new in sex-economic pedagogy? In part, it lies in the particular emphasis on and the elucidation of the principles of self-regulation and pleasure gratification and in the integration of these points of view. And partly, it lies in the consistency with which these principles are put into practice. But primarily, the contribution of sex-economic pedagogy lies in the fact that it has but *one goal:* the development of individuals who are healthy, vital, and as capable of love as possible.

We do not look askance at other goals of education, such as orderliness, morality, cleanliness, good behavior, etc. But we know from our experience (from the treatment of adults and from the study of certain primitive societies) that an upbringing according to the principles of sex-economy leads to a deeper and more genuine morality, to a more honest approach to the problems of life, and to a deeper love for and understanding of people than is possible under any other kind of upbringing. At the same time, the sex-economic study of the human structure shows us the forces which negate life and those which promote it; and by showing us the pathogenic factors, it enables us to eliminate the basis for pathological developments, to eliminate the inhibitions without creating new suppressions.

Of fundamental importance here is Reich's differentiation of primary and secondary drives: Reich showed that where a primary (natural) drive is suppressed, there develops a secondary, pathological, often antisocial drive. To give a few simple examples: An individual with a natural sex life will never be able to commit rape. Such a crime presupposes that the sex drive is inhibited and thus has become both intensified and qualitatively altered (i.e., has become a secondary drive). Conversely, a particularly cunning and deceitful child will never be able to get angry in the same way that a healthy child does. These considerations apply also to that often misunderstood concept of freedom. Whatever its limitations, there can be no limit upon the freedom of the individual to express his primary drives and tendencies, such as the craving for love and bodily pleasure, and the tendency

[2] *Translator's note:* This statement may sound platitudinous, but its importance can hardly be overestimated. During vegetotherapeutic treatment (of adults) one experiences again and again the central significance of a suppressed impulse to cry. It often takes considerable work on character attitudes and muscular attitudes—particularly spasms of the throat, the jaws and the mouth—to liberate such a chronically suppressed impulse. It is often found to be linked up with a central infantile trauma to which the patient, as a child, was not able—or not allowed—to react with crying. In such a case, only the release of this impulse to cry will really dissolve the repression of the corresponding trauma.

to get angry at (unjustified) restrictions of motility. Sex-economic knowledge, therefore, does not lead to a lukewarm tolerance, but to freedom for everything that is healthy, and to the elimination and prevention of those things which cause illness.

We can summarize our conclusions as follows: The upbringing should not really be a bringing up, but a matter of safeguarding, to the highest possible degree, the child's natural ability to give itself fully in all its functions, particularly to pleasure and activity, and to protect the natural self-regulation of all vital actions. In addition, it is a matter of providing all possible opportunities for the child's independent development in every respect. This must be done without fear of and, indeed, through the gratification of the child's enormous craving for love. The prerequisite is that one should be able to identify oneself fully with the child's personality. The result will be a child with lively demands but one who will be harmonious and content if the demands which correspond to his own rhythm are fulfilled.

OPPOSITION AND TASKS

If one can really give to children what they need and ask for, there is hardly a more pleasing task than taking care of them. In many cases, one meets with a deep and genuine gratitude from the parents. Often, however, one meets with all possible resistances on the part of the environment: the parents lack time, means, space, and—to a varying degree—the ability to understand the child's demands sufficiently not to inhibit them. And, too, one meets with envy and jealousy, lack of understanding, and conscious or unconscious obstruction from parents and authorities. Very often, the work with parents and the removal of their resistances is the biggest and most difficult task, because the structure of the parents and their personal and social difficulties are reflected to an amazing degree in the behavior of their children.[3] On the other hand, if the parents realize that it is possible to save the children from those difficulties against which they themselves have had to struggle all their lives, their thankfulness may know no bounds.

This socially and structurally conditioned influence of the immediate environment, with its continually inhibiting pressures, is supported in all possible ways by educational ideals such as politeness, cleanliness, "good behavior," and by all kinds of authorities, medical and pedagogical among them.

Our task, then, is to fight the inhibiting ideals, to show the way to a better understanding of the demands of life and health, and to point out the inhibiting and ruinous effect of other demands. With the latter demands, it is necessary to show that they are propounded without any justification in fact and that they destroy happiness in childhood and later life for all, to the advantage of a few or none. We seek an understanding of the child's needs, but not merely a passive sympathetic understanding, rather one that leads us to make

[3] I hope to be able to demonstrate this in detail in later articles. Whatever the parents' and educators' intentions may be, the structural inhibitions and the social limitations under which they are forced to live, must of necessity be reflected in the children's structure. From direct observation and from clinical experience, both psychoanalytic and characteranalytic-vegetotherapeutic, we know two ways in which the children come to reflect their environment: In part as a result of direct inhibitions, due to the fact that the child was unable to uphold his original demands in the face of the environment's disinclination to fulfill them. In part it is on the basis of their conflicts, particularly those of ambivalence, by the identification with the adults and their demands. The children have to adjust themselves to them and finally make them their own.

The understanding of these reactions in the children is also of decisive importance for an evaluation of all the theories of constitution, and of the way in which ideologies are transplanted from generation to generation. One also has to remember that these factors are at work from the very first day of the upbringing, i.e., from the first day of life.

an active fight for the happiness of children—and through them for all human beings. This active understanding makes great demands upon the personality of the educator, but it offers a much richer relationship with the children; and, in fact, only such an understanding can provide the foundation for a relationship with children which is based on mutual respect. The result: happy children with good friends and joyful helpers in their immediate environment.

I can proceed, now, to set forth some aspects of our practice. We are confronted with two tasks. The first is that of helping more or less inhibited children to become fully alive again. This is the job of the educational counselor and often that of the active teacher. In difficult cases, the problem can be solved only by actual treatment. The second task, which I shall take up specifically here, is that of developing the healthy child and of helping him to remain healthy. We begin with the infant.

The most gratifying field for sex-economic pedagogy is undoubtedly the one which deals with infants. Here, our task is relatively simple. It is exclusively a matter of letting self-regulation and self-development take their own course to the highest possible degree. Since the first days are of great importance, it is a matter of preventing any disturbing intervention from the very moment of birth. As things now are, there is no doubt that a great many suppressions and disturbances begin in the lying-in hospitals, for there, children are usually treated in a very impersonal and schematic manner. (I hope soon to publish a paper on this subject.)

It is just with the infants that what we mean by self-regulation becomes readily apparent. First, with regard to feeding, we succeed in letting children determine for themselves when, how often, and how long they will lie at the breast. Perhaps even more than the pediatricians, we emphasize the importance of breast-feeding. We ask the mother to watch for the time when the child is hungry and to nurse it then. We ask her to leave the child at the breast until it lets go of the nipple by itself; if, afterwards, it starts to lick, we believe it is best to let it do so until it becomes tired. Therefore, we do not decide when the child is to have the next feeding, but ask the mother to let the child decide. If one continues this procedure, the child, as a rule, establishes what we call its own regularity or rhythm. This will mean, generally, four or five feedings a day; only once have I seen it to be six. An example of the importance of allowing the infant to lie at the breast until satisfied was given to me by a woman colleague. She found, by weighing, that her child obtained the greatest amount of milk *after* having been nursed for twenty minutes.

Also, for the sake of the child's sex-economy in the first few years, we would like to have the nursing period last as long as possible (see below, the "almost healthy child"). Of course, this does not mean that the child should not, at the proper age, receive other food than breast milk. Prof. Malinowski informed me that with all primitive peoples, the nursing period lasts at least several years. We recognize that it is impossible to introduce anything like that under present social conditions. The child's pleasure is further reduced by the modern requirement that the feedings should be given "on the dot" at a certain hour and should not last longer than ten to twenty minutes. And the mother usually does not have enough milk. All of this is why we consider it of extreme importance to increase the pleasure possibilities of nursing and other forms of feeding as much as possible and to promote in the small child all pleasure possibilities derived from the mouth.[4] For

[4] To consider only the child's pleasure is really an inadmissible oversimplification of the nursing problem. It involves, inherently, two individuals, mother and child, and—quite particularly from the standpoint of pleasure—we are dealing with

this reason, too, we do not interfere with the use of the pacifier or with the sucking of the fingers by children. Nor do we take their bottle away as long as they hold on to it. On the other hand, there are special reasons for allowing children to go around with their mouths open: it has to do with the fact—which is confirmed in every therapeutic case—that a spasm of the muscles which close the mouth severely inhibits the ability to give oneself. (Details of this are as yet unpublished.)

I think that nursing provides the best illustration of the difference between the regularity we strive for and that which is generally indorsed by pediatric authorities. *Our* regularity is derived from the child itself; it is alive and unschematic and in constant harmony with the child; and as a result, it changes as the child changes and develops. The *other* regularity proceeds according to a schema which is imposed upon the child from without and stifles the child's own rhythm, forcing something alien upon it which can only have the effect of a strait-jacket. *We* adjust ourselves to the child who is completely dependent on our help; and we do this without limiting our own existence more than is necessary, fully aware that there are always conflicts between our own interests and those of the children. These conflicts one must solve in everyday life as best one can, and we will try to show that it can be done to a far-reaching degree without making either of the two parties suffer. A satisfactory solution on a social scale, however, presupposes a society which aims to make people happy. The others force the child to adjust to *their* lives, *their* demands, *their* rules. If, under such a regime, no more conflicts are apparent, it merely means that the child has succumbed to his environment, or that the struggle has become an internal one. In either case, the adult has merely shifted the burden on to the child.

In other respects, too, we let the child regulate its life. We let it sleep when it is sleepy, we do not disturb its sleep, and we do not try to force it to sleep before it lies down itself. It is our experience that the children's sleeping habits are no less regular under our management than under that of others. In fact, the majority of our children soon established the habit of sleeping through the night.

Disturbances of sleep may be due to direct causes, to direct encroachment from the outside upon the self-regulatory sleep mechanism, usually in the form of a demand that the child *shall* sleep ("Now, go to sleep!"). Another factor is the child's fear of giving itself over to sleep. Patients who, as children—due to the generally prevalent and regrettable custom—slept in their parents' bedroom, often relate in the course of the treatment how they lay awake, all tense, in order to listen to what their parents were doing. But apart from this, insomnia in children as well as in adults seems chiefly to be caused by sexual frustration. This is also true in the many cases where children sleep well when some stranger takes care of them but are disturbed in their sleep when their mother is present. In these cases, the disturbance is due to the much greater craving for love which the mother has aroused but which for one reason or another she fails to satisfy. Children's nurses do not hesitate to use the means of sexual gratification as the surest way to get a child to sleep.

a mutual interaction between the two individuals. Above, I have used the expression, "It is pleasure that makes the wheels go round." So it is here—for the mother also. My experience tends to show that the more the nursing mother feels pleasure in the breasts, and the more she takes her time and can enjoy it quietly, the better do her breasts function, i.e., the more milk do they produce and the longer do they continue to produce it. If this assumption is correct, it explains the fact that in our women, milk secretion stops within half a year or less, while almost all primitive women can nurse for several years without difficulty; these women, as a rule, undoubtedly have breasts much more sensitive to pleasure and they give themselves over to the pleasure with much less inhibition than do most women in our culture.

We know that children are naturally sociable. What is not so well known is that this sociability manifests itself very early in life. At the age of a few weeks, children will cry, for example, when one suddenly looks away from them. They take cognizance of what goes on around them and are often very dissatisfied if left alone. They want attention and noticeably enjoy it until they become tired. This urge to be with others and to feel contact with them persists all through childhood and life. It is this need which is basic to all social living. Very early in life, it expresses itself towards children of the same age and development. Children should from earliest childhood have the opportunity to be together, to be comrades, and to be everything else they can be to each other. This lays the foundation for the natural contact with their fellow humans which they ought to have all their lives. It is here that social life begins.

I should like, however, to point out a complication in this early social life. There is suppression by other children and by their environment. There is, first of all, the suppression of smaller children by the larger. What they receive by way of admonitions, advice or hints they usually pass on as quickly as possible. Like the adults in their environment, they are often very strict with smaller children, imitating the educational manners of their parents but applying them, in their child's way, without any restraint. This is particularly evident in children who have just entered school, but it is also true of children in the same age group: the weaker children or those with weaker traits succumb to the harder ones. This means that it is the healthy child or the still sensitive and relatively healthy child who succumbs to children who are more robust and unfeeling just because they are more effectively armored. Something like this undoubtedly happens in many kindergartens and most schools. It is inevitable whenever children with markedly different individualities come in contact with each other and where the adults in charge fail to recognize the problem or have nothing in mind but the necessary adjustment to the community without realizing that this takes place at the expense of the child's vitality. The real task is to make it possible for the individual child to grow together with the community in such a way that it can achieve in the community the maximum development of its personality and capacities. Only thus will the community be of most benefit both to the individual and to itself, and only thus will it avoid an authoritarian or more or less religious relationship which stifles the development of the individual. It will instead become the place where one enriches and unfolds one's own personality on an equal footing with others.[5] As an example of suppressive measures, unobserved but highly significant, we may mention the almost general custom of sending the mother away immediately after she brings the child to the kindergarten on the very first day. In that way the child is *forced* into the new environment; this is the aim of this procedure, but, to say the least, it makes it very difficult for the child to *grow into* the new environment. Certainly, then, one of the

[5] This problem of a fellowship into which one fits naturally without the suppression of one's own personality, but, on the contrary, as a place where the richest personal development is possible, seems to me more than anything else to be *the* problem of education. It is the problem of genuinely social individuals, of society as a natural organization in general, not as an idea, but as a reality. If and when this problem can be solved, all discussions as to whether society exists for the individual or the individual for society, will become pointless, because then they form a real unity; in classical dialectic terminology one would say that they have become fused in a higher unity. But what transformations of education and of society will not be necessary before we ever attain such a goal! We know what forces will bring us nearer to the goal. It can only be the forces which are mobilized by all the pleasure possibilities here: the pleasure of being not only in harmony with one's environment, but in constant contactful interchange with it.

main tasks of a healthy upbringing is to pave the way for rich relationships between children without mutual suppressions.

But to go back to the infant: We give the child as much opportunity for motor activity as we can. Its clothes, though sufficiently warm, should not hinder its activity; and at night, we do not tuck it in or cover it with anything heavy. This has led to the necessity of keeping the bedroom at a rather high temperature, and we have gotten away from the rule, of necessity, that children should always sleep with the window open. As early as possible we also give the children some toys; at first, for example, some colored silk ribbons are hung in front of it. We feel that the child should lie comfortably and—unless there is danger of rickets—we do not feel that the customary hard mattress is necessary. We see to it from the beginning that the child has an unobstructed view not only above but also to the sides. The child is put on a bed with open sides or upon a couch when awake.

It is necessary, from the outset, to satisfy the child's desire to be caressed. This does not mean to use it as a doll or a toy which one handles according to one's own whim; but one should be without fear of being really affectionate with the child when it asks for it and needs it.

The question of cleanliness is of utmost importance, but it, too, is treated in the same way as far as possible. We do nothing to get the child clean at an early date. As long as it is small, we try to change it as soon as it wets or soils, because the child finds it unpleasant to lie in soiled diapers. Later on we just keep it dry, but we do not force it to become clean before it will do so by itself. And we let it sit on the chamber when and as long as it wants to. It goes without saying that if one proceeds in this way, one should not have expensive carpets on the floor, and there will be a lot of laundry. As a compensation, it is our belief that only in this way can one avoid the real difficulties and especially the spasms in the pelvic floor. The time at which children become clean varies a great deal. The reason for this seems to be that, in spite of everything, some compulsion in the direction of cleanliness is exercised after all. The structure of the parents and the opinion of others, especially that of visiting grandparents, is bound to have some effect.

Children usually enjoy their bath unless they have been frightened by rough handling or by the feeling of losing their balance in the bathtub. As little force as possible should be used upon children to be clean.

It is inherent in our way of looking at things that our concept of "hygiene" differs from the one commonly held. For us, this concept includes much more than the demands of asepsis and of other "organic" preventive measures. For us, it is not just a matter of preventing infections, rickets and similar ailments, but a matter of preventing anything which may interfere with the whole vegetative development. For this reason, we look with a good deal of distrust on *all* demands which have the effect of limiting the child's independence, motility, pleasure and general development.

In this connection, I may mention that we try to prevent anxiety, particularly in the small child. It is a common belief that small infants lack the ability to hear. This belief is supported by many well-known medical guide books for parents. It is amply contradicted in the literature and is essentially incorrect. On the contrary, noise is a common source of anxiety in infants; it often disturbs or prevents their sleep.

Crying, we consider, is a sign of unpleasurable sensations in the infant. As a rule, one can find and eliminate the cause. Only if we find that the child begins to misuse crying in order to get attention or

to obtain other advantages, do we let it go on crying.

On the whole, our experience has been that children almost always become so lively that it is difficult for adults—particularly if they have them singly—to keep up with their activity.

And finally, one example to show how strong a source of pleasure the pacifier can be and how early a strong personality can be developed (and under corresponding circumstances this development will always take place): A boy of 10 months, who had been brought up entirely according to our concepts, had to be hospitalized. The nurses told the parents immediately that it was out of the question to let him keep his pacifier. At the same time, they "promised" to get him clean. But he got the upperhand. He howled so mightily and persistently that they had to give in, and he became the first child in the history of the ward who was allowed to have his pacifier. Both parties were relieved when, after 36 hours, he was discharged.

This example also shows how great the difference is between our concepts and the commonly accepted and official ones: from the point of view of the hospital he was only an extraordinarily restive, stubborn, and ill-behaved boy. In contrast, I may mention the case of another boy who, at 8 months of age, still lay in his carriage apathetically and without any initiative most of the day. He never cried, but he was stiff with fear when strangers only looked at him. At the age of 12 to 14 months, this child, otherwise healthy, still showed not the slightest interest in other children. His somewhat elderly mother had, in a kind but determined way, "accustomed" him to lie quietly at regular intervals, i.e., most of the day, packed down in the bottom of a closed carriage, all wrapped up and fastened with straps so that he was absolutely unable to stir.

Now, a few words about the *later upbringing*. The principles remain the same: besides being always kind and affectionate with the child and giving it all the physical and psychic love it needs, the most important thing is to treat it with real respect for its individual personality. Often the child is, as the afore-mentioned example shows, more of an independent personality at the age of 1 or 2 than a great many adults.

The main problem of this later upbringing is, perhaps, the children's play and other activity. Here also, we let the children regulate their own affairs as much as possible; we do not impose our motives or concepts upon them nor our ideas of the way their playthings are to be used. We help them only when they ask for it. When there are several children, we permit them to regulate their mutual relationships, and we take a hand only if it is necessary to protect one or more of them. That does not mean that we do not play with them, quite the contrary; but our participation in their games is on an equal footing with theirs. All play possibilities are welcome, inside and outside. Constructive toys are always good. The best toys are those the child is most interested in and can do the most with. I may mention that my own boy for more than a year played intensively with bottlecaps. He collected them by the hundreds, arranged them according to colors, laid them out in figures, used them as goods in his wagon, etc. etc. This example shows that children need a lot of toys but that they need not be costly. It seems to me that one of the sorriest sights is a small child without any opportunities for play and activity. Such a thing should not exist. It is not surprising that children who are limited to a few playthings and play possibilities, because of their upbringing or economic need, develop a much more intense feeling of possession for the few things which to them represent all that is desirable in this world. The social and sexual consequences of

this exaggerated sense of possession are not difficult to see. I want to stress especially that we let the children draw and paint, play with mud, sand, earth, etc., and—under the proper supervision—with fire.

In this article, I cannot, unfortunately, discuss the difficult problem of how it is possible, socially and in the individual case, to arrange the children's environment so as to make all this possible.

Part of children's play is to tell stories and to play jokes on adults. Towards their questions we have the same attitude as towards their play: we take them seriously, answer them as best we can, and, for the rest, talk with them about things, including themselves, as we would with anyone else.

We are not afraid of showing children our own feelings, provided that we ourselves have somewhat natural feelings, and that includes justified anger. On the contrary; if the children are to grow up to be alive, they must grow up among individuals who are themselves alive. We shudder at the thought of people who are always "pedagogical" and "correct" or forever mild and understanding. Such behavior has a stifling effect on children. Therefore, we quietly let them know when they really bother us. It is part of a natural association with children to talk about them in their presence, just as one talks about adults who are present. One talks about their good points as well as their bad ones, but with full respect for them and in such a way as not to offend them. Similarly, we talk about their environment, their behavior towards other children, etc. We do not want any artificial respect or authority. We do not share the common, almost panicky fear of talking about the children within their hearing; nor do we countenance the irresponsible chatter about anything and everything as if the children were not present or as if they did not understand what it is all about. Anxiety and fright should be kept away from them, including all moralizing, both in the undiluted and story form.

But this does not preclude the necessary admonitions and teaching. They are taught to watch traffic and not to fall out of windows. However, if possible, it is preferable to permit them to make their own experiences; e.g., by letting them get slightly burned at the radiator, or by letting them fall down from harmless heights.

We try to be as natural as possible with regard to our own bodies as well as theirs. We never prevent the children from playing with their own or each other's bodies. And we rejoice to see them in love. Incidentally, the earliest real being in love, in the fullest meaning of the word, which I have ever seen was between a boy of 15 months and a girl of 10 months. They beamed in each other's presence, embraced each other, and cried when they had to separate.

As far as eating is concerned, we are also for complete freedom, and we think it natural that children should have a "sweet tooth." As early as possible, often around the age of 1, we let the child begin to feed itself: to choose what to eat, to serve itself, and to determine how much to eat. (There is no vitamin problem; we have yet to see a child who did not gladly take its cod liver oil.) Nothing need be added with regard to cleanliness and dressing. Children soon develop tendencies in these directions, and we let them determine for themselves what to put on—and, as soon as they are able, wash and dress themselves.

In conclusion may I mention a few things which really go without saying. We strictly avoid the use of such opposites as boy—girl, large—small, and other suggestive expressions. We never say, for example, "You are too old for that," or "Only little girls cry about a thing like that," or "What a stubborn child you are!"

etc. On the other hand, we do not hesitate to give little boys so-called girls' toys, like dolls, household things, etc., or to give the girls boys' toys of any kind. Neither would it occur to us to demand—in Montessori fashion—that toys be used in the special manner for which they were designed.

We do not force the children to be polite, modest, well-behaved, or grateful. It is perhaps just for this reason that they are, as a rule, both trusting and appreciative. They are also very affectionate and sensible, and have a remarkable ability to size up a situation and act accordingly.

We have succeeded to a far-reaching extent in putting all this into practice, and to that extent the result has been a free development in activity and imagination, and a *joie de vivre*. The children are in contact with their surroundings, happy and full of initiative; they show little aggression and apprehensiveness; they give and demand much love, so much that most of the adults find it difficult to keep the pace. There are extremely few adults who can freely caress and kiss their children or give themselves over to play and the constant repetition the way children can. The latter keep going until they are "all tired out."

But, living as we do, the children's independence will necessarily make the inevitable conflicts more acute. In my case, there is a daily struggle to be allowed to listen to the radio news, because to the children it is nothing but an annoying noise; and so I become a source of annoyance, too. Others have trouble having their books or other possessions left in peace.

Why is that so? The difficulty will usually be found to be due to one or more of the following three causes: Frequently, it is because one has not made the child understand sufficiently what one wants to have respected. This is undoubtedly true in my case. Often, it is nothing but the children's urge to widen the field of their activities, to acquire things, to conquer everything. Finally, it may be due to our inability to practise what we have intellectually recognized to be true; all such reservations which we may have—in spite of our better knowledge—will of necessity have an influence on the children. It is easy to see where self-regulation, harmony and pleasure have had a chance for free development and, also, where it has not been possible to avoid suppression.

I should like, at this point, to say a word about *two main objections* to our concepts. The first is, "Why, shouldn't there be any discipline and authority at all?," and the other, "Don't the children get spoiled that way?"

There is a general belief—on the part of physicians and pediatricians as well as others—that the child must learn to obey and to subordinate himself, because otherwise he will become spoiled and "will never amount to anything." This concept pervades all our dealings with children right down to the sorry instance where the mother is forbidden to give the child any affection at all. From a certain point of view this concept is quite logical: If one wants well-behaved, neat and completely dependent children, the thing to do is, indeed, to hold them down from the very beginning. But, if one wants children who are independent, alive personalities who insist on their own rights, one has to help and respect them, to treat them with love.

Needless to say, in our way of upbringing there also develops a relationship of authority; but it is certainly of an entirely different kind than the customary one. Our children will never obey because they *shall* obey, but only out of a feeling that it is to their advantage to obey. If they do not have this feeling, they simply will not obey. It may be necessary to force them to obey, but this is done only when it is absolutely inevitable. And that is not very often. In fact, it is found that when children are brought up as freely as we at-

tempt to do, they are much more open to reason than other children; thus it is always possible to show them what is really to their advantage.

To the other objection, we can answer: the gratification of natural needs and the satisfaction of the natural urge for love will never make spoiled children; it will only make independent, contented personalities.

Does this mean that there is not any risk of spoiling them? Oh, yes! There is something which we, too, call spoiling. There are parents who simply do not let the children voice their desires, who never allow them to be confronted by any task, who—psychically and physically—spoon-feed them and smother them in soft cushions and featherbeds to such an extent that the children never have a chance to develop their own skills and abilities. This is really going to the other extreme. These children are not given a chance to fight for what they want. They have no opportunity to develop themselves, their skills, needs and wishes because these are, as it were, divined and fulfilled before the child is really conscious of them. Such children first become dependent, often to an extent that they are literally unable to do anything by themselves. After that—partly because of their lack of independence—they begin to make impossible demands upon their environment and, when these demands are not satisfied, they lose their temper and complain. This may go so far as to inhibit completely the child's development so that the child gives the impression of being retarded, dull, and lacking in initiative.

But there may be a third and perhaps weightier objection to the concepts here described: their practicability now or in the future. Upon this, I cannot enter here. Our whole educational work will have to show the ways in which it will gradually become possible to put these concepts into practice on a wide social scale.

