

Orgonomic Functionalism. Part II*
On the Historical Development
of Orgonomic Functionalism

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1. INTRODUCTION

The thought technique of orgonomic functionalism was not a finished creation when orgonomy made its first functional formulations. This method of thinking has forced its own development, from the first predominantly intuitive coalescing of scientific processes up to its present-day status of logical thought operations. Since nothing serves better to introduce one into a new realm than the presentation of its development, I will now attempt to introduce the reader into orgonomic functionalism by showing the logical sequence of orgonomic results over three decades.

I have presented the essentials of the thematic and historical background

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in various previous publications. Now we shall arrange the known material, the many observations, the clinical and experimental findings, the theoretical conclusions, differently and in a new way; we shall arrange them so that the RATIONALITY inherent in consistent scientific research leads us in logical fashion from observation to hypothesis, to experimental confirmation, and to the *new* finding. This new arrangement of organomic facts will finally lead us to the formulation of *functional organometric equations*. These equations will find corroboration in the thought operations of classical, mathematical physics and in this way will permit a satisfying insight into the mode of working of a thinking human being who attempts to understand his surrounding nature. Observer and natural function, subjective sensation and objective stimulus, perception and object will appear to us in the new light of a functional unity of all nature. We will finally have to conclude that *the biological structure of the observer cannot be excluded from his scientific research and from the critical judgment of the results of his research*. There is a logic and rationality in the process of scientific thought which is an expression of the harmony of nature, hitherto celebrated only in great poems. We shall also be able to show irrationality its place and follow up its history a bit further.

2. PSYCHIC FUNCTIONING IS NATURAL FUNCTIONING

In the early stages of the development of the functional thought technique, I had only one *unverified* conviction: *human emotional life is not of supernatural origin. It lies within the boundaries of investigable nature. It obeys, as does all nature, the functioning laws of matter and energy.*

This conviction had to contend with two gigantic facts which contradicted it:

a) The laws found in chemistry, physics and mathematics concerning the natural process cannot be brought into harmony with the special functions of emotional life. The *mechanistic-materialistic* viewpoint deals with unessential functioning realms of the living, if it is judged from the standpoint of basic natural science.

b) The overwhelming majority of human animals had anchored the wide domain of emotions, perceptions, philosophies of life and practical modes of living in mystical, supernatural powers, which generally, whatever the particular form may be, are based upon the idea of a godlike entity existing beyond all sense perceptions. This idea strictly contradicted the

concept that human emotional life lies *within* the comprehensible natural process.

Thus functional thinking, even before it began to operate properly, hit upon the rigid walls of the two thought systems of humanity, *mechanism* (materialism, atomism, chemism, etc.) and *mysticism* (idealism, metaphysics, spiritualism, etc.), both of which had several thousands of years of development and powerful social organizations in back of them.

A purely philosophic grounding of the *this-sidedness* of emotional life was out of the question. It would not have really solved the problem and sooner or later would have quietly disappeared. There was only one way: that of the direct observation of natural processes and of the functional mastery of the observations. To be sure, the words "function" and "functional" were in use, but they did not mean anything in the context of our basic problem; on the contrary, they often led astray, as in psychiatry where "functional" sicknesses were considered "imaginary" ones. And between the medical and the physical comprehension of functioning yawned a deep, unbridgeable chasm.

3. NATURAL FUNCTIONING IS BASICALLY AN ENERGY PROCESS

In ancient Greek natural philosophy non-living nature appeared to be filled with moving *substance*. The outlook predominated that everything moves, that "all is in flux." This basic view was preserved in modern science. "Motion" and "energy process" are inseparable, since movement or overcoming of space presupposes a "force which impels the substance." Today, I could not explain why in my natural-scientific orientation the "energy" process received priority over "substance" or "matter." This concept was rather apt to create difficulties since the main trend in physics and chemistry was atomistic, i.e., *materialistic*; since, in other words, all nature was thought of as having emerged out of *moving atoms*. From that time (around 1919) on, this outlook was taken over in the comprehensive electronic theory. Even the smallest units of electricity possessed mass and thus were "material particles," even if of a very special kind. The contradiction encountered by embryonic functionalism was the following:

If the natural process is *basically* an energy process, it follows logically that there is also a *primary* or *primordial* energy process. But since the electrons already possess mass, "substance" or the "particle" is also *primarily* present. Purely logically, it is improbable that two so different entities as

energy and mass should be simultaneously primary, and classical physics, including the modern energy-mass relation, conceived of both mass and energy as primordial natural phenomena. To be sure, the absolute distinction between mass and energy had already been eliminated by Einstein. Energy (E) was now mass moving with the speed of light (mc^2), but it was still "mass" and neither *purely* primary nor *mass-free*. True, since Becquerel and Curie it was understood that matter changes or decomposes into energy and how this happens, but only some ether philosophers suggested that *mass could be formed from energy*. The matter with its mass (m) was and remained a *primordial*, irreducible natural phenomenon. I had no inkling at that time that this limitation lies in the very nature of mechanistic thinking. It would have been of little use to have known this, for immediately a new problem would have arisen: *how* has mass, if it is not primordial, evolved from energy?

