

ORGONE PHYSICS

ORGONOTIC LIGHT FUNCTIONS. 2. AN
X-RAY PHOTOGRAPH OF THE EXCITED
ORGONE ENERGY FIELD OF THE
PALMS (1944)

By WILHELM REICH, M.D.

Fig. 1 (facing page 50) represents the Xray picture of an *orgone energy field in the state of excitation*. The photograph described here belongs to a series of experiments which were executed in the fall of 1944.

The theoretical basis of the experiment was the following:

Orgone energy is the medium in which electromagnetic waves swing. Orgone luminesces when it is excited by "electromagnetic" waves which correspond to the "light" of classical physics. Earlier experiments had shown that direct light has little influence on photographic plates if the layer of emulsion was *previously* exposed to concentrated orgone.

Fig. 2 (facing page 51) shows the blocking of the influence of light on orthochromatic emulsion by concentrated orgone energy; earth bions, two years old, were formed into a small pellet of about 1 cm. diameter, and, moistened, were placed in a Petri dish. An orthochromatic plate in complete darkness was put *downwards* on the Petri dish in such a way that the bion pellet could influence it *without touching it*. The plate was thus exposed to the influence of the bion pellet for four days. On Dec. 24, 1943, the orgone-irradiated photographic plate was then exposed to the ordinary light of an electric bulb for 1/10 of a second. One notices three phenomena in the developed copy:

a. A large shadow in the center which corresponds to the position of the bion pellet. The result corresponds to a darkening of the reverse copy, i.e., *an absence of blackening* of the layer of emulsion. One also sees:

b. Individual black points which correspond to the penetrations of individual rays. The white points could not be explained. The white border corresponds to the part of the plate which lay on the Petri dish. The whole plate shows a light gray shading.

c. Upon close scrutiny with a magnifying glass, many of the white penetrations of the rays show a *black point in the center of a white field*.

On the basis of this earlier experiment it was assumed that *orgone energy opposes the influence of light on photographic plates*.

It was now a question of proving whether this effect of orgone energy also held for electromagnetic waves *without the direct influence of light*.

The Xray photograph of the orgone energy field between two palms (fig. 1) showed that an excited orgone energy field impeded the penetration of the Xrays. The experiment was undertaken in the following way:

The Xray tube was so focused that the two palms were between the film and the tube and were close to the film. First the photograph is taken with the hands at rest. The film does not show any shadowing between the two vertically held hands. This is the control experiment.

The experiment now requires that the orgone energy field be *excited* between the palms. This occurs when the palms are moved slowly with pulling movements toward and away from one another. Sooner or later, varying with each individual, a sensation appears between the palms as though there were an elastic cushion between them. At the same time one feels an *attraction between the palms*. The attraction indicates the excitation of the orgone energy field. An assistant is instructed to release the Xray when one calls "now." One calls "now" as soon as one feels that the attractive sensation between the palms is at its strongest.

The photographs were taken with 40 kv and 30 ma. The time of exposure usually amounted to 0.1 or 0.2 second. The result is unsuccessful if the photograph is not taken at the moment of the strongest excitation of the orgone energy field. Now let us observe such an Xray photograph of the orgone field:

Between the palms we see a very strong shadowing which is not present at the backs of the hands. Behind the backs of the hands the Xrays have penetrated unhindered and have blackened the film completely. *Between the*



FIG. 1 XRAY PHOTOGRAPH OF THE EXCITED ORGONE ENERGY FIELD
BETWEEN THE PALMS

EXHIBIT 100-10000-1000

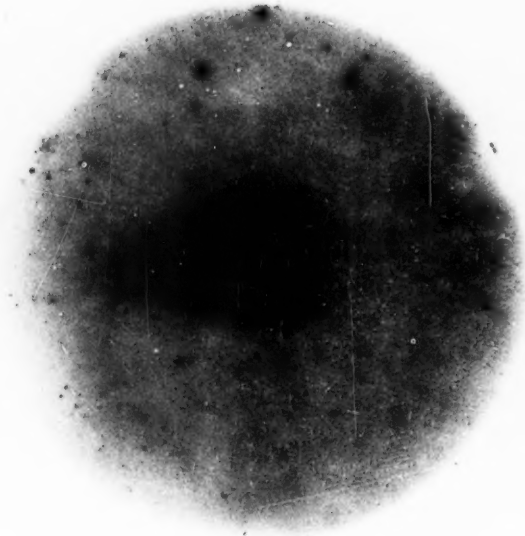


FIG. 2 PHOTOGRAPHIC EFFECT OF ORGONE ENERGY
FROM EARTH BIONS

palms, on the other hand, the Xrays have been impeded as if tin foil or living tissue had lain in between. The strongest blocking of the penetration of the Xrays lies approximately in the middle between the palms, i.e., at the point where we feel the "elastic cushion" when we excite the orgone energy field. The outer boundary of the blocking is very clearly expressed by the line which connects the fingertips. The structure of the shadowing is *uneven*; it has a *wave-like* character quite in harmony with our observations in the dark room where we see the atmospheric orgone in the form of slowly undulating "vapors" or "clouds."

In front, away from the body, we observe a *radiantly* arranged shadowing. The movement of the hands itself resulted in a grid type of structure of shadow and brightness.

Total result: The subjective sensation of attraction and elastic resistance between the palms is objectively produced in the form of a shadowing of the field, as if matter had been placed in between:

THE EXCITED ORGONE ENERGY FIELD HAS THE PROPERTY OF HINDERING THE PENETRATION OF XRAYS, THUS ELECTROMAGNETIC WAVES, IN A SIMILAR FASHION AS DOES MATTER.

This fact has far-reaching consequences for the comprehension of light and its relationship to orgone energy. The same results can be obtained if one allows other sources of organotic field-excitation to influence photographic plates. The photographs show the same kind of cloudy shadowing after being influenced by:

1. Orgone from the lumination of a vacuum, excited by hair orgone;
2. Orgone from the operation of a Geiger-Müller tube;
3. Orgone developed in an alcohol flame.

The common principle of the different organotic influences on the photographic plate is that the effect of the orgone energy appears only with the additional influence of the electromagnetic waves (Xrays).

From these observations the conclusion follows:

The more concentrated or excited the orgone energy is in a certain area, the greater the resistance it opposes to the passage of "electromagnetic" waves.

Our science is a science of the dead world. Even biology never considers life, but only mechanistic functioning and apparatus of life.

—D. H. Lawrence.

THE SECOND LAW OF THERMO- DYNAMICS AND THE ORGONE ACCUMULATOR

By R. H. ATKIN*

The second law of thermodynamics is a statistical law. This means that no one has ever found a situation in which it is not true, and consequently no one will ever believe it is wrong. It could be called in the manner of the late Sir Arthur Eddington, a secondary law; it is a law expressing the most *probable* behavior.

From a careful study of heat engines and also of a great variety of chemical changes, the scientific world of a century ago came to the conclusion that "heat cannot be made to pass from a cold body to a relatively hot one without the expenditure of work." If this were not so the refrigerator would not require any driving power. Conversely, because it is apparently true, driving power can be obtained from a locomotive. It then works out as follows.

The second law, as it necessarily was since there had already been a first law, became a very useful instrument in providing a means of deciding on the efficiency of actual workable machines. That is to say, a theoretical standard was now provided relative to which the efficiencies of practicable engines could be calculated. (The efficiency of a machine is taken as the ratio $\frac{\text{work obtained}}{\text{work put in}}$.)

It is clear that a "perfect" engine would have an efficiency equal to unity, although practical engines always have an efficiency which is less than unity. A "perfect" engine was devised, in theory, by Carnot in which the processes through which the working substance is put were all perfectly reversible, this being the condition of perfection and thus of unit efficiency. A reversible change is one which proceeds at an infinitely slow speed and in infinitesimal steps so that a contradiction of the conditions at any particular step will

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completely reverse the process and make it proceed in the opposite direction. Hence if grilling a steak were reversible an interruption of the heating by cooling would make the steak change its color from brown back to blood red. The conception of reversibility is an ideal one.

Carnot showed then, by arguing from the second law, that a heat engine is a perfect machine in the technical sense when the working substance (steam, gasoline, etc.,) undergoes a series of reversible changes. This relegates all natural phenomena and all workable machines to the practical level of technical imperfection and irreversible change.

Here let me take the opportunity of pointing out a few facts on this topic of theoretical ideal and perfect machines which play so large a part in this and in every other branch of science.

Scientists make it their business to take a huge mass of evidence on any and every natural phenomenon that comes their way. They make gas and put mice in it to see if it is dangerous. They make liquids and inject them into guinea pigs to see if they (the liquids) are poisonous. They make solids and subject them to complicated and expensive influences to see if they (the solids) will explode. Then they do it all over again with substances that will not poison or explode.

These men are children, mere children in the annals of scientific progress. They are children because they are only learning from their elder brothers, and their elder brothers are the physicists. The physicists have done all these things before; that is, they have done the parallel things in the realm of inanimate matter. And what is it that the physicists have found in their many centuries of hard work? They have found that the scientist makes the most progress when he is able to introduce precise mathematics into his theory. That keeps him to the rails of logic; he is bound to be right. Thus he finds that he can precisely solve the question of mechanical forces and material bodies provided they are all subject to precise mathematical laws. This requires nothing more than a host of "smooth" planks, rods and surfaces and "weightless" strings, rings and pins. With these he can be *sure* of giving a precise solution of the many simple problems that daily arise. Without these things he can only give an approximate solution which is only made practicable by the use of "safety margins." In this latter instance he is an engineer, and in the world of real or pure scientists this makes him an outcast.

Now these problems involving ideal circumstances, such as smooth planks

and weightless strings, are regarded as ideal problems in the sense of perfect problems. Ideal circumstances are therefore the circumstances which nature *should* exhibit if nature were as perfect as man would have her. If man had his way, all the laws governing natural phenomena would be capable of precise mathematical expression, and so all practical problems would be perfect problems and thus precisely determinate. Man therefore always has this conception of the perfect thing before his eyes. When he thinks of women he has a picture of the perfect woman before his eyes. When he thinks of heat engines he thinks of the perfect heat engine. When he thinks of anything he pictures the perfect anything. It seems hardly necessary to point out that just as all his practical heat engines are imperfect compared with the ideal one, so all his practical women (and men) are imperfect compared with the ideal one. There is no end to this, it is so fundamental. When he thinks of life he thinks of a perfect life, of complete happiness, of heaven. His practical life is basely imperfect compared with that other life, that heaven. Certainly it is not possible to be aware of that perfect life in one's conscious state because one is only aware of the imperfect, practical life in the conscious state, hence the perfect life must be out of this practical world altogether. This naturally leads to the desire for immortality and the theory of heaven and hell.