With this, we come to the problem, *Healthy or sick children.* Here things are completely turned upside down: a child without conflicts is generally considered healthy, but in the majority of cases—except with infants—it will be found to be sick according to our concepts. As a rule, it is the child who has established a superficial but quite stable equilibrium which covers up the fact that it has had to renounce an essential part of its vital demands; in other words, it is a sick child. In particular, this is true of the nice, well-behaved child who, usually, has had to give up all real independence. On the contrary, it is the child with conflicts who is usually relatively or entirely healthy: he *still suffers* under the frustration of his vital demands. One sees, quite often, children of 2 or 3 years of age who suffer and are alive, while those of 4, 5 and 6 are without conflicts, superficially happy, but emotionally dull, "healthy" children. The fact that a child cries or gets angry when it is crossed is a sign of *health;* it is a poor sign if it is quietly resigned. That does not mean that healthy children do not accept events or conditions; but with them, as mentioned before, it is a question of understanding and insight, not simply of submission. Healthy children—like healthy adults under certain circumstances—will be called "nervous" on account of the intensity with which they react emotionally to their experiences. This is particularly true of the category of children whom we have come to call "the almost healthy."

The *almost healthy children* will feel and react very intensely. Often, they are somewhat too aggressive and wild in their motility and general behavior, or they react exaggeratedly to frustrations, or they are somehow restless. Often, they are "cry-babies" or "mother-babies." They may show other symptoms. What they all have in common is that they were brought up with very much regard for their in-

dividuality, the parents' being "on the child's side" in the sense of Neill; but that in one respect or another, they were exposed to something they were not quite able to master. Most often it is a deficiency in the ability of the parents to gratify the child's craving for love. I have already mentioned the great importance we have come to attribute to nursing. I personally believe—and I hope to substantiate this belief on a later occasion—that as long as it remains the custom to stop nursing at the age of 6 months or earlier, we have to expect a period during which the child's needs are particularly intense and difficult to gratify. The normal and best time to conclude the nursing period would be at the age of 3 or 4 years, i.e., when the child reaches the stage of satisfying masturbation. For it appears that in the period between weaning and masturbation, the child has no adequate means of pleasure satisfaction. In addition, there is the circumstance that when the child is beyond the nursing period, the mother is likely to be so busy that she does not have the time and energy left over which the child requires. And on top of that, there are all kinds of personal difficulties: conflicts between the parents, the lack of help and the lack of means for toys. A most important factor is, I believe, the fact that the child's personality develops so strongly during the first few years that it becomes stronger than its parents, with the result that the parents are inclined to give in to everything simply in order to have their peace. When parents of such "almost healthy" children acquire a more positive attitude toward them, become more affectionate, and more sure of themselves, the children become almost completely harmonious. My experience, small as it is in this particular respect, indicates also that if the little boy and the little girl "find each other" or simply become good friends, this may make an enormous difference.

We can accomplish much, therefore, with these "almost healthy" children, but we must recognize that they have a difficult time; and for this reason, they are usually considered "nervous," "neurotic," "ill-behaved" children, or "failures." If they become apprehensive of other people, especially of aggressive adults or somewhat tough children, and try to avoid them, they are regarded as scared children; although they are, as a rule, very trusting if one knows how to approach them gently without obtruding oneself.

CONCLUSION

The sex-economic upbringing, it goes without saying, is exceedingly arduous. It requires both love and respect for the child, and it requires that one never make a demand on the child which the child cannot fulfill without doing violence to itself. The care of a child in the first few years is extremely exacting because the adults have to take the full consequences of their adjustment to the child who, on the other hand, can realize himself only through the adult's help and understanding. Nor should one make decisions for the child; it must be allowed to make its own decisions. In that way, one reaches an equal footing with the child, and the child will recognize one's superior knowledge and insight, such as it is. The tendency of the very small child to consider the adult an omniscient and omnipotent figure is replaced by a more natural attitude which permits the child to develop its natural independence.

The other kind of upbringing is no less arduous. Often, one cannot but marvel at all the energy that is invested in commands and prohibitions. The child is forever supposed to say this or do that, to stop this or stop that, etc. etc. The energy is used for the suppression of the child; or to train it to be "the way a child, after all, has to be in order to become a decent human being and amount to something in this world"—whatever that is.

How much, then, can the child be helped? Very much, indeed. But we must admit that even though our experiences are highly promising, they are still based on rather small material. The essential points they show are: the possibilities for development and activity, the amount of love one can and should give the child, and the extent to which it is possible to eliminate specific harmful factors.

Sex-economic pedagogy is only in the beginning of its development, but it reveals a wealth of problems and can already point to a great many definitely positive results. Its present position can be defined as follows: To the extent to which it has been employed (and this has been with infants and children in the first few years of life) we have been able to demonstrate that the principles of sex-economy fit children; and we have learned the ways in which these principles can best be put into practice. Thus, sex-economic pedagogy now stands ready to tackle, with the pleasure principle as its point of departure, the many tasks which confront it on all sides. We feel justified, therefore, in the hope that it will go on making headway toward its goal which is to help children develop the maximum of independence, harmony and love from birth through life. We believe this will lead to the happiness of the child and to the welfare of society.

THE SEX-ECONOMIC CONCEPT OF PSYCHOSOMATIC IDENTITY AND ANTITHESIS

By THEODORE P. WOLFE, M.D.

1. INTRODUCTION.

There are four basic concepts of the interrelation of psyche and soma:

(1) *Mechanistic materialism:* Every psychic disturbance has a physical cause. This concept dominated the early phases of psychiatry ("brain mythology"). It still essentially dominates neurology ("neuropsychiatry"). In recent years it has come into new prominence in the form of "frontal lobotomy." This is a surgical technique which consists in destroying or cutting out parts of the brain for the treatment of psychoses and neuroses ("psychosurgery"). It is being seriously reported and discussed in various scientific periodicals.

(2) *Metaphysical idealism:* Every psychic manifestation or disturbance has an exclusively psychic cause. It is identical with the concept that "spirit creates matter" and not the reverse. For many people, this concept extends also to physical disease ("Christian Science").

(3) *Psychophysical parallelism*: Psychic and somatic are two parallel processes in mutual interaction. This concept dominates most of modern psychiatry and medicine, and the attempts to bring the two together, psychosomatic medicine.

(4) *The functional energy concept* of Wilhelm Reich.

In this article, I shall attempt to give an idea of this concept. In doing so, I claim no originality. This article is essentially nothing but a compilation of relevant data from various chapters of Dr. Reich's new book, "The Function of the Orgasm."[1] The concept described here is based on twenty years' study of the living organism. It took its origin from Reich's first modification of the usual psychoanalytic technique: the modification of symptom-analysis to character-analysis; from the clinically correct investigation of the central problem of the neuroses and of psychosomatic research, anxiety; and from the investigation of the function of the orgasm. These investigations led far beyond a purely psychological comprehension of human functioning, into physiology, biology, and finally into physics, through the discovery of the specific biological energy, the orgone radiation. The concept is revolutionary. In spite of its clinical and experimental substantiation, it cannot count on ready acceptance in scientific circles, for two reasons: *First,* it is a *functional* concept; the average scientist is bound by mechanistic thinking and is curiously afraid of functional thinking. *Second:* it is based on the investigation of *sexuality,* a subject which, all the talk about it notwithstanding, is still taboo in science. As it is impossible to present this concept adequately in an article, without the background out of which it grew and which cannot be gone into here, the reader with more than a superficial interest in the subject must be referred to Dr. Reich's book.

The sex-economic concept of psychosomatic relationships is based on the *energy function* of the organism. This biological energy in itself is neither "psychic" nor "somatic." Psychic as well as somatic phenomena are expressions of this same biological energy. Psychic as well as somatic disturbances are due to the *stasis* (damming-up) of energy in the organism. This stasis is due to *orgastic impotence;* only *orgastic potency,* i.e., biologically cor-

[1] Wilhelm Reich, The Discovery of the Orgone. Vol. 1: THE FUNCTION OF THE ORGASM. Sex-economic Problems of Biological Energy. Translated from the German Manuscript by Theodore P. Wolfe. *See* announcement, p. 96.

rect discharge of sexual energy, guarantees a normal energy household (sex-economy). The stasis of energy is maintained by the *physiological mechanisms of repression,* which in their totality form the *muscular armor.* This is functionally identical with the *character armor.* There is a basic *antithesis between sexuality and anxiety,* demonstrable psychically (pleasure—anxiety), physiologically (parasympathetic—sympathetic), biochemically (potassium, cholin, lecithin—calcium, adrenalin, cholesterin), biologically (pulsation, i.e., expansion—contraction) and bio-electrically (increased —decreased surface potential). The therapeutic dissolution of the character armor and the muscular armor results in the establishment of the *orgasm reflex* and with it, of unitary psychosomatic functioning in the sense of the basic biological functions of expansion and contraction.

2. ENERGY STASIS.

Freud, in his early work, distinguished "actual neuroses" from "psychoneuroses." The former, anxiety neurosis and neurasthenia, were due to a present-day disturbance of sexual life, such as sexual abstinence, coitus interruptus (withdrawal) and excessive masturbation. Their symptoms, like palpitation, tachycardia, sweating, trembling, irritability and anxiety, had no psychic origin, but were the direct expression of the dammed-up libido. As Freud put it, libido, if undischarged, underwent a "conversion" into anxiety.

The symptoms of the psychoneuroses (like hysteria and compulsion neurosis), on the other hand, had a psychic origin and meaning and a root in infantile experiences. The question as to where the psychoneuroses derived their energy from, Freud never tried to answer. He thought it likely that the psychoneuroses had an "actual-neurotic core," but he never followed up the question, and later even repudiated his original—and clinically correct—theory of anxiety. He stated that "the question as to the stuff of which anxiety is made has lost its interest" and in his revised theory, anxiety became a metapsychological concept, a "signal of the ego." Most psychoanalysts denied the very existence of what Freud called "actual neuroses"; they still do.

Reich's clinical investigations, on the other hand, showed that, beyond any doubt, the psychoneuroses also derive their energy from dammed-up sexual energy. An early case of Reich's demonstrates this mechanism particularly clearly:

"In December 1920, Freud referred a young student to me who was suffering from compulsive rumination, compulsive counting, compulsive anal phantasies, excessive masturbation and severe neurasthenic symptoms, such as headaches and pains in the back, lack of concentration, and nausea. The compulsive rumination immediately turned into compulsive associating. It looked pretty hopeless. After some time, an incest phantasy broke through, and for the first time the patient masturbated *with satisfaction.* With that, all the symptoms disappeared suddenly. In the course of a week they gradually returned. When he masturbated a second time, the symptoms disappeared again, only to return again after a short time. This was repeated for several weeks. Finally it was possible to analyze his guilt feelings about masturbation and to correct some practices and attitudes which interfered with complete gratification. After that, his condition improved visibly. After nine months of treatment, he was discharged, considerably improved, and able to work. He kept in touch with me for over six years; he married and remained well."

In the early years of the Vienna Psychoanalytic Clinic, Reich treated mainly patients of a type commonly termed "psychopaths," who were considered inaccessible to psychoanalytic therapy.[2] In these patients, the stasis of sexual energy was much more pronounced and its effects much more evident than in the neuroses with inhibited drives. The difficulties they

[2] W. Reich, *Der triebhafte Charakter.* 1925.

presented, the intensity of their perverse and antisocial impulses, *fluctuated exactly with the degree of sexual tension and gratification.* Every release of sexual tensions through genital satisfaction immediately reduced the breaking through of pathological drives.

The "oscillation of energy" between genital and non-genital attitudes, between genital and pregenital loci of excitation, a phenomenon which can be observed in all patients, is particularly well illustrated in the following case. I quote:

"About 1925 I treated a young American woman who had suffered from severe bronchial asthma since early childhood. Every situation involving sexual excitation would produce an attack. Thus, she would have an attack when she was about to have sexual intercourse with her husband, or when she flirted and started to become aroused. She would become severely dyspneic and could get relief only from special anti-spasmodic drugs. She suffered from vaginal hypesthesia; her throat, however, was highly irritable. There were strong unconscious impulses—directed against her mother—to suck and bite. She suffered from choking sensations. The phantasy of having a penis sticking in her throat was clearly manifested in dreams and actions. When these phantasies became conscious, the asthma disappeared for the first time. However, it was replaced by severe attacks of vagotonic diarrhea, alternating with sympatheticotonic constipation. The phantasy of having a penis in her throat was superseded by that of "having a baby in her stomach and having to expel it." With the appearance of diarrhea, the genital disturbance became more severe; she lost vaginal sensations completely and refused to have sexual intercourse. She was afraid of an attack of diarrhea during sexual intercourse. When the intestinal symptoms subsided, she experienced for the first time pre-orgastic vaginal excitation. However, it did not exceed a certain limit. Any *increase* in excitation produced either anxiety or an attack of asthma. For some time, asthma, and with it the oral excitations and phantasies, were present again as if they had never been treated. With each relapse they reappeared, and again and again the excitation progressed to the genital system. Every time, there was an increased capacity for tolerating vaginal excitation. The intervals between relapses became longer. This continued for some months. *The asthma disappeared with each progress in vaginal excitation and returned with each shift of excitation from the genital to the respiratory organs.* This oscillation of sexual excitation between respiratory organs on the one hand and pelvis on the other, was accompanied by the corresponding oral and genital infantile phantasies: when the excitation was above, the patient became demanding in the infantile way, and depressive; when the excitation became genital again, the patient was feminine and desirous of the man. The genital anxiety which made her retreat again and again appeared at first as the fear of being injured in the sexual act. When this was resolved, there appeared a *fear of bursting or dissolution with excitation.* Gradually, the patient became accustomed to vaginal excitation and finally experienced orgasm. This time, the spasm in the throat failed to recur, and with it the asthma. When last heard from seven years later, the patient was still well."

"This case," comments Reich, "again confirmed my concept of the therapeutic function of the orgasm; but in addition it revealed some important mechanisms. I understood now that *non-genital excitations and modes of gratification are retained for fear of the intense orgastic sensations in the genital;* they are retained because they cause the occurrence of much milder sensations. Here was an important part of the enigma of instinctual anxiety. If sexual excitation is checked, there arises a vicious circle; the checking increases the stasis of excitation, and the increased stasis diminishes the ability of the organism to decrease it. *Thus, the organism acquires a fear of excitation, in other words, sexual anxiety.* This sexual anxiety, therefore, is caused by an external frustration of instinctual gratification, and is *anchored in-*

ternally by the fear of the dammed-up sexual excitation. This is the mechanism of *orgasm anxiety*. It is the fear of the organism—which has become unwilling to experience pleasure—of the *overpowering* excitation of the genital system. Orgasm anxiety forms the basis of the general *pleasure anxiety*, which is an integral part of the prevailing human structure. It usually shows itself as a generalized fear of any kind of vegetative sensation or excitation or the perception of these."

The investigation of sexual stasis led to a finding which is characteristic of all neurotic individuals and the majority of so-called "normal" individuals in our society: *orgastic impotence*. This means the inability to discharge, in the orgasm, an amount of sexual energy equal to that accumulated in the organism. In other words, the energy source of the neurosis lies in the differential between accumulation and discharge of sexual energy. This finding necessitated the detailed clinical investigation of the mechanisms which prevent the normal orgastic discharge of energy.

3. THE SOMATIC MECHANISMS OF REPRESSION.

If we think of "repression" as the relegation of conscious ideas to the unconscious only, we cannot arrive at any clear idea as to what the process of repression consists of. Nor is such a purely psychological concept of any help in understanding psychosomatic interrelations or in handling psychosomatic disturbances.

Reich's character-analytic technique disclosed the real nature of the process of repression.

THE CHARACTER ARMOR

After the fact had been established that the neurosis is the expression of a disturbance in genitality, that the dammed-up sexual energy provides the source of energy for the neurotic illness, the therapeutic task became that of liberating this energy and making possible its normal discharge by establishing orgastic potency in the patient.

Sexual energy is bound up in symptoms. Consequently, each dissolution of a symptom liberates a certain amount of energy. This amount of energy transferred itself spontaneously to the genital system: potency improved. However, although the patients discarded symptoms, became capable of doing work of a sort, relinquished abstinence or experienced more sexual satisfaction, the expectation that the liberation of energy from the symptoms would also lead to the establishment of the orgastic function was fulfilled in only a few cases. Apparently, an insufficient amount of energy was liberated from neurotic fixation points.

Thus, the question arose: *Where else, besides the neurotic symptoms, is sexual energy bound up?* First, it seemed plausible to look for the energy in the *non*-genital, i.e., infantile pregenital activities and phantasies. If sexual interest is directed to a high degree toward sucking, biting, being petted, anal habits, etc., then the capacity for genital experience suffers. This confirms the view that the sexual partial impulses do not function independently of each other, but form a unity —like a liquid in communicating pipes. There can be *only one uniform sexual energy, seeking satisfaction at various erogenous zones, and attached to different ideas*. Any admixture of non-genital excitation in the sexual act *reduces* orgastic potency. Only the genital apparatus can provide orgasm and can discharge sexual energy completely. Pregenitality, on the other hand, can only increase vegetative tensions.

When energy which is bound in the organism is liberated, it manifests itself first as anxiety. Reich found that whenever he succeeded in bringing about the conversion of stasis anxiety into genital exci-

tation, there were good and lasting therapeutic results. However, it was not possible in all cases to liberate cardiac anxiety and to produce its alternation with genital excitation. This raised the question: What is it that keeps the biological excitation, once genital excitation is inhibited, from manifesting itself as cardiac anxiety? *Why does stasis anxiety not make its appearance in all cases of psychoneurosis?*

Freud has shown that in the neurosis, anxiety becomes *bound* in a certain way. The patient escapes anxiety, e.g., by producing a compulsive symptom. If one disturbs this functioning of the compulsion, anxiety immediately appears. Not always, however. A great many cases of compulsion neurosis of long standing, or cases of chronic depression could not be disturbed in this way. Somehow, they were inaccessible. Especially difficult were the emotionally blocked *("affektgesperrt")* compulsive characters. They gave associations in great numbers freely, but there never was any trace of affect. All therapeutic efforts bounced back, as it were, from a "thick, hard wall." The patients were *"armored"* against attack. There was no technique known in the literature that would shake this hardened surface. It was the *whole character* that resisted. Apparently, *the character armor was the mechanism which was binding all energy.* It was also the mechanism that made so many psychoanalysts contend that there was no such thing as stasis anxiety.

These facts are well illustrated in the following case whom Reich treated at about the same time as the student described above (p. 34). The first case illustrates the actual mechanism of cure, while the following case shows the energy-binding function of the character armor and the impossibility of mobilizing the vegetative energies without a proper technique for handling the character armor:

"This young waiter suffered from complete lack of erection. The treatment ran smoothly. In the third year, the unequivocal reconstruction of the 'primal scene' was possible. When he was about two years old, his mother had another child, and he was able to watch the delivery from the next room. He received the vivid impression of a big bloody hole between his mother's legs. All that remained in his consciousness of this impression was a feeling of 'emptiness' in his own genitals. According to psychoanalytic knowledge of that time, I connected the lack of erection merely with the traumatic impression of the 'castrated' female genital. That was doubtless correct. But not until a few years ago did I begin to give closer attention to and to understand the genital 'feeling of emptiness' in my patients. It corresponds to the withdrawal of biological energy from the genital. At that time, I misjudged the general attitude of this patient. He was quiet, placid, 'good,' doing everything that was asked of him. He never got upset. In the course of three years' treatment, he *never* got angry or critical. That is, according to the concepts of that time, he was a 'well integrated,' thoroughly 'adjusted' character, with only one serious symptom ('monosymptomatic neurosis'). I reported the case in the technical seminar, and earned praise for the correct elucidation of the traumatic primal scene. His symptom, lack of erection, was fully explained—theoretically. As the patient was industrious and 'adjusted to reality,' none of us was struck by the fact that just his lack of emotionality, his complete imperturbability, was *the* pathological characterological soil on which his erective impotence could persist. My older colleagues considered my analytic work complete and correct. But on leaving the meeting I felt dissatisfied. If everything was as it should be, why did the impotence fail to budge? Obviously, here was a gap that none of us understood. A few months later I discharged the patient, uncured. He took it as stoically as he had taken everything else all this time. The consideration of this patient impressed on me the important character-analytic concept of *'emotional block'* (*'Affektsperre'*). I had thus hit upon the highly important connection between the prevalent rigid character structure of today and genital 'deadness'."

In the treatment, the character armor makes itself felt as "character resistance." It was found that the whole experiential world of the past was present in the form of character attitudes. Each layer in the character structure is a piece of life history which is preserved in another form and is still alive. It was shown that by loosening up these layers, the old conflicts could—more or less easily—be revived.

The function of the armor was to protect against unpleasure. However, the organism paid for this protection by losing a great deal of its capacity for pleasure. The energy that held the armor together consisted mostly in *destructiveness* which had become bound. This was shown by the fact that destructiveness would be set free as soon as the armor began to crack. It finally became clear that the destructiveness which is bound up in the character is nothing but anger about frustration in general and denial of sexual gratification in particular. If the analysis penetrated to a sufficient depth, every destructive tendency gave way to a sexual one. Destructive tendencies were shown to be nothing but *reactions;* reactions to disappointment in love or to loss of love. If the desire for love or for satisfaction of the sex urge meets insuperable obstacles, one begins to hate. However, the hatred cannot be expressed, it must be bound in order to avoid the anxiety it causes. That is, frustrated love causes anxiety. So does inhibited aggression; and anxiety inhibits the expression of both hatred and love.

These and other observations led to the important conclusion: *The orgastically unsatisfied individual develops an insincere character and a fear of* any behavior which he has not thought out beforehand—in other words, *behavior which is spontaneous and truly alive—as well as a fear of becoming aware of sensations of a vegetative origin.*

THE MUSCULAR ARMOR AND THE BREAK-THROUGH INTO THE VEGETATIVE REALM

The further investigation of the character armor led to findings which are of extreme importance from the point of view of the psychosomatic problem. The following is quoted from Dr. Reich's book:

"In Copenhagen, 1933, I treated a man who put up especially strong resistances against the uncovering of his passive-homosexual phantasies. This resistance was manifested in an extreme attitude of stiffness of the neck ('stiff-necked'). After an energetic attack upon his resistance he suddenly gave in, but in a rather alarming manner. For three days, he presented severe manifestations of vegetative shock. The color of his face kept changing rapidly from white to yellow or blue; the skin was mottled and of various tints; he had severe pains in the neck and the occiput; the heartbeat was rapid; he had diarrhea, felt worn out, and seemed to have lost hold. I was disturbed. True, I had often seen similar symptoms, but never that violent. Something had happened here that was somehow inherent in the therapeutic process but was at first unintelligible. *Affects had broken through somatically after the patient had yielded in a psychic defense attitude.* The stiff neck, expressing an attitude of tense masculinity, apparently had bound vegetative energies which now broke loose in an uncontrolled and disorderly fashion. A person with a balanced sex-economy would be incapable of producing such a reaction. Such a reaction presupposes a continuous inhibition and damming-up of biological energy. It was the musculature that served this inhibitory function. When the muscles of the neck relaxed, powerful impulses broke through, as if propelled by a spring. The alternating pallor and redness of the face could be nothing but a movement to and fro of the body fluids, an alternating contraction and relaxation of the blood vessels. That fitted

in very well with my concept of the functioning of the biological energy. The direction of 'out of the self—toward the world' kept alternating rapidly with the opposite direction of 'away from the world —back into the self.' The musculature can, by contracting, inhibit the blood flow; it can, in other words, reduce the movement of the body fluids to a minimum."

"This finding checked with earlier observations and those in recent cases. Soon, I had a multitude of facts which could be summed up in the formulation: *Sexual energy can be bound by chronic muscular tensions. The same is true of anger and anxiety.* I found that, whenever I dissolved a muscular inhibition or tension, one of the three basic biological excitations made its appearance: *anxiety, anger* or *sexual excitation.* True, I had been able to bring this about before, by way of dissolving purely characterological inhibitions and attitudes. The difference lay in the fact that now the break-through of biological energy was more complete, more forceful, more thoroughly experienced, and it occurred more rapidly. Also, it was accompanied in many patients by a spontaneous dissolution of the characterological inhibitions. . . . Soon, some decisive questions of the mind-body problem clarified themselves:

"The *character armor* now showed itself *functionally identical* with muscular hypertension, *the muscular armor.* The concept of functional identity which I had to introduce, means nothing but the fact that muscular and character attitudes serve the same function in the psychic apparatus; they can influence and replace each other. Basically, they cannot be separated; in their function they are identical."

"If the character armor expressed itself through the muscular armor and vice versa, then the *unity of psychic and somatic functions* was comprehended and became capable of being *influenced* in a practical way. Now, I was able to make practical use of this unity. When a character inhibition would fail to respond to psychic influencing, I would work at the corresponding somatic attitude. Conversely, when a disturbing muscular attitude proved difficult of access, I would work on its characterological expression and thus loosen it up."

"The loosening of the rigid muscular attitudes resulted in peculiar somatic sensations: involuntary trembling, jerking of muscles, sensations of hot and cold, itching, crawling, prickling sensations, goose flesh, and the somatic perception of anxiety, anger and pleasure. To comprehend these manifestations, I had to break with all the old concepts of psychosomatic interrelationship. These manifestations were not the 'result,' the 'causes,' or the 'accompaniment' of 'psychic' processes; they were simply *these processes themselves in the somatic sphere.*"

The muscular armor assumes a particular significance in connection with the peculiar idea of bursting and the desire to be made to burst. This idea Reich first found in masochism, and later in all patients at the time when their orgasm anxiety became most acute. He asked himself: what is the origin of this idea of bursting, which, in all patients, makes its appearance shortly before the establishment of orgastic potency? He soon found that in most cases this idea appears in the form of a kinesthetic perception of the state of the body. In outspoken cases there is regularly the idea of the body as a *taut bladder.* The patients complain about being taut, filled up, as if they were going to burst, to explode. They feel "blown up," "like a balloon." They dread any loosening of their armor because it makes them feel as if they were being "pricked open." Some patients express a fear of "melting away," of "dissolving," of losing their "hold on themselves," their "contour." They cling to the rigid armoring of their movements and attitudes as a drowning

person clings to a board. Others have the strongest desire to "burst." Many a case of suicide occurs on this basis. The more acute the sexual tension becomes, the more distinct become these sensations. They promptly disappear when the orgasm anxiety is overcome and sexual relaxation can take place. Then the hard features of the character disappear, the person becomes "soft" and yielding and at the same time develops an elastic sort of strength.

The investigation of the muscular armor thus showed that *the neurosis is but one thing: the sum total of all the inhibitions of the natural sexual pleasure which in the course of time have become mechanical.* All other manifestations of the neurosis are the result of this *original* disturbance. It became clear that the original pathogenic conflict of the neurosis (the conflict between striving for pleasure and moral frustration) is structurally anchored in a physiological way in the muscular disturbance. *The psychic conflict between sexuality and morality works in the biological depths of the organism as a conflict between pleasurable excitation and muscular spasm.*

REPRESSION

Findings like these led to an entirely different concept of repression than that held by psychoanalysis.