Embryonic functionalism gave energy priority in natural development without being able to prove this priority. At that time one could not have explained anything at all about the origin of this preconceived opinion of a young natural scientist. It was not mystical inclination, for young functionalism sharply rejected any metaphysical view of nature such as that of "entelechy" or spiritualism. Today it appears as if it were simply the *sensations of motility in the scientist's own organism* which were at the bottom of this preference. It was nothing but a preconceived idea which later was proven correct.

From the first supposition that emotional processes lie within comprehensible natural functioning, and from the second assumption that all natural functioning is primarily of an energetic nature, it follows logically that emotional and psychic functioning are also primarily ascribable to an energy process.

4. THERE IS A "PSYCHIC ENERGY"

Around 1919, my first functional assumptions connected with the formulations of psychoanalysis, which at that time had not yet lost its energetic, i.e., natural-scientific orientation. Freud was, I believe, the first researcher in psychology to assume the existence of a "*psychic energy*." As a consequence of this concept, it followed that psychic ideas and perceptions were accompanied with varying "quantities of affect." And the affects, later simply called "emotions," were expressions of biological drives. A process

of repression could sometimes only work upon an idea, as in hysteria, and leave the corresponding affect unrepressed; or it could block only an affect and leave untouched the idea, as in compulsion neurosis. It could also repress both the idea and the affect, as in certain amnesias. In this outlook there was no connection either functionally or genetically between ideas and affects. "Idea" and "affect" were completely different and sharply distinct psychic entities.

At that time, psychoanalytic theory thought according to the principle of classical physics. Just as in non-living nature "substance" or "mass," which were unchangeable, were moved and shifted by "forces," so in psychic life static ideas were moved and shifted by "energy quantities." The ideas corresponded to the "substance," the "drives" to the "forces" or "impulses" of classical physics. This first attempt at the formulation of a truly *natural-scientific* psychology at the beginning of the 20th century has since been squelched completely in a maze of utterly unscientific "opinions" about human nature.

Here the first essential application of the functional technique of thinking was made:

The then embryonic sex-economy thoroughly investigated the function of the orgasm and found, among other things, that a sexual idea, such as that of the sexual act, could not be produced if the corresponding emotions were absent or if the organism had just lost its high tension through satisfaction, i.e., through "*energy discharge*." Thus an idea was in some way more closely linked to the energy process than psychoanalytic theory supposed.

Detailed phenomenological investigations, especially of the pleasure sensation, left no doubt that it could not be separated from the function of the drive. Thus it was not a drive *here* striving after a pleasure *there*, but *the drive was nothing else than the motor function of pleasure itself*.

Since the pleasure sensation represented a *psychic* function, and since, on the other hand, the drive undoubtedly represented a *bodily* one, a hitherto isolated functioning pair in the organism was welded together by one concept into a "functional unity":

Drive and pleasure were now one and the same with regard to motor activity.



Motor activity was no longer a function of the "drive," but the drive was the function of a still undefined biological motor activity. The same was true for the pleasure sensation.

Bodily excitation, i.e., the drive, was identical with a psychic sensation in reference to a definite biological process, sexual motor activity. At that time it was not clear just *what* moved in the body. And it was just as vague what one meant when one spoke of the "sexual function." Freudian sexual psychology was fully aware of these uncertainties. Freud assumed that the drives "develop from biological processes," and that these processes are of a "chemical nature." The later psychoanalytic school has lost its orientation completely in regard to such basic questions of science and its methods of thought operation.

But organomic functionalism had won a first important position in its thought technique:

Ideas can arise and pass away. Their existence depends upon the state of energy movement in the body.

Sensation and excitation are identical in a still undetermined common functioning principle. Sensation is a function of excitation, and excitation in turn is a function of sensation. They are inseparable, form a "functional unity," and *simultaneously* they are *not* the same, but are different from one another, indeed, antithetical to one another. Thus resulted the first formulation of the "SIMULTANEITY OF IDENTITY AND ANTITHESIS."

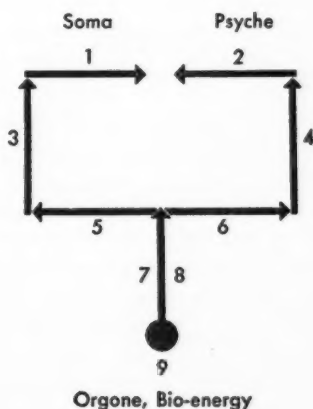
This advance took place between 1919 and 1923. At that time it was not clearly understood as an innovation in thought technique, but the fruit of it was published in my article, "Über Triebenergetik" (1923) and in my psychoanalytic investigations of "genitality" from 1923 on.