It is clear then from these few simple observations upon the scientific method of the perfect standard that science is not the coldly aloof and coldly accurate system that its apologists claim. It is cold all right, no one could possibly deny it that, and it is also aloof, but these two things necessarily make it inaccurate. It will be inaccurate because it consists of comprehension directed toward some pre-ordained end; pre-ordained by man himself. That end is the perfect end, the ideal end, and the conception of that end is a conception which springs from *within* mankind, which springs from his own sense of imperfection and frustration. He is imperfect because he is a "bad boy," and he is frustrated because his code is a code of negatives. The world is a life-negative institution to the vast majority of mankind, and the main emotions that the so-called adult world experiences are emotions of selfishness, jealousy, revenge and fear. It is the plague again.

Which now shall it be, an article on thermodynamics or on the psychology of the world plague? Enough has been said to indicate that there is no fundamental difference between the two, so let it be thermodynamics, where, perhaps, manifestations of the plague are not quite so obvious to the layman.

The scientist then "discovered" his 2nd law, his perfect heat engine, and the never-occurring reversible change. What made things so very dependent on the 2nd law? The conception of *entropy* did the trick. The idea of entropy and the expression of the 2nd law in terms of that idea was the stroke that made the theory of thermodynamics so very important in the realm of physics and chemistry and eventually throughout the whole of science. What then is entropy?

It is not possible to say that such-and-such a thing is such-and-such an amount of entropy. We are only able to measure entropy by amounts of *change* in that quantity. We can only measure what the scientists call the differential of the quantity. There is no earthly reason why this slight change in the method of measurement should confuse the inexperienced reader since it is only part of the *definition* of entropy that we should measure it thus. For the truly scientific let me give a clear idea of the actual definition of this quantity, although it is not vital to the argument.

If a substance is undergoing a reversible change during which it takes in a quantity of heat dQ at a temperature T , then its entropy S is said to increase by an amount $dS = dQ/T$. It can be shown that for a reversible process such as the Carnot engine the total change in the entropy of the system is zero. For an irreversible change, and therefore for all practical changes, it can be shown that there is always an *increase* in the entropy. Hence for all changes whatsoever, from the always-occurring irreversible to the never-occurring reversible, the entropy of the systems undergoes a variation which can be expressed by $dS \geq 0$; that is, entropy always increases; it can never decrease; even the *perfect* change cannot decrease.

This principle of the increase of entropy is another way of stating the 2nd law, and it is this principle which is used in the application of the 2nd law to all physical and chemical processes. This gives the great technical advances, with which we are not greatly concerned since they are all dependent upon this fundamental law of thermodynamics. We are chiefly concerned with the scientist's fundamental outlook on the world which he derives from his fundamental laws. To make much technical advance he is always having to introduce practical coefficients and practical modifications into his theories, and these things increase the load of mathematics in his head. Most of the game is given away in his fundamental work, as indeed we would expect.

What does he deduce from his principle of the increase of entropy?

He deduces that the universe is "running down," that is to say, that energy is being distributed throughout space in an increasingly random manner so that eventually there will be nothing but random radiation where there was once discrete accumulation of matter.

This follows from the fact that the variation of entropy of a system provides us with a time direction for the system. This means that whenever we are able to see an increase in entropy we can state definitely that time has changed in a positive direction while the system was changing from the initial to the final state. Hence as time goes on, that is as change succeeds change, there will be a growing increase of entropy in the universe.

What has this to do with the increase of random radiation in the world?

Well, this is because the conception of entropy can be connected with what we might call technical statistics. This is a study of the behavior of gases and/or anything else on the basis of the mechanistic picture of colored balls in a box. That is to say that the behavior of a gas (say) can be mathematically calculated by a study of the probabilities of position of many millions of exactly similar little balls among many millions of exactly similar little boxes. There are slight modifications of this for the use of quantum physics but this is on the whole successful and on the whole most popular.

Hence to understand the occurrence of a particular macroscopic state in (say) a gas we are led through a study of the many millions of possible arrangements of the many millions of molecules (balls) within the gas. Then we say that if we know all the positions and all the energies of all the molecules in a certain specimen of the gas we know the "dynamical state" of the gas. Then it is one of the jobs of technical statistics to determine *how many dynamical states* are compatible with a particular physical condition, i.e., macroscopic state. From this we can determine the probability for the occurrence of the macroscopic state. If 'w' be the number of dynamical states which are compatible with the condition and ' Σw ' is the total number of *all* dynamical states, then the probability for the occurrence of the physical condition is given by $P = w/\Sigma w$. Thus if we toss a penny in the air and we want to know the probability of it falling with the head uppermost we have $w = 1$ and $\Sigma w = 2$, hence $P = 1/2$.

This quantity 'w' can now be connected with the property S of the system, i.e., the entropy. Any isolated system (e.g., a gas in an enclosure, a kettle on

the fire, or a steak under the grill) will tend to change its condition until it has reached a state of maximum entropy. This is because such a state will be the most stable, there then being no chance of a change in entropy since entropy cannot decrease nor can it increase from a maximum value. But this is exactly the same as a system tending to a state of the *maximum probability*, which it obviously will. It is therefore possible to treat the entropy S and the probability P as the same thing, and hence to obtain a relation between S and w . Mathematical manipulation then shows that we can write:

$$S \propto \log(w).$$

For the technically untrained this means that for $S = 0$, i.e., a state of zero entropy, $w = 1$, i.e., there is only one possible dynamical state. For any other value of the entropy there is more than one state, i.e., there is a greater disorder in the system; it can adjust itself in more than one way. Thus we can obtain two heads and one tail by tossing three coins in the air in three different ways. Increase in positive values of the entropy therefore means an increase in the disorder in the system, or the distribution of the components becomes more and more *random*.

It will be understood that systems do not exist which have zero entropy. Such a conception only enters by the process of ideal standards. Reasoning shows that zero entropy is only possible for a system with zero temperature. Further reasoning shows that it is impossible to attain this temperature. Just enter it in the book as another example.

Now that the relation of entropy-increase to random-increase is clearer it only remains to point out that the random increase will eventually lead to random radiation by the simple fact that matter will always dissipate its energy in the form of radiation.

The second law of thermodynamics has therefore led the scientific world into a magnificent but false sense of security. Technically it has enabled the scientist to make his usual type of progress, while philosophically it has made him feel that he knows what is going to happen. It is interesting to note that it has only prophesied the *ultimate* future, which is so far ahead that it is really of no importance. He gets around this by pretending a shallow kind of "objectivity" which puts him "above" the petty future of this century's mankind and thus of this century's life.

The 2nd law has also meant that man can definitely say which way the processes of nature are going. The arrow of time has been pointed in a definite direction, downwards. The universe is decaying, it is dying, it is being broken down. In other words, it is *not* being built up, it is *not* being vitalized, it is *not* getting stronger, more positive. The universe has a minus sign before it; it is increasing *negatively*.

That is what the famous second law of thermodynamics really means. It is not difficult to imagine just how differently important it is to the mechanistic scientist himself. First, it is bread and butter on the technical plane, and, secondly, it is security on the neurotic plane.

Of course the refutation of the 2nd law cannot be enforced by a refutation of its implications; it must be enforced by a direct contradiction of its basic statement. A cold body must warm up a hotter one without any outside aid, or heat must appear from "nowhere."

Such a refutation has been provided by the orgone accumulator in which heat does appear from "nowhere." Whatever else is in it or whatever other effects are apparent this one is still there, that the accumulator *raises its own temperature* above that of the immediate surroundings by as much as five or six degrees centigrade. The exact difference differs with the time of day and the nature of the weather.

Here let me draw your attention to the facts and figures which were first given for this phenomenon. These were provided by Dr. Wilhelm Reich in his article, "Thermical and electrospectral organometry," *International Journal of Sex-economy and Orgone Research* 3, 1944, 1-16.

Here the reader will find complete details on the construction and mode of action of the accumulator together with some very comprehensive results taken over periods of many days during various times of the year. The account is very full and for those wishing to do so, quite adequate to enable them to repeat the experiments.

Constructing an accumulator according to Reich's details, I was able to obtain positive results. The following figures are given for one of the rare warm days of an English summer, June 7, 1946. The temperatures given are in centigrade measurement and the notation ($T_o - T$, the temperature difference between the inside of the accumulator and the outside air) is the same as will be found in the reference given above.

Time	Remarks	T _o -T.
1.15 p.m.	in sunshine	4.8° C.
2.0 p.m.	6.0°
3.0 p.m.	5.0°
4.15 p.m.	4.2°
5.30 p.m.	4.0°

(at this time the box was 2/3 buried in ground)

7.0 p.m.	in sunshine	4.0°
9.45 p.m.	twilight	1.5°

The effects cannot be attributed to heat conduction since the metal box, whose temperature is taken, is so very well lagged that if the effect were due to a slow heating up by the sun there would come a time during the day when the temperature difference would be negative. The very opposite is the case. About two o'clock in the afternoon (when the sun is hottest) the effect was (in my experiments) the most marked, there then being a positive temperature difference of six degrees centigrade. The effect is indeed spontaneous.

There is in fact no means of avoiding the issue that with the orgone accumulator heat is being produced in such a way as to flatly contradict the 2nd law of thermodynamics.

If, then, the accumulator contradicts the basic statement of the law it must necessarily contradict the implications of that law. It must point, in fact, to the conclusion that the mechanical laws of physics which have been deduced from the mass observation of inanimate matter are totally lost when they are made the basis of an overall theory of the universe, animate and inanimate.

The laws derived from death cannot point to anything but more death, while the laws derived from life can and will point to more life. It is to be expected therefore that the phenomena which will overthrow the laws of death will be the phenomena of life, just as the phenomena of death had to lead to laws which overthrew life. It follows therefore that that which causes the heating in the accumulator must be a manifestation of life itself. Orgone is a first-rate name for whatever it is.