While the loosening up of chronic character attitudes brings about reactions in the vegetative system, the break-through into the vegetative is all the more complete and powerful the more thoroughly we treat not only the character attitudes, but —simultaneously—the *muscular attitudes* that correspond to them. It became clear that the muscular rigidity is by no means a "result," an "expression" or an "accompaniment" of the mechanism of repression; it is, actually, *the most essential part of the process of repression.*

Without exception, patients relate that they went through periods in their childhood when they learned to suppress their hatred, anxiety or love by way of certain practises which influenced their vegetative functions (such as holding their breath, tensing their abdominal muscles, etc.). Many patients, when in the course of the treatment their abdominal sensations become too strong, begin to stare vacantly into a corner or out of the window. If one inquires about such behavior, the patients will remember that, as children, they practised this consciously every time they had to control their anger towards parents, siblings or teachers. To be able to hold one's breath for a long time meant a heroic feat of self-control. Language here clearly portrays the somatic process of self-control; certain phrases commonly heard in everyday education represent exactly what is here described as muscular armoring. "A man has to show self-control"; "a big boy doesn't cry"; "pull yourself together"; "don't let yourself go"; "you shouldn't show that you're afraid"; "it's very bad to lose your temper"; "you must grit your teeth"; "grin and bear it"; "keep your chin up"; "keep a stiff upper lip"; etc., etc.

Analytic psychology paid attention only to *what* the children suppressed and to the reasons for the suppression. However, no attention was paid to the *manner* in which they fight against their emotions. It is, nevertheless, just this physiological side of the process of repression which merits our closest attention. Again and again it is striking to find how the dissolution of a muscular rigidity not only liberates vegetative energy, but, in addition, also brings back into memory the very infantile situation in which the repression had taken effect. We can say: *Every muscular rigidity contains the history and the meaning of its origin.* It is thus not necessary to deduce from dreams or associations the way in which the muscular armor developed; rather, the armor itself is the form in which the infantile experience continues to exist as a harmful agent. The neurosis is

by no means only the expression of a disturbed psychic equilibrium; much more correctly and significantly, it is the *expression of a chronic disturbance of the vegetative equilibrium and of natural motility.*

The term "psychic structure" assumed a special connotation. It means the character of an individual's *spontaneous* reactions, the condition that is typical of him as the result of all the synergistic and antagonistic forces within him. That is, *a certain psychic structure is at the same time a certain biophysiological structure;* it is a representation of the interplay of the vegetative forces within a person. The change in structure which we bring about by our therapy is nothing but a change in the interplay of vegetative forces in the organism.

The muscular attitudes have a particular significance for character-analytic technique. Namely, they make it possible, if necessary, to avoid the devious approach via the psychic manifestations, and to break through to the affects directly, from the bodily attitude. If this is done, the repressed affect appears *before* the corresponding memory. In this way, the discharge of affect is guaranteed, provided the chronic muscular attitude was well understood and properly dissolved. If one attempts to produce the affects by a purely psychological approach, the discharge of affects is left to chance. The character-analytic work on the layers of the character incrustations is the more effective, the more completely it brings about a dissolution of the corresponding muscular attitudes. In a great many cases, psychic inhibitions give way only to a direct loosening of the muscular tensions.

The rigidity of the musculature is the somatic side of the process of repression, and the basis for its continued existence. It is never a matter of individual muscles that become spastic, but of muscle groups forming a functional unit from a vegetative point of view. If, e.g., an impulse to cry is to be suppressed, not only the lower lip becomes tense, but also the whole musculature of the mouth, the jaw and the throat; that is, all the muscles which, as a functional unit, become active in the process of crying.

ABDOMINAL TENSION AND RESPIRATORY INHIBITION

Space does not permit describing or even enumerating the various muscular attitudes one encounters in vegetotherapeutic work. I can refer only to the fundamental mechanisms of repression: abdominal tension and inhibition of respiration. These mechanisms involve particularly three functional muscle groups: diaphragm, abdominal wall, and pelvic floor.

There is no neurotic individual who does not show a tension in the abdomen. So important has the treatment of this abdominal tension become in our work, writes Reich, that today it seems incomprehensible how it was possible to bring about even partial cures in neuroses without knowing the symptomatology of the solar plexus. If one has a patient exhale deeply and then exerts a slight pressure on the abdominal wall about one inch below the sternum, one notices a reflex-like tension or a constant resistance; very often, the patient experiences a pain similar to that when the testicle is squeezed. Patients whose complaint is that of a chronic feeling of pressure or of a girdle show a board-like rigidity in the upper abdominal musculature. This abdominal tension has the function of exerting a pressure on the solar plexus.

The same function is fulfilled by the tense diaphragm in its position of downward pressure. There is no neurotic individual who is capable of exhaling in one breath, deeply and evenly; in all neurotic individuals, without exception, one finds *a tonic contracture of the diaphragm.* This contracture shows itself in the fact that the patients can exhale only in a shallow

and jerky manner. Let one imagine that one is frightened, or in anticipation of a great danger. Instinctively, one will draw in one's breath and remain in this attitude. As one cannot continue to do so, one will breathe out again. However, expiration will be incomplete and shallow; one does not breathe out completely in one breath, but in fractions, in steps, as it were. In fright, one involuntarily breathes in; the diaphragm contracts and compresses the solar plexus from above.

The patients have developed all conceivable practices which prevent deep expiration. They exhale "jerkily," or, as soon as the air is let out, they quickly bring their chest back into the inspiratory position. In expiration, the diaphragm is raised, and the amount of pressure on the organs below it—including the solar plexus —diminishes. When, in the course of treatment, we bring about a decrease in the tension of the diaphragm and of the abdominal muscles, the solar plexus is freed of the abnormal pressure to which it was subjected. This is shown by the appearance of a sensation which is like that which one experiences on a roller coaster, in an elevator which suddenly starts going down, or in falling. With deep expiration, there appear in the abdomen vivid sensations of pleasure or anxiety. The function of the respiratory inhibition (inhibition of expiration) is exactly that of avoiding the occurrence of these sensations.

Clinical experience shows this to be an extremely important phenomenon. A full understanding of this muscular action is provided by the results of the character-analytic investigation of early infantile mechanisms. Children fight lasting and painful anxiety states, which are accompanied by typical sensations in the "stomach," by holding their breath and pulling in their abdomen. They do the same thing when they have pleasurable sensations in the abdomen or in the genitals and are afraid of them. Holding the breath and keeping the diaphragm contracted is one of the earliest and most important mechanisms for suppressing sensations of pleasure in the abdomen as well as for nipping in the bud "belly anxiety." This mechanism of holding the breath is aided by abdominal pressure which has a similar effect. Everyone knows these vegetative sensations in the abdomen, though they are described in diverse ways. Patients complain of an intolerable "pressure" in the stomach, or of a girdle which "restricts." Others have a certain spot in the abdomen which is very sensitive. Everybody is afraid of getting punched in the abdomen. This fear becomes the center of very rich phantasies. Others have the feeling that "there is something in the belly that can't get out"; "it feels like a dinnerplate in my belly"; "my belly is dead"; "I have to hold on to my belly"; etc., etc. Most of the phantasies of small children about pregnancy and childbirth center around the vegetative sensations in their abdomen.

Reich describes a patient who was on the verge of a severe melancholia. Her musculature was highly hypertonic, and during a whole year she could not be brought to the point of showing any affective reaction. Finally the situation became clear. At the merest sign of an affect, she would "adjust something in her belly," hold her breath and stare out of the window as if looking into the distance. Her eyes assumed an empty expression, as if turned inward. The abdominal wall became tense and the buttocks were drawn in. As she said later: "I make my belly dead, then I don't feel anything any more; otherwise, my belly has a bad conscience." What she meant was, "Otherwise, it has sexual sensations *and therefore* a bad conscience."

The way in which our children accomplish this "blocking off of sensations in the belly" by way of respiration and abdominal pressure is typical and universal. This technique of emotional control, a kind of universal Yoga method, is

something which vegetotherapy has difficulty in combatting.

Particularly in the last phases of the treatment, when preorgastic sensations become increasingly strong, one finds that the patients keep the muscles of the *pelvic floor* pulled up and tense. While the diaphragm compresses the solar plexus from above and the abdominal wall compresses it from in front, the contraction of the pelvic floor serves the function of decreasing the abdominal space by pressing from below. The dissolution of these tensions reveals the most varied infantile mechanisms of vegetative control and brings out all kinds of pregenital phantasies. It shows how the mechanisms of genital inhibition are acquired in the course of a premature and brutal training to excremental cleanliness, followed by the prohibition of infantile masturbation. The fear of genital excitation often appears in the form of the fear of involuntary loss of urine or feces during the sexual act.

How can the mechanism of holding the breath suppress or eliminate affects? That was a question of decisive importance. For it had become clear that the inhibition of respiration was *the* physiological mechanism of the suppression and repression of emotion, and consequently, *the basic mechanism of the neurosis in general.* Simple consideration said: the biological function of respiration is that of introducing oxygen and eliminating carbon dioxide from the organism. The oxygen of the introduced air accomplishes the combustion of the digested food in the organism. Chemically speaking, combustion is everything that consists in the formation of compounds of body substance with oxygen. In combustion, energy is created. Without oxygen, there is no combustion and consequently no production of energy. In the organism, energy is created through the combustion of food stuffs. In this process, heat and kinetic energy are created. Bioelectricity, also, is created in the process of combustion. If respiration is reduced, less oxygen is introduced; only as much as is needed for the maintenance of life. If a smaller amount of energy is created in the organism, the vegetative impulses are less intense and consequently easier to master. The inhibition of respiration, as it is found regularly in neurotics, has, biologically speaking, the function of reducing the production of energy in the organism, and thus, of reducing the production of anxiety.

An example will illustrate the significance of respiration for the activity of the abdominal vegetative ganglia. In one patient there occurred, in the course of repeated deep expirations, a marked sensitivity of the pelvic region. To this he would react with holding his breath. If one touched his thigh or lower abdomen, ever so gently, he would pull himself together with a start. However, if one had him exhale deeply several times, he did not react to being touched at all. When he held his breath again, the irritability of the pelvic region promptly reappeared. This could be repeated *ad libitum.*

This clinical detail, Reich comments, is very revealing. Deep inspiration (holding the breath) dams up the biological energy of the vegetative centers and thus increases the reflex irritability. Repeated deep expiration reduces the stasis and with it the anxious irritability. The inhibition of respiration—specifically, of deep expiration—thus creates a conflict: the inhibition serves the purpose of damping the pleasurable excitations of the central vegetative apparatus; but just in doing so, it creates an increased susceptibility to anxiety and increased reflex irritability. Another bit of the problem of the conversion of sexual excitation into anxiety thus became understandable.

The neurotic inhibition of respiration, then, is a central part of the neurotic mechanism in general, in two ways: It blocks the normal vegetative activity of the organism; and thus it creates the

source of energy for all kinds of neurotic symptoms and phantasies.

4. THE BASIC ANTITHESIS BETWEEN SEXUALITY AND ANXIETY.

Freud's original concept of the relationship between sexuality and anxiety was this: if somatic sexual excitation is barred from perception and discharge, it is converted into anxiety. But how this conversion took place, nobody knew. However, Reich found the therapeutic problem to be that of reverting this process, i.e., of liberating sexual energy, of turning stasis anxiety[3] back into sexual excitation. The question was, therefore, how does this original conversion of sexual excitation into anxiety take place? Reich's observations led to an important revision of Freud's original formulation. I quote:

"In 1924, I treated two women with cardiac neurosis in the psychoanalytic clinic. With them, whenever genital excitation appeared, cardiac anxiety subsided. In one case the alternation of cardiac anxiety and genital excitation could be observed for weeks. Every inhibition of vaginal excitation would immediately result in oppression and anxiety in the region of the heart. This observation beautifully confirmed Freud's original concept of the relationship between libido and anxiety. But it showed more than that: it was now possible to localize the seat of the sensation of anxiety: it was the cardiac and diaphragmatic region. The other patient showed a similar interrelationship, but, in addition, she showed an urticaria. When the patient did not dare to permit her vaginal excitation to make itself felt, there occurred *either* cardiac anxiety *or* large itching wheals in various places. Obviously, sexual excitation and anxiety had something to do with the functions of the vegetative nervous system."

"Freud's original formulation thus underwent the following correction. *There is no conversion* of sexual excitation into anxiety. *The same excitation which appears in the genital as pleasure, manifests itself as anxiety when it stimulates the cardiovascular system.* That is, in the latter case it appears as *the exact opposite of pleasure.* The vasovegetative system will function at one time in the direction of sexual excitation, and again, when the latter is inhibited, in the direction of anxiety. . . . *Sexuality and anxiety represent two opposite directions of vegetative excitation.*"

This antithesis, it was subsequently shown, was only one in a series of antithetical phenomena which form the basic antithesis of vegetative life in general: the fundamental functions of *expansion* and *contraction*. They can be demonstrated in the psychic as well as the somatic sphere. All biological impulses and sensations can be reduced to these fundamental functions.

There is a functional antithesis between *center* and *periphery* of the organism. *Sexuality* is the biological function of expansion ("out of the self") from center to periphery. Conversely, *anxiety* is but the reverse direction from periphery to center ("back into the self"). Sexuality and anxiety are one and the same process of excitation, only in opposite directions. In sexual excitation, the peripheral vessels are dilated; in anxiety, one feels a tension within one—(in the center)—as if one were going to burst; the peripheral vessels are contracted. In sexual excitation, the penis expands, in anxiety it shrinks. The "biological energy center" is the source of the functioning energy; at the periphery is the functioning itself, in the contact with the world, in the sexual act, in the orgastic discharge, in work, etc.

What is, Reich asked himself, the relationship between these two fundamental functions of expansion and contraction,

[3] What Freud called "actual neuroses" and "actual anxiety," Reich termed "stasis neuroses" and "stasis anxiety," thus indicating the mechanism involved.

and the autonomic nervous system? Upon detailed examination of the highly complicated vegetative innervation of the organs, one finds the *parasympathetic* operative wherever there is expansion, hyperemia, turgor and pleasure. Conversely, the sympathetic is found functioning wherever the organism *contracts,* withdraws blood from the periphery, where it shows pallor, (parasympathetic dilation), the pulse is full and quiet. In anxiety, the heart contracts and beats rapidly and forcibly. In the first case, it drives the blood through wide blood vessels, its work is easy; in the second case, it has to drive the blood through constricted blood vessels, and its work is hard. In the first case, the blood is predominantly distributed in the periph-

	ANXIETY SYNDROME	PLEASURE SYNDROME
Peripheral vessels	constricted	dilated
Heart action	accelerated	retarded
Blood pressure	increased	decreased
Pupil	dilated	constricted
Secretion of saliva	decreased	increased
Musculature	paralyzed or spastic	in a state of tonus, relaxed

anxiety or pain. If we go one step further, we see that the parasympathetic represents the direction of expansion, "out of the self —toward the world," pleasure and joy; the sympathetic, on the other hand, represents the direction of contraction, "away from the world—back into the self," sorrow and pain. The life process takes place in the form of a pulsation, a constant alternation of expansion and contraction.

Further consideration shows the identity on the one hand of parasympathetic function and *sexual* function; on the other hand of sympathetic function and the function of *unpleasure* or *anxiety*. We may see that the blood vessels during pleasure dilate at the periphery, the skin reddens, pleasure is felt from mild pleasurable sensations to sexual ecstasy; while in a state of anxiety, pallor, contraction of the blood vessels and unpleasure go hand in hand. In pleasure, "the heart expands" eral vessels; in the second case, the constricted blood vessels dam it up in the direction of the heart. This makes it immediately evident why anxiety is accompanied by the sensation of oppression, and why cardiac oppression leads to anxiety. It is the picture of cardiovascular hypertension, which plays such an important role in organic medicine. This hypertension corresponds to a general condition of sympatheticotonic contraction in the organism.

On the highest, i.e., psychic level, biological expansion is experienced as pleasure, contraction as unpleasure. On the instinctual level, expansion and contraction function as sexual excitation and anxiety, respectively. On a deeper physiological level, expansion and contraction correspond to the function of the parasympathetic and sympathetic, respectively. According to the discoveries of Kraus and

The following table presents the two series of functions according to their depth:

PLEASURE	UNPLEASURE AND ANXIETY
Sexuality	Anxiety
Parasympathetic	Sympathetic
Potassium	Calcium
Lecithin	Cholesterin
OH-ions, cholin (hydrating bases)	H-ions, adrenalin (dehydrating acids)
FUNCTION OF EXPANSION	FUNCTION OF CONTRACTION

Zondek, the parasympathetic function can be replaced by the potassium ion group, the sympathetic function by the calcium ion group. We thus get a convincing picture of a *unitary functioning in the organism, from the highest psychic sensations down to the deepest biological reactions.*

On the basis of this formula of unitary-antithetical psychosomatic functioning, some seeming contradictions of autonomic innervation became clear. Previously, the autonomic innervation of the organism had seemed to lack order. Muscles are made to contract one time by the parasympathetic, the other time by the sympathetic. Glandular function is one time stimulated by the parasympathetic (genital glands), another time by the sympathetic (sweat glands). The attempt to bring order into what seemed a chaos was successful when Reich began to examine the vegetative innervation of each organ in terms of the biological functions of expansion and contraction of the *total organism*. In other words, he asked himself how this or that organ would normally function in pleasure and anxiety, respectively; and what kind of autonomic innervation would be found in each case. Thus, the seemingly contradictory innervation, when examined *in terms of the function of the total organism,* revealed itself as entirely orderly and understandable.

This can be most convincingly demonstrated by the antagonistic innervation of the "center," the heart, and the "periphery," the blood vessels and muscles. The parasympathetic stimulates the blood flow in the periphery by dilating the blood vessels, but inhibits the heart action; conversely, the sympathetic inhibits the blood flow in the periphery by contracting the vessels, but stimulates the heart action. In terms of the total organism, this antagonistic innervation is understandable, for in anxiety the heart has to overcome the peripheral constriction, whereas in pleasure it can work peacefully and slowly. There is a functional antithesis between center and periphery.

The reduction of autonomic innervation to the basic biological functions of expansion and contraction was, of course, an important step forward. The parasympathetic, then, always stimulates the organs—regardless of whether it is in the sense of tension or relaxation—when the *total organism* is in a state of pleasurable expansion. Conversely, the sympathetic stimulates the organs in a biologically meaningful way when the total organism is in a state of anxious contraction. The life process, in especial respiration, can thus be understood as a constant state of oscillation in which the organism continues to alternate, pendulum-like, between parasympathetic expansion (expiration) and sympathetic contraction (inspiration).

If this biological state of oscillation is disturbed, if either the function of expansion or that of contraction predominates, then

Parasympathetic	*Sympathetic*
Swelling, expansion	Shrinking
Increased turgor (surface tension)	Decreased turgor (surface tension)
Central tension low	Central tension high
Opening up	Closing up
"Toward the world, out of the self"	*"Away from the world, back into the self"*
Sexual excitation; skin warm, red	*Anxiety;* pallor, cold sweat
"Streaming" from center to periphery	"Streaming" from periphery to center

Vagotonia, relaxation ← Life process oscillating between → *Sympatheticotonia, hypertension*

a disturbance of the biological equilibrium in general is inevitable. Long continuation in a state of expansion is synonymous with general *vagotonia* (parasympatheticotonia); conversely, long continuation in a state of anxious contraction is synonymous with *sympatheticotonia.* Thus, all somatic conditions which are clinically known as cardiovascular hypertension, become understandable as conditions of a chronically fixed sympatheticotonic attitude of anxiety. In the center of this general sympatheticotonia is orgasm anxiety, that is, the fear of expansion and involuntary contraction.

Reich points out that the physiological literature contained a wealth of data regarding the complicated mechanisms of autonomic innervation, and that the achievement of his sex-economic theory was not that of having discovered new facts in this field. The achievement was, rather, that of having reduced generally known innervations to a generally valid basic biological formula. Thus, the orgasm theory could claim to have made an essential contribution to an understanding of the physiology of the organism.

Finally, these clinical findings, corroborated by a multitude of previously unrelated physiological and biological facts, were *experimentally* confirmed. Reich measured the electric potentials on the surface of the organism and found: An increase in bio-electric charge occurs only with biological pleasure accompanied by the feeling of vegetative current. All other excitations—pain, fright, anxiety, pressure, annoyance, depression—are accompanied by a decrease in surface charge of the organism. Sexual excitation was thus found to be identical with bio-electrical charge of the periphery of the organism. Freud's concept of the libido as a measure of psychic energy is no longer a mere simile; it covers actual bio-electrical processes. Sexual excitation alone represents bio-electrical functioning in the direction of the periphery ("toward the world—out of the self"). In other words, the basic antithesis between sexuality and anxiety was experimentally confirmed by the finding of the same antithesis in the bio-electrical reactions of the organism.

In these experiments, individuals who are not psychically disturbed and who are capable of orgastic sensations, individuals, in other words, who are not vegetatively rigid, are able to state what is taking place at the apparatus in the adjoining room. The intensity of the pleasure sensation corresponds exactly to the quantity of the bio-electric charge of the surface, and vice versa. The sensations of "being cold," "being dead," "having no contact" which are experienced by neurotic individuals, are the expression of a deficiency in bio-electric charge in the body periphery. Correspondingly, it was found that in individuals who were strongly blocked emotionally, who were vegetatively rigid and incapable of orgastic sensations, the bio-electrical charge in the body periphery was low and showed no, or only minimal, fluctuations.

The formula of *tension and charge,* a clinical finding, thus found its experimental confirmation. Biological excitation is a process which, in addition to mechanical tumescence, requires bio-electrical charge. Orgastic gratification is a bio-electrical discharge, followed by a mechanical relaxation (detumescence).

The biological process of expansion, as exemplified in the erection of an organ or the putting out of pseudopodia in the ameba, is the outward manifestation of the movement of bio-electrical energy from the center to the periphery of the organism. What is moving here is—in the psychic as well as the somatic sense—the bio-electrical charge itself.

Since only vegetative pleasure sensations are accompanied by an increased charge of the body surface, *pleasurable excitation must be considered the specifically productive process in the biological system. Thus,*

the process of sexual pleasure is the life process per se. This is not just a manner of speaking, but an experimentally proved fact.

Anxiety, as the fundamental functional antithesis of sexuality, is concurrent with death. It is, however, not identical with death. For, in death, the central source of energy becomes extinguished; in anxiety, however, the energy is withdrawn from the periphery and dammed up in the center, creating the subjective sensation of oppression.

These facts give the concept of *sex-economy* a concrete meaning in terms of natural science. It means the manner of regulation of bio-electric energy, or what is the same thing, of the economy of the sexual energies of the individual. "Sex-economy" means the manner in which an individual handles his bio-electric energy; how much of it he dams up and how much of it he discharges orgastically. As we have to take the bio-electric energy of the organism as our basic point of departure, a new avenue of approach to the understanding of organic disease is opened.

The neuroses now appear to us in a fundamentally different light than to the psychoanalysts. They are by no means just the result of unresolved psychic conflicts and infantile fixations. Rather, *these fixations and conflicts cause fundamental disturbances of the economy of the bio-electric energy and thus become anchored somatically.* For this reason, a separation of psychic from somatic processes is not possible or tenable. Psychic illnesses are biological disturbances, manifesting themselves in the somatic as well as in the psychic sphere. The basis of the disturbances is a deviation from the natural modes of discharge of biological energy.

Psyche and soma form a functional unity, having at the same time an antithetical relationship. Both function on the basis of biological laws. Deviation from these biological laws is a result of social factors in the environment. *The psychosomatic structure is the result of a clash between social and biological functions.*

The function of the orgasm becomes the measuring rod of psychophysical functioning because in it the function of biological energy is expressed.

5. THE ORGASM REFLEX AND UNITARY PSYCHOSOMATIC FUNCTIONING.

The orgasm formula. Even early clinical investigation of the orgasm had made clear the fact that the mechanical functions of tumescence and detumescence cannot account for the orgastic phenomena. For example, the genital may be filled with blood, there may be erection, ejaculation and detumescence, *yet, any trace of pleasurable excitation may be absent,* and the sexual act may not only fail to give satisfaction, but may be followed by unpleasurable sensations and disgust. That is, erective and ejaculative potency are nothing but prerequisites for orgastic potency. In the course of the years, clinical observation as well as bio-electrical experiment *showed the orgasm to be a phenomenon of electrical discharge.* In other words, what has to be added to the mechanical functions of tumescence and detumescence, in order to produce orgastic sensations and the orgastic reaction, is the electrical *function of charge and discharge.* On closer investigation of the process, one discovers a peculiar four-beat: 1) The organs fill with fluid: erection with mechanical tension. 2) This leads to an intense excitation, which is of an electrical nature: *electrical charge.* 3) In the orgasm, the electrical charge or sexual excitation is discharged in muscular contractions: *electrical discharge.* 4) This is followed by a relaxation of the genitals through a flowing back of the body fluids: *mechanical relaxation.* This four-beat: MECHANICAL TENSION → ELECTRICAL CHARGE → ELECTRICAL DISCHARGE → MECHANICAL RELAXATION Reich termed the *orgasm formula.* (The

fact that this is the formula of living functioning in general can only be mentioned here.)

The orgasm reflex. In the vegetotherapeutic process of dissolving the muscular rigidities, one regularly observes a most impressive phenomenon. When a chronic muscular spasm is dissolved, there appear clonic contractions of the musculature, accompanied by various vegetative sensations (often described by patients as "flowing sensations" or "currents"). As time goes on, these contractions lose more and more their chaotic, disjointed character and take on the form of a unitary reflex which takes in the whole body in one co-ordinated movement which corresponds to that of sexual surrender. This is what Reich termed the *orgasm reflex.* The very same motions which, appearing in individual muscle groups, represent pathological reactions of the organism in the service of warding off sexual pleasure, are —in their *totality,* in the form of a wave-like movement of the total body—the basis of spontaneous vegetative capacity for pleasure. The orgasm reflex does not get fully established until *orgasm anxiety* is completely overcome, which presupposes a complete dissolution of the character armor and the muscular armor. At a time when the successive layers of the character armor have been almost completely dissolved and the vegetative energies almost completely liberated, the patient experiences orgasm anxiety in its undisguised form. At this point it becomes clear that all the psychic and somatic defenses with which one had to struggle were only a superstructure and were motivated by this basic orgasm anxiety. To this, the patient reacts with an intensification of his psychic defense mechanisms as well as the muscular ones. The defense against the orgasm reflex causes a series of vegetative disturbances, as, e.g., chronic constipation, muscular rheumatism, sciatica, etc. In many cases, constipation, though it may have been present for decades, disappears with the development of the orgasm reflex. Its full development is often preceded by nausea and vertigo, spastic conditions of the throat, isolated contractions in the abdominal musculature, the diaphragm, the pelvis, etc. All of these symptoms, however, disappear as soon as the full development of the orgasm reflex succeeds. The "stiff, dead, retracted" pelvis is one of the most common vegetative disturbances in the human. The chronic retraction of the pelvis is so common that the resulting pathological lordosis is generally considered as "normal." The resulting "lower back pains," an everyday complaint particularly of women, are a therapeutic problem which surgeons often try to solve through immobilizing the pelvis by "sacro-iliac fusion"; it can be really solved only by the opposite measure, that of mobilizing the pelvis.