In these first observations, the formulation that was to be so important for my later concept of consciousness had its origin: IDEAS ARE "CONCENTRATIONS OF ENERGY QUANTA," and thus psychic ideas can be traced back to energy processes.

This innovation in thought technique had no predecessor in natural science. What was basically new was the assumption of a *simultaneity of identity and antithesis of two functions*. In natural philosophy there existed only the monistic conception of the unity of body and soul, the dualistic view of psychophysical parallelism, the mechanistic-materialistic one-sided dependence of the psyche on the soma, and the spiritualistic (idealistic-metaphysical) dependence of matter on a supernatural world spirit. In its

essence Freud's methodology was purely materialistic, but also dualistic. It operated with *two* kinds of drives which had no connection with one another in the depths: at first with the "sexual instincts" and the "ego instincts," later with the "sexual instincts" and the "death instinct." I became acquainted with the dialectical materialism of Friedrich Engels (ANTI-DÜHRING) only many years later, around 1927.

In my article on "Orgonotic Pulsation" ("Talks with an electrophysicist"¹) I tried to show that the diverse, mutually contradictory methods of thinking can be pictured as particular representations of individual, objective natural functions and that they can be united. Schematically this can be seen in the following functional symbol:



Orgone, Bio-energy

Diagram of organomic functionalism comprising mechanistic, vitalistic, parallelistic, mystical-theological and monistic natural philosophies

- | | | |
|-----|-----|--|
| 1 → | ← 2 | Mechanistic materialism |
| 2 → | ← 1 | Idealism, vitalism |
| 3 ↑ | ↑ 4 | Psychophysical parallelism, dualism |
| 5 ← | → 6 | Theism, mysticism |
| 7 ↑ | 8 | Monism, psychophysical identity |
| 9 | | The "common denominator of nature," the cosmic energy, orgone (mystically: "God"; physically: "ether") |

¹ Cf. *International Journal of Sex-economy and Orgone Research* 3, 1944, pp. 97-150.

I reprint here the explanation of the orgone biophysicist:

Now, if we consider the constituent parts of the schema separately, we find the following:

At the surface, at 1 and 2, there is an *absolute antithesis of psyche and soma*. This is the realm of the mechanists who derive psychic functioning one-sidedly from chemico-physics; it is also the realm of the vitalists who, conversely, believe that the vital energy creates and determines the soma. "The soma determines the sensation," say the mechanists; "the sensations (the entelechy) determine matter," say the vitalists. It all depends on whether your point of departure is 1 or 2.

3 and 4 run parallel, and—considered apart from the rest of the diagram—without any connection between each other. These lines correspond to the parallelistic mind-body theory, according to which somatic and psychic processes are independent of each other and run a parallel course.

5 and 6 run *apart* from each other. They correspond to that concept which contends that matter and spirit, soma and psyche, instinct and morals, nature and culture, sexuality and work, earthly and divine things are incompatible; more than that, that they are antithetical. They represent the thinking of every kind of mysticism.

At 7 and 8 there is only *one* line of direction, which can be viewed either from the left or the right side. It corresponds to the concept of monism, of psycho-physical identity, according to which psychic and somatic are merely different aspects of the same thing. We must admit that the monists, in their thinking, came closer to the truth than the mechanists, vitalists, dualists and others. They have come very close to the common origin of all other functions. But they overlooked the antitheses which result from the splitting up of the unitary, as for instance that of nature into living and non-living matter, animals and plants, or that of the organism into autonomous organs. In overlooking the antithesis, they also overlook the mutual interdependence of the somatic and the psychic.

Our functional schema, on the other hand, takes into consideration the many autonomous functions of a *functional unit*. According to this concept, the various functions derive from a common source (9); in a certain realm, different functions are identical (7, 8); in a different realm, they are divergent (5, 6); or they run parallel, independent of each other (3, 4); or, finally, they are convergent, that is, attract or influence each other on the principle of antithesis (1, 2).

To illustrate in concrete terms: The animal organism derives from a single unitary cell which is equipped with the function of organotic expansion and contraction (9). From this unitary cell develops, on the basis of the function

of tension and charge, the somatic as well as the psychic function of what is going to be the complicated total organism, in a *unitary* branch (7/8) which manifests as yet no differentiation into independent psychic and somatic functions.