The accumulator is a great achievement, the more so in that it was *devised*

from a study of life, and Reich the achiever will have earned the thanks of life if only in this: that he was the man who demonstrated the irrelevancy of the second law of thermodynamics.

From a study of life we may perhaps come to understand death, but certainly the converse is evolutionarily impossible. The world has battered too many of its brains out in this fruitless and negative pursuit; it must learn better very soon.

July, 1947.

There is something radically wrong with the present fundamental conceptions of physics and we do not see how to set it right.

—Sir Arthur Eddington.

MEDICAL ORGONE THERAPY

THE USE OF A MALE DUMMY IN MEDICAL ORGONE THERAPY

By JAMES A. WILLIE, M.D.*

Note of explanation:

This communication was presented to the group of medical orgone therapists at the First Orgonomic Conference held at Orgonon, Rangeley, Maine last summer. In introducing the subject now to a much wider audience, perhaps a word or two of explanation is in order. In medical orgone therapy one of our goals is the ventilation of powerful affects, such as anxiety, rage and pleasure functions connected with love. Sometimes it is impossible—for various reasons—for these to be expressed directly upon the medical orgone therapist's body. Consequently, often a patient must find some other substitute to serve such purposes. In this respect often a dummy can be put to good usage. The value in using a dummy or any other type of *substitute*, however, is dependent upon the fact that the patient *spontaneously* turns to the dummy to help himself along the road to orgonotic health.

In June of 1948 one of my patients asked me why I didn't have a "dummy" so my patients could punch it. As a matter of fact, I had previously considered using such a dummy for such purposes. But the expense entailed in having it created precluded such a plan. This patient offered to make a dummy for the cost of the material, and in due time appeared with a dummy that in stature, dimensions, etc., resembled myself. It was then dressed in some of my clothes, named Herman by most patients, and seated in a chair in my consulting room. Everyone, including myself, who walked

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into the room was startled by it. I would like briefly to present samples of the reactions of four patients to the dummy, and to illustrate the practical uses to which such a dummy can be put as a part of medical orgone therapy.

Patient no. 1. This patient has latent schizophrenia, paranoid trends and manifest homosexual drives, with full insight. Up to the introduction of the dummy he had shown no open hostility to me or to anyone else. He had seen the dummy sitting up in my consulting room, and when he returned again on 6-19-48 he said: "I have had awful thoughts about that dummy since I saw it. I have wanted to take that dummy—oh, this is terrible!—and strangle it and stab it in the heart. It is so terrible for me to have such terrible thoughts about you, Doctor! Surely *it* is not *you*? I feel like getting up and bringing that dummy out of your consulting room and into this treatment room. Now I feel tingling in my hands, in back of my neck and I'm weak all over." (Note: Patient was breathing better for the first time during his therapy, i.e., his chest wall came down better during expiration.) "And yet, Doctor, it was such a relief to tell you these awful thoughts and now I feel stronger for having told you. The sensations are now going up to my elbows and I am developing contractions in my forearms." (Note: He meant the familiar "paralysis agitans" posture.) "If that dummy was here now, Doctor, I would go into a frenzy and tear it apart." At this point I brought the dummy into the treatment room and sat it up on my examining table. Then I went at the patient's throat as if I were going to choke him. He looked up at me with terror in his eyes and I assumed a mean-looking expression—meant to frighten him. Patient then said: "Can I go over to the dummy?" When I nodded assent, he walked over to the dummy and began choking it, with the accompaniment of loud, angry screaming and stomping up and down. These activities were kept up until he was thoroughly exhausted. There followed a mixture of laughing and crying after which he went back into his strangling act again until he was exhausted. (After each such episode, I had to pick the dummy up off the floor, rearrange its clothing and re-form its face again so that it would be ready for the next encounter.) Patient lay down on the couch again and began to breathe rapidly. The upper extremities were fully extended and gradually, due to a pectoral clonus, the arms were repeatedly swung toward the body; then the shoulders were moved about, after which the arms were flung in all directions in a flail-like manner. Then the chest was bent upwards and the head

backwards, as patient assumed an opisthotonic posture; and then the arms were pushed upwards and backwards against the couch. Now he began to strike and slap his chest and screamed until exhausted. At this point quiverings in the leg adductors appeared for the first time during therapy. (It should be pointed out that this patient automatically opens his mouth wide during inspiration and closes it at the start of expiration.) After a short period of this "automatic" respiration, he began moving his arms again and hitting his chest, as if he were thus trying to force it down. Following this striking of the chest, the chest moved up and down spontaneously for about thirty seconds. Then the respiration became louder and the arms began to slap around again. This time he struck his thighs and genitals and there was an expression of terror in his eyes. He began to roll his head from side to side (all the while looking at me); then he slapped his thighs and finally his entire body rolled from side to side. The head turned toward me, then it jerked away and he said: "I can't do it" (meaning that he couldn't force himself to strike his genitals). The respiration became faster and deeper and he strongly wanted to strike at his genitals. Then again the mixture of laughing and crying set in. The arms were strongly adducted to the body and he actively forced the chest cage to come down during expiration; and finally the arms slapped at the genitals. Now he had strong clonus in the leg adductors, the breathing was quiet and the chest moved up and down freely and spontaneously for a short period. Now the arms were strongly pulled upwards above the head which gave the appearance of a defense against pulling them downwards toward the genitals. Also, at the same time the upper body was jerked upwards, the head backwards in an opisthotonic position.

Patient's reactions: "I now have a tingling in my lips, cheeks and all through my hands. The last time I threw my arms upwards I got dizzy and fainty. I couldn't see how I could hit myself in the genitals and yet that is what I just *had* to do! So I kept looking at you meaning for you to stop me as I thought you knew how I wanted to strike my genitals. But I had to do it, and after I did I felt pains in the testicles but then a tingling and a 'life' came into them.

"Since my last session here, I have been unable to sleep and once I woke up during the night and found that my right arm was drawn upwards. Some of all this came out here today, i.e., today I repeated what had been

going on during my sleep. I never thought that after I choked you (i.e., the dummy) that I would hit myself. Once today I pushed you away when you attacked my face and neck and after I did this, I hit myself. It was as if after I got through with hitting you (the dummy) it didn't matter and so then I hit myself. Also after I had finished hitting you (the dummy) I felt weak; but then I picked up strength to hit myself. After what happened today, there is now more strength in my arms, shoulders and chest." (Note: Patient felt his face at this point.) "My face feels different as though I got a new face." (Now he showed hysterical-like laughing and crying.) "It is like now I can't talk for laughing. It is the face I have been trying to get by touching someone else's face all the time." (Note: Patient kept making faces and laughing hysterically.) "It is life. I still want to touch it! I'll be touching my face for the rest of the day unless I stop it!"

Session no. 2 on 6-24-48: When patient walked in and saw the dummy, it gave him such a shock he thought his heart would stop.

Respiration: As before, the extended arms kept jerking toward the body and crossing each other and were flung about in a sudden automatic, flail-like fashion. These movements were accompanied by loud shouting and a pulling upwards from the couch of the upper body (all of which looked as though he were hugging someone). The legs which were flexed at the knees kept sliding down as if he lacked strength enough to hold them up. Now the hips as well as the arms were pulled upwards and the head backwards during each expiration. Then the shoulders were jerked upwards along with the neck and torso as if he were thus trying forcibly to expel air from the chest.

Armor attack: At this point I made a light pressure with one finger over the upper sternum. Patient became terrified and pushed me away. I kept persisting and made a mean face, which greatly increased the terror, until patient finally went into a rage, went over to the dummy, strangled it and beat at its genitals until finally he fell on the floor utterly exhausted. After a short rest on the floor, he rose and repeatedly struck at the dummy's genitals and strangled it until he was so exhausted he could barely totter over to the couch.

Patient's reactions: "My knees felt so weak. My arms have been sore for the last few days. All of the hate didn't come out during the first attack on the dummy. But the second time I attacked the dummy I knew I could let the hate out. The anxiety I had about pain and about my chest went very deep.

My voice changes and becomes stilted when I get like this. I could bring myself out of this stilted way of talking, but it felt so good to talk like that as there was more depth and force to my voice when it was stilted. Some 'armor' keeps my voice up 'higher' and I want the voice to be down and stay there. I want to hold my jaws open because when I close them the voice changes back and then I also feel a return of the tightness over my face, neck, and chest.

"When I struck and kicked your wall today, it seemed as if you knew what I wanted—namely, to strike you, and yet I knew I couldn't strike you. But it frightens me to think I might forget that I am not supposed to strike you and then I would hit you. When I entered this room today I thought you shouldn't have that heavy stool in here as someone might hit you with it."

Session no. 3: After patient left here last time, he became angry at the taxicab driver and also his lower jaw was more loose and he felt a scowl on his face.

Respiration: Kept repeating "Oh" until it became a loud shout (this looked as though it were a procedure aimed at forcing the air out of his lungs). After a period of loud shouting, the chest moved spontaneously and tremors appeared in the leg adductors. But he soon returned to his loud "Ohs" and the forcible expiration. The arms were then pulled upwards (as if to prevent them from approaching the genitals) and the upper body was drawn upwards, during which the shoulders were pulled together with each expiration. Then the arms jerked upwards. Then the shoulders were jerked upwards together, along with the head, neck and chest. Now he got up and grabbed the dummy, and twisted its head around; punched its head downward into the neck and wrestled around with the dummy, and all the time kept shouting and jumping up and down like a maniac. (I should remark that today for the first time the attack on the dummy occurred before I had even touched his body.) Finally he ceased his antics, and laughed as if in great relief. There occurred then a long period of normal respiration followed by pectoral clonus; the arms jerked medially, then upward with adduction of both shoulder blades, accompanied by thrashing around on the couch; then he began to strike his genitals which I restrained him from doing. Then I applied a light pressure over the upper sternum. He suddenly

jumped up, went over to the dummy and beat at its genitals and tried to pull them off.

Patient's reactions: "My neck hurts. I am afraid I might have dislocated it." (Note: Patient had already given a history of a previous mild injury to some upper cervical vertebrae.) "But the pain is in the neck muscles and not in the neck joints. After you stopped me from striking my own genitals, then I wanted to hit the dummy in the genitals. Then I jumped up and began to scream in high notes and before I knew it I was hitting the dummy in the genitals. Also it seemed like breaking the dummy's neck was not enough and so I had to attack the dummy's genitals too.