The investigation of the orgastic function raised many questions involving the psychosomatic problem. The study of the relationship between stasis neurosis and psychoneurosis, e.g., raised the question as to the relationship between idea and somatic excitation. Gradually it became clear that *the intensity of an idea depends upon the intensity* of the somatic excitation with which it is connected. Emotions originate from the instincts, consequently from the somatic sphere. Ideas, on the other hand, certainly are a definitely "psychic," "non-somatic" thing. *What, then,* Reich asked, *is the connection between the "non-somatic" idea and the "somatic" excitation?* For example, the idea of sexual intercourse is vivid and forceful if one is in a state of full sexual excitation. For some time after sexual gratification, however, it cannot be vividly reproduced; it is dim, colorless and vague. Just here must the secret of the interrelation between the "physiogenic" anxiety neurosis and the "psychogenic" psychoneurosis be hidden. The compulsive stu-

dent (above, p. 34) temporarily lost all his psychic compulsion symptoms after he had experienced sexual gratification; with the return of sexual excitation, they recurred and lasted until the next occasion of gratification. The waiter with erective impotence (above, p. 37), on the other hand, had meticulously worked through everything in the psychic realm, but in him, sexual excitation remained absent; the unconscious ideas at the root of his erective impotence had not been touched by the treatment.

Thus, Reich found that an idea, endowed with a very small amount of energy, is capable of provoking an *increase* of excitation. The excitation thus provoked, in turn makes the idea vivid and forceful. If the excitation subsides, the idea collapses also. If, as in the case of the stasis neurosis, the idea of sexual intercourse does not arise in consciousness, due to moral inhibition, the excitation attaches itself to other ideas which are less subject to censorship. From this, Reich concluded: the stasis neurosis is a somatic disturbance, caused by sexual excitation which is misdirected because it is frustrated. However, without a psychic inhibition, sexual energy can never become misdirected. Once an inhibition has created the sexual stasis, this in turn may easily increase the inhibition and reactivate infantile ideas which then take the place of normal ones. That is, infantile experiences which in themselves are in no way pathological, may, due to a present-day inhibition, become endowed with an excess of sexual energy. Once that has happened, they become urgent; being in conflict with adult psychic organization, they have to be kept down by repression. Thus, the chronic psychoneurosis with its infantile sexual content develops on the basis of a sexual inhibition which is conditioned by present-day circumstances and is apparently "harmless" at the outset. This is the nature of Freud's "regression to infantile mechanisms." This mechanism Reich found in all patients. If the neurosis had developed not in childhood, but at a later age, it was shown regularly that some "normal" inhibition or difficulty of the sexual life had created a stasis, and this in turn had reactivated infantile incestuous desires and sexual anxieties.

Freud had postulated a physiological foundation for psychoanalysis. His "unconscious" was deeply rooted in the biophysiological realm. But in studying the function of the orgasm, Reich learned that, in the somatic realm, it is not admissible to think in terms derived from the psychic realm. Every psychic occurrence has, in addition to its causal determination, a *meaning* in terms of a relation to the environment. To this corresponded the psychoanalytic *interpretation*.

However, in the physiological realm, there is no such "meaning," and its existence cannot be assumed without re-introducing a supernatural power. The living simply functions, it has no "meaning." The study of the physiological foundation of psychic life raised the new question as to the correct method of investigation. To say that the soma influences the psyche, was correct, but one-sided. That, conversely, the psyche influences the soma, was an everyday observation. But it is inadmissible to enlarge the concept of the psyche to the extent of applying its laws to the soma. The concept that psychic and somatic processes are mutually independent, and only in "interaction," is contradicted by daily experience.

Reich reasoned: The psyche is determined by *quality*, the soma by *quantity*. In the psyche, the determining factor is the *kind* of an idea or wish; in the soma, however, it is the *amount* of energy at work. But the study of the orgasm showed that *the quality of the psychic attitude depended on the amount of the underlying somatic excitation*. What was clear was only that the biological energy dominates

the psychic as well as the somatic. Insofar, there is functional unity. True, biological laws can apply in the psychic realm, but the converse is not true. This necessitated a critical evaluation of Freud's concept of the instincts.

The unconscious itself, according to Freud, cannot be grasped. But if it "dips into" the biophysiological realm, it must be possible to grasp the *common factor* which dominates the *whole* biopsychic apparatus. This common factor cannot be the "meaning," nor can it be the "purpose"; these are secondary functions. From a consistent functional point of view, there is, in the biological realm, no purpose, no aim; only function and development, following certain laws. There remained the dynamic structure, *the balance of forces.* This is valid in all realms. What psychology calls "tension" and "relaxation" is an antithesis of forces. This antithesis of forces is at work in the whole biopsychic apparatus. There is unity of the psychic and the somatic, and along with unity, there is, at the same time, antithesis.

Every psychic impulse is functionally identical with a definite somatic excitation. The concept that the psychic apparatus functions by itself and influences the somatic apparatus—which also functions by itself—is not in keeping with the facts. A jump from the psychic into the somatic is inconceivable, for the assumption of two separate fields is erroneous. Nor can an idea, such as that of going to sleep, exert a somatic influence unless it is itself already the expression of a vegetative impulse. The development of an idea from a vegetative impulse is one of the most difficult problems confronting psychology. Clinical experience leaves no doubt that the somatic symptom as well as the unconscious idea are *results* of a conflicting vegetative innervation. This finding does not contradict the fact that one may be able to eliminate a somatic symptom by way of making its psychic meaning conscious; for, any alteration brought about in the realm of psychic ideas is of necessity identical with alterations of vegetative excitation. That is, not the becoming conscious of an idea in itself is what cures, but the alteration that is brought about in the vegetative excitation.

Thus, we find the following succession of functions in the course of the influence of an idea upon the somatic sphere:

a) The psychic excitation is identical with the somatic excitation;

b) The fixation of a psychic excitation occurs as a result of the establishment of a definitive vegetative state of innervation;

c) The alteration of the vegetative state alters the functioning of the organ;

d) The "psychic meaning of the organic symptom" is nothing but the somatic attitude in which the "psychic meaning" expresses itself. (Psychic reserve expresses itself in a vegetative holding back; psychic hatred expresses itself in a definite vegetative attitude of hatred; the two are identical and cannot be separated);

e) The established vegetative state in turn acts on the psychic state.

The perception of an actual danger functions identically with a sympathetico-tonic innervation; this in turn increases the anxiety; the increased anxiety calls for an armoring process which is synonymous with binding of vegetative energy in the muscular armor; this armor, in turn, reduces the possibility of discharging energy and thus increases the tension, etc.

The psychic and the somatic operate, from the point of view of biopsychic energy, as two systems which are *unitary* as well as *conditioning each other.*

As an illustration, Reich gives the following, unusually interesting case:

"An extremely pretty and sexually attractive young woman complained about the feeling that she was ugly, as she did not have a unitary feeling of her body. She described her condition as follows: 'Every part of my body acts on its own. My legs are here and

my head is there, and I never really know where my hands are. I don't have my body together.' That is, she suffered from the well-known disturbance of self-perception, the extreme form of which is schizoid depersonalization. During the vegetotherapeutic work, she showed a very peculiar connection between the various functions of the muscular attitudes in her face. From the very start of the treatment, the 'indifferent' expression in her face was striking. This expression of 'indifference' gradually became so intense that the patient began to suffer keenly from it. When one would talk to her, even about serious subjects, she would always stare into a corner of the room or out of the window. With this, her face would wear an indifferent expression and her eyes would have an empty, 'lost' look. As this indifferent expression was thoroughly analyzed and dissolved, a different facial expression appeared clearly of which one had seen only a trace before. The region of mouth and chin had a different expression from eyes and forehead. As this new expression became more distinct, it became clear that mouth and chin were 'angry,' while eyes and forehead were 'dead.' These were the words that expressed the inner perception that the patient had of these attitudes.

I proceeded first to work out separately the expression in mouth and chin. In the course of this work there developed incredibly violent reactions of inhibited impulses to bite; they had been developed toward her father and her husband, without, however, being lived out. The impulses of violent anger which were thus expressed in the attitude of her mouth and chin had been covered up by an attitude of indifference in the whole face; it was only after the elimination of the indifference that the angry expression at the mouth came to light. The function of the indifference was that of keeping the patient from constantly being exposed to the painful perception of the hatred that would have been expressed by her mouth. After about two weeks' work at the mouth region, the angry expression disappeared completely in connection with the analysis of a very intense reaction of disappointment. One of her outstanding character traits was the compulsion to demand love constantly and to become angry when her impossible demands were not satisfied. After the attitude of mouth and chin was dissolved, there appeared preorgastic contractions in the whole body, at first in the form of a wavelike serpentine movement which also took in the pelvis. However, genital excitation was inhibited at a definite place. During the search for the inhibitory mechanism the expression of eyes and forehead gradually became more pronounced. The expression became one of an angry, observing, critical and attentive gaze. Only now did the patient become aware of her attitude 'never to lose her head'; she always had to be 'on guard.'

The way in which vegetative impulses come to light and become more distinct is one of the most peculiar phenomena which we see in vegetotherapy. It cannot really be described; it has to be experienced clinically.

In this patient, the 'dead' forehead had covered up the 'critical' one. The next question was that as to the function of the 'critical, angry' forehead. An analysis of the details of her mechanism of genital excitation revealed the fact that her forehead 'watched closely what the genital was doing.' Historically the severe expression of eyes and forehead derived from an identification with her father who was a very moral person with a strict ascetic attitude. At a very early age, her father had again and again impressed on her the danger of giving in to sexual desires; in particular, he had pictured the ravages of the body by syphilis. Thus, the forehead had taken the place of the father in guarding against the temptation of giving in to a sexual desire.

The interpretation that she had identified herself with her father is in no way sufficient. The question is, first, why did this identification take place just where it did, namely at the forehead; and, second, *what maintained this function in the immediate present?* We have to make a strict distinction between the historical explanation of a function and the dynamic explanation in terms of the immediate present. These are two entirely different things. We do not eliminate a somatic symptom by making it historically understandable. We cannot do without the knowl-

edge of the function which an attitude serves in the immediate present. (This is not to be confused with the present-day conflict.) The derivation of the watchful forehead from the identification with the severe father would not budge the orgastic disturbance in the least.

The further course of the treatment proved the correctness of this view. For, to the same extent to which the 'dead' expression was replaced by the 'critical' expression, the defense against genitality became accentuated. Following this, the critical, severe expression began to alternate with a cheerful, somewhat child-like expression in forehead and eyes. That is, at one time the patient felt in harmony with her genital desire, the other time she had a critical defensive attitude toward it. With the final disappearance of the critical attitude of the forehead and its replacement by the cheerful attitude, the inhibition of genital excitation disappeared also."

This patient, comments Reich, had the sensation of a body that was divided, not integrated, not united. This is why she lacked the consciousness and the feeling of her sexual and vegetative gracefulness. How is it possible that an organism which, after all, forms a unitary whole, can "fall apart" as far as its perception is concerned? The term "depersonalization" means nothing, for it needs itself to be explained. How is it possible, Reich asked himself, that parts of the organism, as if separated from it, can function on their own? Psychological explanations will not get us anywhere here, for, the psychic depends, in its emotional function, completely on the functions of expansion and contraction in the vegetative apparatus. This apparatus is a non-homogeneous system. Clinical and experimental evidence show that the process of tension and charge may take place in the body as a whole as well as in individual groups of organs alone. The vegetative apparatus is capable of showing parasympathetic excitation in the upper abdomen and at the same time sympatheticotonic excitation in the lower abdomen. Similarly, it may produce tension in the muscles of the shoulders, and at the same time relaxation or even flaccidity in the legs. This is possible only because, as stated before, the vegetative apparatus is not a homogeneous structure. In an individual engaged in sexual activity, the region of the mouth may be excited, while at the same time the genital may be completely unexcited or even in a negative state, or vice versa.

These facts provide a sound basis for an evaluation of *what is "healthy" and what is "sick" from a sex-economic point of view. The basic criterion of psychic and vegetative health is the ability of the organism to act and react, as a unit and as a totality, in terms of the biological functions of tension and charge.* Conversely, we have to consider as pathological any non-participation of single organs or organ groups in the unity and totality of the vegetative function of tension and charge, if it is chronic and represents a lasting disturbance of the total functioning of the organism.

Clinical experience shows, furthermore, that disturbances of self-perception really disappear only after the orgasm reflex is fully developed. Then, it is as if all organs and organ systems of the body were gathered into one single experiential unit, with regard to contraction as well as to expansion.

From this point of view, depersonalization becomes understandable as a *lack of charge,* i.e., as a disturbance of the vegetative innervation of individual organs or organ systems, of the fingertips, the arms, the head, the legs, the genital, etc. Disunity of the perception of one's own body also is caused by the interruption, in this or that part of the body, of the current of excitation. This is particularly true of two regions: one is the neck, where a spasm blocks the progression of the wave of excitation from chest to head; the other is

the musculature of the pelvis, which, when spastic, interrupts the course of the excitation from abdomen to genitals and legs.

Every disturbance of the ability to experience fully one's own body, damages self-confidence as well as the unity of the bodily feeling. At the same time, it creates the need for compensation. The perception of one's vegetative wholeness, which is the natural and the only safe basis for a strong self-confidence, is disturbed in all neurotic individuals. This disturbance manifests itself in the most diverse ways; its extreme degree is the complete splitting of the personality. There is no fundamental difference between the simple sensation of being emotionally cold and stiff on the one hand, and schizophrenic dissociation, lack of contact and depersonalization on the other hand; there is only a quantitative difference, though it shows itself also qualitatively. The feeling of wholeness is connected with the feeling of an immediate contact with the world. When, in the course of therapy, the unity of the orgasm reflex is established, the feeling of *depth* and *earnestness,* which was lost long ago, comes back. In this connection, patients recall that period in their early childhood in which the unity of their bodily sensations was as yet undisturbed. Deeply moved, they relate how, as small children, they felt one with nature, with everything around them, how they felt "alive"; and how all this was subsequently broken to pieces and destroyed by their training.

THE ORGASM REFLEX. A CASE HISTORY*

By WILHELM REICH, M.D.

For a presentation of the direct liberation of the sexual (vegetative) energies from the pathological muscular attitudes I am choosing a case in which the establishment of orgastic potency succeeded particularly quickly and easily. I should like to stress the fact that—for this reason—this case does not illustrate the considerable difficulties which are commonly encountered in the attempt to overcome disturbances of the orgasm.

The case is that of a technician, 27 years of age, who consulted me because of excessive drinking. He could hardly resist getting severely intoxicated every day; he was afraid he would soon completely ruin his health and his ability to work. His marriage was exceedingly unhappy. His wife was a rather difficult hysteric who made life quite a problem for him; it was easy to see that the misery of his marriage was an important factor in his escape into alcoholism. In addition, his complaint was that he "did not feel alive." Though his marriage was very unhappy, he was not able to establish a relationship with another woman. His work gave him no pleasure, he did it mechanically, without any interest. If this went on, he said, he would soon collapse completely. This condition had already lasted for many years and had become considerably worse during the past few months.

One of his most obvious pathological traits was his complete inability to show any aggression. He felt in himself the compulsion always to be "nice and polite," to agree with everything people said, even if his own opinion was diametrically opposite. His superficiality made him suffer. He was unable to give himself over fully to any cause, any idea or work. His spare time he spent in restaurants and pool rooms, with empty talk and silly jokes. He felt somehow that this was a pathological attitude, but as yet he was unaware of the full pathological significance of these traits. He suffered from compulsive contactless sociability, a disturbance of widespread occurrence.

The general impression the patient made was characterized by his uncertain movements; he walked with a forced stride, so that his gait was somehow clumsy. His posture was not erect, but expressed submissiveness; as if he were being constantly on guard. His facial expression was empty and meant nothing in particular. The skin of his face was somewhat shiny, drawn taut and looked like a mask. His forehead looked "flat." His mouth was small, tight and hardly moved when he spoke; his lips were small, as if pressed together. The eyes were expressionless.

In spite of this obviously severe impairment of his vegetative motility one felt, behind all this, a very lively intelligent being. It is probably to this fact that we can attribute the great energy with which he attempted to eliminate his difficulties.

The ensuing treatment lasted six and a half months of daily sessions. I shall try to present the most important steps of its course:

As early as the first session I was confronted by the question as to whether I should start with his psychic reserve or his very striking facial expression. I decided to do the latter and to leave to the further development the decision as to when and how I would tackle the problem of his psychic reserve. As a result of a repeated description on my part of the rigid atti-

* From Chapter VIII, "The Orgasm Reflex and the Technique of Character-analytic Vegetotherapy," of THE FUNCTION OF THE ORGASM. *See* announcement, p. 96.

tude of his mouth, there appeared a slight and then steadily increasing clonic tremor in his lips. He was surprised by the involuntary character of this tremor and tried to fight it. I urged him to give in to any impulse he might feel. Whereupon his lips began to be protruded and retracted in a rhythmic fashion and to remain for a few seconds in the protruded state as if in a tonic spasm. While this was going on, the patient's face took on the unmistakable expression of an infant at the breast. He was surprised and asked anxiously what this was going to lead to. I reassured him and urged him to keep on giving in consistently to any impulse and to tell me about any inhibition of an impulse he would become aware of.

In the following sessions the various manifestations in his face became more and more distinct and gradually aroused the patient's interest. This, he thought, must indicate something of great importance. Yet, peculiarly enough, it all did not seem to touch him; rather, after such clonic or tonic spasms in his face, he continued to talk with me calmly as if nothing had happened. In one of the following sessions, the twitching of the mouth increased to a suppressed weeping. He emitted sounds which resembled the breaking out of a long-suppressed, painful sobbing. My continued request to give in to every muscular impulse was successful. The activity in his face became more manifold. True, his mouth became distorted into a spasm of weeping. However, this expression did not result in weeping, but, to our surprise, passed over into a distorted expression of anger. Peculiarly enough, the patient did not feel the least bit angry, although he knew immediately that what he was expressing was anger.

At the times when these muscular phenomena became particularly intense, so that his face would become blue, the patient would get restless and anxious. He continued to ask what this was going to lead to and what was going to happen to him. Now, I began to point out to him that his fear of some unforeseen happening fully corresponded to his general character attitude; that he was dominated by a vague fear of something unexpected, something that suddenly might befall him.

Since I did not want to relinquish the consistent investigation of a somatic attitude once it was tackled, I had first to become clear in my own mind as to what was the connection between the muscular actions in his face and his general character defense. Had the muscular rigidity been less outspoken, I would have started by working on the character defense which presented itself in the form of his reserve. I was forced to the conclusion that his dominating psychic conflict was split up in the following manner. The defensive function at this time was contained in his psychic reserve, whereas that against which he defended himself, that is, the vegetative impulse, revealed itself in the muscular actions of his face. Just in time I remembered that the muscular attitude itself contained not only the warded-off affect, but also the defense. The smallness and tightness of his mouth could, indeed, be nothing else but the expression of the *opposite,* of the mouth that was protruded, twitching, weeping. I made it a point now to carry to a conclusion the experiment of destroying the defensive forces consistently from the muscular, and not from the psychic side.

Thus, I proceeded to work on all those muscular attitudes in the face which I assumed to be spasmodic contractions, that is, hypertonic defenses against the corresponding muscular actions. In the course of a few weeks, the actions of the musculature of face and neck developed into the following picture: The tightness of the mouth first gave way to a clonic twitching and then to a protrusion of the lips. This protrusion changed into weeping, which, however, did not break out fully. The

weeping, in turn, gave way to the facial expression of an extremely intense anger. With this, the mouth became distorted, the musculature of the jaws became hard as a board, there was grinding of the teeth. There were further expressive movements. The patient half sat up, shook with anger, and raised his fist, as if for a blow, *without, however, really striking*. Then he fell back on the couch, exhausted; the whole thing dissolved itself into a sort of whimpering. These actions expressed *"impotent rage,"* as it is so often experienced by children toward adults.

After this seizure had subsided, he talked about it calmly, as if nothing had happened. There was no doubt: there was an interruption, some place, between his vegetative muscular impulses and his psychic awareness of these impulses. Of course, I kept discussing with him not only the sequence and the content of his muscular actions, but also this peculiar phenomenon of his psychic detachment with regard to these. What struck him as well as me was the fact that—in spite of this psychic detachment—he had an immediate grasp of the function and the meaning of these seizures. There was no need for me to interpret them to him. On the contrary, he kept surprising me by the explanations which were *immediately evident* to him. This was a highly gratifying state of affairs. I was reminded of the many years of painstaking work of interpreting symptoms, in the course of which one would deduce anger or anxiety from symptoms or associations, and then would try, for months and years, to get the patient into some contact with it. How rarely and to what small degree had it been possible in those years to get further than a purely intellectual understanding! Thus, I had good reason to be pleased with my patient who, without any explanation on my part, had an immediate feeling for the meaning of his actions. He knew that he was expressing an immense anger which he had kept back for decades. The psychic detachment disappeared when one of the seizures reproduced the memory of his older brother who used to bully and maltreat him badly when he was a child.

Spontaneously, he now understood that at that time he had repressed his hatred of his brother who was his mother's favorite. As an overcompensation of his hatred he developed a particularly nice and loving attitude toward his brother, an attitude which was in violent contradiction to his true feelings. He had done this in order to keep on good terms with his mother. This hatred, which at that time had not been expressed, came out now in his muscular actions, just as if decades had not altered it in the least.

At this point in the story, it may be well to stop for a moment to consider the psychic situation with which we are dealing. With the old technique of free association and symptom-interpretation, it is a matter of chance whether first, the decisive memories of earlier experiences appear; and second, whether the memories which do appear are really those to which were attached the most intense emotions, and those emotions which had an essential effect on the future life of the patient. In vegetotherapy, on the other hand, the vegetative behavior brings up of necessity that memory which was decisive for the development of the neurotic character trait. As we know, the approach from the psychic memories alone, accomplishes this task in a highly incomplete measure; when one appraises the changes brought about in a patient after years of this treatment, one has to admit that they are not worth the expenditure of time and effort. On the other hand, those patients in whom one succeeds in getting directly at the muscular fixation of the affect, produce the affect *before* they know which affect it is that is repressed. In addition, the memory of the experience which had originally produced the affect, appears afterwards without any effort; as, e.g., in our case the memory of the situation with the older brother whom his mother preferred to him. This fact—which is as important as it

is typical—cannot be stressed too much: in this case it is not a matter of a memory which—under favorable circumstances—produces an affect, but the reverse: *the concentration of a vegetative excitation and its breaking through reproduces the memory.*

Freud again and again stressed the fact that in analysis one was dealing only with "derivatives of the unconscious," that the unconscious itself was not really tangible. This statement was correct, but only conditionally, that is, as far as the *method practised at that time* is concerned. Today, by way of a direct approach to the immobilizing of the vegetative energy, we are able to grasp the unconscious not in its derivatives, but in its reality. Our patient, e.g., did not deduce his hatred towards his brother from vague associations charged with little affect; rather, he behaved exactly as he would have behaved in the childhood situation, had not his hatred been curbed by the fear of losing his mother's love. More than that: we know that there are infantile experiences which have never become conscious. The ensuing analysis of our patient showed that, though he had an intellectual knowledge of his envy of his brother, he had never been conscious of the extent and the intensity of his fury. Now, as we know, the effects of a psychic experience are not determined by its content, but by the amount of vegetative energy which was mobilized by the experience and then immobilized by repression. In a compulsion neurosis, for example, even incestuous desires may be conscious; and yet, we are justified in calling them "unconscious" because they have lost their emotional charge; we all have had the experience that by the usual method it is not possible to make the incestuous desire conscious except in an intellectual form. Which means, really, that the lifting of the repression has *not* succeeded. For an illustration, let us return to the further course of this treatment.

The more intense the muscular actions in the face became, the more did the somatic excitation spread toward chest and abdomen; at the same time, the complete psychic detachment persisted. A few weeks later the patient reported new sensations: in the course of the twitchings in the chest, but particularly when they subsided, there were "currents" toward the lower abdomen. At this time, he moved away from his wife, with the intention of entering a relationship with another woman. However, during the ensuing weeks, it turned out that he had not realized this intention. The patient did not even seem to be aware of this inconsistency. Only when I called his attention to it, did he begin—after giving a number of rationalisations—to show some interest in the problem; however, it was obvious that some inner inhibition kept him from approaching the question in a really affective manner. As it is a rule in character-analytic work not to enter upon any subject unless the patient has become capable of dealing with it with full emotional participation, even if it seems immediately important, I postponed a discussion of the matter and continued to follow the course which was indicated by the spreading of his muscular actions.

The tonic spasm began to spread to the chest and the upper abdomen; the musculature would become boardlike. In these seizures, it looked as if some inner force were lifting the upper part of his body, against his own will, off the couch and were keeping it in that position. There was an immense tension in the musculature of the chest and abdomen. It took considerable time until I understood why a further spreading downward of the excitation failed to occur. I had expected that now the vegetative excitation would spread from the abdomen to the pelvis; but this did not happen. Instead, there occurred violent clonic twitchings of the musculature of the legs, with an extreme increase of the patellar reflex. To my great surprise, the patient told me that he experienced the twitchings in his legs as extremely pleasurable. This reminded me of the clonic manifestations in epilepsy, and seemed to confirm my previous as-

sumption that the epileptic and epileptiform seizures represent the release of anxiety; as such, they cannot be experienced but as pleasurable. There were periods during the treatment of this patient when I was not quite sure that I was not dealing with a case of genuine epilepsy. At least in outward appearance, his seizures, which began in the form of tonus and often resolved themselves in clonic form, were hardly distinguishable from epileptic seizures.