Then we see a differentiation taking place: the somatic functions develop by themselves, forming, in the course of embryonic development, the various independent organs. In this period, the emotional functions are not developed beyond the primitive stage of pleasure and unpleasure perceptions. At birth, soma and psyche already form *two branches* of a unitary apparatus (5, 6), the organ functions on the one hand and the pleasure-unpleasure functions on the other. The bio-energetic branch which they have in common (7/8) continues to exist.

From this point on, the two developments run independently of each other, i.e., "parallel" (3, 4), at the same time influencing each other. The various body organs have been formed and continue to grow. Independently of this, the pleasure-unpleasure function branches off into the three basic emotions of pleasure, anxiety and rage, and the various functions of perception. The development and differentiation of the function of perception is autonomous, independent of the growth of the organs. Nevertheless, both series of development are provided with biological energy from the *common* branch (9 and 7/8) in the form of the autonomic nervous system. For the growth of the organs as well as the development of the emotions depends on the total function of the autonomic life apparatus.

This first, still explorative tracing of a psychic idea to a state of energy movement decided the course of my work until the discovery of the cosmic orgone energy and the orgonometric functional equations of 1947. It is not easy to present this here in a simple way. However, the following schema may help explain why the psychoanalytic and my first functional formulation of the emotional process had to lead in two opposite directions, which today are clearly recognizable to everyone.



Schema of the relationship between idea and instinctual energy

Very soon psychology disregarded the emotional *quantity* "which was contained in the idea," and concentrated more and more on the *CONTENTS*, the experiences, conflicts, human relationships, etc. True, it knows very well

that there are experiences, conflicts, etc., of more or less emotional richness. But it is not interested in the origin of the emotions. Indeed, it often commits the tremendous error of having the wealth of affects itself develop, say, from a mother-fixation. In so doing, it forgets that the strong mother-fixation is itself the result of a special energetic situation in the child's organism.

On the other hand, functionalism, which later led to the discovery of the cosmic orgone energy, concentrated its attention on the *dependence of psychic contents*, ideas, conflicts, experiences, etc., upon the *energy economy of the organism*. A strong mother-fixation on the part of the child, for example, now appeared as an expression of a "libido stasis" or "energy block"; thus it corresponded to a *disturbance in the energy discharge of the organism*. Clinical experience completely confirmed this view, for the conflict was solved if the energy discharge in the child could again occur healthily. A genitally disturbed child clings orally to his mother. A genitally *satisfied* child does not cling to his mother, but has playmates of his own age.

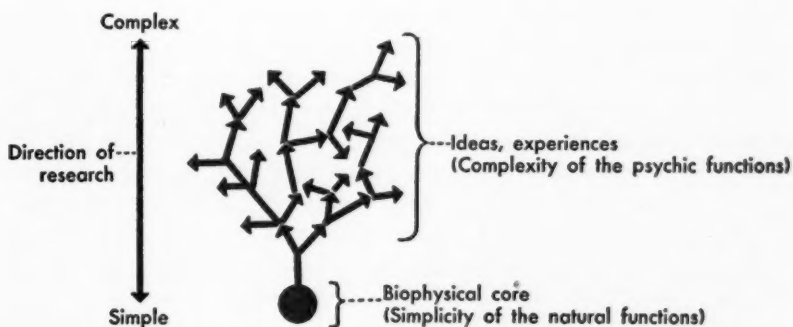
Psychology analyzes, breaks down *experiences* and conflicts and traces them back to earlier, historically important *experiences*. Present-day *ideas* and instinctual goals result in an understandable fashion from earlier or repressed *ideas* and instinctual goals.

Functional organomy does not break down experiences; it does not operate with the association of ideas, but *directly with instinctual energies which it loosens from characterological and muscular blocks and allows to stream freely again*. It is not concerned with *what* experiences have led to the energy block. *The therapeutic goal of psychology is the remembering of forgotten experiences. The goal of medical orgone therapy is the mobilization of biological energy, of the orgone energy in the organism.*

A further distinction between psychology and orgone biophysics is of decisive significance even for mathematical, organometric investigations: the exclusive treatment of experiences and ideas leads to ever more *complicated* relations and processes. The treatment of the energy functions progressively *simplifies* the biological processes and with them the infinity of human experiences and ideas, since all ideational experiences are traced to *simple* biological energy processes. In order to realize this opposition between simplicity in the biological core and complexity at the psychological surface, one need only think of the extraordinary abundance and the many variations in the experiential realm of psychoses and neuroses. Yet at the

bottom of this infinite variety lies only *a single* energetic condition: *the stasis of biosexual energy*. The pathological ideas with all their confusion and endless complexity collapse like a house of cards when the biological energy again functions naturally, i.e., economically.

Thus, observed from the viewpoint of natural-scientific research which tries to bring mankind into harmony with nature, psychology does not proceed beyond the psychic processes while the functional-energetic approach leads from the idea to biological energy, and from the biological energy to its origin in general energy functions of nature. For orgonomic functionalism has led in a logical fashion to the discovery of the bion and then to the discovery of the cosmic orgone energy.