"Just raising my arms into mid-air to strangle some illusory person was not so effective. Today for the first time it was as though there was nothing in my neck but it was all in a band across my upper sternum." (Note: Now patient complains of pains in the sides of his neck. He thought this pain in his neck was the pain he produced in my neck when he attacked the dummy's neck, and he began to laugh about it. He stated also that while he was striking the dummy's neck his own head pulled back, which meant that his attack on the dummy's neck symbolized also an attack on his own neck.)

Session no. 4 on 7-12-48: I inserted one finger up into patient's left armpit and exerted a slight pressure against the upper intercostals. Immediately he jumped up and put his arms through the dummy's armpits and squeezed the dummy's chest inward as forcibly as he could. The respiration during the squeezing was accompanied by an explosive "Oh!" It appeared that by squeezing the dummy he was trying to force his own chest down in order to expel the air. Patient attacked the dummy on three occasions today.

Patient's reactions: "The first time I went over to the dummy I felt like hugging and kissing it. Then I felt ashamed and didn't do that. The third time I went over to the dummy, the feeling of wanting to hug it went on over into wanting to crush it. Also by squeezing my chest against the dummy's I was trying to force my own chest down so that I could breathe properly."

Session no. 5 on 7-22-48: Today the patient threw the dummy on the floor, stomped on its belly and then he put it back on the examining table and choked it. Loud screaming accompanied all of these actions. The second time he went over to the dummy and began kicking its shins and pushing its head upwards and looked over at me several times as if to make sure that

I were watching him. The third time he went over to the dummy he kept pounding on various portions of its anatomy, but had to stop several times in order to get more strength. He looked at me while pounding the dummy. It appeared that this was to indicate to me that it was *me* he was pounding on.

Patient's reactions: "I kept looking at you to make sure you knew I was really hitting you."

Patient no. 2. This patient was beaten into being a "family slave." Is terribly passive and masochistic. Was badly mistreated by a sadistic father and stepmother, as well as by others, during his childhood. He is short in stature, and small in weight. Heretofore he has beaten the couch in an ineffectual, impotent fashion whenever I put a light pressure on various portions of his anatomy. But with the introduction of the dummy into the therapy he took a more active role in venting his terrific hatred, because the dummy came closer than a couch to symbolizing a human being to him.

Session no. 1 on 6-25-48: Soon after the patient began to breathe, he jumped up and ran over to the dummy, beat it in the face, knocked it down on the floor, and then kicked it in the stomach shouting: "You son of a bitch!" Then he jumped all over the dummy and beat it up with a maniacal strength until exhausted.

Patient's reactions: "I thought of my father. I beat him up today!"

Session no. 2 on 6-27-48: I irritated patient's forehead with a light pressure of two fingertips. He jumped up and shouted: "You mean, cheap bastard!" He ran over to the dummy and screamed and beat its face in until he was exhausted.

Patient's reactions: "I recalled today a scene from my childhood. My father had a fight with my stepmother and her brother drove up in his car and father ran off like a coward and hid in his barn. I hated father for being such a coward and for letting his wife poison him into doing what she wanted. He was such a weakling.

"I also recalled another scene today. Father was always doing things to make me believe I was uppermost in his thoughts. For instance father owned some land and one day I was walking on his land with him and he asked me which acre I wanted him to 'will' me. I knew he wouldn't will me anything. I told him I didn't want any of his damned land. Father had such a subtle, beguiling way about him that for a time he had had me believing that he was looking out for my interests when he really was not."

Patient no. 3. Session no. 1 on 6-20-48: This is a female patient with hysterical tendencies. She strongly objects to my having the dummy in the treatment room because: (1) The dummy is an idiot; (2) It looks like you when you are dead. She says: "Why do you make this room so unpleasant with the dummy? If someone destroys the dummy what will you do?" Then she laughs and says: "You will make another one. Won't you?"

Session no. 2 on 6-24-48: Patient refused to go into the treatment room today because of the dummy's presence there. Instead she sat down in my consultation room and explained various objections to the dummy. She reported that since she was here last time she had been very anxious and unable to sleep. Last night for example, she became so frightened due to her thoughts about the dummy that she was forced to call a friend to come and stay with her. She was full of impotent rage in connection with the dummy and couldn't do anything about it. As a consequence she developed what she calls "a ring of anxiety" around her lower chest and a suffocating pain in her sacro-iliac area.

Her principal objections to the dummy might be briefly summarized as follows:

1. In her native country it is the custom on Holy Friday for each family to burn dummies. She recalls that in her home just before a certain Holy Friday there was a dummy in another room which was waiting to be burned, and her mother sent all the children into this room to test whether they were afraid of the dummy or not. Patient was afraid but too proud to admit it and so she too went into the room and touched the dummy. Her fear there was that the dummy would come up behind her and pounce upon her. Her parents remarked that she was the only child in the family who was not afraid of the dummy.

2. Her second objection is that the dummy has destroyed the privacy of the treatment room and she cannot undress and dress before the dummy.

3. She has a strong fear that the dummy will pounce upon her.

4. The dummy makes her ill as it is so quiet and she can't bear anything that is quiet as it reminds her of Death. For the same reason she dislikes fish as they are so cold and quiet.

5. That dummy is identified with a former lover who committed suicide in connection with which she has irrational guilt feelings.

6. She has strong feelings against the therapy now as the idea of using a

dummy seems so silly to her. She mocks me and asks, for example, why I don't put a striped suit on the dummy and make him look like a jailbird. (I may say that it took considerable persuasion to make her go into the treatment room. But I adamantly refused to remove the dummy from the treatment room and in time I heard no more objections to the dummy and she came to realize the irrationality of all her objections to it.)

Patient no. 4. Is a schizophrenic who appears to be well along the road to recovery. The first day he saw the dummy in the treatment room he came running out in terror and wanted to know what that "Thing" was in the treatment room. In subsequent sessions he told me: "I have thought a lot about that dummy. I tried to think why had you put it in there. When I first came in and saw it, it scared me and I hated to be in here with it. And when I went into the lavatory off from the treatment room I felt that the dummy was coming in and following me. Therefore I try to forget that that dummy is around when I am in the treatment room."

In conclusion, I wish to state that there have been other types of reactions to the dummy but time does not permit my delineating these. Many patients, for example, have never mentioned the presence of the dummy. The patient who constructed it has never hit it, though he has knocked down all the plaster behind my wall pad across one entire wall.

To my mind the dummy is a valuable adjunct to medical orgone therapy in certain types of cases. But the effectiveness will be increased if used in conjunction with a female dummy. In time I believe that dummies will become a standard part of the treatment room equipment.

You are bitter and ill-tempered which is quite an excellent thing. If you could once become really angry it would be still better.—Goethe.

SOCIAL PATHOLOGY

THE MARLBORO INCIDENT

By CHESTER M. RAPHAEL, M.D.*

The following is a report of still another incident in which those frustrated in their efforts to develop reasonable arguments against sex-economy and orgone biophysics have sought to discredit them by means of the familiar techniques of distortion and defamation.

Dr. Elsworth F. Baker, chief of the women's service of the New Jersey State Hospital at Marlboro, and Dr. Chester M. Raphael, senior resident physician assigned to the same service, were the immediate objects of this particular attack.

It should be noted that since the Fall of 1945, when a few of us first became acquainted with the work of Wilhelm Reich, six physicians formerly members or still members of the always meager staff of this hospital have been in training and/or practicing orgone therapy. Besides, the Director of the Social Service Department and a psychologist in the Mental Hygiene Clinic, who were also objects of this particular attack, as well as other social workers in the department and several seminary student internes, had been or were still in therapy and looking forward to more active participation in the work.

It was apparent, therefore, that for over three years, the administration of the hospital had been aware of the fact that many responsible members of its staff were acquainted with and enthusiastic about Reich's functional energy concept and about its application in orgone therapy. There had been, of course, waves of enthusiasm for one thing or another in the past and the administration at first assumed that it was another fancy which would pass in time. Nihilism and defeatism are the constant companions of those who minister to the mentally ill in state hospitals. While there is perfunctory

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interest in drugs and the shock therapies, and encouragement is sought by the utilization of social or behavioristic criteria for recovery and the juggling of statistics, there is deep distrust of any real enthusiasm with regard to the treatment of the mentally ill. The "we must do something" attitude and counter-aggression are the usual motivating factors.

Now here was something for which enthusiasm, instead of waning, continued to increase despite the frivolous and facetious comments about "the vegetable box" and "the out-house," as the orgone accumulator was dubbed by the "brass" of the institution. When this "good-natured" sparring proved ineffectual, antagonistic silence succeeded, relations became strained, and it was quite evident that despite the fact that those interested in orgone therapy scrupulously avoided its application among the inmates, sooner or later a crisis would develop. As forewarnings, assurances were sought from time to time that orgone therapy would not be used in the hospital. It was damning enough that it had something to do with sex, that talks on self-regulation were being delivered at parent-teachers and community center meetings. The nature of orgone therapy, its meaning and significance, were not important.

Finally, in May 1948, the director of the hospital, Dr. J. Berkeley Gordon, was elected to the presidency of the New Jersey Neuropsychiatric Association. Coincidentally, he grew more emphatic in his enthusiasm for the "strong-arm" therapies—shock, lobotomy, topectomy, etc.—and more articulate about "charlatans" who practice "the laying on of hands." And then at the American Psychiatric Association Convention in Washington, D. C., with the status he now possessed as president of a local neuropsychiatric association, he found voice to demand an investigation of orgone therapy.

How desirable, of course, would be a real scientific inquiry! But, could one ignore the fact that this request originated from a source steeped in mechanism, content with sterile descriptive and routine diagnostic psychiatry, indifferent to the dynamic processes in mental illness, with a prejudice, intolerance and lack of empathy which chilled the atmosphere at patient conferences and paralyzed discussion—a surgically oriented psychiatrist with a rather remarkable enthusiasm for "guillotine circumcisions," conizations of the cervix uteri and bilateral oophorectomies? No! It was inconceivable that this request reflected a sincere curiosity. Certainly his mutterings prior to his request for an investigation did not convey that impression.