At this point of the treatment, after about three months, the musculature of the head, the chest and the upper abdomen had become mobile, as well as that of the legs, particularly of the knees and thighs. At the same time, the lower abdomen and the pelvis were and remained immobile. Also, the psychic detachment from the muscular actions remained constant. The patient knew of the seizures. He understood their significance. He felt the affect contained in the seizure. But he still appeared not to be really touched by it. The main question continued to be: what was the obstacle causing this dissociation? It became increasingly clear that the patient was defending himself against comprehending the whole in all its parts. We both knew: *he was very cautious.* This caution expressed itself not only in his psychic attitude. Not only in the fact that his amiability and co-operation in the therapeutic work never went beyond a certain point and that he always became somehow cold or aloof when the work went beyond certain limits. This "caution" was also contained in his muscular behavior; it was, so to speak, maintained in twofold fashion. He himself grasped and described the situation in terms of a boy whom a man was pursuing and trying to beat. In so doing, he took a few steps to one side, as if dodging something, looked anxiously behind him and pulled his buttocks forward, as if to get this region of his body out of the reach of the pursuer. In the usual psychoanalytic language one would have said: behind this fear of being beaten is the fear of a homosexual attack. As a matter of fact, the patient had been in an analysis for about one year, and there his passive homosexuality had constantly been interpreted. "In itself," that had been correct; but from the standpoint of our present knowledge we must say that this interpreting was useless. For, we see what kept the patient from really affectively grasping his homosexual attitude: his characterological caution as well as the muscular fixation of his energy; neither of which were anywhere near dissolved.

I proceeded to tackle his caution, not from the psychic side, as is customary in character-analysis, but from the somatic side. For example, I kept showing him that, although he expressed his anger in his muscular actions, he never continued the action; that, although he raised his fist, he never really let the blow fall. Several times it was shown that at the very moment when the fist wanted to strike the couch, the anger had disappeared. Now, I concentrated the work on the inhibition of completing the muscular action, always guided by the assumption that it was his very caution that was expressed in this inhibition. After some hours' consistent work on the defense against the muscular action, he suddenly remembered the following episode from his fifth year: When he was a little boy, his family lived on top of a cliff which fell precipitously to the sea. He was engaged in making a fire right at the edge of the cliff, and was so much absorbed in his play that he was in danger of falling over the cliff into the sea. His mother appeared at the door of the house which was a few yards away, became frightened and tried to get him away from the cliff. She knew him to be a child with a very lively motility and was all the more afraid. She lured him to her with the kindest words, promising to give him candy. Then

as he went to her, she gave him a terrible beating. This experience had made a deep impression on him; but now he understood it in connection with his defensive attitude towards women and the caution which he exhibited in the treatment.

However, this did not settle the matter. The caution remained, as before. One day, in between seizures, he humorously related the following. He was an enthusiastic trout fisherman. In a very impressive manner, he described the pleasure of catching trout; he executed the corresponding motions, described how one catches sight of the trout, how one casts the line; in giving this description, his face had an enormously avid, almost sadistic expression. What struck me was that, although he described the whole procedure in great detail, he omitted one detail, namely the moment at which the trout bites at the line. I understood the connection, but saw also that he was not aware of omitting this detail. With the customary analytic technique, one would have told him the connection or encouraged him to find it himself. But to me it was more important first to have the patient become aware of his omission of the trout getting caught, and the motives for this omission. It took about four weeks until the following took place: the twitchings in the body lost more and more their spastic tonic character; the clonus also decreased, and peculiar *twitchings appeared in the abdomen.* These in themselves were not new to me; I had seen them in other patients. But I had not seen them in the connection in which this patient now presented them. *The upper part of the body (shoulders and chest) jerked forward, the middle of the abdomen remained quiet, and the lower part of the body (pelvis and thighs) jerked towards the upper part.* In these seizures the patient would suddenly half raise himself, while the lower part of the body came upward. The whole thing was an *organic, unitary* movement. There were hours when these movements occurred continually. Alternating with these jerks of the body as a whole there were sensations of currents, particularly in legs and abdomen, which sensations the patient experienced as pleasurable. The attitude of face and mouth changed somewhat; in one of these seizures the face had unmistakably the expression of a fish. Even before I had called this to his attention, the patient stated spontaneously: "I feel like a primitive animal," and then: "I feel like a fish." What were we dealing with here? Quite unknowingly, without having worked out any connection by way of associations, the patient, in his bodily movements, was representing a fish, apparently a fish that was caught and flapping on the line. In the language of analytic interpretation one would say: he "acted out" the trout on the line. This was expressed in various ways: the mouth was protruded, stiff and distorted. The body jerked from head to foot. The back was stiff as a board. What was not quite understandable at this stage was the fact that for some time he would, in the seizure, stretch out his arms as if embracing somebody. I do not remember whether I called the patient's attention to the connection with the story of the trout, or whether he grasped it spontaneously (nor is this particularly important in this connection); at any rate, he had an *immediate* feeling of the connection and did not doubt in the least that he represented the trout as well as the trout fisherman.

Of course, the whole episode had an immediate connection with the disappointments with respect to his mother. From a certain point in his childhood she had neglected him, had treated him badly and often beaten him. Often he would expect something beautiful and good from her and the exact opposite would happen. His caution now became understandable. He trusted nobody, he did not want to be caught. This was the ultimate basis of his

superficiality, of his fear of surrender, his fear of responsibility, etc. When this connection was worked out, he underwent a striking change. His superficiality disappeared, he became serious. The seriousness made its appearance quite suddenly during a session. The patient said, verbatim: "I don't understand. Suddenly everything has become so very serious." That is, he had not just remembered the earnest emotional attitude that he had had at a certain period of his early life; rather, he actually changed from the superficial to the earnest. It became clear that his pathological attitude toward women, i.e., his fear of entering a relationship with a woman, to give himself to a woman, was a result of *this fear which had become structuralized*. He was very attractive to women, and yet made peculiarly little use of this attractiveness.

From then on there was a marked and rapid increase in the sensations of currents, at first in the abdomen, then in the legs and the upper part of the body. He described these sensations not only as currents, but as voluptuous, as "melting," particularly after the abdominal jerks had been strong and lively and had occurred in quick succession.

At this point it may be well to stop for a moment in order to take stock of the situation in which the patient found himself.

The abdominal jerks were nothing but the expression of the fact that the tonic tension of the abdominal wall was relaxing. The whole thing operated like a reflex. A slight tap on the abdominal wall would immediately result in a jerk. After several jerks had taken place, the abdominal wall became soft and could easily be pressed in with the fingers; before, it had been tight and had shown a condition which I would like for the present to refer to as *abdominal defense*. This phenomenon can be found, without exception, in all neurotic individuals. If one has a patient exhale deeply and then exerts a light pressure on the abdominal wall about one inch below the sternum, one either feels a violent resistance inside the abdomen, or the patient experiences a pain similar to that when the testicle is squeezed. A glance at the position of the abdominal organs and the solar plexus of the vegetative nervous system—taken together with other phenomena discussed later—shows us that the *abdominal tension has the function of exerting a pressure on the solar plexus*. The same function is fulfilled by the tense diaphragm in its position of downward pressure. This symptom, too, is typical. *In all neurotic individuals, without exception, one can find a tonic contracture of the diaphragm;* this contracture shows itself in the fact that the patients *can exhale only in a shallow and jerky manner.* In expiration, the diaphragm is raised, and the amount of pressure on the organs below it—including the solar plexus—diminishes. When, in the course of treatment, we bring about a decrease in the tension of the diaphragm and the abdominal muscles, the solar plexus is freed of the abnormal pressure to which it was subjected. This is shown by the appearance of a sensation which is like that which one experiences on a roller coaster, in an elevator which suddenly starts going down, or in falling. Clinical experience shows this to be an extremely important phenomenon. Almost all patients come to remember that as children they practised suppressing these abdominal sensations, which were particularly intense when they felt anger or anxiety; *they learned spontaneously to achieve this suppression by way of holding their breath and pulling in their abdomen.*

An understanding of this mechanism of pressure on the solar plexus is indispensable for an understanding of the further course of the treatment in our patient. The ensuing events were in accord with this assumption and confirmed it. The more intensively I had the patient observe and describe the behavior of the musculature in the upper abdomen, the more intensive became the jerks, and the sensation of currents after the jerks, and the more did the wavelike, serpentine movements of the body spread. However, the pelvis remained stiff, until I proceeded to make the

patient conscious of the rigidity of his pelvic musculature. During the jerks, the whole lower part of the body moved forward; the pelvis, however, did not move by itself; that is to say, the pelvis partook of the movement of the hips and thighs, but did not move at all as a bodily unit separate from hips and thighs. I asked the patient to pay attention to whatever it was that inhibited the movement of the pelvis. It took him about two weeks to grasp completely the muscular inhibition in the pelvis and to overcome it. Gradually, he learned to include the pelvis in the contraction. *Now there appeared in the genital a sensation of currents which he had never known before.* He had erections during the session and a powerful impulse to have an ejaculation. *Now, the contractions of the pelvis, the upper part of the body and of the abdomen were the same as they are experienced in the orgastic clonus.* From then on, the work was concentrated upon having the patient give a most detailed description of his behavior in the sexual act.

This revealed a fact which one finds not only in all neurotics, but in the vast majority of all people of both sexes: *the movements in the sexual act are artificially forced, without the individual's being aware of it.* What moves is, as a rule, not the pelvis by itself, but abdomen, pelvis and thighs as one unit. This does not correspond to the natural vegetative movement of the pelvis in the sexual act; on the contrary, it is an inhibition of the orgasm reflex. It is a voluntary movement, as contrasted with the involuntary movement that takes place when the orgasm reflex is not disturbed. This voluntary movement has the function of diminishing or completely obliterating the orgastic sensation of current in the genital.

Furthermore it was found that the patient always kept the muscles of his pelvic floor pulled up and tense. Not until this case did I realize precisely the nature of the gap in my technique, of which I had been until then only vaguely aware. True, in trying to eliminate the inhibitions of orgasm, I had always paid attention to the contraction of the pelvic floor; but again and again I had felt that the result was somehow incomplete. What I had overlooked was the role played by the tension in the pelvic floor. Now I realized that, while the *diaphragm* compressed the solar plexus from above and the *abdominal wall* compressed it from in front, *the contraction of the pelvic floor served the function of decreasing the abdominal space by pressing from below.* The significance of these findings for the development and maintenance of neurotic conditions is discussed elsewhere.

After a few more weeks, the complete dissolution of the muscular armor was successful. The isolated abdominal contractions decreased in proportion to the increase in the sensation of current in the genital. With that, the earnest character of his emotional life also increased. In this connection, he remembered an experience from his second year:

He is alone with his mother at a summer resort. It is a bright, starlit night. His mother is asleep and breathing deeply; from the outside he hears the rhythmic sounds of the surf. He feels the same deeply earnest, somewhat sad mood that he felt now. We may say that now he remembered one of the situations in his very early childhood in which he had still permitted his vegetative (orgastic) longing to make itself felt. After the disappointment in his mother, which happened when he was about five years old, he fought against the full experience of his vegetative energies and became cold and superficial; in brief, he developed that character which he presented at the start of the treatment.

From this point in the treatment, he had to an increasing degree the feeling of a "peculiar contact with the world." He assured me of the complete identity of

this present earnestness of feeling with the feeling which he used to have as a very small child with his mother, particularly during the night. He described this feeling as follows: "It is as though I had complete contact with the world. It is as if all impressions were registering themselves upon me more slowly, as if in waves. It is like a protective covering around a child. It is unbelievable how I feel the depth of the world now." I did not have to tell him, he comprehended *spontaneously: the closeness to the mother is the same thing as the closeness to nature.* The identification of mother and earth, or universe, has a deeper meaning when it is understood from the point of view of the vegetative harmony between the individual and the world.

During one of the following sessions, the patient had a severe anxiety attack. He suddenly sat up with a painfully distorted mouth; his forehead was covered with perspiration; his whole musculature was tense. He hallucinated an animal, an ape; with this, his hand showed exactly the attitude of a tightly clenched ape's paw, and he emitted sounds which seemed to come out of the depth of his chest, "as if without vocal chords," he said later. He had the feeling that somebody was coming dangerously close to him and was threatening him. Then, as if in a trance, he cried out; "Don't be angry, I only want to suck." After this, he calmed down, and in the following hours we worked it through. He remembered among other things that at the age of about two—which age could be determined by a certain apartment situation—he had seen Brehm's *"Tierleben"*[1] for the first time. He did not remember having experienced the same anxiety at that time. Nevertheless, there was no doubt that this present anxiety corresponded to that experience: he looked at a *gorilla* with great astonishment and admiration.

[1] *Translator's note:* A classic book on animal life.

Although this anxiety had not become manifest at that time, it had, nevertheless, dominated his whole life. Only now had it broken through. The gorilla represented the father, the threatening figure that tried to keep him from sucking. The relationship to his mother had been fixated on this level. It had broken through at the very beginning of the treatment in the form of the sucking movements with his lips; but it did not become spontaneously evident to him until after the complete dissolution of his muscular armor. It was not necessary to search for years for his sucking experience as an infant; he actually became a suckling infant during the therapeutic session, having the facial expression of the infant and actually experiencing the original anxieties.

The remainder of the story can be told briefly. After the dissolution of the disappointment in his mother and his consequent fear of giving himself, the genital excitability increased rapidly. After only a few days, he made the acquaintance of a young, pretty woman and made friends with her easily and without conflicts. After the second or third sexual act with her he came in beaming, reporting with great surprise that his pelvis had moved "so peculiarly by itself." On closer investigation, it was shown that he still had a slight inhibition at the moment of ejaculation. But, since the pelvis had become mobile, it was not difficult to eliminate this last remainder. What he still had to overcome was his tendency to hold back at the moment of ejaculation, instead of completely surrendering himself to the vegetative movements. He did not doubt for a moment that the contractions which he had produced during the treatment had been nothing but the *curbed vegetative movements of coitus.* However, as it turned out, the orgasm reflex had not fully developed without any disturbance. The muscular contractions in the orgasm were still jerky; he strongly shied away

from letting his neck relax, i.e., assuming the attitude of surrender. Before long, the patient relinquished his resistance against a gentle, harmonic course of the movements. Now, the remainder of his disturbance—which previously had more or less escaped attention—gave way. The hard, jerky form of the muscular contractions corresponded to a psychic attitude which said: "A man is hard and unyielding; any kind of surrender is feminine."

Following this realization, an old infantile conflict with his father was solved. On the one hand, he felt sheltered and protected by his father. He could always be sure that, if things became too difficult, he could "retreat" to the paternal home. But, at the same time, he wanted to stand on his own feet and to be independent of his father; he felt that his need for protection was feminine, and wanted to free himself of it. There was, thus, a conflict between his desire for independence and his passive-feminine need for protection. Both of these tendencies were represented in the form of his orgasm reflex. The solution of the psychic conflict occurred hand in hand with the elimination of the hard, jerky form of his orgasm reflex and its being unmasked as a defense against the gentle, surrendering movement. When he experienced the surrender in the reflex itself for the first time, he was gripped by deep amazement: "I never would have thought," he said, "that a man could surrender too. I always thought it was a female sex characteristic." In this way, his own warded-off femininity was linked up with the natural form of orgastic surrender and therefore disturbed the latter.

It is interesting to see how the social double standard of morality was mirrored and anchored in this patient's structure. It is part and parcel of official social ideology to equate surrender with being feminine, and unyielding hardness with being masculine. According to this ideology it is inconceivable that an independent person should be able to give himself, or that a person who gives himself should be able to be independent. Just as women — due to this equation — protest against their femininity and try to be masculine, so men fight against their natural sexual rhythm, for fear of appearing feminine. From this, the different concept of sexuality in man and in woman derives its seeming justification.

In the course of the next few months, every change in the patient consolidated itself. He no longer drank excessively, but neither did he deny himself an occasional drink on social occasions. He was able to put the relationship with his wife on a rational basis, and developed a happy relationship with another woman. Above all, he started a new kind of work and engaged in it with great interest and enthusiasm.

His superficiality had disappeared completely. He was no longer able to engage in empty talk in restaurants or to undertake anything that was not somehow of objective importance. I should like to emphasize the fact that I would not have dreamed of influencing or guiding him in any way morally. I was myself surprised by the spontaneous change in the direction of objectivity and earnestness. He grasped the basic principles of sex-economy not so much on the basis of his treatment—which had been of rather short duration anyhow—but, doubtless, on the basis of his *altered structure, his feeling of his own body, his re-acquired vegetative motility*. In such difficult cases, one is not used to success in such short periods of time. During the ensuing four years—which is as long as I heard from him—the patient continued to consolidate his gains in the form of greater equanimity, capacity for happiness and rational managing of difficult situations.

VEGETOTHERAPY†

By WALTER FRANK,* M.D.

I. HISTORICAL SURVEY.

Vegetotherapy was founded by Dr. Wilhelm Reich. It constitutes at one and the same time a continuation of Freud's psychoanalysis and a break with it, both with regard to theoretical orientation and technical development of psychotherapy. This statement calls for substantiation by way of a review of the development of what is called "psychoanalytic psychology." Somewhat schematically speaking, the development of psychology is characterized by three epochs:

1. *Psychology before Freud.* This phase is properly called the "phenomenological" period. Its field of investigation was the external psychic phenomena as they are recognizable to anyone. It registered the phenomena of the psychic surface and collected a wealth of data. Present-day psychiatry is in this period of observing and registering psychic phenomena. During the past decades, its development has been in the direction of tying together observations from the physical and the psychic realms into a "psychosomatic" concept of the organism as a whole.

The phenomenological period of psychology has provided us with a wealth of material, and probably will always continue to exist as a definite branch of investigation. But, apart from the valuable empirical material it provides, it is purely descriptive, dry, and "mechanistic."

2. *Freud,* at the close of the past century, started an entirely new epoch in psychology which represents a tremendous step forward. The most important fruits of his work are (1) the demonstration of infantile sexuality; (2) the systematic investigation of the *unconscious,* a field upon which previous scientists had touched, without however, recognizing and exploring it as did Freud; (3) the introduction of a *depth psychology,* based on the discovery and application of (4) the *psychoanalytic technique* of investigation and therapy.

What interests us most here is Freud's theory of sex. With most people, including many who rate as experts, the concept of "sexuality" is limited to such sensations, reactions and actions as are connected with the genital organs. In psychoanalysis, and even more so in sex-economy, "sexuality" has a different and far broader meaning.

The sex-economic concept of sexuality is identical with that of energy, of "life energy." Our own perception of "life" is, directly or indirectly, bound up with our instinctual energy, our sexuality.

Psychoanalytic investigation, as initiated by Freud, together with modern child psychology, has opened our eyes to the fact that what in the adult manifests itself as genital sexuality has its beginnings in the infant in quite different forms.

The sexual energy, or vital energy, seeks pleasure, and it seeks it wherever it can be found. In the infant, it is attached to the functions of sucking and feeding, and to the skin, particularly certain parts of it. Later, it is extended also to the processes of defecation and urination. It is attached to the organs which participate in all of the foregoing processes: lips, tongue, throat; rectum, urethra; and various skin regions such as the palms, the face, the nipples, etc. In the adult, we find these places of early sexual gratification in the form of "erogenous zones," i.e., regions on the body surface the stimulation of which leads to genital excitation. More than that, we find adults in whom the development toward genital sexuality has been inhibited and in whom sexual gratification re-

† Translated by the Editor.

* *Editor's note:* This is a pseudonym. Present conditions unfortunately force us to withhold the names of our European co-workers.

mains limited to these infantile localizations.

At an early age, the infant begins to play with these erogenous zones and to stimulate them. At first, this takes place at the mouth (smacking the lips, thumbsucking), throat and voice (babbling, shrieking with joy). Later on, the genitals are included in this stimulation, which then is called *masturbation*. The careful observer can readily notice the fact that the infant is fully aware of the increase in pleasure sensations when it shifts from non-genital to genital stimulation. The forms of self-stimulation which take place before the child begins to masturbate are called *pregenital*. They are connected mostly with the mouth, the anus and the urethra, and particularly with the functions of defecation and urination. The products of these processes, feces and urine, also arouse the child's lively interest. In adults, pregenital forms of stimulation are apt to be found as "masturbation equivalents." The pleasure sensations connected with motion can readily be seen in the infant's spontaneous and seemingly unmotivated muscular activities.

In our society, all these spontaneous expressions of infantile sexuality are more or less inhibited, because our society has a negative attitude toward sexuality. The innocent play of the child is considered "not nice," "bad" or even "dangerous"; the environment reacts to it with exclamations like "Shame on you!" or even with more or less drastic punishment. The child is brought up not according to his own drives and needs, but according to the adults' conceptions and intolerance, or according to the size of the parents' apartment. Biologically speaking, the child is born into the "wrong world," that is to say, the world of adults and not that of the child. There are in existence only a few primitive societies, matriarchates with a positive attitude toward sexuality, which can convey to us something like a biologically correct picture of how children really behave when they are allowed to develop according to their own nature, instead of on the basis of the instinctual repression imposed on them by the "adults."

Freud's most important discovery is undoubtedly that of infantile sexuality. This discovery made him study individual development from infancy to adulthood in an entirely new light. He saw and demonstrated the individual's *inner* development, its mute history, that life which goes on behind the mask of external manifestations. Freud's psychology, thus, can be called a *historical, genetic* psychology. It discloses the individual's inner history in terms of the fate of its sexuality.

Freud's work ushered in an epoch which represents a revolutionary change in psychology. His observations led to an entirely new concept of human functioning. They provided the indispensable basis for a new field of investigation based on the question: What is the *source of energy* of all these phenomena? With this question, we arrive at the third epoch, the functional-economic,[1] as initiated and worked out by Wilhelm Reich in his sex-economy.

3. *Functional-economic* psychology goes an essential step farther. Just as Freud's historical, genetic psychology was a break with the previous phenomenological psychology, so does Reich's psychology constitute a break with psychoanalysis. Sex-economy has a good deal of common ground with psychoanalysis, but in its basic concept it is something new. It does not look upon "libido" as a psychic phenomenon, but as vegetative energy, identical with "life energy." In Reich's psychology, the problem is shifted to the investigation of that energy which is the motor of all the "phenomena" and "histories" disclosed by psychoanalysis.

Thus, the *problem of the neuroses* necessarily enlarges itself to include the somatic phenomena. But not in the mechanistic sense that psychic conditions affect somatic conditions and vice versa.

[1] *Translator's note:* In the original: *"energetisch-funktionell."* Unfortunately, the German *"energetisch,"* meaning "relating to energy," "from an energy point of view," cannot be rendered with "energetic" because the English word has the meaning of "vigorous," corresponding to the German *"energisch."* The word used in translating this term, namely "economic," means "relating to the *energy* economy."

The energy concept of sex-economy *shows the neurotic symptoms, both somatic and psychic, to be specific results of an inhibition of the functioning of sexual energy; this inhibition manifests itself through whatever mechanism the soma or the psyche may make use of.*

Reich arrived at his conclusions through an integration of psychological, sexological and biological investigation. In his sexological studies, the central problem was the orgasm and its energy function. Clinical investigation and experience showed him again and again that *only the normal genital orgasm can provide an adequate discharge of the vegetative sexual energy dammed up in the organism.*

In the neurotic individual, normal orgasm is *never* found. That means that the sex life of the neurotic is characterized by an incomplete pleasure mechanism and incomplete energy discharge. What energy is not discharged is "dammed up" in the organism; it is bound up in all sorts of somatic and psychic mechanisms, and produces disturbances in functioning, or, in everyday language, nervous symptoms.

Thus, from a sex-economic point of view, the very term "neurosis" assumes a different significance. In everyday usage, "neurosis" really means nothing but that collection of symptoms that makes the patient seek the help of the physician. The essence of the neurosis, however, lies not in these nervous manifestations, but in the disturbance of the metabolism of sexual energy. The various "functional physical disturbances" should not be merely described according to their localization and "phenomenology," but should be comprehended as somatic expressions of the damming-up of vegetative, sexual energy.

If one were to be wholly consistent, psychotherapy in the sex-economic sense should not be called vegetotherapy, but orgasmotherapy. This would express the actual goal of sex-economic therapy, which is *to establish full orgastic potency by means of dissolving the psychic and somatic mechanisms in which the sexual energy is bound up.* Full orgastic potency is the only criterion of healthy functioning.

II. THE VEGETATIVE NERVOUS SYSTEM.

Sexual energy and sexual function are "vegetative" phenomena. The vegetative nervous system is the tangible, concrete machinery through which this energy works. A recapitulation of our knowledge, anatomical and functional, of this vegetative nervous system seems in order. I also wish to point out that the sex-economic concept of this nervous system is a functional one, in contradistinction to the concept which is still current in medicine and which is "phenomenological."

A) ANATOMY

The vegetative nervous system is represented in the central nervous system as well as in the periphery. In the central nervous system, we find vegetative ganglia in the gray matter around the central canal, from the third ventricle to the conus terminalis (the lower end of the spinal cord). The cranial part is well known anatomically. It is represented in three of the cranial nerves: oculomotor, supplying the vegetative innervation of the eye; the facial nerve, via the corda tympani for the salivary and tear glands, and the vasodilators of the face. Third, and most important, we find the nerve centers for the 10th cranial nerve, the vagus, the cranial autonomic nerve. The branches of this nerve are found in the whole body; the intestines, the glands, the blood-producing organs, the blood vessels and the heart, the skin, etc. In addition, we find various vegetative centers in the cranial part, particularly around the bottom of the third ventricle. Fibres from these centers blend with the other vegetative nerve fibres going to the various parts of the body. In the spinal cord, the vegetative cells are found in the gray matter, par-

ticularly in the lateral parts of the thoracic spinal cord, but also over its whole length.

In the cerebrospinal nervous system we find a sharp distinction between central nervous system (brain and spinal cord) and the peripheral nervous system (sensory and motor nerves). In the vegetative nervous system, there is no such distinction. Here, we find the fibres running from brain and spinal cord to one or more sets of large nerve centers. The first set of these is called the vertebral ganglia and consists of nodes arranged in pairs on the front side of the spinal column. These vertebral ganglia are connected with each other so as to form two long nerve tracts. This is the sympathetic trunk. From this, nerve fibres go off, in far larger numbers than those coming from the spinal cord. These go for the most part to another set of vegetative nerve centers, the prevertebral ganglia. Some of these are considerably larger than the other vegetative centers. The most important of these are the solar plexus, the hypogastric plexus, and, down in the pelvis, the pudendal plexus with its pelvic nerves which represent the sacral-autonomic part of the vegetative nervous system. All these vegetative centers send out fibres to all parts of the organism.