Schema of the relationship between complexity in the psychic and simplicity in the biological realm

5. "PSYCHIC ENERGY"—A FUNCTION OF BIOLOGICAL CELL EXCITATION

I have already said that sexual excitation was thought of as being the result of "chemical substances," later called "sexual hormones." It was not explained in what way chemical, hormonal processes produced the sexual excitation. The functional method of thinking had to overcome this chemical prejudice:

A sexual excitation is obviously an *energetic* process. Chemical processes, on the other hand, are of a *material* nature, for they consist basically of the formation and dissolution of bonds between atoms. The processes of heat production and utilization which occur have nothing to do with the unmistakable phenomenon of "excitation." The material-chemical expla-

nation of sexual emotion sought in vain to knit *directly* together a *living* function and a function of *non-living* nature. This attempt corresponded to a short-cut in mechanistic thinking. It showed a lack of critical thinking to conceive of a function of the living developing out of an inorganic function without giving the slightest account of the details of the *transition*. This kind of erroneous thinking characterized quite generally the biochemical outlook in biology and medicine.

Functionalism proceeded differently. It linked together the observable phenomena in the organism which are connected with sexual excitation and in this manner took a further decisive step forward in building its functional thought technique as well as in clarifying an important phenomenon: observation showed directly and incontrovertibly that the sensation of pleasure and the sexual impulse accompany a specific excitation of the autonomic "nervous," i.e., plasmatic system. Here lay the connection, described under heading 3), between somatic drive and psychic sensation of pleasure. *Instinctual urge and pleasure sensation were functionally identical with regard to living motor activity*. Now it was revealed that the somatic drive is functionally identical with an excitation, i.e., with a *function* or a *MOVEMENT* (and not with a static "substance") of the nervous system.

Thus functionalism did not commit the mistake of connecting arbitrarily and unconcretely a psychic function with a somatic function; but it found through careful observation of the relevant phenomena a dependent simultaneity and hence a functional identity of psychic pleasure sensation, bodily sexual urge, and a *visible* excitation of the autonomic plasmatic system.

Today these connections are banal platitudes even outside of orgonomy. But at that time, in the 1920s, they were not self-evident. Even Müller, who was far ahead of his time, in his collected works, *DIE LEBENSNERVEN* (1931), spoke dualistically and finalistically of the "goal" of pleasure, in whose "service" the excitation of the parasympathetic nervous system stands. But for the functional view there was not an apparatus *here* and a goal *there*, and hence no "service" of the first to the second. In the functional outlook, pleasure sensation, instinctual urge, and parasympathetic excitation were only different aspects of one and the same function, the *total* excitation of the living organism. These different aspects of *one* function were inseparable, for there was no pleasure sensation without an instinctual urge, no instinctual urge without a pleasure sensation, and neither one in the ab-

sence of biological excitation; the reverse of this was equally true. The separate "sides," "purposes," "goals," etc., are completely non-existent. They were fabrications of human fantasy, incorrect concepts of mechanistic-mystical thinking. The sentence: "The drive stands in the service of pleasure or reproduction," is, closely considered, utterly meaningless. "Where does the drive come from? Where is the pleasure sensation located?" are our next consistent questions.

The formulation of the unity of pleasure, urge and biological excitation led to the solution of the problem posed by Freud of how sexual excitation can be transformed into anxiety. Freud had correctly observed that if sexual excitation is repressed, anxiety may appear in its place. This is a fact but Freud could not explain it. Later—to the detriment of instinct research—he completely gave up the relationship between sexuality and anxiety; moreover, he completely separated the two functions and incorrectly ascribed anxiety to the "Ego" and sexuality to the "Id." Still he admitted that the problem remained unsolved.

On the other hand, functionalism found itself on the correct path:

If pleasure sensation, sexual "instinct" and parasympathetic plasmatic excitation form a functional unity; if furthermore, as has been clinically demonstrated, anxiety arises when sexual excitation and the sensation of pleasure disappear, then anxiety belongs in a definite, though as yet unclarified manner to the functioning unity of biological excitation, bodily urge and psychic sensation. After this assumption it was no longer difficult to solve the riddle.