It was only a few days after he returned from the APA convention that

ample confirmation was provided of the type of investigation he had in mind.

On Friday, May 21, 1948, Dr. Baker and the writer were informed that they were to appear in the office of Dr. Henry Cotton, Jr., Deputy Commissioner of Institutions in New Jersey, and son of the notorious "defocalizer" of the early 20's. The meeting was scheduled for Saturday morning, May 22nd, at 9:00 A.M. Dr. Gordon and Mr. and Mrs. Treverton, psychologist and chief of the Social Service Department, respectively, were also to be present. We were chauffeured by Dr. Gordon.

We were "investigated" individually in the presence of Dr. Cotton and Dr. Gordon. Dr. Baker was called first. I was called next.

I should say, at this point, that I made the mistake of trying to cooperate with them. After it was over and for days thereafter, I asked myself why I did not refuse to answer the incriminatory questions put to me, why I did not actually walk out. This is what they wanted to know:

Q. Dr. Raphael, when and how did you become interested in orgone therapy?

A. I first became interested in December 1945 upon returning to Marlboro after having been discharged from the army. Dr. Duvall and Dr. Baker talked about it. I obtained the copy of *THE FUNCTION OF THE ORGASM* from the library of the hospital, read it.

Q. Dr. Cotton. I have read the *FUNCTION OF THE ORGASM*. I don't want to go into the theory of it. What I want to know about is technique. Isn't it true that you have the patients undress and that you "manipulate" various parts of their bodies?

A. I object to what you are implying by that question. Is having the patient disrobe something unusual in the practice of medicine? I object to the word "manipulate" as you are using it.

Q. Doctor, we don't doubt your sincerity. You do squeeze muscles.

A. Yes. I squeeze muscles. But I want you to realize that squeezing muscles has no merit, no meaning, unless one is aware of why a muscle is spastic, what purpose it serves.

Q. I understand that if the patient has a stiff neck you "manipulate" the muscles of the neck until you "exhaust" them and thereby relieve the

patient of his symptom. I suppose you would do the same thing for pylorospasm and for any symptom in the pelvic region.

- A. The purpose of this type of question is all too obvious. I would like to have you note that orgone therapy is a causal not a symptomatic therapy though symptoms may be at times quickly ameliorated.
- Q. I understand that you might even "manipulate" the patient's thighs.
- A. I object to your question, but I will say that spasm of the adductors of the thighs, for example, has the same fundamental significance as spasm anywhere else in the body. "Manipulation" is not the end in itself to satisfy the perverted mentality of the type of "manipulator" you obviously have in mind.
- Q. Now, Doctor, we do not doubt your sincerity. I understand that you might even produce bruises on the patient's body by means of this manipulation.
- A. I am guilty of that no more than any other physician engaged in the practice of medicine. Orgone therapy is not a sadistic assault upon a patient as you seem to make it out to be.

At this point the Assistant Attorney General, Eugene Urbaniak, was called in and asked what he thought the legal risks would be if a physician were alone in a room with an unclad woman and "manipulated her in such a way as to produce bruises, etc." Mr. Urbaniak agreed that this represented a serious risk.

Dr. Cotton, at this point, turned to Dr. Gordon and stated impatiently as if he were now convinced of his distorted impression of orgone therapy: "I, as a state official and chairman of . . . Board (I did not get the title) of the New Jersey Neuropsychiatric Association intend to carry the matter to the Association and to see to it that something is done about this." Dr. Gordon nodded tacit approval. I was invited to leave the room. Mr. and Mrs. Treverton were then called.

A few minutes later Dr. Cotton and Dr. Gordon approached Dr. Baker and myself in the hallway and Dr. Cotton informed us that we were to sever our connections with the hospital as soon as possible and warned us that while we were still employed by the state of New Jersey, we were not

to practice orgone therapy on or off the grounds of the hospital. Immediately after this, obviously satisfied with their maneuver, they retreated a short distance and were overheard going over the names of the other hospital employees known to be in therapy.

In discussing with Dr. Baker what had happened, he informed me that essentially the same questions were presented to him, but that the first question asked by Dr. Cotton was: "Is Dr. Reich in a mental hospital?" Later he was informed that "it was too bad that one with his background and training should become involved in such quackery," and did he know that he would never be considered for promotion? He was told that orgone therapy was "a mixture of quackery, chiropractic and Christian Science," and it was his opinion that Dr. Gordon had been "very patient and tolerant" with him, that Dr. Gordon had been to see him many times to tell him how worried he was about Dr. Baker and Dr. Raphael and "this orgone therapy."

The return to Marlboro was made in stark silence. On emerging from his car, Dr. Gordon turned to us and remarked: "Gentlemen, I'm sorry that the matter was conducted in this fashion. If I were to do it, I would have done it quite differently."

A few days later, it became plainly evident how he would have done it. He would have gone, as he did, from one person to the next to tell them that orgone therapy is a "form of charlatanism," "a form of masturbation" in which patients are manipulated until an orgasm is produced.

On June 18, 1948, Dr. Henry Cotton, Jr., died from an overdose of sleeping pills.

I am grateful to Dr. Henry Cotton, deceased, and Dr. J. B. Gordon for furnishing such a clear demonstration of what they mean by "investigation." I can say now that I am quite familiar with the weapons of these obstructionists.

Fortified with this knowledge, I want to turn to my colleagues and to exhort them to be alert to the purpose of the "investigators" of orgone therapy who will become more and more numerous. We must not minimize these attacks. We must realize that it takes courage and conviction to refute or discredit them. Nourished by their irrational fears and perverted fantasies, their prejudice and lack of candor constitute formidable obstacles to honest inquiry.

I should like to add that I am of the opinion that as these attacks increase,

and they undoubtedly will, we will become more and more aware of the need for coordinated effort, for unified responsibility in dealing with them.

Editorial note:

Dr. Gordon has, in the meantime, apologized to Dr. Baker in a letter, and has blamed the deceased Dr. Cotton for the whole affair. Basically, our attitude is the following:

The Orgone Institute deals with *basic natural-scientific research* in general, and with research in the *cosmic orgone energy functions* in particular. Its subject is neither neurology, nor psychiatry, nor psychoanalysis. Accordingly, the Neurological, or Psychiatric, or Psychoanalytic Associations have no right whatsoever to "investigate" our activities. Otherwise, we would have the right, as the Orgone Institute, to investigate the well-known activities of neurologists who search for compulsions and schizophrenic ideas in the thalamus of patients by piercing the brain with long needles; or to investigate the malpractice of neurologists and psychiatrists who are ignorant of the basic elements of the biofunctions in living organisms and, therefore, use shock therapy in order to "shock" patients; or to investigate the professional neglect of public *sexual hygiene* by the psychiatric associations.

We do not snoop around in affairs which are none of our business, and, therefore, we must ask surgeons who, by no merit of their own, have somehow found their way into psychiatry, to stop snooping around in our affairs.

Before anybody in the realm of neuropsychiatry decides to "investigate" our basic natural-scientific research, he should first study *thoroughly* what we are doing, *understand* it and *then* he should *clean the mess in his own house*, such as it exists in some mental institutions, a fact which is as well known to others as it is to us.

Our licensed physicians who go through a training of 3 to 4 years in medical orgone therapy, have the same right to undress patients and to handle their bodies as has the surgeon or the obstetrician or the urologist. *We* are the ones who take care of "medical ethics," and we do not need any censors, or police-like, undignified, base methods to take care of these matters. We are not "manipulating genitals" the way the pornographic phantasy of some people imagines. And if it were necessary to "manipulate" genitals, we, as physicians and biologists, would not go to any society to ask for per-

mission to do so. It is about time for the medical profession to start taking the genital of the human animal as seriously as it takes the bladder, or the womb, or the liver.

The mess in matters of mental hygiene is horrendous. Is it not time for the neuropsychiatrists to start cleaning up by going after sick individuals in their profession, by improving conditions in mental institutions, by understanding, *finally*, the psychiatric process from the biological standpoint rather than by concentrating their precious time and effort on annoying honest, straightforward medical research which succeeded in accomplishing in medicine what was impossible to achieve in mechanistic neurology?

When a true genius appears you can tell him by this sign, that all the dunces are in a confederacy against him.—Jonathan Swift.

ORGONOMIC MOVEMENT

The Founding of the "American Association for Medical Orgonomy"

About a year ago, several of our medical orgone therapists independently conceived the idea of forming an Association of practicing therapists. Dr. Reich started the ball rolling by appointing a Board of Directors for this group. These Directors were Dr. Allan Cott of Forest Hills, N. Y., Dr. Elsworth Baker of Red Bank, N. J., and Dr. James Willie of Manhasset, N. Y.

The first task confronting the Board of Directors was the formulation of a Constitution and By-Laws. Many meetings of the Directors were held, several times in conjunction with Dr. Reich. Finally, after much spade work had been done, a tentative Constitution and By-Laws were drawn up. I might point out that during the drawing up of the Constitution and By-Laws the Board of Directors met many pitfalls, for instance, the contradiction between a work-democratic group and one functioning according to formal, legalistic and political ways—not to mention many other dangers. Needless to say, most of these pitfalls have by now been foreseen and eliminated.

The name as finally decided upon is "The American Association for Medical Orgonomy." It is an Association for all medical practitioners in medical orgone therapy; it will govern and help those who already practice medical orgone therapy.

The Association will maintain a close contact with the Orgone Institute. In fact, the Association represents an outgrowth and decentralization of certain functions formerly served by the Orgone Institute. The relationship of the Orgone Institute to the Association is that which a medical school bears to a medical association. This implies that membership in the Association is dependent upon the applicant being graduated by the Institute. The Association will coordinate its efforts with those of the Orgone Institute in order to help with the training. Though done in part by Association members, the training is nevertheless to remain a function of the Orgone Insti-

tute. The Association's task is to handle pertinent problems in our various fields of endeavor and to review important literature in allied fields; to serve in some way the rapidly growing groups of non-medical workers such as the educators, the research workers, the social workers and the various organomically oriented groups; and, finally, to establish a clinic for *free* medical orgone treatment of certain deserving patients in the low income bracket.