However, in addition to this continuous system of vegetative nerve centers and fibres we find another set of cells and fibres. These are the so-called juxta- or intramural ganglia, which are found in particularly large numbers in the large hollow organs such as the intestines, the kidneys, sexual organs, and the heart. These ganglia are connected with the rest of the vegetative system. But even if, experimentally or as the result of disease, they are cut off from impulses from the rest of the vegetative system, they continue to function independently, only with another rhythm. These juxta- and intramural ganglia represent the most primitive autonomic function, that of the organs.

b) physiology

The most important physiological characteristics of the vegetative system can be summarized in three points:

1. Functional identity of the highest and the lowest part of the vegetative system (the cranial and the sacral part). These parts together are called the "parasympathetic." Similarly, we find functional identity of those parts that originate from the thoracic and the lumbar segments of the spinal cord. These together are called the "sympathetic."

2. The antagonistic function of sympathetic and parasympathetic (cf. table, p. 70).

3. Practically all organs have a double innervation, that is, they receive impulses from both the sympathetic and the parasympathetic.

c) pharmacology

A great number of chemical substances stimulate the vegetative system in one way or another. The most interesting and therapeutically most important are hormones and alkaloids (atropine, pilocarpine, cocaine, alkaloids of opium, etc.). Such substances have diverse effects. Some affect both parts of the vegetative system, others almost exclusively one or the other, either in the sense of stimulation or of inhibition.

In various illnesses the normal balance between sympathetic and parasympathetic is disturbed. For example, in hyperthyroidism we find a general predominance of sympathetic innervation, a "sympathicotonia"; in bronchial asthma, on the other hand, we find a "parasympathicotonia," particularly of the small bronchi. In many forms of nervousness we find that both sympathetic and parasympathetic show an abnormal sensitivity to stimuli, be they psychic or chemical.

One may attempt to re-establish the vegetative equilibrium by the administration of drugs. However, most drugs are unsatisfactory for this purpose in that their effect is not sufficiently specific with regard to the function of individual organs; furthermore, in somewhat higher doses they affect one as well as the other of the two antagonistic systems. The best results are perhaps achieved with substitution therapy in cases of hormone deficiency (such as myxedema, menopause, or diabetes).

D) FUNCTION TESTS

Such tests have the purpose of detecting changes in the excitability of the two parts of the vegetative system, or of finding out whether the "vegetative tonus" of individual organs lies within, above or below normal limits. The function tests are mechanical, pharmacological, or a combination of both.

Mechanical tests: skin tests, in which the skin is stroked in order to provoke various forms of dermographism; pilomotor reflexes; mechanical heart reactions (Aschner's oculocardiac reflex); Shermak's reflex (pressure on the parasympathetic at the neck); pulmonary reflex ("juvenile" bradycardia, i.e., slowing of the pulse, with deep inspiration); solar plexus reflex (bradycardia with pressure on the epigastrium); Ebner's test: in the presence of parasympatheticotonia, exercise results in bradycardia instead of tachycardia; etc. The *pharmacological* tests fall into four main groups: Inhibition of the sympathetic (cocaine, gynergen); stimulation of the sympathetic (adrenalin); inhibition of the parasympathetic (atropine); stimulation of the parasympathetic (pilocarpine).

Unfortunately, these function tests are of relatively little value. Except for the fact that they demonstrate a greater or lesser shift in vegetotonus, they are rarely helpful either from an etiological, diagnostic or therapeutic point of view. Patients with an outspoken vegetative symptomatology show as a rule a generally increased vegetotonus and an increased irritability of both parts of the vegetative system (that is, both a sympatheticotonia and a parasympatheticotonia). Occasionally, one finds such changes limited to individual organs, so that one may be tempted to speak of *vegetative organ neuroses* in cases where the disturbance is not caused by some physical disease. The therapeutic results range from the mostly useless attempts to influence the reactions of the whole organism, to the more frequently successful surgical or medical treatment of more localized disturbances.

But in the majority of cases, such as dyspepsia, spastic constipation, cardiac neurosis, all kinds of "rheumatic" disturbances, and anxiety states with their innumerable subjective complaints and objective symptoms, the usual medical therapy is a hopeless proposition. One gets lost in a kaleidoscopic confusion of complaints and symptoms. A therapeutic measure which improves one symptom may aggravate another. One loses sight of the total picture and often gets lost in the jungle of psychic and somatic phenomena. And last but not least: the more the symptoms increase in variety and intensity, the more is the individual, the patient himself, lost sight of.

The official medical literature gives only meager hints toward a theoretical and practical understanding of the real function of this vegetative nervous system in the living organism.

III. THE SEX-ECONOMIC CONCEPT OF THE VEGETATIVE NERVOUS SYSTEM.

On the following page is a schematic summary of the effects of the two vegetative antagonists upon the various organs:

Functioning of the Autonomic Nervous System

Sympathetic Action	*Organ*	*Parasympathetic Action*
Inhibition of m. sphincter pupillae: *Dilatation of pupils.*	Musculature of iris	Stimulation of m. sphincter pupillae: *Narrowing of pupils.*
Inhibition of lachrymal glands: *"Dry Eyes."*	Lachrymal glands	Stimulation of lachrymal glands: *"Bright eyes."*
Inhibition of salivary glands: *"Dry mouth."*	Salivary glands	Stimulation of salivary glands: *"Mouth waters."*
Stimulation of sweat glands: *"Cold sweat."*	Sweat glands	Inhibition of sweat glands: *Dry skin.*
Contraction of arteries: *"Cold sweat"; pallor.*	Arteries	Dilatation of arteries: *Redness of skin, increased turgor, without sweating.*
Stimulation of arrectores pilorum: *Hair is "raised." "Gooseflesh."*	Arrectores pilorum	Inhibition of arrectores pilorum: *Skin smooth.*
Inhibition of contracting musculature: *Relaxation of bronchi.*	Bronchial musculature	Stimulation of contracting musculature: *Bronchial spasm.*
Stimulates heart action: *Palpitation, tachycardia.*	Heart	Depresses heart action: *Heart quiet, pulse slow.*
Inhibits peristalsis. *Reduces secretion* of digestive glands.	Gastrointestinal tract; liver, pancreas, kidneys; all digestive glands.	*Stimulates peristalsis* and *secretion* of digestive glands.
Stimulates secretion of adrenalin.	Adrenals	*Inhibits secretion of adrenalin.*
Inhibits musculature which opens bladder, stimulates sphincter: *Inhibits micturition.*	Urinary bladder	Stimulates musculature which opens bladder, inhibits sphincter: *Stimulates micturition.*
Stimulates smooth musculature, reduces secretion of all glands, decreases blood supply: *Decreased sexual sensation.*	Female sex organs	Relaxes smooth musculature, stimulates secretion of all glands, increases blood supply: *Increased sexual sensation.*
Stimulates smooth musculature of the scrotum, reduces glandular secretion, decreases blood supply: *Flaccid penis. Decreased sexual sensation.*	Male sex organs	Relaxes smooth musculature of the scrotum, stimulates glandular secretion, increases blood supply: *Erection. Increased sexual sensation.*

This table shows the effects of the sympathetic and the parasympathetic on some of the organs. At first glance, it seems confusing that there should exist such an element of chance in the effect of the two vegetative antagonists upon the various organs. It seems peculiar that the sympathetic, e.g., should have an inhibiting effect upon the salivary and tear glands but a stimulating effect upon the sweat glands; that it should have a stimulating effect upon the muscles that "raise the hair" and upon the heart, but an inhibiting effect on stomach and intestines; that it should stimulate the function of the adrenals but inhibit that of the kidneys; dilate the bronchi but inhibit the evacuation of the urinary bladder and the rectum, and inhibit the sexual function. The parasympathetic shows the same stimulating and inhibiting effects, but in exactly the opposite direction from the sympathetic.

In spite of a wealth of detailed investigation and description of all these phenomena, there was no plausible theoretical or practical explanation of the actual function of the vegetative mechanism until Wilhelm Reich, in 1934, published his little monograph *"Der Urgegensatz des vegetativen Lebens."* I shall give here a résumé, referring the reader to the original and the literature it is based upon.

In order to understand Reich's concept of vegetative life, one has to learn to see all manifestations of life, all the individual phenomena of psychic and somatic reactions, in the light of the basic reactions of the organism as a whole. It would seem to be superfluous to point out something so self-evident and generally known. If it is, nevertheless, pointed out intentionally, it is because there is hardly any "truth" in the world that is more thoroughly and consistently overlooked. This is so for several reasons. First of all, it is because the whole framework of our life, family, social, political and working conditions, have such a strong influence upon our ability to recognize facts. Most people are apt to find out at one time or another that society puts blinkers on us in order that we may see only that which society wants us to see; and that it gives us blind spots in order that we may not see what it does not want us to see. Secondly, modern science, with its steadily improving technical skills, tends to become preoccupied with individual phenomena and to overemphasize them. Thus, it is not surprising that so many cannot see the woods for the trees.

Reich's postulate, as substantiated in *"Der Urgegensatz,"* is simply that the only goal of the elementary vegetative life energy is that of seeking pleasure. The drive toward this goal is synonymous with "sexuality." Thus, vegetative energy is synonymous with "sexual energy."

Inhibition of the sexual function results in a damming-up of sexual energy. The energy then becomes bound up in the organism in various ways. The organism turns from something mobile, functional and dynamic into something stagnant, non-functioning and static. This locked-up, static condition of the energy is called "anxiety."

The basic antithesis of vegetative life, therefore, is to be understood as a dialectic dissociation of the elementary sexual energy into its two diametrical opposites: sexuality and anxiety.

In the two antagonists within the vegetative nervous system Reich sees the conveyors of the sexual energy in its two dialectically opposite forms: the parasympathetic is the conveyor of sexuality, the sympathetic of anxiety.

Before going further into Reich's substantiation of this postulate which at first sight may seem astounding and provocative, let us again review the two aspects of the vegetomechanism and their effects within the organism. Let us compare two otherwise identical individuals, one in an outspoken state of sympatheticotonia, the other in a corresponding state of para-

sympatheticotonia. We then get the following picture of the two individuals:

Sympatheticotonia

Pale face, staring eyes, widened pupils. Dry mouth. Cold, clammy, sweaty skin. Pallor of the body, gooseflesh. "Cold sweat." Rapid heart, palpitation. Sexual organs shrunk, flaccid, dry, empty of blood. Tight rectal and urinary sphincters. No sexual urge.

Parasympatheticotonia

Fresh "healthy" color of the skin in face and over body. Increased turgor in the skin, but no sweating. Eyes bright, moist; ample secretion of saliva, "mouth waters." Skin pink, warm and supple; heart and pulse quiet. Rectal and urinary sphincters relaxed. The sexual organs are filled with blood; ample secretion from the sexual glands; erection of clitoris and penis. Increased sexual urge.

Even a superficial observation of these two individuals leaves no doubt that one presents the picture of *anxiety* (unpleasure, discomfort, tension, "not being alive"), the other the picture of *sexuality* (pleasure sensations, pleasurable relaxation, "being alive"). Biologically speaking, we find that with parasympatheticotonia (sexuality) the prevailing direction of the body fluids is centrifugal, i.e., toward the surface of the organism. Psychically speaking, we find that the emotions are directed toward the outer world, toward another object. With sympatheticotonia (anxiety), we find exactly the opposite: the direction of the body fluids is centripetal, i.e., toward the center of the organism. Psychically, also, the individual retreats into himself, away from the outer world.

It may be necessary to point out that these conditions in vegetotonus represent theoretical extremes. The normal condition is based on the double innervation by the two systems, in the individual organ as well as the total organism. When a functional impulse sets in, the vegetative equilibrium shifts to one or the other side, depending on whether the impulse is inhibited in its course or not.

Take, for example, a state of sexual excitation in an individual free of any considerable inhibition, either neurotic or externally conditioned. The following vegetative phenomenon is obvious: the direction of the sexual function is toward the periphery, toward an object outside of the individual, toward the outer world. Consequently, we find a parasympatheticotonia of the surface (sex organs, skin, superficial organs in general), while the central parts of the organism, such as the intestines, bronchi and in part the heart, lack this parasympathetic preponderance and show a sympatheticotonic innervation.

The vegetomechanism is the conveyor of our primitive instinctual impulses. It is the relay between soma and psyche. Its free, untrammeled functioning is the prerequisite for the natural feeling for life, and of the immediate experiencing of psychophysical identity.

Reich termed the antagonism in the vegetative system "the basic antithesis in vegetative life." To maintain this postulate, he had to demonstrate the existence of this basic antithesis in primitive organisms which possess as yet no vegetative nervous system and in which the vegetative impulses and their inhibition are steered by mechanisms other than the human vegetative apparatus. Reich leans primarily on three investigators, whose findings meet in a natural fashion in his own concept of vegetative life. They are:

1. *Freud,* whose early works demonstrated the fact that neurotic anxiety is always due to the repression of the sexual urge (libido);

2. *Max Hartmann (and Rhumbler)* who, in their studies of the ameba, showed that the movements of the ameba are based on primitive plasma currents; and

3. *Fr. Kraus,* an internist, who, in his *"Nässetheorie des Lebens,"* demonstrated the effects of certain chemical substances

(electrolytes) on the whole biological system; these effects are entirely analogous to the functions of the vegetomechanism.

These three investigators, entirely independently of each other and in three different fields (psychology, biology and chemistry) arrived at results which find their theoretical foundation in Reich's *"Urgegensatz."* A single concept may easily sound plausible without necessarily being correct. If, however, the results of three different fields of investigation converge into one common theory, it becomes so strongly determined that its plausibility approaches certainty.

The following brief summary of the results of these three investigators is, of course, far from exhaustive; the reader must be referred to Reich's monograph and the literature it is based upon.

1. *Freud:* In his psychoanalytic work with nervous people, Freud was constantly confronted with the problem of anxiety. In his works dealing with anxiety, he makes the following schematic divisions: *a) Real anxiety,* caused by an actual, external, danger situation. *b) Neurotic anxiety,* which, though perceived by the individual as intensely and painfully as real anxiety, has no rational basis. Psychoanalytic investigation of anxiety showed *unconscious, forbidden instinctual impulses always to be the source of danger.* This instinctual anxiety is as real to the individual as "real anxiety" in the face of an actual danger situation. The somatic and psychic effects and manifestations are the same in either case. The only difference lies in the source of the anxiety, i.e., outside of the individual in the case of "real anxiety," within the individual in the case of "neurotic anxiety." *c) Actual anxiety ("Aktualangst")* represents the third type of anxiety. Here we are dealing with "free-floating" anxiety, the individual being unable to give any reason whatsoever for it. Freud never gave a satisfactory explanation for this form of anxiety. Reich termed it *"stasis anxiety"* [2] i.e., anxiety resulting from dammed-up energy. According to Reich, it signifies undischarged instinctual tension; sexual discharge results in its disappearance, that is to say, when the capacity for full sexual discharge (in other words, orgastic potency) is really present or established as the result of therapy. This stasis anxiety, which seems to be lacking both a motivation and a content, is of considerable interest. It is very similar to the anxiety caused by toxins, as, e.g., in the case of hormonal auto-intoxication (hyperthyroidism) or after the injection of large doses of adrenalin, etc. Like neurotic anxiety, it can be temporarily influenced by drugs. Acetylcholine (a parasympatheticotonic hormone), e.g., can reduce anxiety. That alcohol, in a similar manner, reduces anxiety and thus gives temporary relief, is a well-known fact. That its harmful effects constitute one of the most serious social problems of our times, is also well known. What is largely overlooked, however, is the motivation of alcoholism, which lies in the relationship between alcohol and sexual anxiety. From the sex-economic point of view, the problem of alcoholism is not one of a congenital "psychopathic" constitution; neither is it a purely socio-economic problem. Nor does sex-economy see the solution in the prohibition of alcohol, but, rather, in the elimination of the instinctual repression which typifies a sex-negative society.

From this brief summary of the phenomena of anxiety we can draw the following conclusions. First: anxiety may be

[2] *Translator's note:* The term *"actual anxiety"* as a translation of *"Aktualangst"* (Freud) has always been extremely unfortunate, because "actual" has the connotation of "real" and not that of the German *"aktuell."* (The same applies, of course, to "actual neuroses.") But, in addition, the original German term itself was rather unfortunate and has undoubtedly helped to maintain the eternal confusion in the problem of anxiety. Reich's term *"Stauungsangst" ("stasis anxiety"),* on the other hand, indicates the very mechanism of this anxiety, the damming-up, the stasis, of sexual energy.

caused by internal as well as external danger situations. *The internal danger situations always contain a sexual element.* The basis of neurotic anxiety is sexual frustration. The basis of stasis anxiety is dammed-up sexual energy. Second: As different as the causes of anxiety may be, its manifestations in the organism are always the same. Third: The common criterion of all kinds of anxiety is what has been described as sympatheticotonia.

2. *Hartmann's (and Rhumbler's) studies of the ameba:* What interests us here primarily are the movements of the ameba. Hartmann distinguishes several different forms of movement. First, *external* movements, from place to place (locomotion, going after food, taking flight, etc.). These movements take place by way of putting out pseudopodia ("false legs") which the ameba uses to paddle through the fluid medium or to move along on a solid surface. If the ameba has put out several pseudopodia, and one of them touches a solid object, the ameba immediately is pulled toward that one pseudopodium which is in contact with the solid object. That is, it orients itself in that direction, while the other pseudopodia are pulled in. The ameba reacts to the various parts of the environment which it encounters. It either comes to rest in a certain place or it takes flight. As experiments show, it also reacts to many other stimuli, such as chemical, mechanical, thermical, electrical and optical stimuli. Depending upon the quality and quantity of these stimuli, the ameba reacts in one of two ways: either it seeks these stimuli (stretches toward them, orients itself toward the environment, "seeks pleasure"), or it avoids them, flees from danger, draws back into itself, "plays dead" (reaction of unpleasure, anxiety).

Second, and parallel with these external movements, one finds in the ameba *internal* movements in the form of fluid currents. As one would expect, one finds the active movements ("toward the world") accompanied by plasma currents toward the surface of the ameba (corresponding to what in the human we call a parasympatheticotonic reaction). Conversely, the movements "away from the world," the "drawing back into the self," the assuming of a spherical shape, are accompanied by plasma currents from the surface toward the center (corresponding to the sympatheticotonic reaction in man). The reader is referred to Hartmann's works for a description of the changes in plasma consistency which accompany these plasma currents.

Third, when the ameba is at rest, one finds *pulsating movements* in the form of a rhythmic alternation of expansion and contraction. These movements take place so slowly that one can observe the simultaneous fluid movements in the protoplasm. It was found that the movements of expansion and contraction are also based on these plasma currents. One finds also that when the fluid is moving from center to periphery, the thin plasm in the center (endoplasm) changes into the viscous plasm (ectoplasm) of the pseudopodia.

The movements of the ameba are accompanied by electrical phenomena which have not as yet been sufficiently studied. In all probability, the movement of expansion is accompanied by an increased surface tension and an increased electrical surface potential, while, conversely, contraction is accompanied by decreased surface tension and surface potential.

3. *Kraus' "Nässetheorie des Lebens."* In his remarkable work *"Allgemeine und spezielle Pathologie der Person"* (1926), the internist Kraus gave an entirely new concept of the functional mechanisms of certain chemical substances on which the living organism (the "biosystem") is based. As it is impossible to give an extensive résumé of this work in a limited space, only a few of Kraus' conclusions will be mentioned here, while the reader is referred to the original.

His starting point is the fact that living substance consists essentially of colloids and mineral salts, both of which, when in solution, are electrolytes. The colloids are essentially stationary while the ionized salts circulate from place to place. The colloid solutions as well as the ionized salts consist of very small particles (the colloid particles being many times as large as the salt particles). The border surfaces (*"Grenzflächen"*) of these particles carry electrical charges which are in constant interaction with the charge of other particles they come in contact with. He calls these surfaces "energy border surfaces." The most important ones are the border surfaces between colloid and salt electrolytes. Kraus considers the biosystem to be "a relay-like switch mechanism of electrical charge (storing of energy) and discharge (performance of work). These processes are entirely based on the phenomena of the energy border surfaces."

The life process is characterized, among other things, by combustion (taking up of oxygen and giving off of carbon dioxide), and the production of electrical energy on the border surfaces. One of Kraus' remarkable findings is the fact that the transport and distribution of substances is far more important for the maintenance of the life process than metabolism (combustion). He also showed that salt solutions are indispensable for the life process long before it has come to the development of blood. The life process itself he defines as an autonomic vegetative current, essentially a convection of fluids. He considers the organism composed of innumerable electrically charged border surfaces, and the blood system driven by the unceasing equalization of these differences in potential. The conductor between the various potentials he considers to be the body fluids, especially the ionized salts in them. He also thinks that free electrical charges move through the capillaries. The potential differences which are equalized with these currents are located on the energy border surfaces.

With the discharge, the electrical energy is converted into mechanical energy and work. This very point, the reversibility of mechanical and electrical energy,[3] is the central point in Reich's *orgasm formula,* which he considers identical with the life formula *per se.* This formula characterizes the living function as two concurrent energy processes, one of a mechanical, the other of an electrical nature. The orgasm formula is as follows: *Mechanical tension → electrical charge → electrical discharge → mechanical relaxation.*

This combination of mechanical and electrical processes is found only and alone in living substance. Reich arrived at this formula on the basis of clinical and physiological investigations of the orgasm; hence the name. It makes no difference whether one calls the orgasm an especially highly differentiated phenomenon of vegetative life, or whether one calls life an elementary orgastic process. What matters is that either phenomenon is based on one and the same simple energy formula.

Kraus emphasizes the basic indispensability of electrolytes for all life as follows: "There is not a single manifestation of life which cannot be reduced in one way or another, directly or indirectly, in whole or in part, to the action of the ions." The following statement, coming, as it does, from a Professor of Medicine, is also of particular interest: "Most illnesses also, be they organic or functional, are based, in the final analysis, on vegetative currents."

Kraus showed that the vegetative currents are conveyed by the ionized salts (kations and anions) in the organism, and that the energy metabolism takes place essentially at the energy border surfaces. The next step in his investigations was a study of the specific effect of the individual

[3] *Translator's note:* Since this was written, several years ago, what is here referred to as bioelectrical energy has been shown to be orgone energy.

ions upon the typical vegetative functions and organs, such as smooth musculature, glands, and movements of body fluids. He succeeded in distinguishing groups of substances with a specific vegetative effect, metal salts as well as more complicated organic substances. It was further shown that most of these substances fall into two groups with an antagonistic vegetative effect: one, the potassium group, corresponds to the effect of the parasympathetic, while the other, the calcium group, corresponds to the sympathetic function. As far as the movements of body fluids are concerned, he found the kations and anions to have a marked effect on the processes of hydration and dehydration in cells and tissues, in the sense that the potassium group has a hydrating effect (leading to the taking up of water, to swelling), while the calcium group has a dehydrating effect (leading to the withdrawal of water, to shrinking).

Based on these investigations he shows the different effects of the two groups and their functional identity with parasympathetic and sympathetic, respectively:

VEGETATIVE GROUP	GENERAL EFFECT ON TISSUES	CENTRAL EFFECT	PERIPHERAL EFFECT
Sympathetic	Decreased surface tension	Systolic	Vasoconstriction
Calcium (group)	Dehydration	Heart muscle	
Adrenalin	*Striated muscle: paralyzed or*	stimulated	
Cholesterine	*spastic*		
H-ions	Decreased electrical irritability		
	Increased O_2-consumption		
	Increased blood pressure		
Parasympathetic	Increased surface tension	Diastolic	Vasodilatation
Potassium (group)	Hydration (tumescence of tissues)	Heart muscle	
Choline	*Muscle: increased tonus*	inhibited	
Lecithin	Increased electrical irritability		
OH-ions	Decreased O_2-consumption		
	Decreased blood pressure		

From these findings, Kraus drew the following conclusion: The effects of the two groups of substances are completely analogous to the effects of parasympathetic and sympathetic, respectively. Reich drew the further conclusion: If one does not onesidedly consider the function of the individual organs alone, one sees that the basic functions of the vegetomechanism are primitive total reactions of the organism as a whole: the parasympathetic activates the surface of the organism in the sense of an orientation toward the outer world, the sympathetic activates the center of the organism in the sense of a withdrawal from the environment.

If we now summarize the findings of these three investigators, Freud, Hartmann and Kraus, and place them within the framework of Reich's theory of the basic antithesis of vegetative life, we arrive at the following points:

1. In the living organism, from the unicellular ameba to man, we find the basic vegetative functions to consist of two opposite movements. One is centrifugal, toward the periphery and the environment (*expansion*), the other is centripetal, away from the world, back into the self (*contraction*).

2. These movements are accompanied by corresponding centrifugal and centripetal vegetative movements of the body fluids.

3. The movements are accompanied by changes in the electric surface potential of the organism: with expansion the surface potential increases, with contraction it decreases. Similarly, there is a corresponding change in the mechanical surface tension: with expansion the surface tension increases, with contraction it decreases.

4. In primitive organisms, the vegetative fluid movements are conveyed by chemical substances with opposite vegetative effect: potassium (centrifugal) and calcium (centripetal). In organisms with a developed vegetative nervous system the impulses are conveyed by the parasympathetic (centrifugal, potassium) and sympathetic (centripetal, calcium). In the higher organisms, more complicated chemical substances, such as the hormones, also come into play.

5. In man, the centrifugal vegetative movement is represented by a parasympathetic innervation; it is perceived as pleasure, as *sexuality*. Conversely, the centripetal movement corresponds to a preponderance of sympathetic innervation; it is perceived as "unpleasure," as *anxiety*.

If we tabulate these findings, we have the following:

Expansion

"Toward the world"
Vegetative current in the direction of periphery
Increased mechanical surface tension
Increased electrical surface potential
Functional preponderance of potassium group
Parasympatheticotonia
Sensations of pleasure
Sexuality

Contraction

"Back into the self"
Vegetative current in the direction of center
Decreased mechanical surface tension
Decreased electrical surface potential
Functional preponderance of calcium group
Sympatheticotonia
Sensations of "unpleasure"
Anxiety

It goes without saying that this table represents theoretical extremes. Normally, vegetative life consists in an oscillation, within moderate limits, between parasympatheticotonia and sympatheticotonia (i.e., rhythmical expansion and contraction). Depending on their quantity and quality, environmental stimuli will result in a preponderance of one or the other vegetative component in the organism.