Biological excitation occurs in the autonomic nervous system. But this nervous system consists of two sets of nerves which function antithetically, the *parasympathetic* and the *sympathetic*. All phenomena of the pleasure function occur with excitations of the parasympathetic system. If the pleasure function cannot operate, anxiety appears. Hence it follows logically that if the parasympathetic function cannot operate, sympathetic excitation is dominant. The phenomena of anxiety accompany sympathetic functions under the condition that expansive impulses are developed against contraction. If the sympathetic system forms the functional antithesis of the parasympathetic, then logically anxiety must represent the antithesis of pleasure. *Thus pleasure does not "turn into anxiety," but the biological excitation in anxiety functions in a direction antithetical to pleasure.*

This signified a very important step forward in the formulation of living functioning. It could be supported by clinically controllable observations: one feels anxiety chiefly in the cardio-diaphragmatic region, and pleasure, if one is not too disturbed, mainly in the genital. Thus *heart* and *genital* areas formed the two antithetical regions in which the unitary biological excitation could be concentrated at any given time. Cardiac anxiety disappears when genital excitation develops. If the biological excitation is active chiefly in the genital apparatus, then one feels the genital drive and the corresponding pleasure sensation. If it is mainly active in the cardio-diaphragmatic region, one has anxiety and is incapable of pleasure.

With these formulations orgonomic functionalism had, at that time unconsciously, discovered the "basic antithesis of the living": the antithesis of pleasure and anxiety, of parasympathetic and sympathetic, of expansion and contraction of the life apparatus, of periphery and center of the organism. The detailed clinical and experimental development of this functioning realm of biological energy took about 12 years (1925 to 1937). It spontaneously opened the realm of bion- and orgone research.

I earlier asserted that orgonomic functionalism does not represent a different or new kind of natural philosophy, but a different and new type of *tool of natural research*. First of all a very incomplete tool, let us say a stone axe, made possible a discovery, e.g., the finding of iron, and the discovery of iron made possible the further development of the tool from a stone axe, to an axe of iron, and so on. Thus the method or the tool of natural research also has a development which is often far more important than the factual discovery.

With the theoretical formulation of the pleasure-anxiety antithesis, with its rooting in biological excitation and its differentiation into different *directions* of one and the same excitation, orgonomic functionalism had mastered a position that was more easily controlled and more readily manipulated. Following strict principles of thought, it could now, irrespective of what scientific facts it treated, always apply and find out how far these principles were valid, i.e., whether they could only grasp certain realms of nature or whether they were universally applicable; in other words, whether *all* nature obeyed the functional law that is manifested in the functioning of the life apparatus and its emotions.

It should be stressed that the advance in the research on the nature of

psychic emotions considered psychic life always *within* the investigable; the final results for the *total* conception of nature also paved a path which led sharply away from mechanism and mysticism, without landing in spiritualism.

July 1947

(To be continued)

When Clerk-Maxwell was a child it is written that he had a mania for having everything explained to him, and that when people put him off with vague verbal accounts of any phenomenon he would interrupt them impatiently by saying, "Yes; but I want you to tell me the particular go of it."—William James

Further Experiences with the Orgone Accumulator*

By WALTER HOPPE, M.D., Tel Aviv

The recent results with the orgone accumulator have increased expectations tremendously. Disappointment reactions quickly develop if the patients do not feel an improvement in as short a time as other cases about which they have heard. For this reason, we have made it a rule to have the patients commit themselves to a minimum treatment of 1 month. Generally, we begin the treatment in a 20-fold accumulator, and, after the first month, continue with a 4-fold accumulator which is loaned out and used in the home.

We have had the following further therapeutic experiences:

A 53-year-old woman one year before the beginning of orgone treatment had a *thrombophlebitis* of the right calf. The treating physician ordered, first of all, a 14-day bed rest together with compresses and elevation of the leg. She was then permitted to get up though she had to wear tight elastic stockings. But the disease process resisted all treatment. The pain continually increased and her walking became worse from week to week. Also Unna paste bandages, which she had been using for 6 weeks, were to no avail. When she came for orgone treatment, her pains had reached a peak; only with great effort could she walk 100 yards. When the bandages were removed, the lower leg appeared very swollen. After 1 week of orgone treatment, a reaction of very severe, almost unbearable, pain occurred. (In some other cases, we have also observed that the pain increases at the beginning of orgone treatment. The transformation of lifeless tissue into living tissue is of an inflammatory nature, and hence the cause of the pain is understandable.) After 11 days of irradiation, the first significant improvement took place, manifested in the reduction of pain and also improved walking. The im-

* Cf. also Hoppe, "My experiences with the orgone accumulator." *Orgone Energy Bulletin* 1, 1949, 12-22.

provement continued. When she had had 1 month of treatment, she could walk quite freely, even "run," as the patient expressed herself. Today, after 5 months of treatment, she feels free of complaints and says that her energy has undergone a complete change. She no longer experiences the fatigue symptoms which had increased in recent years, and not in 10 years has she felt such *joie de vivre* and zest for work.

We have recently treated several cases of *Buerger's disease*. According to the literature, this illness is said to be especially common among the Jews; it is very widespread in Israel. The first successes in the orgone treatment of these patients aroused much attention here in many circles because, at the last minute, we succeeded in avoiding in 2 cases leg amputations which were strongly advised by the attending surgeon.