Four types of members have been designated: (1) Candidates, (2) Full Members, (3) Associate Members, (4) Honorary Members. Membership requirements include (1) an M.D. degree or its equivalent, (2) an internship or its equivalent, (3) one year of psychiatry in a hospital. (4) Two years training in organomy, which embraces the personal medical orgone therapy, a thorough grounding in the biopathies, the emotional plague, the orgasm theory (with clinical cases), and the basic phenomena of orgone physics. (5) Prior demonstration of the applicant's ability to function in a work-democratic fashion and proof that he has conquered the emotional plague within himself.

The first regular meeting was held on February 2, 1949. Thereafter regular meetings will be held once a month. The following members were invited to attend the first regular meeting: Drs. Baker, Cott, Duvall, Gold, Handelman, Hardoy, Hoppe, Levine, Oller, Pelletier, Raknes, Raphael, Reich, Silvert, Singer, Sobey, Tallaferro, Thorburn, O. Tropp, S. Tropp, Nic Waal, Willie, and Wolfe.

For The American Association for Medical Orgonomy
JAMES A. WILLIE, M.D.

*Regarding the Founding of "The American Association for
Medical Orgonomy"*

The newly formed AMERICAN ASSOCIATION FOR MEDICAL ORGONOMY will have to accept a tremendous responsibility if it is to function *factually* and not formalistically. Its main task, as seen in the light of the total body of organomic knowledge, will consist in carrying the application of orgone energy into the field of medicine and to the wide public; in securing its social efficacy in the realm of health; in always putting the emphasis on prevention

rather than cure of disease; in keeping the core of the biophysical theory, the *orgasm function*, in the center of all medical endeavors; and in many other obligations. The Orgone Institute can but sincerely hope that what orgonomic research has made available to the public, and what the individual medical practitioner has learned to handle in a practical manner, will be kept pure and will be transmitted to the sick with determination and efficiency.

Whether or not the orgonomic medical association will fulfil its task will mainly depend on whether it will learn to avoid the usual ways of handling organizational affairs and to apply the method which has been found so efficient in the more than twenty-five years of our work: *that of following the requirements of the work* or, in other words, *the interests of the sick and nothing else*.

Enemies of our work are many. The obstacles in our way seem at times horrendous, but the work, in its long history, has conquered many an obstacle which at first seemed insuperable. We at this Institute believe that *decentralization of tasks* is of the utmost importance if bureaucracy and formalism in the work are to be prevented. True as this is in principle, we know that in reality the original goal of *work* can become completely lost and replaced by ruinous practices. However, we have learned to recognize in time the processes which so easily turn a great task into a chaos of destructive conduct. May we, therefore, be permitted to accompany our good wishes for the new Association with a few remarks on some of the reasons for deterioration of organizations?

It is mostly lack of clear, discriminating thinking which is at the root of the trouble, and only rarely bad intention. Human lust for power and personal gain, irrational ambition, and other results of what we call the EMOTIONAL PLAGUE can be counteracted only by *more* knowledge and better understanding of the *irrational* in human life and better methods of meeting the danger of decay. We cannot possibly fight in the courts all differences with the foes of our work. We cannot, by any means or under any circumstances, use the methods which are employed against us by the emotional plague, lest we succumb ourselves to what we are out to fight: empty formalism, bureaucratic handling of affairs, personal interests or ambition or greed in human affairs, etc.

We rely on *knowledge* and not on form; on *learning* and not on empty law; on *facts* and not on titles; on the deep-rooted knowledge about the

laws of life which are in man, and not on the politician; on *love* and not on the marriage license; on *work* well done and not on opinions about work done by others.

It is not our way to hate or to despise the form, the law, the license, or the politics as against learning, knowledge, work and love. However, if we adhere to *our way* we part from the usual way, to which most people are accustomed, where the law kills knowledge, the form the fact, the marriage license the marital love, and the title the factual accomplishment.

The dangers of the formalities lie not in formal matters as such; they are entrenched in man's *inability* to learn, to know, to do, to love. It is this inability in the human being, which, under the strain of existing at all, forces him to believe that he accomplishes things when, instead of learning, working hard and loving, he hates, struts, prefers titles and kills the truth; because he has lost the power to function factually or did not acquire it by hard work, he begins to hate the truth because it hinders his way, the common way, of being and living.

If the form adjusts itself to the factual functioning, if the law grows out of the process of protecting and securing the living; if the title fits the actual knowledge; and if the license is in agreement with the love that exists between a couple, we are functioning in a work-democratic manner.

If, on the other hand, facts begin to yield to formal law, love to a license, learning to yelling, knowledge to formal authority, it is a sure sign that *TRUTH has been buried*. And truth, in the case of our medical activities, is centered around the plasmatic, bio-energetic functioning in man, with the orgasmic convulsion as its most significant manifestation—and *never* without it.

In order to fulfil our medical tasks, we must support the *factualist* and exclude the *formalist*. Unfortunately, these two distinct types of functioning are too often mixed into one so that they become indistinguishable. If an organization is not based entirely on the clear distinction between the job to be done and the forms of doing the job, between knowledge and license, it rots even if it embraces a million formal members. Therefore, members should be those who *function* in a practical way and not those who merely vote. Votes which do not emerge from practical, factual accomplishment and experience are *bad* votes, votes of mere ambition and personal, irrational interests.

Then, it will inevitably happen that the medical license in a particular state will gain more importance than medical knowledge which is of planetary dimensions. Our efforts to merge all medical activities into a single unit which would function formally, independent of the Orgone Institute, nearly failed because the terms "medical knowledge" and "medical license" were not clearly and sharply kept apart. It was this distinction which ultimately saved the whole task.

From this, much can be learned about how to safeguard our medical work from decay. If we distinguish between *work* and *opinions about work done by others*, we shall have no difficulty in recognizing in time the empty politician, the shrewd tactician who does nothing but intrigue, the man who at any cost wants to be a "president" and forgets how children suffer, the gossip who fights with slander behind one's back; briefly, it is in this manner only that the good-for-nothing destroyer of human efforts will be shown up for what he is. The worker proves his ways by what he *does* and not by what he thinks others should do. And thus, by adhering faithfully to our tasks, we shall soon find ourselves in the general stream of life which is emerging slowly and painfully from the present social chaos; in the stream which unites the workers, the doers, the thinkers in all fields of human existence against the politician, the gossip, the defamer, the intriguer, the "do-nothing and talk-much."

May our most heartfelt good wishes accompany the new Medical Association on its way into a world yearning for clear answers to simple questions.

For the Orgone Institute

WILHELM REICH, M.D.

NOTES

Questions Regarding Orgone and the Orgone Accumulator

- Q. Can you use the tube box inside a larger accumulator for reasons of more intensity, or is it more advisable to use it outside?
- A. The concentration of orgone energy in the tube box will be stronger if it is used within the larger accumulator.
- Q. Is it all right to take objects into the accumulator while using it, such as: books, magazines, notebook, pen, pillow?
- A. There is no objection to taking reading or writing material into the accumulator or knitting or needlework, etc. We would advise against taking pillows into the accumulator because they will soak up orgone energy and thus divert it from the body.
- Q. Is it all right to paint the accumulator to match walls?
- A. As long as the paint does not contain lead or other metals, it can be painted in any color. It may also be covered with wallpaper.
- Q. Can one attach a reading lamp to the window or wall of the accumulator?
- A. A reading lamp can be attached to the window, but great care must be taken that the wiring does not come in contact with the metal walls. We advise a reading lamp clamped to the window frame or to the book.
- Q. What is the difference in strength between the old and new accumulator?
- A. The old accumulator, consisting of one layer, had an orgone concentration, measured electroscopically, of about 3 times that of the surrounding atmosphere. The new accumulator, consisting of 3 layers, has an orgone concentration of about 4 to 5 times that of the surrounding atmosphere. However, the concentration of the orgone energy does not increase proportionally with the number of layers. Thus, a tenfold accumulator will, approximately, have a concentration of 6 times that of the surround-

ings. At the present time, mostly two and three-layer accumulators are generally used.

Increase of Orgonotic Irradiation Effect by Fatty Substances

The local irradiation effect of orgone energy, administered through the "shooter," can be greatly increased if one applies a thin coating of vaseline or facial cream to the sore spot before irradiation. Organic substances absorb orgone energy very strongly. The effect appears as a local hyperemia of the irradiated spot which varies with the time of irradiation. The hyperemia disappears after 10 to 30 minutes.

Some Basic Principles of Our Social Attitude

1. We are not against political parties or against the church or against religion or against the state or against "the common man in the street." We are exclusively *for* the safeguarding of living life in the development of our children and adolescents. Whoever disturbs us in our work on this task is our opponent. If, then, communists or any other "ists" disturb our work senselessly, and if we hit back hard, we have *not* proceeded "against communists," but against *disturbers of our work*. If the communists are characterized by an especially consistent disturbing of our work on human life, then it is *their* and not our fault; the communist party cannot defend itself here with ideologies.

2. Doctors and teachers who study orgonomy at the Orgone Institute must also learn to deal with the *social* effects of our work. This belongs to their study and their professional training. An essential part of that training is to understand that they have only *one* obligation as educators and doctors: *to protect the health of their pupils and patients*. Society and the social administration support them when they fulfil their social function of safeguarding and protecting the living functioning in the growing generation. If they do not do this, if they endanger life and health, then they no longer function as social representatives, but only as representatives of this or that anti-social private interest. In this case, the loyalty of the doctor or educator toward

the patient or child is preceded by loyalty toward the "state," the "church," or the "party." Whoever does not understand this or does not practice it, cannot be workers in our field. It is inadmissible that a doctor earns money with our knowledge and does not give his loyalty to the child or the patient, but to a party or administration which cannot fulfil this task. This is in harmony with the simple, basic principles of self-government and free-democratic living. Whatever contradicts the interests of the patient and the child, even if it calls itself democratic, has nothing to do with the free development of human society. It cheats the patient and the child.

3. The free rights of the citizen in a free society *demand* that the freedom of expression be used for the well-being and not for the harm of the common welfare. Whoever then, for example, plots against orgone research because it contradicts the "party line," is guilty of an abuse of the freedom of expression. If we do not permit this abuse, then *we* are the ones who have protected the human rights of freedom. We have not attacked a certain party, but we have fought a life-inimical activity. It is completely indifferent to us what the disturber of the peace calls himself. The only thing that is important is what and how he disturbs. We fight anyone who educates children in the manner that is described in *I WANT TO BE LIKE STALIN* (by Yesipov and Goncharov, 1947).