In man, this means that a pleasurable stimulus from another individual will result in a relative parasympatheticotonia with pleasure sensations and sexual urge. With this goes an increased surface tension and electrical surface potential. At a certain point, there will be an electrical discharge with a simultaneous drop in potential, and mechanical relaxation. This discharge of the increased peripheral charge manifests itself genitally as orgasm. Qualitatively speaking, the physical and chemical dynamics of the orgasm are in no way different from the elementary dynamic process which is the criterion of the living function. Quantitatively speaking, however, the orgasm, in a vegetatively healthy individual, mobilizes the maximum of vital energy; it thus becomes of necessity the exponent of the perception of life. From this point of view the fact also becomes understandable that full orgasm is experienced "functionally"; i.e., in such a way that somatic and psychic sensations of pleasure fuse into a psychosomatic identity.

The sex-economic concept of the life process provides the basis for the functional energy concept of the neuroses. This concept may briefly be summarized as follows: When the elementary vegetative function of "striving for pleasure" is inhibited, the vegetative energy takes the opposite course and manifests itself as anxiety. The energy metabolism becomes disturbed. A greater or lesser amount of sexual energy—which normally would be discharged through the orgastic contractions of the involuntary musculature of the genital apparatus—now remains in the organism in the form of a definite excess of energy. This excess becomes bound up in the smooth as well as the striped musculature. Psychically, the energy is bound

up by the inhibition of the free and natural expression of the emotions. The connection between the psychic and the somatic immobilization of the energy is clear if one remembers that they have the same cause, i.e., one and the same inhibition.

The instinctual energy of the inhibited and prohibited wish for pleasure becomes attached to the affects which accompany the wish. The inhibited energy, instead of being dynamic, becomes static and is perceived as anxiety. If the affect is mobilized, this anxiety will accompany it. The muscle groups which should have taken part in the somatic discharge of the affect will be shown to be immobilized ("tied in knots"). They show tonic contractions, a hypertonus, which form part of the individual's characteristic attitudes, in the whole body, the face, the limbs, in motion as well as at rest.

The task of vegetotherapy is that of liberating the vegetative energy which is bound up in the muscles; this is done by eliminating the muscle tensions. It means releasing the instinctual energy of the corresponding affects. If we succeed in this, the combined dammed-up psychosomatic energy is liberated, and the block in the muscle-affect-mechanism is eliminated.

IV. THE TECHNIQUE OF VEGETOTHERAPY.

A description of the vegetotherapeutic technique presents two essential difficulties: 1. An indispensable prerequisite for an understanding as well as for the practice of this therapy is that the reader himself has undergone vegetotherapy. 2. Actual *observation* of the vegetotherapeutic process is equally indispensable for a real understanding of the various phenomena. If, nevertheless, I shall attempt to give a description to readers, most of whom know the theory and the technique only from hearsay, it is because I want to try to give an impression of *what* is being done and of *how* the various phenomena present themselves.

A. The first step in vegetotherapy is that of bringing into focus the characteristic muscular attitudes. These manifest themselves as static muscle tensions which give the individual his specific stamp. These muscular attitudes occur in "normals" as well as neurotics and are an expression of the individual's character. Many of the typical muscular attitudes are, with some practice, easy to discover. Others are less obvious and may escape our attention for a long time, as they are often unbelievably well camouflaged. An important approach to the discovery of these muscular tensions is the observation of the various movements. An inhibition in movements always points to the presence of static tensions. The most easily observable tensions are found in the face, the neck and the shoulders, and in the muscles involved in respiration.

B. The next step is the most difficult one: to make the patient *feel* these tensions. Some patients become aware of them immediately, others only after a long time of practice. This part of the therapy is absolutely essential, and often determines the indication and the prognosis of vegetotherapy. This process of making the patient experience his muscular tensions is really a process of developing his feeling of his own body. It is a central aspect of the treatment, inasmuch as it gets the patient into touch with his vegetomechanism, to the extent to which this can be perceived. That the patients' "perceptions" can give rise to errors and misinterpretations is understandable enough. The possibilities for a hypochondriac to misinterpret his perceptions are almost limitless. It is the task of the therapist to distinguish the essential from the nonessential; to be able to do this, he must be able to identify himself with the patient, to feel what is going on in the patient. It may sound strange that it should be necessary to have the patient "experience his own body." Yet, if we remember the system of con-

ventional forms, attitudes and automatisms into which the modern individual is pressed from infancy on, we can understand that this work of making the patient feel himself is by no means a simple task. In certain types of neurotics, with a particularly rigid muscular armor, it is extremely difficult.

C. When the patient has been brought to the point of feeling and recognizing his tensions, we begin to loosen them up. This may succeed rather easily, but it also may require infinite patience. We ask the patient to watch any impulse to motion which may accompany the tensions, and to try to "give in" to any such impulse.

Here we meet serious resistance on the part of the patient, a resistance which, so far, is analogous to the resistance so well known in psychoanalysis. The reason for this resistance is clear. When the patient lets go of a neurotic muscle tension, he gives in to a motor impulse of an affect which is systematically being kept in repression. Every mobilization of a repression is accompanied by anxiety and discomfort.

The reason for the inevitable appearance of this anxiety at a time when one tries to dissolve the repression is simple enough. The repressions have come about in the following manner. Most of the child's affective and pleasure-seeking actions meet with systematic prohibition, be this prohibition justified by "morals," "good tone," "good behavior," or simply the adults' irritation by the child's pestering. The child's first reaction to this frustration is angry aggression. Since, however, the prohibition is systematically repeated, and finally enforced with brute force or punishment, the child *must* needs give in. If the child repeats the action, it does so with a simultaneous fear of the adults' displeasure or repeated punishment. Thus, the child represses the very impulse which urges toward the action. Later on, the mere wish to repeat the action will in itself, in the manner of a conditioned reflex, produce anxiety. It is these repressions which we find somatically anchored in the muscular tensions. If we dissolve them, or if some special circumstances in everyday life lead to a breaking through of the repressed affect, anxiety is bound to appear.

It is in this way that neurotic anxiety is provoked by our technique. Very rarely does the patient readily admit this anxiety, and quite often he denies it. "That's not anxiety, I'm just feeling sick, I'm just stiff, it's just a pain," one hears frequently from patients. We have to remember that many patients consistently repress their anxiety, just as they repress any other unpleasant psychic perception. We must, therefore, think of anxiety in terms of physiology, that is to say, a state of sympatheticotonia.

If the picture of sympatheticotonia is kept in mind, it is readily observed in the patient, and we are not led astray by the fact that the patient does not consciously perceive his sympatheticotonia as anxiety in the psychic sense. Some patients, out of fear of the anxiety which is about to be released, hold on strongly to these somatic tensions. However, as a rule, they can be readily dissolved and rarely lead to symptoms of any considerable duration. Other patients let the affective impulse break through much more quickly, often instantaneously. Then we have a real vegetative release of the muscular tension. The immediate effect of this release varies greatly. Purely physically, it is always experienced as pleasurable, "relaxing," "warming," "stimulating." If the psychosomatic correlation is relatively well established, as in hysteriform cases, the breaking through of the affect is accompanied by very definite psychic reactions. These appear with the sudden perception of pleasurable sensations and are often accompanied by the appearance of early memories. These memories often go very far back into childhood and are often described in a peculiar way, i.e., not as "adult," conscious memories with their almost photographic reproduction. Much

more frequently, they are described in connection with the part or parts of the body in which the tension is being released. Thus, this process of recollection might be correctly called *"organ memory"* in many cases. The memories of later childhood, however, may be more distinct, more of the type of our general memories.

This point, the reproduction of memories, brings up an important problem. The original psychoanalytic formulation of the mechanism of therapy was this: Unconscious infantile experiences are made conscious through the treatment. As they become conscious, the anxiety and discomfort connected with them are abreacted and the complex thus loses its pathogenic power. But when subsequent experience showed that in many cases no amount of reproduced memories had the hoped-for therapeutic effect, the theory was modified to the effect that, in order to bring about the psychoanalytic dissolution of the complex, the affects attached to the memory also had to be reproduced.

Vegetotherapy shows clearly why a dissolution, even though it *seems to* produce both memory and affect, nevertheless may not bring the expected result. It enables us to distinguish what are only seeming dissolutions from the genuine phenomena. This distinction one is unable to make unless one has become acquainted, through personal experience, with one's own mechanisms of escaping the very real anxiety brought about by the dissolution of the tensions. Such mechanisms as tensing one part of the body which had previously been relatively relaxed, at a time when a tension in another part of the body is being released, is just one of these escape mechanisms. While, with the relaxation of one part of the body, genuine, verifiable memories are produced, and while a great amount of affect seems to be released, *the real vegetative energy is being bound up in another part of the body.* That is to say, the energy is not being released. What happens is simply that the tension temporarily shifts from one place to another. With that, there may be a symptomatic improvement of a certain "complex," of some specific fear, but the feeling of liberation that goes with a genuine release is absent.

The explanation is simple. Unless the vegetative energy which is bound up in the tension is liberated by way of a genuine release of anxiety, we do not achieve subjective or objective dissolution of the tension. *It is the liberation of the energy*—no matter whether one calls it vegetative, sexual, or life energy—*which causes the lasting relaxation, the real cure of the symptom.* The criterion of genuine relaxation is easy to recognize, both objectively and subjectively: the respective part of the body becomes more "alive," both in its appearance and in its functioning; the patient perceives it as "really belonging to his body." Generally speaking, the patient has a feeling of definite relief, of stimulation, of mobilization of energy. This corresponds to the fact that he does have more free vegetative energy at his disposal in the organism.

These releases take quite different forms in the various character types. In emotionally labile, hysteriform types, we find rapid and often violent reactions. The experiencing of the anxiety takes a dramatic course, infantile memories and situations are released in great numbers. In other patients, with predominating compulsive character traits, the release takes place more slowly and gradually. It is as if the patient himself were parceling out the anxiety and its release in small portions. Incidentally, in the course of this treatment one finds that the usual differentiation of character types according to their outward appearances in hysterical, compulsive and neurasthenic types, etc., essentially loses its value as a "classification" of character types. *An energy concept of the neuroses makes the neuroses appear as*

the result of a damming-up of vegetative energy which becomes bound up in this way or that, by this or that mechanism in the organism. From a *character-analytic* and *vegetotherapeutic* point of view, it is a matter of finding out *how* a patient behaves in his reactions, symptoms, complaints, etc., and *where* the somatic manifestations are and can be influenced. During the treatment, that is, with the dissolution of the different mechanisms which bind the energy, we also see frequently how one character type changes into another.

The therapeutic handling of the respiratory function is a chapter in itself. The significance of respiration for health has always been recognized. There are all kinds of "systems" for the influencing of the respiratory function, from occult sciences to our present-day gymnastics and methods of training the singing and speaking voice. What all these systems have in common is that they doubtless convey a certain feeling of the body. What is wrong with them is that they all place a one-sided emphasis on the acquisition of certain isolated skills, be they psychic or somatic. Such systems are of necessity artificial, because by their very nature they take into account only a fraction of the phenomena which one observes in the process of establishing normal respiration, and because they completely ignore the anxiety reactions which are therapeutically so important.

The aim of vegetotherapy, as far as respiration is concerned, is the establishment of natural, free respiration as it is found in vital, vegetatively healthy people. In situations where the affects can be expressed naturally, the respiratory function will participate, qualitatively and quantitatively, according to the nature and the intensity of the affect. In situations where free emotional expression is impossible, the respiratory function can be utilized for the deliberate suppression of the affect.

The most common objection to vegetotherapy is that it intends to turn people into uninhibited beings, driven by their unbridled instincts. The objection is as stupid as it is incorrect. What vegetotherapy really attempts to do is to free people from their devitalizing unconscious inhibitions, and to liberate their vegetative, sexual energy so that it is completely at their disposal when the situation asks for it and when the individual wishes it.

It is not the free-flowing affect or energy which turns people into ineffective neurotics and into criminals. The affect which is free seeks its normal gratification in a rational manner. No objection can be raised to this. On the other hand, the repressed affect, the inhibited energy, seeks its gratification in irrational ways; instead of flowing freely, it squirts out through cracks in the armor. It never results in real satisfaction of the natural needs. All the talk about "lust," "unbridled instincts," "man is better than the animal," "sex is not everything," etc., etc., is based on a peculiar but extremely deep-seated belief that free instinctual energy of necessity must lead to ethical, moral or social disturbances.

This concept, as widely accepted as it may be, is completely erroneous. Free, healthy instinctual activity is right, pleasurable and stimulating. It is the inhibited drives and the distorted affects characteristic of our sex-negative society which are the "immoral" and "dangerous" forces that make people into neurotics and into reactionary mummies. They are the reverse, the anxiety side of the inhibited instinctual energy; they represent, in their manifestations as well as in their effects, the diametrical opposite of natural, biological energy.

Often enough, the patients themselves, particularly hysteriform patients and patients with outspoken anxiety, point out difficulties in breathing: "I don't get the air in properly," "I'm going to choke," "I can't let the air all out," etc. It is easy to see that they breathe stiffly, not freely, that they breathe out, not in "one even breath," but in steps, as it were; or they breathe with a mechanical uniformity, the varying

psychic states not having any influence whatsoever on the respiratory function.

A great many patients, however, are completely unaware of the inhibition of their respiration; it seems to them that their breath comes evenly and naturally. They are asked to breathe naturally and at the same time to look for any inhibitions of the respiratory function they may become aware of. The subjective experience of the patient together with the objective observations of the therapist guide the procedure. There are three main mechanisms of respiratory inhibition: 1) chronic hypertension of the abdominal musculature; 2) the diaphragm is tense and sluggish in its movements; 3) the upper part of the thorax is tense, expanded and takes part insufficiently in the respiratory movements. At the same time, the muscles in the shoulders, jaws, neck, tongue and throat are almost always hypertonic. It goes without saying that in the search for these tensions one also discovers other tensions which are connected with these mechanisms.

In order not to lose myself in details, I shall only point out that the work on these respiratory inhibitions is one of the most important aspects of the whole therapeutic procedure. It is absolutely necessary to restore the normal respiratory function at least to such an extent that the patient acquires the ability to let it take part freely in his emotional reactions. The free respiratory movements lead, in an amazing manner, to the establishment of psychosomatic contact; the patient now distinctly *feels* the somatic component of his emotions. The affects also begin to have more and more of a "reality" character. That is, the affect is no longer something vague, distant and pale, that one talks about. The patient recognizes it as what it really is: an energy which presses for discharge in action.

Observation of children and adolescents shows that the inhibition of respiration is one of the very first muscular mechanisms employed in the inhibition of affective impulses. It is for this reason that just this inhibition very often proves to be the one that has become most automatic, and is the most easily overlooked and the most difficult to eliminate. At the same time, as I shall point out later, it is the most important one to overcome.

While trying to dissolve the tensions in various parts of the body, one always works simultaneously on the respiratory function because the inhibition of the respiratory function helps to maintain other tensions, and, conversely, the freeing of the respiratory function helps in the work of dissolving them. When anxiety, through inhibition of respiration, threatens to hinder the further dissolution of a muscle tension and with that the liberation of the bound-up vegetative energy, continued respiration will bring about the dissolution. It is in this way, by forcing himself to breathe through in spite of the resistances, that the patient can help the therapeutic process along. This may sound strange. Yet, if we remember that the patient's anxiety works steadily against the dissolution of the tensions, we understand that the work represents a long drawn-out job which requires a great deal of patience on the part of both patient and therapist.

D. Up to now I have discussed some of the elementary aspects of the technique which were mostly diagnostic and to some extent "analytic" in character. The patient as well as the reader will raise the question: Suppose we recognize these vegetative phenomena, we recognize them as genuine affective phenomena, and we can more or less verify the memories that come up. Suppose, furthermore, that an increase in energy is both subjectively felt and objectively substantiated. Thus far, all that has been discussed is muscle tensions and their dissolution. But the goal of therapy is supposed to be the establishment of orgastic potency. How does that

come about? Does it come about by itself, incidentally, as it were, or does it require a special treatment of the sexual problem?

I shall attempt to summarize the observations with which vegetotherapy has provided us, and shall show why the therapeutic goal is that of establishing orgastic potency.

In the course of the treatment, a certain orientation gradually takes place in the patient's sex life. Generally speaking, neither direct sexual therapy (such as "masturbation therapy") nor counsel in sexual hygiene can straighten out serious neurotic disturbances, even though sometimes considerable symptomatic improvement may be achieved. But the improvement, if any, is of a superficial nature, and it is only in light cases, especially in very young people, that real improvement can be achieved.

Vegetotherapeutic experience presents a very different picture. In the process of relaxing the respiratory muscles and the abdominal wall, patients often relate that the relaxation stops at the pelvis. For the time being, we can assume that the somatic basis of genital malfunctioning is the tension in the pelvic musculature. These tensions reduce or make impossible the perception of the vegetative sensations in the pelvic organs, and disturb the orgastic function.

At a certain stage of the process of loosening up the respiratory function and the abdominal wall, a peculiar phenomenon occurs. The patient notices an impulse to motion in the diaphragm, which results in contractions of the whole abdominal musculature as well as the large lumbar muscles. While these movements are taking place, the abdominal wall is extremely hypersensitive, so that the movements can be induced by touching the abdomen ever so lightly. These jerk-like movements in the abdomen often continue for a considerable period during the same session; they occur in a typical manner at a certain point in the expiratory phase once this has been "loosened up." Either immediately or only after some time, these contractions are accompanied by peculiar feelings of current, of warmth, of tickling. They are also described as shuddering sensations in abdomen, body and limbs. These currents, which are nothing but the pleasurable perceptions of primitive vegetative currents, may occasionally run from the diaphragm over the whole body, limbs and head. In the places where they occur, the patient has an increased awareness of his body and an increase in impulses. There is a feeling of warmth, slight trembling and a feeling of "coming alive" in the respective parts of the body. Neurologically, there is a marked hyperactivity of the skin-, periost- and tendon reflexes.

As this abdominal reflex and the accompanying vegetative currents develop further, new sensations make their appearance in the pelvis and the sexual organs. With that, the patient becomes aware of the tensions in the pelvic musculature, particularly in the sphincters of bladder and rectum. As these are dissolved and free respiration and the perception of currents develop further, a sexualization of the genitals takes place. It is astounding to see how this sexualization is experienced as a "coming alive" of the whole sexual mechanism. The sensations of pleasure become both different and more intense. The musculature in body and limbs becomes more relaxed and the movements in general become softer.

Finally, the whole organism begins to participate in the impulse which originates from the epigastrium. With the dissolution of the various muscle tensions and the corresponding anxiety manifestations, the body movements finally take the form of natural coitus movements, the patient giving himself over completely to the situation. Patients relate that the impulse to the movements originates from the depth of the epigastrium, from the solar

plexus, although there is as yet no physiological proof of this.

Thus we see that the releasing of the vegetomechanism leads to the re-establishment of a biological reflex which most modern individuals have "forgotten": the orgasm reflex. That is to say, simply, that the movements of the sexual act have an autonomic vegetative basis. It means that any voluntary coitus movements inhibit and weaken the vegetative autonomic impulses and the intensity of the vegetative currents. It means that conscious activity in the sexual act constitutes an inhibition of the biological act. We thus understand that the "normal orgasm," as an expression of the maximal discharge of vegetative energy, requires a maximal reduction of "normal consciousness."

I am fully aware of the fact that such a frank discussion of sexuality, which to the individual represents the most secret and intimate part of his personality, must arouse resistance, in many quarters abhorrence. It is impossible to anticipate all the objections, representing as they do, a multitude of points of view: the moralistic, ethical, esthetic; that of parents, physicians, patients, "educated people," of "the average normal individual," and other "know-it-alls."

The purpose of sex-economy is the scientific investigation of the problems of sexuality. It cannot give in to the objections that this or that person or group may have to the form or the content of its findings. The main thing is to present the facts as they can be observed. A sober and objective evaluation of the facts, based on the concept of sexual energy, must be the point of departure for a discussion of the subject. I shall only make a few general remarks with regard to some of the most commonly raised objections:

1. *Orgastic potency as the therapeutic goal.* To postulate orgastic potency as the goal of therapy, undoubtedly sounds one-sided, "sexually monomanic," even though every human being who feels in himself the lack of this quality, longs for it and seeks it more or less openly.

It is all not as simple as it sounds. As was said before, direct "sexual" therapy hardly ever leads to any satisfactory results. The goal of vegetotherapy is the liberation of the vegetative energy which is bound up in the neurosis. If correctly carried out, this leads to the elimination of the neurotic symptoms and to the establishment of orgastic potency. Thus, the latter is a result; but the therapeutic significance of this result is so decisive that it can be called the goal of therapy. Biologically speaking, orgastic potency is the criterion of vegetative health; therefore, from this standpoint also, its establishment can be considered a goal.

2. The *"moral" objections,* either on religious grounds or couched in professional, ethical, esthetic or other terms, are all based on the conventional sex-negative attitude of our society. In one way or another, practically everyone raises such objections, because practically everybody has gone through a sex-negative upbringing. These objections derive much support from religion and the passive reactionary attitude. The sex-negative attitude permeates all of society, no matter whether it manifests itself in the absolute "Thou-shalt-not" morality of the church, or in the liberal formulation of "sexuality is not everything in this world."

Sex-economy states that a healthy sexuality is a function which is indispensable to a full realization of an individual. It provides happiness and capacity for achievement, to individual and society. On the other hand, inhibited and unbalanced sexuality distorts the character and gives the individual's thinking and actions the stamp of compensation and substitute.

3. *"Sublimation"* of instinctual energy, many will object, is one of the most important cultural factors; our very culture is partly based on sexual repression. How-

ever true this argument may sound at first, it is erroneous, because it is based on false premises. Sublimation is supposed to consist in a utilization of the repressed sexual energy for higher, cultural aims. Examples are pointed out of artists, scientists and poets, with the easy explanation that the economizing of their sexual energy by abstinence made possible their extraordinary achievements.

If we consider the subject from the energy point of view, the absurdity of such reasoning becomes readily apparent. Most people, when they speak of "sexuality," mean genital sensations and activity. It is assumed, then, that the husbanding of sexual energy will result in a plus in life energy which becomes available for achievement in work.

In contrast with this, sex-economy, and particularly vegetotherapy, demonstrates the fact that sexual repression binds energy, immobilizes it in various parts of the organism, and thus makes the individual neurotic. This applies to every single individual with sexual repression. Under these circumstances, most people, endowed with an average amount of vital energy, will present the picture of an average, "normal" or more or less neurotic individual. Those relatively rare individuals who are constitutionally equipped with a vital energy above average, will occasionally manage to express their energy in creative production *in spite of* their sexual inhibitions. That is to say, sexual repression immobilizes energy, and through the resulting neurotic mechanisms, makes unhampered achievement impossible. Sublimation only demonstrates the fact that rare individuals who are equipped with an extraordinary amount of vital energy may be extraordinarily productive in spite of possible sexual inhibitions.

4. One of the main objections, raised readily and frequently, is this: "Suppose we let our instincts go—what a chaos of ever-changing love affairs, what an inferno of lasciviousness and debauchery would break loose!"

This objection has several causes. For one thing, we read every day about sex crimes, committed by sexually abnormal individuals. The usual explanation by reference to a congenital, constitutional defect does not hold water. Psychoanalysis, and even more so vegetotherapy, of perverse individuals shows that most of such perverse tendencies are the result of a sex-suppressing upbringing. The perverse sexual acts are the expression of an amount of sexual energy which could not be repressed and which now, in a distorted form, breaks through the armor of prohibition. Therapeutic experience always demonstrates also the specific environmental factors which produce this or that form of sexual abnormality.

Secondly, the sexually inhibited individual has erroneous concepts with regard to all the horrors which would break loose, such as promiscuity, a life of hedonism and debauchery, etc. The reason for these concepts is clear. The sexually inhibited individual suffers from dammed-up sexual energy which does not find discharge. This dammed-up sexual energy leads inevitably to an increased sexual phantasy-life which creates and maintains in the individual the feeling—more or less conscious—that a "free sexuality" would result in boundless, chaotic sexual expression.

In reality, things are quite different. The sexually healthy individual will give himself to a congenial partner and establish a satisfactory relationship. In a healthy sexual relationship, the sexual demands are determined by the individual's natural erotic demands.

In a normal relationship, one gives to sexuality what is due to it, and one gives to work and other vital activity the rest, and that means not the smallest part of the vital energies. Free sexuality means nothing but the individual's capacity to satisfy his natural sexual needs. This is

everybody's natural right. It should be the duty of society to enforce this right.

The establishing of the orgasm reflex gives the patient a steadily increasing feeling of vitality and energy. The freer, i.e., the less laden with anxiety it is, the more does the patient feel himself capable of functioning sexually. The urge for sexual release will lead to a possibly lasting relationship or will pave the way for one. The improved sexual functioning gives a steadily increasing feeling of normality, and the need for treatment diminishes. The relationships with the environment enter a new phase. The patient becomes more secure, begins to depend more on himself. To what extent this new, independent attitude will lead to a change in the patient's circumstances depends entirely on what these circumstances are. The problem as to whether an existing marriage should be maintained enters a new phase. It goes without saying that in the new situation a continuation of the marriage may be impossible. On the other hand, a more frequent outcome is that a problem marriage can be pulled out of its conflicts which were largely due to the patient's neurosis.

The treatment approaches its natural conclusion. The conclusion of the treatment is determined by the simple fact that the patient no longer needs it. He feels alive, sexually normal, capable of independent action and of working. The actual difficulties and conflicts of life now present themselves as what they are, not neurotically exaggerated as they used to be. The patient leaves the treatment as a natural, healthy being. The neurotic character has been altered, the energy is withdrawn from neurotic self-occupation and is directed toward the outer world, its tasks and work.

E. Comments: This summary of vegetotherapy may appear alluringly simple. It should be remembered that this article presents no more than a schematic bird's-eye view. All the various phenomena do not appear neatly one after the other like pearls on a necklace. Every single dissolution of a tension may take a long time. Every energy-binding muscle tension has its psychic equivalent in the corresponding character resistance. Often, one has to postpone the dissolution of a tension for a long time, until the parallel character-analytic work on the resistance opens the possibilities for further dissolution of muscle tensions. Generally speaking, vegetotherapy and character-analysis go hand in hand. One-sided somatic dissolution of tensions without corresponding psychic reactions is a half-measure at best, even though it may lead to the improvement of many symptoms (such as insomnia, constipation, various manifestations of anxiety). A deficient psychosomatic contact must be regarded as a neurotic symptom, a "split," the chief function of which is that of avoiding the latent anxiety. Without a genuine break-through of anxiety, one achieves no real release of the affects, no real liberation of energy.