One patient, a 40-year-old man, had suffered from this disease for the last 16 years. The first sympathectomy (resection of a sympathetic ganglion) was performed 12 years ago, the second 7 years ago, and the third immediately afterward. In addition, he was treated with numerous internal medications such as typhoid injections. When he came for orgone treatment, there were wounds of a gangrenous nature on several of his toes and the surgeon urgently recommended amputation. Instead of amputation, the patient decided to try the orgone accumulator. After the first irradiation, he felt a strong prickling on his head and an especially strong prickling sensation on his feet, as if "an electric current had been switched on." After the second, third, and fourth irradiations, the same phenomena appeared. After the fifth, the wounds were dry for the first time in 8 years. When he had had 8 irradiations, entirely painless intervals occurred, whereas formerly the patient suffered constant pain. During the ninth irradiation, the patient experienced a strong feeling of pressure in his feet, as if the skin would "burst." At first, the patient thought that he could not bear the accumulator any longer, but finally decided to remain because he thought the pains were of a "positive nature." After 10 minutes, the unbearable pains disappeared and he was also free of pain for a longer time than usual after the treatment. In the next irradiation, the same thing happened again. He also spent a sleepless night afterward because of the severe pain. In the following treatments, there was no more pain in the accumulator and after the irradiations the patient was free of pain for several hours. The legs, which were ice cold before the therapy, became warmer. Previously the patient took about 2 dozen pills daily to combat the pain; now he could get along with 1 or 2. The wounds started to close. While

at the beginning of the treatment, he was able to walk only a few steps, he now took walks of 5-600 yards. After more than 2 months of treatment, the wounds were closed; he could walk much more easily and declared: "Now I know what living means."

A second patient, aged 35, had been suffering from *Buerger's disease* for 10 years. The complaints started with feelings of fatigue and coldness in his legs. After a sympathectomy, his condition improved for a period of 7-8 years. Then he was hit with a hammer on his left foot. A toe had to be amputated. 8 months ago gangrene set in on his left big toe, which 2 months prior to the orgone treatment also had to be amputated. Meanwhile, other symptoms of gangrene appeared on his toes and prominent surgeons urgently advised the amputation of both legs. In a desperate state, he started orgone treatment. After 14 days of irradiation twice daily, his walking was already very much improved. He no longer needed a cane and the healing of his wounds progressed rapidly. The patient interrupted the treatment after 34 irradiations in a much healthier condition.

A 43-year-old patient suffered for many years from *Buerger's disease*. He was also operated on twice (sympathectomies). The good results of the operations were only of short duration. At the beginning of the orgone treatment, he could walk—with pain—only several 100 yards. After orgone treatment for 1 month, he again wished "to exercise and to jump" (the patient is a gymnastics instructor). But then he interrupted the treatment and suffered a relapse after a few months. He has not resumed treatment since.

A 56-year-old man fell sick with *Buerger's disease* 11 years ago. The illness began with intense pains; he suddenly could not walk. According to his report, the left side of his body became paralyzed a year ago. In the hospital, his condition improved within several weeks. However, later he had increased pains in his feet. Two weeks before the beginning of orgone treatment, his left hand felt as though it were falling asleep. At the time he started orgone treatment, he could only walk a few yards. In the first 3 weeks of his treatment, he did not feel any change after an initial slight improvement. Then orgone-therapeutic respiration was begun. After 6 weeks of treatment, he still had a feeling of weakness in his legs, but he could walk much better than before and the pain was completely eliminated. The feeling that his left hand was falling asleep had also disappeared.

3 other cases of *Buerger's disease* are in treatment at present. In 2 cases we have not been able to see any improvement after a month of treatment. The

treatment is being continued. In the third case we lack information as the patient is not in Tel Aviv.

A 65-year-old man was diagnosed in a Tel Aviv hospital as having "*pernicious anemia*" a half year before orgone treatment. After liver injections his blood picture improved. Blood examinations in a well-known Tel Aviv laboratory gave the following results:

Dates (1948):	6/1	6/14	7/25	11/15	12/30
RBC (millions):	2.9	3.75	4.04	3.5	5.2
Hemoglobin (%):	68.7	80.0	86.2	80.0	106.2
Reticulocytes (%):	5.0	18.0	2.0	5.0	—
Sedimentation rate:	23mm.	27mm.	23mm.	25mm.	15mm. in 1 hour
	48mm.	55mm.	48mm.	52mm.	34mm. in 2 hours

In the blood examination of November 15, 1948, the RBC showed a mild anisocytosis, while in the blood picture of December 30 the RBC no longer revealed any pathological changes. Orgone treatment had begun on December 1. Before orgone treatment, the patient received liver injections which brought about a definite improvement; however, later there was a relapse. After 4 weeks of orgone treatment, the blood was completely normal.