4. Working people from early childhood are filled with severe anxiety and guilt feelings toward the "state." For this reason, they believe that a representative of the state can and is permitted to do what he wishes. He can do this only because human beings have guilt feelings and not because the Constitution gives him the right to do so. Hence it must be made clear to the child that the social administrator is an *executive organ* of the *rational* will of the working population and not its master. This is in complete harmony with the constitution of the United States, and should be an integral part of *every* constitution.

The full responsibility for the social work process rests *practically*, and, therefore, should also rest ideologically on the workers in all professions. The social administration (called "THE STATE" under dictatorship) has the duty to administer the laws which safeguard the self-government of civic bodies. Accordingly, it is the school of engineering which licenses the practice of bridgebuilding, and it is the Orgone Institute which licenses the physician to practice medical orgone therapy, and not a state agency.

A Psychoanalytic Dilemma

The Psychoanalytic Association does not know what to do about Reich's orgone theory. It does not understand it since orgonomy does not deal with psychology although it includes psychology. The Psychoanalytic Association does not like it since it forces the psychoanalyst to correct his natural-scientific position; this he is unwilling or unable to do. The psychoanalytic movement has succeeded over a period of years in forgetting Freud's libido theory; now the discovery of the orgone has not only put Freud's libido theory on a safe biophysical foundation; it has, in addition, disturbed the quiet and peace of the psychoanalytic practitioner who had settled down comfortably in the *status quo*.

It was not easy for the psychoanalysts to cope with these problems. They found the following answer which is not in accordance with the history of depth psychology and, accordingly, must be refuted. It is this:

Up to and including the publication of CHARACTER-ANALYSIS, Wilhelm Reich was considered a "brilliant" psychoanalyst who had contributed greatly to psychoanalytic practice and theory "in the twenties." But since then Reich "has gone off the road of sanity and proper conduct." Fenichel has conceded Reich's high standing in psychoanalysis; unfortunately, the latest authority on natural-scientific psychology, Mildred Edie Brady, did not like Reich's work and in an article in *The New Republic* put the blame on the Psychoanalytic Association for the practical activities of Reich and his co-workers. The Association, however, has no jurisdiction or authority over Reich's work. Therefore, the editors of the *Bulletin of the Menninger Clinic* declared that psychoanalysis has nothing to do with Reich's orgasm theory and orgone work. They refused to accept the blame and at the same time condemned the orgasm theory by supporting Brady's slanderous statements about Reich's work. However, since this attempted smear of Wilhelm Reich was too obvious to the student of the history and natural science of the past 30 years, Rapaport in a following issue of the *Bulletin* replied in a letter with a *defense* of CHARACTER-ANALYSIS and a disclaiming of Reich's "present work."

Now, here is the stupidity of this unscientific babbling:

1. CHARACTER-ANALYSIS, which is acclaimed as a "classic" by the psychoanalysts in 1948, was refuted by the same psychoanalytic movement around 1930. It cannot help acclaiming it now since the public forces it to do so.

2. CHARACTER-ANALYSIS, the "psychoanalytic classic," rests fully on and contains on every single page the *orgasm theory*. To separate character-analysis from the orgasm theory is impossible; such a separation would amount to the same as driving an automobile without a motor.

3. CHARACTER-ANALYSIS contains a full description of the armoring process in the human animal; not handled by the psychoanalysts, it forms the core of Reich's present-day, biophysical orgone therapy, about which the psychoanalysts can only make bad jokes and spread vile rumors all the while they applaud CHARACTER-ANALYSIS.

4. In a completely logical manner, the armor led to the emotions bound up in the armor; the emotions freed from the armor led to bio-energetic reactions in the depth of the organism; these, in turn, led to the discovery of the life formula, and from there to the bions; from the bions the way led to organismic energy or "bio-energy," termed *orgone energy*; and organismic orgone energy led further to the discovery of the corresponding phenomena in surrounding, non-living nature. Therefore, the alleged split between the "early" and the "later" work of Wilhelm Reich simply does not exist. His work is and remains a unitary whole, dealing with energy problems inside and outside the human organism.

5. *The artificial split belongs to the psychoanalysts.* By sticking with the practical, sexual dynamics of Freud's original discoveries, Reich, through the discovery of the orgone, has given the libido theory the biological foundation Freud predicted it would one day have to have. By moving away from these dynamics, the psychoanalysts, on the other hand, reached no biological foundation, but instead made psychoanalysis a safe profession which offends no one. In so doing, they and they alone are responsible for the fact that the world has embraced psychoanalysis—and killed it, as Freud also predicted.

Men are strong so long as they represent a strong idea. They become powerless when they oppose it.—Sigmund Freud.

Bionous disintegration in wood. A letter to the Editor

My observations are those of a practical boat builder who is continually dealing with decay in wooden boats—its prevention and repair.

That fungi grow in disintegrated wood seems pretty certain; that fungi *cause* that disintegration seems to me an entirely unfounded assumption. Frequently, on opening up decayed construction there will be exposed a spidery network of whitish filaments spread over the interior face of some rotten plank or beam. Crumble the rot and you will see that these filaments penetrate the pores of the wood, here and there, but only as scattered threads. Sometimes these vine-like filaments appear dried out and brown, no more than pencil lines on the shell of a partly disintegrated timber. Other times in crevices they thicken into characteristic fungi sponge.

The biologists of the Division of Forest Pathology assume that these and related fungi cause decay. I prefer your hypothesis of bionous disintegration, as it better accounts for the facts that I observe in my day to day work. Of course I am not a trained scientist, and I have not looked at these things through the microscope, and my observations, consequently, are crude and imperfect.

While the biologists assume, apparently, that fungi cause rot, because they commonly find fungi in disintegrated wood, it is important to note that they state that in "special cases" fungi can occur in wood without decay (blue stain in pine) and that also at least partial disintegration can occur without fungi as in the case of some softwoods subjected to "alternate freezing and thawing when very wet." As frequently as not, I find decay without any visible fungi growths. Always, when such growths are visible their bulk is insignificant as compared with the bulk of disintegrated wood. Previously, when I accepted the fungi-causation theory, I used to be struck by the discrepancy of large beams almost completely reduced to powder and a slight webbing of fungi filaments adhering to their shells.

With the fungi theory there is a problem of infection. How account for the ingress of fungi spores into the interior parts of tightly sealed construc-

tion, not to mention the interior of sound, solid wood? It is not enough to speak vaguely of the air being full of fungi spores or of timber being infected before construction. Sometimes beams or planking will rot from the inside, so that when the decay is accidentally discovered it is completely enclosed by sound wood.

With your present findings to go on, it ought to be comparatively simple for a trained biologist to settle the matter by producing characteristic forms of wood disintegration with fungi growths excluded. But I realize not much cooperation can be expected from government scientists with their whole research program based on a contrary assumption. On the authority of government research findings, business interests are now advertising extensively to educate the public to buy their proprietary mixtures of chemicals designed to poison fungi and so prevent rot. It might be of interest to test the action, if any, of such chemicals on the developments of bions.

You mentioned that you had observed no rot in the wooden parts of the accumulators. Probably because they are kept dry. The experience of my trade is that dry wood never decays and that what appears to be powder dry rot when discovered was always moist when the disintegration took place. In repairing decayed construction we always look for a source of moisture and try to correct it. In the case of the floor of the orgone room condensation might possibly have been the source of moisture. With enclosed layers of metal and insulation, condensation is very likely.

JOHN GARDNER.

REVIEWS

THE MEETING OF EAST AND WEST. By F. S. C. Northrop, Macmillan, 1947.

In discussing Eastern philosophy, Northrop writes (pp. 398-399): "... The aesthetically immediate continuum is reality [for the East.] Moreover, its emotional, all-embracing ineffability is the very stuff of which the conscious self is made. Thus, man is conscious because Chit, the indeterminate immediately felt, aesthetically luminous continuum, is in him and is not mere appearance but the essence of his nature. It is because human beings are made up of an ultimate, essentially ineffable stuff of this character that they have consciousness and that there is an all-embracing, emotionally and aesthetically moving world to be experienced with immediacy, and that this immediately experienced world is not a disconnected set of separated determinate items but these in a continuous, all-embracing manifold. . . . Thus, as the Hindu puts it, the Atman, which is the source of the psychic character of the self, is identical with Brahman, which is the cosmic principle of the universe."

From this quotation we see that the Eastern philosophers had a profound insight into the existence of an all-pervading "something" (called by Northrop "the indeterminate aesthetic continuum") which is responsible for both the life within the individual and the emotional and aesthetic quality of the outer world. It is the triumph of *orgonomy* to have scientifically comprehended this "something." For the *orgone*, like "the indeterminate continuum," is "all-embracing . . . the source of the psychic character of the self . . . and the cosmic principle of the universe." But unlike the continuum, the *orgone* is not "ineffable," mystical; its nature is understood. It can be observed, felt, measured, and collected. Thus, the force that the Eastern mystic deeply felt, lived with, and knew to be at the root of all existence, is today a tangible reality, handled practically in the laboratory, the clinical office, and the nursery.

In stressing the need for an incorporation into Western philosophy of the East's emphasis on the emotional, aesthetic side of man, Northrop writes (p. 475):

"To Anglo-American political freedom to vote and to Marxian economic freedom from want there must be added individual physiological freedom to be oneself."

Again the correct insight minus the dynamic practical content. For "the physiological freedom to be oneself" remains vague and abstract unless there is added to it the straightforward, orgonomic affirmation of the genital rights of infants, children, and adolescents, since "physiological freedom" essentially depends upon sexual health. Northrop—who handles easily the most difficult philosophic and scientific concepts—does not face these simple facts. As a result, he cannot really solve the basic problems he raises. These problems are solved by *orgonomy* precisely because of its willingness to ask and answer simple questions.

M. S.

PSYCHOTHERAPY—PRACTICE AND THEORY. By Charles Berg, New York: W. W. Norton & Co., 1948.