Also, the vegetotherapeutic treatment has to be seen as stretched out over a considerable time, often several hundred hours. Furthermore, the present article gives a picture of the course of the treatment in favorable cases; the difficulties one encounters, particularly in some almost hopelessly rigid cases, belong in another article. The method is new, even though its theoretical basis is firm enough. The therapist's individual ability to find his way through the difficulties depends on his capability for empathy.[4] Every new case brings new experiences. Every hour the therapist is confronted with the problem of whether he is dealing with genuine liberation of energy and affect, or with pseudo-affects without release of anxiety.

[4] *Translator's note.* This highsounding Greek word seems to be the only one that renders the original *"Einfühlungsvermögen,"* meaning, literally, the ability to "feel oneself into another person."

This is the crucial problem, and the decisive point in the process of changing the neurotic character into the genital character.

Another problem is that of the risk involved in vegetotherapy. It has often been pointed out that the dangers of releasing the affects and instinctual impulses are a weighty argument against vegetotherapy. I should like to emphasize this risk very strongly. By far the most important prerequisite for the practice of vegetotherapy is that one has oneself undergone the treatment. The therapist must know the various reactions from his own experience, he must know exactly how the genuine release of energy takes place, he must have rid himself completely of any escape mechanisms and any swindling with pseudo-affects. Only this self-experience will give him the ability to evaluate the patient's reactions, will give him an ability to identify himself with the patient which can be relied upon. Only these qualities will enable him to evaluate his observations correctly, will sensitize him to any alarm signals which may indicate dangerous situations.

A third problem is that of the durability of the results. In view of the fact that vegetotherapy as a self-existent therapy is no older than three to four years (this was written in 1939—Translator), it is, of course, impossible to present any sizable statistics. However, in the relatively small number of patients whose treatment has been concluded, the therapeutic results seem to be well consolidated.

Prognostically, a lasting result is assured, inasmuch as the establishment of orgastic potency, if successful, gives the individual an increased self-confidence, energy to stand on his own feet, increased activity and enjoyment in work. On the other hand, his liberated sexuality makes higher demands on the patient, both with regard to himself and his environment. What results we have, however, seem to fulfill the goal toward which all psychotherapy strives: to give full capacity for love and for complete absorption and enjoyment in work.

THE CARDIOVASCULAR SYSTEM IN PUBERTY

OSSINOWSKY, N. I.: Herz-Gefässystem in der Pubertätsperiode. Acta paediat. 28, 1940, 56-58.

The following complaints are very common in puberty: palpitation, oppression and pain around the heart, breathing difficulties, fatigue, irritability, headache, and tendency to sweating. These complaints may be of short or long duration.

The outstanding objective symptom among these patients, whom the author consistently calls "children" although he explicitly considers them as going through puberty (10 to 17 years old?), is acrocyanosis. The extremities feel cold; they seem pre-edematous, and often there is a slight edema over the shins. Often there is a rigidity of the radial and temporal arteries which may lead to the misdiagnosis of arteriosclerosis. In most cases there is marked red dermographism. The heart is often slightly enlarged, especially to the left; there are accidental heart murmurs, respiratory arrhythmia and split heart sounds. Most frequently, the blood pressure is abnormally low (90-105 mm) and the X ray picture suggests a mitral heart. The electrocardiogram shows most often a shift to the left, sometimes to the right, and a high T wave. Less often the blood pressure is increased (121-135 mm). The Ekg. *"had very much the character of the infantile Ekg."* (Reviewer: Is the Ekg. also characterized, through life, by vegetative suppression?).

These patients are often hospitalized with the diagnosis of valvular disease or some other organic heart disease. Functional tests show changes in the peripheral vessels. These explain the arterial rigidity and the pre-edema. The enlargement of the heart can be explained by a high fixation of the diaphragm; orthodiagraphic examination showed no cardiac enlargement. The high T wave is also found in sympatheticotonia. Functional heart tests revealed no abnormality.

After a study of the literature, the author reaches the conclusion that the syndrome is due to neuro-endocrine factors, although "anatomical and constitutional as well as environmental factors must also be taken into consideration." The neuro-endocrine changes he ascribes to sexual hormones. It is noteworthy that organic heart disease—congenital as well as acquired—shows a critical aggravation during puberty. *The syndrome is found in about 50% of all the "children,"* in girls somewhat more often and more marked than in boys. As a rule, all the symptoms disappear after puberty.

Reviewer's comment: What strikes me as almost fantastic is the fact that one can find all these symptoms and not only find a connection with the functions of the sexual glands but even state that it is a matter of a tendency to "switch from a sympathicotropic to a vagotropic condition"—and still not take into consideration the individual's life and sex life. The author realizes, though, that it is not just a matter of the "intensity of puberty," but that other factors play a role. There is no doubt that all the phenomena he describes are readily explained by a strong vegetative breakthrough which is—more or less strongly—inhibited. The vegetative breakthrough as well as its inhibition are typical phenomena of puberty. Of particular interest is the finding that the Ekg. is very similar to that of the infant. The explanation for the author's unrealistic way of looking at things lies perhaps in his considering these individuals as children. In only one place in the bibliography is a distinction made between children and "adolescents." The author does not state definitely what age group is meant; but from his discussion of an investigation of vascular rigidity in the age groups of 7 to 10 and 10 to 17 one gains the impression that he is dealing with the latter group.

PAUL MARTIN

ANXIETY AND SEXUAL ORGANS

STIEVE, H.: Nervös bedingte Veränderungen an den Geschlechtsorganen. Deutsche med. Wochenschr. 66, 1940, 925-928.

Stieve reports on anatomical studies of the gonads in criminals of whom he knew that they had spent the last period of their lives in a state of intense anxiety, often in constant flight from the authorities. They all stated to have had a "normal" sex life previously.

Autopsy revealed the following: Small testicles with narrow tubules. The epithelium of the tubules was often found reduced to one single layer. Correspondingly, marked reduction of spermiogenesis. Sertoli's cells normal, strongly secreting. In women: menostasis, absence of corpora lutea. Disappearance of follicles and particularly of egg cells.

Stieve concludes: "These findings show that in the male as well as the female gonads, *severe anatomical alterations* can be brought about by *anxiety and excitement,* i.e., in the last analysis, through the influence of the nervous system. These alterations are found primarily in the *gonadal cells* and result, in man and woman, in a *sterility* of shorter or longer duration. We are thus justified in speaking of a psychically conditioned, anatomically demonstrable sterility." (Italics are the reviewer's).

These findings would seem to illustrate, in an unusually clear manner, Reich's thesis of the basic antithesis of sexuality and anxiety (W. Reich, "Der Urgegensatz des vegetativen Lebens," 1934).

PAUL MARTIN

EXPERIMENTAL CONFIRMATION OF RESPIRATORY INHIBITION

A. J. ANTHONY UND M. BROGLIE: Grundsätzliches über die Begrenzung der Zwerchfellbewegungen. Klin. Wochenschr. 18, 1939, 1126-1127.

". . . Systematic examinations of patients with pneumothorax revealed the factors which regulate the expiratory and inspiratory positions of the diaphragm (Anthony). It was shown that in patients with double pneumothorax there is no marked reduction of the residual air, although in these patients the mechanical conditions are given for an expiration which goes as far as the complete collapse of both lungs (Anthony and Mumme). Furthermore, the fact was demonstrated that after the induction of a pneumothorax, the thorax volume may increase as much as 2 to 3 liters. These studies show that the position of the lungs influences the thorax volume by way of the nervous system; it results in an inhibition of the respiratory movements.

Summary: The X ray kymogram shows that, after maximal inspiration, definite diaphragmatic movements take place, without a change in the lung volume. These movements of the diaphragm are accompanied by antagonistic movements in the thorax wall. The corresponding conditions are observed with maximal expiration. In these diaphragmatic movements, we are dealing not with so-called pseudoparadoxical, but with genuine paradoxical or antagonistic movements.

These observations show again that in maximal inspiration and expiration the thorax wall and the diaphragm have a relatively wide range of excursion. They confirm the view that the voluntary respiratory movements are not limited by mechanical factors. In this connection, reference is made to recent studies which show that the voluntary respiratory movements can be inhibited by the lung through nervous influences."

Reviewer's comment: After full inspiration or expiration, there is still a free motility of all the respiratory muscles: thorax, diaphragm and abdominal musculature. (Although the authors, in their summary, do not mention the fact that this applies also to the abdominal respiratory muscles, it is plainly evident from the body of the article.) The only limitation in the motility of the muscles lies in the fact that now (after full inspiration or expiration) they can only be moved in a manner which does not involve further inspiration or expiration. In vegetotherapy, we have to deal with these mechanisms of respiratory inhibition all the time. We know that the inhibition of expiration is due to the fear of giving oneself, while the inhibition of inspiration serves the purpose of preventing an intensification of the vegetative functions.

PAUL MARTIN

SEXOLOGY

TAUBER, EDWARD S.: Effects of castration upon the sexuality of the adult male. Psychosom. Med., January 1940.

On the basis of a rather extensive review of the literature, Tauber finds that "a wide variety of sexual responses, including apparently normal ones, was observed following castration." This would seem to confirm the view which sex-economy has held for a long time, namely, that the sexual function is a basic biological function and, therefore, relatively independent of individual mechanisms such as the gonadal function.

It is of interest to note that 5 out of the 30 bibliographical references are to works of Wilhelm Reich. Unfortunately, they do not seem to have conveyed any grasp of sex-economy. The author makes specific reference to "Experimentelle Ergebnisse über die elektrische Funktion von Sexualität und Angst" and the finding of a "close relationship between sexual gratification and electrical potential. If the sexual performance is gratifying there is a rise in potential. In the absence of gratification or in the presence of anxiety, there is a diminution of electrical potential."

This is—with the exception of the reference to anxiety—a complete misunderstanding. These experiments of Reich have nothing to do with "sexual performance." What Reich did show was that the sensation of pleasure, specifically, the pleasurable excitation of erogenous zones, is accompanied by an increase in surface potential, while all other excitations, such as anxiety, pain, fright, annoyance or depression, are accompanied by a decrease in the surface potential of the organism.

T. P. WOLFE.

"CHARACTER-ANALYSIS"

ALEXANDER, FRANZ: "The Voice of the Intellect is soft . . ." Psychoan. Rev. 28, 1941, 12-29.

Quoting Freud's statement that "the voice of the intellect is a soft one but it does not rest until it has gained hearing," Alexander comments (p. 12): "There are few statements which pertain more closely to the central problem of analytic therapy—indeed to the essential problem of man—the guiding influence of the intellect over the impulses, the struggle between Dionysus and Apollo . . . Once a clear insight is reached, it is impossible to get rid of it completely. The study of painful dreams has shown us that even in our dreams, where wish-fulfilment rules, we cannot get rid of the voice of our conscience." (Note the identity of "insight" and "conscience.") "One can well describe the analytic therapy as a continuous struggle of a patient against insight which the analytic work is constantly bringing about (p. 13)." This is illustrated by fragments from the history of a patient who is introduced as follows:

"The patient was a forty-year-old man, *happily married*, the father of two children, who came to the analysis with a complaint, somewhat unusual for a man of his age. He came to my office with tears in his eyes, complaining that *nobody loved him and he felt isolated in life*. From time to time this feeling took the form of real depressions . . . His life was more or less uneventful and smooth and yet he stated he had *never been happy for one moment in his whole life* from early childhood . . . *Characteristic* of this patient was that his suffering, although intensive and permanent, was not known to his environment. He had a *"poker face"* and kept his suffering to himself. On some occasions, however, tears would roll down his cheeks *but even then his face did not contort but remained calm and expressionless."* (P. 14. Italics, throughout, are the reviewer's.)

Alexander then discusses the "process by which, slowly, but progressively, intellectual insight gains more and more foothold." "The whole end-phase of the analysis can be described as that under the pressure of insight the neurotic conflict situation becomes more and more circumscribed and isolated from the rest of the personality. I like to refer to this phenomenon as a process of *sequestration* (p. 20)." After a discussion of this process of sequestration, of the therapeutic significance of "sequestration dreams" and "pseudo-sequestration dreams," Alexander states: "Viewing the analytic procedure as such a struggle between deeply penetrating

intellectual insight and ingrained emotional patterns, the technical questions of termination of treatment appears from a new angle (p. 26)." He points out that psychoanalytic therapy originated from cathartic hypnosis, and that the analyst has not entirely rid himself of the concepts of the cathartic period (i.e., rapid improvement or cure through the abreacting of pent-up emotions). *"In a character analysis as it is practiced at present,"* he continues, "we visualize the therapeutic process quite differently. Insight becomes deeper, more and more comprehensive, slowly enforcing its verdict, until the emotional patterns yield and its components are gradually forced into new more satisfactory combinations. This process has no sharply limited termination. The patient does not get up one day from the couch cured. *Therefore it is difficult to form an opinion as to when this process should be terminated* . . . Such methods as the microscopic study of dreams and the careful evaluation of the patient's feeling tone, offer valuable leads to decide when a long *character analysis* should be terminated." (P. 27. Italics are the reviewer's.)

We do not take issue with Alexander's concepts of psychoanalytic theory and practice. The sole purpose of this review is to make clear one thing: that what Alexander describes here as character analysis is *not* character-analysis. To make this distinction clear is all the more indicated inasmuch as Alexander's is not just a private opinion, but the opinion of a teacher of psychoanalysis and director of a Psychoanalytic Institute.

Character-analysis is a technique developed by Wilhelm Reich and taught by him for the past fifteen years. Alexander knows that, because he is familiar with the psychoanalytic literature and with the history of psychoanalysis, including that of the Vienna Technical Seminar where Reich began to develop the concepts and technique of character-analysis; he is also familiar with Reich's refutation of the theory of the death instinct and the fact that the clinically correct comprehension of many pathological manifestations which were erroneously explained by the death instinct played an important role in the early development of character-analysis.

Character-analysis is not, as many still believe, a mere technical modification of the customary symptom-analysis and interpretation analysis. Its development has led to basically different concepts and a basically different technique. In particular, in the course of the past seven years, the finding of the functional identity of character armor and muscular armor has resulted in the development of character-analytic vegetotherapy, i.e., a technique of liberating the vegetative energies from the character armor and muscular armor. The character-analytic concept of character, thus, is not psychological, but biological.

I shall try to point out some of the basic differences between what Alexander calls "character analysis" and what *is* character-analysis. To begin with, to us, it means what it says: analysis of the character. Thus, to take Alexander's case, the most striking aspect to the character-analyst would be what Alexander himself describes as "characteristic" of this patient: he had a "poker face" and kept his suffering to himself. Sometimes, tears would roll down his cheeks but even then his face did not contort but remained calm and expressionless. To Alexander, this finding seems to have no practical significance. The character-analyst would recognize this lack of expression as one of the patient's outstanding characterological and physiological mechanisms of repression, and, by dissolving it, would liberate repressed affects. Incidentally, the character-analyst would not consider anybody "happily married" who feels that nobody loves him and that he is isolated in life.

The strength of psychoanalysis is that the voice of the intellect is permanent (p. 12). The strength of character-analysis, however, lies in the fact that it has found the character armor to be the essential means of keeping affects in repression, and that it has developed a technique for dissolving this armor and thus liberating the biological energies which are bound up in it.

To Alexander, the therapeutic process consists in a process of gaining intellectual insight. The character-analyst knows that intellectual insight has hardly any therapeutic significance; more than that, he knows that intellectual insight is a powerful mechanism of defense on the part of the patient against

any emotional contact with his own conflicts and with the therapist. Unless this insight is unmasked as a defense and eliminated, the patient, after years of treatment, may be completely unchanged except for having added to his neurosis a fluent psychological vocabulary which, it is true, may make it possible for him to talk about his neurosis now instead of feeling it.

To Alexander, the central problem of analytic therapy is "the guiding influence of the intellect over the impulses (p. 12)." In character-analysis, the central problem is, on the contrary, that of liberating biological energy from repression and to restore to the patient his vegetative—and with that his intellectual—motility.

To Alexander, "the violence of the resistance is the sign of the intensity of the pressure exerted by insight (p. 14)." To the character-analyst, the violence of the resistance is a sign of the pressure of repressed vegetative sensations and instinctual drives. To the character-analyst, repression and resistance are biological, not psychological processes.

To Alexander, "the only encouragement the therapist has lies in the fact that no matter how soft the voice of intellectual insight is, it is indelible (p. 14)." To the character-analyst, the only encouragement lies in the fact that behind all the characterological rigidity and falsity, behind all the defensive conventional veneer, behind all the antisocial impulses, lies hidden a simple, genuine, human decency, a natural sociality and natural capacity for love; and that his technique enables him to liberate this bit of nature of which the patient has become afraid.

To Alexander, a humorous attitude seems to be an understanding attitude and a sign of progress in the course of therapy:

> "The hour was filled with an oscillation between tearful longing for love and a humorous and understanding attitude toward his own childishness. His tears were a mixture of those of a longing child and of an adult who looks with some humorous resignation upon the past golden days of childhood. Humor requires the capacity of looking at something which deeply concerns us from a certain distance. This emotional attitude can be observed in children, when they desperately weep over the loss of a toy or being reprimanded or some other little tragedy of their life and are consoled by an understanding adult, who tries to point out to them that they are taking the adversity too seriously, that such a 'big boy' or 'big girl' should not be so childish. The smile between tears which appears on their faces, like a sun breaking through dark clouds, is the first indication that they begin to accept a more mature conciliatory, in fact humorous attitude and are ready to laugh about their own childishness (p. 20)."

To the character-analyst, "looking at something which deeply concerns us from a certain distance" is a defense. He is constantly confronted with the patient's attempts to "view things from a distance" (e.g., intellectually, frivolously or humorously) and with the task of breaking down these defense mechanisms in order to make the patient establish contact with himself. An "understanding adult," to the character-analyst, is not one who points out to a distressed child that it is "taking the adversity too seriously." An adult, e.g., who has undergone a character-analysis, is *incapable* of telling a child that "such a 'big boy' or 'big girl' should not be so childish." He takes the child's distress seriously, because he has emotional contact with the child. He knows that children never are "ready to laugh about their own childishness"; that, if they seem to, they have taken over an unnatural attitude imposed on them by the "adults" who cannot stand or understand the intensity and spontaneity of the child's feelings—because they have lost it themselves—and thus call it "childish." The character-analyst knows from therapeutic experience that when children begin "to accept a more mature conciliatory, in fact humorous attitude and are ready to laugh about their own childishness," they have relinquished their natural, spontaneous reaction and vegetative motility and have begun to acquire those false character traits which we later, in the therapy, meet in the form of such defensive character attitudes as "taking nothing seriously," "laughing everything off," or minimizing any feeling by calling it "childish." He knows that when a patient looks "with some humorous resignation upon the past golden days of childhood," he is repressing something which is far from humorous. The patient is trying to avoid the painful realization of how enormous was the loss he

suffered as a child: the loss of natural responsiveness and a natural feeling of himself and nature around him. But only if and when the patient fully experiences this loss, in the course of the treatment, does he become aware of his emotional emptiness and vegetative deadness, his lack of real contact. As long as he avoids this awareness, by a humorous, intellectual, superior or some other defensive attitude, he is also unable to overcome his emptiness.

To Alexander, the most critical phase of an analysis is that in which the patient's "struggle between resistance and insight reaches its height (p. 14)." The crisis in a character-analysis occurs when the patient's orgasm anxiety reaches its height, when spasms of the musculature prevent intense pre-orgastic excitations from taking their normal course. It is the point where the patient either has to let go entirely of his bodily inhibitory mechanisms and to allow the involuntary contractions of the total body at the acme of the sexual act to occur, or to fall back into his neurosis.

Speaking about the terminal phase of the analysis and the device of correctly timed interruptions, Alexander says: "The patient and unfortunately sometimes even his analyst are still waiting for some more or less dramatic ending—the turning up of an old missing memory or the violent expression of hostile impulses or something the like (p. 28)." Exactly this "waiting technique" was shown, in the early days of the Vienna Technical Seminar, to be one of the most prevalent expressions of technical helplessness, and thus became one of the starting points of Reich's character-analysis. In character-analytic vegetotherapy, the appearance of memories is not left to chance or verbal associations; because the affect appears *before* the memory and contains it, one is never in doubt as to whether the memory really belongs to a certain affect; thus, there can be no "old missing memory," but only unresolved resistances the dissolution of which will bring forth the memories; further, because of the systematic treatment of the negative transference—also one of the first technical principles evolved in the Vienna Seminar —one gets the violent expressions of hostile impulses in their logical place and sequence, and does not have to "wait" for their coming about by chance.

Finally, and understandably enough, Alexander "finds it difficult to form an opinion as to when this process [of 'character analysis'] should be terminated." He must look for "leads" to decide when "a long character analysis should be terminated." "The appearance of the above described type of frank and simple sequestration dreams with their latent content in sharp contrast to the improved objective behavior, is a helpful sign that the analysis has entered its final phase, particularly if such dreams occur together sometimes with a feeling of strangeness at other times with a humorous mood (p. 27)."

The character-analyst, in compensation for a much harder job during the whole course of the treatment, does not have these terminal difficulties. His therapy has a well-defined goal and equally well-defined criteria of cure. The goal is that of establishing orgastic potency; to attain this goal, all the defensive mechanisms of the character armor and the muscular armor have to be dissolved. With that, as the patient overcomes his orgasm anxiety, the neurotic character changes into the genital character. The changes in the patient's actions and reactions, his way of experiencing his body and his whole environment; the occurrence of genuine pre-orgastic and orgastic sensations, his ability to surrender to the involuntary vegetative sensations and bodily contractions in the sexual act; the disappearance of neurotic character traits such as evasiveness, cowardice, emptiness, wordiness, spitefulness, etc., and of the corresponding muscular attitudes and the vegetative deadness; the establishment of rational relationships and rational work and the ability of the individual to give himself fully, in love as well as in work; all these things are so obvious to patient and therapist alike that any artificial criteria of cure are entirely unnecessary. The character-analyst simply terminates the treatment when the patient is well; he considers the patient well—as the patient feels himself well—when he has lost the neurotic character and has established orgastic potency.

I wish to repeat that I have not the slightest

intention of criticizing Alexander's concepts. Only because he calls his procedure "character analysis" have I tried to show that his concepts and practice *have nothing whatsoever to do with character-analysis*. Everybody is entitled to make his own bed of concepts; *he* has to lie in it; *he* must bear the responsibility for the therapeutic consequences of his concepts. But he is not entitled to give his bed our name. We sex-economists and character-analytic vegetotherapists take the full responsibility for our concepts and our therapeutic technique. It is part of this responsibility not to allow anybody to apply the name of "character analysis" to any procedure which is not character-analysis as we understand and practise it.

T. P. WOLFE

SEX-ECONOMY AND MEDICINE

ILL-ADVISED SURGICAL PROCEDURE

A young man of 28 came to this country as a refugee. He had been separated from his wife for several years, not knowing where she was. His depressed mood and financial insecurity kept him from establishing new contacts. In the course of a few months, he developed an inflammatory enlargement of the epididymis [1] which finally grew to the size of a plum and became increasingly painful. He consulted a physician who made the diagnosis of tuberculosis of the epididymis and sent him to a surgeon. The surgeon recommended operation. The patient was unable to raise the money for it. In his desperation, he confided in a friend who happened to know a sex-economically trained physician.

The sex-economist found that the patient, unable to find a sexual partner, had been living in sexual abstinence for more than a year, while previously he had had sexual intercourse regularly. It turned out that the enlargement of the epididymis was nothing but a result of *seminal stasis*. After the fact was established that the patient had no neurotic inhibitions with regard to masturbation, he was advised, first, to achieve relaxation of his genital apparatus by this means. In the course of two weeks, the enlargement of the epididymis disappeared almost completely and the patient became free of pain. Shortly afterwards, he found a suitable sexual partner.

The idea of an operation was given up. It would have been a serious medical blunder, caused by the ignorance of a simple physiological fact on the part of the patient as well as that of the surgeon.

[1] Roughly speaking, a part of the testicle.

THE "DANGERS" OF SEXUAL INTERCOURSE

A man of 35, married three years, was suffering from high blood pressure. His wife was "nervous." When they went to see a physician, they were advised not to have any sexual intercourse, because, as the physician said, "intercourse increases the blood pressure, which may have all kinds of dangerous consequences." In other words, the physician confirmed in this stasis-neurotic patient his fear of the orgastic sensations. Exercising all their will power, the two people abstained from all sexual activity. In the man, the blood pressure increased further, and the woman developed a severe obsession.

The physician made a serious mistake. He should have found out, first of all, whether the sexual disturbance was due to a superficial ignorance of sexual functioning, or due to a deep-seated neurotic fear. In the first case, appropriate advice might have been

sufficient to eliminate the sexual inhibition, to make adequate genital functioning possible for the couple and thus to save the man from his hypertension and the woman from her neurosis. In the second case, deep-reaching psychotherapeutic measures would have been indicated.

However, this physician was as ignorant of the connection between high blood pressure, nervousness and sexual stasis as were the patients themselves. In medical school he had learned nothing about it, nor had he read anything about it in medical journals. If he attended psychoanalytic lectures, he did not hear anything about stasis symptoms either. Perhaps he believes in the treatment of hypertension by surgery or drugs. The ignorance of a simple medical fact kept him from functioning correctly as a physician. Instead of eliminating the patients' fear of "the dangerous consequences of sexual intercourse," he corroborated it.

CORRESPONDENCE — NOTES

This Journal presents a subject which—its long history in Europe notwithstanding —is essentially new to the American reader. It will undoubtedly raise numerous questions. We greatly welcome questions, comments and criticisms from our readers, and will do our best to answer them. They will be answered individually and—if they are of general interest—in this column. Please write to the Editor.

For information concerning training at the Institute for Sex-economy and Orgone Research, apply to the secretary, Dr. Theodore P. Wolfe, 401 East 56th Street, New York City.

WILHELM REICH: The Function of the Orgasm

Sex-economic problems of biological energy

(THE DISCOVERY OF THE ORGONE, VOLUME I)

Translated by Theodore P. Wolfe

TRANSLATOR'S PREFACE

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