In this book on psychoanalytic theory and practice, we see another example of the taking over of a part of sex-economy and orgonomy without mention either of the total problem involved or Reich's priority in the formulation of the particular concept used. In this case, the English psychoanalyst Berg has applied as his own the sex-economic concept of sexuality and anxiety as antithetical movements of biological energy in the organism. Thus he writes on pp. 94-96, practically using Reich's words *verbatim*:

"... Anxiety is the antithesis of sexuality. It is as though vital energy can flow in one or two opposite directions, or along one of two antithetical nervous paths.

"The one is the pleasure-path of sexuality which leads to the expansion and multiplication of life, the other is the path of anxiety which leads to a withdrawal from the environment and a bottling-up of energy within the system . . .

"Life can 'expand' only when it feels safe, that is to say in the absence of danger or the feelings of anxiety.

"It is as though the life-current tending naturally to expand outwards and to extend, increase and reproduce itself, is driven back when it senses danger. It withdraws into its own interior . . ."

Reich wrote this original solution of the anxiety problem 15 years ago

in "Der Urgegensatz des vegetativen Lebens" (*Zeitschrift für politische Psychologie und Sexualökonomie* 1, 1934) in which he gave dynamic meaning to Freud's early, later discarded formulation of anxiety as disturbed libido. He showed that anxiety is the movement of biological energy from the periphery to the center of the organism, i.e., the reverse of pleasurable movement of energy. Through this discovery, he was able to reduce many already known facts—particularly those pertaining to the parasympathetic and sympathetic innervations of the autonomic nervous system—to a generally valid basic formula.¹ It is unscientific of Berg not to state that it was Reich who first gave a concrete, biological explanation of anxiety.

Berg later discusses (pp. 338-340) "that most brilliant and much neglected writer, Wilhelm Reich." He states that "the psychophysical importance of orgasm . . . just needed the emphasis which Reich so masterfully places on it." Berg says that he agrees in the main with Reich's "most emphatically held theory that orgasm is the essence of all sexuality and that degrees of what he calls 'orgastic potency' have infinite gradations no matter what degree of potency may exist in the ordinary sense. . . . Experience teaches us that there may be some justification for holding that there is only one neurosis or psychoneurosis and that that is some degree of psychosexual impotence—or perhaps as Reich would have it, orgastic impotence—for it is quite rare to find a patient whose psychosexual or orgastic potency proves on deep investigation to be entirely satisfactory . . ." But Berg adds that, "unlike Reich," he would stress the psychological elements since full orgastic potency depends upon an "adequate emotional relationship of the partners."

Berg has here—unlike most psychoanalysts today—correctly recognized the importance of orgastic potency as the criterion of health. However, it is not true that Reich says there are "infinite gradations" of orgastic potency. The essence of the sexual function is the capacity for total bodily convulsions in the involuntary orgastic discharge. This capacity is either present or absent. It is true that the act can be fuller and more intense, depending upon circumstances, but this is not the same as speaking of "infinite gradations" as though the neurotic individual, too, enjoyed some kind of orgastic potency. This incorrect understanding of the concept "orgastic potency" leads Berg to speak of a patient of his having "complete sexual orgasm" in erotic phantasies though he believes she would be frigid in intercourse (p. 245). This

¹ Cf. *THE FUNCTION OF THE ORGASM* for a brief summary of these findings (pp. 205-208 and pp. 223-233).

is similar to the type of confusion and loose use of language one meets in popular conversation where one hears of "good and bad orgasms." As for Berg's point that Reich does not sufficiently take into account the psychological elements in sexuality, Reich specifically states that the fullness of the act depends upon the individual's ability to *identify himself with his partner*. In *THE FUNCTION OF THE ORGASM* (p. 75) he writes: "The harder the imagination has to work in order to bring about an equivalence of the partner with the ideal, the more does the sexual experience lose in intensity and sex-economic value."

Berg goes on to say that he has found that the enthusiasm for Reich's work is likely to vary in inverse proportion to the reader's familiarity with what he is reading. Thus he thought Reich's "physics was marvellous" though he "doubted his psychotherapy," whereas a physicist friend thought his "psychotherapy was marvellous, but his physics almost incredible." One wonders why, then, if Berg was so doubtful about Reich's therapy he was willing to accept the concept of the basic antithesis of sexuality and anxiety; furthermore, why he welcomes so enthusiastically and uses so freely the *clinical* finding that orgasmic potency is *the* criterion for health and that every neurotic is orgasmically disturbed. The latter point is the very kernel of Reich's psychiatric work. After having really understood it, the later development follows self-evidently. For if the outstanding symptom of the neurotic is orgasmic impotence, then it is obvious that we must have a biophysical therapy that deals directly with this symptom by attacking the muscular and character armor of the patient and by helping him overcome his basic dread of pleasurable sensations in his organism. Thus, Reich does not have an orgasm theory *here* and a therapy *there*; the two are inextricably linked and one cannot accept the one without the other.

No, it is more than scientific scrupulousness which makes Berg "doubtful" about Reich's therapy and "enthusiastic" about orgone physics. To place one's enthusiasm on that aspect of orgonomy which lies outside one's professional sphere is simply another way of dodging the heavy responsibility for rooting these findings in practical, everyday life. The psychiatrist can say it is up to the physicist, the physicist can say it is up to the psychiatrist, the layman can say it is up to both of them, and—as a last resort—all of them together can say: "It is 100 years ahead of its time." Then no one need do anything.

M. S.

GLOSSARY

A new scientific discipline must employ new terms if old ones are inapplicable. Sex-economy and orgonomy were forced to introduce the following terms:

ANORGNIA. The condition of diminished or lacking orgonity (q.v.).

ARMOR. *See* character armor, muscular armor.

BIONS. Energy vesicles representing transitional stages between non-living and living substance. They constantly form in nature by a process of disintegration of inorganic and organic matter, which process it has been possible to reproduce experimentally. They are charged with orgone energy (q.v.) and develop into protozoa and bacteria.

CHARACTER. An individual's typical structure, his manner of acting and reacting. The sex-economic concept of character is a functional and biological concept, not a static, psychological or moralistic concept.

CHARACTER-ANALYSIS. Originally a modification of the customary psychoanalytic technique of symptom analysis, by the inclusion of the character and of character resistance into the therapeutic process. However, the discovery of the muscular armor necessitated the development of a new technique, namely vegetotherapy. The later discovery of organismic orgone energy ("bio-energy") and the concentration of atmospheric orgone energy within an orgone accumulator necessitated the further development of character-analytic vegetotherapy into an inclusive, biophysical *orgone* therapy. (*See* physical and psychiatric orgone therapy.)

CHARACTER ARMOR. The sum total of the character attitudes, which an individual develops as a defense against his emotional excitations, resulting in character rigidity, lack of contact, "deadness." Functionally identical with the muscular armor (q.v.).

CHARACTER, GENITAL. The un-neurotic character who does not suffer from sexual stasis and is therefore capable of natural self-regulation on the basis of orgasmic potency.

CHARACTER, NEUROTIC. The character which, due to chronic sexual stasis, operates according to the principle of compulsive moral regulation.

EMOTIONAL PLAGUE. The neurotic character in destructive social action.

MUSCULAR ARMOR. The sum total of the muscular attitudes (chronic muscular spasms) which an individual develops as a block against the breakthrough of affects and organ sensations, in particular anxiety, rage and sexual excitation.

ORGASM REFLEX. The unitary involuntary contraction and expansion of the total organism in the acme of the sexual embrace. This reflex, because of its *involuntary* character and the prevailing pleasure anxiety, is suppressed in most humans of today.

ORGASTIC IMPOTENCE. The absence of orgasmic potency. It is the most important human characteristic of the average human of today, and—by damming up biological (orgone) energy in the organism—provides the source of energy for all kinds of neurotic and biopathic symptoms.

ORGASTIC POTENCY. Essentially, the capacity for complete surrender to the *involuntary* contractions of the organism and complete discharge of sexual excitation in the acme of the sexual embrace. It is always lacking in neurotic individuals. It presupposes the presence or establishment of the genital character, i.e., the absence of a pathological character armor and muscular armor. The concept is usually not distinguished from erective and ejaculative potency, both of which are nothing but prerequisites of orgasmic potency.

ORGONE ENERGY. Primordial cosmic energy; universally present and demonstrable visually, thermically, electroscopically and by means of Geiger-Müller counters. In the living organism: *bio-energy*. Discovered by Reich between 1936 and 1940.

ORGONE THERAPY.

Physical orgone therapy: Application of physical orgone energy concentrated in an orgone accumulator to increase the natural bio-energetic defenses of the organism against disease.

Psychiatric orgone therapy. Mobilization of the orgone energy in the organism, i.e., the liberation of biophysical emotions from muscular and character armorings and the establishment of orgasmic potency.

ORGONITY. The condition of containing orgone; the quantity of orgone contained.

ORGONOME.

Open: The form of a single spinning wave, viewed laterally.

Closed: An orgonometric figure obtained by bending an open orgonome in the middle and bringing together the ends. Specific form of the living organism. Prototype: egg shape. Characterized by the inequality of the two parts of the longitudinal axis, as distinguished from an ellipse.

ORGONOMETRY. Quantitative orgone research.

ORGONOMIC ("ENERGETIC") FUNCTIONALISM. The functional thought technique behind clinical and experimental orgone research. The guiding principle is that of the identity of variations in a common functioning principle. This thought technique led to the discovery of the *functional* organismic and cosmic orgone energy, thereby proving itself to be the correct mirroring of both living and non-living basic natural processes.

ORGONOMY. The natural science of the orgone energy.

ORGONOTIC. Qualities concerning the orgonity of a body or a condition.

SEX-ECONOMY. That body of knowledge which deals with the economy of the biological (orgone) energy in the organism, with its energy-household.

STASIS. The damming-up of sexual energy in the organism, thus the source of energy for the neurosis and biopathy.

STASIS ANXIETY. The anxiety caused by the stasis of sexual energy in the center of the organism when its peripheral orgasmic discharge is inhibited.

STASIS NEUROSIS. Originally the same as Freud's "actual neurosis," the concept now includes all somatic disturbances which are the immediate result of the stasis of sexual energy.

WORK DEMOCRACY. The functioning of the natural and intrinsically rational work relationships existing between human beings. The concept of work democracy represents the *reality* (not the ideology) of these relationships, which, though usually distorted because of the prevailing armoring and irrational ideologies, are nevertheless at the basis of all social achievement.