A 39-year-old woman suffered from severe insomnia, headaches, low blood pressure, and complete lack of appetite. At the beginning of orgone treatment, the blood pressure was 85. In the first two weeks, there was no improvement. After 3 weeks, however, she could sleep much better and did not have to use sedatives. After 5 weeks of treatment, her sleep was still more improved and the constant headaches disappeared although the lack of appetite and tired feeling persisted. The low blood pressure was also unchanged. After 7 weeks of irradiation, she felt much stronger, full of energy and without headaches; she also enjoyed increased appetite. The improvement continued. After 9 weeks of treatment, the blood pressure rose to 115 and after 3 months to 125.

A 54-year-old patient came for treatment because of *constant headaches* and a *buzzing noise* in her ears. In addition, she suffered from painful *varicose veins* on her legs. In this case, we could not see any change during the first 4 weeks. After 3 months of treatment, however, her headaches and the buzzing in her ears disappeared. The varicose veins now caused her little trouble.

A 56-year-old woman came with a general *feeling of weakness* and *lack of*

appetite. She also suffered from a strong *buzzing noise* in her ears. While the buzzing noise persisted after 3 months of treatment, her state of weakness and lack of appetite visibly improved. The patient could do entirely without medications which previously she had used all the time.

A 43-year-old patient had been repeatedly hospitalized for *heart ailments*. Presumably a year ago he had had a cardiac infarction. Then he had suffered from a continual feeling of pressure around his heart. His blood pressure was always low; at the beginning of orgone treatment it was 110. He also suffered from a feeling of weakness. Furthermore, he complained about his marked loss of hair. In the course of 3 months of orgone treatment, his condition improved considerably. His blood pressure now is 135; he feels much stronger and more determined. His working capacity has enormously increased. He is able to ride his bike for the first time in years, and he said he even observed the growth of many dark hairs although his hair had previously turned completely gray.

The growth of dark hair was also observed in a 65-year-old patient.

After 3 months of irradiation, no change could be observed in a student who had a bald spot (*alopecia areata*).

A 54-year-old man came for orgone treatment with a *very aged appearance*. A treating physician described his condition as "presenile." For years he had been suffering from pains in his bladder which his physicians were not able to diagnose with any certainty. During 3 months of orgone treatment, pains which were decreasing in intensity, alternated with painless intervals until the painful periods disappeared entirely. After 3 more months without orgone treatment, he is today completely free of pain. His aged look changed to a fresh, ruddy facial color and the patient feels much more vigorous and capable of work than he did before the orgone treatment.

A 17-year-old patient came for orgone treatment with "*allergic sneezing*" and *purulent frontal sinusitis*. After two months of treatment, her condition greatly improved.

A 39-year-old woman had been suffering for 4 years from chronic sneezing; a specialist diagnosed her illness as "asthmatic sneezing." She had been treated with diathermy, and calcium and histamine injections. Since everything else had failed, she decided to try the accumulator. Her blood pressure was only 95. After 3 weeks of orgone irradiation, her sneezing stopped. After another month, the patient felt completely well. In the first 3 weeks, the blood pressure climbed from 95 to 110; after another 4 weeks it rose to 135.

A 58-year-old man suffered for 12 years from *fibrositis* with numerous painful spots beneath the skin of different parts of his body, particularly his arms and legs. The illness resisted all kinds of treatment. Orgone irradiation lasted 6 weeks without any visible improvement.

In one case, we observed over-irradiation when a patient, contrary to orders, irradiated her stomach with the "shooter" for too long a time. She became dizzy and nauseous. She had to be in bed for days and could not eat anything; she needed to sleep a great deal.

We regret that in the cases of failure after short treatments, the patients did not use the accumulator for a longer time; we must take into consideration the fact that some failures would probably have been successes if the patients had been willing to continue the treatments for a more prolonged period.

A Short Treatment with Orgone Therapy

By OLA RAKNES, PH.D. (Oslo, Norway)*

This last year I have made some attempts with orgone therapy in connection with character-analysis in cases where, due to environmental circumstances, a complete treatment was out of the question, but where I thought improvement or relief could be achieved in the short time available. These short treatments have lasted from 3 to 4 months (12 to 25 hours) down to 3 hours. In all cases—with possibly one exception, where the result was difficult to follow up—the treatment has clearly shown positive results. It is not possible yet to say how lasting these results will be. It may also be difficult in most cases to show the causal relationship between the treatment and the results achieved as the treatments had to end long before one could expect to clarify the characterological and genetic background of the neurosis. The case I shall describe here is an exception in this respect, as it explains both the neurosis and the unusually rapid improvement.

The patient, an English woman in her early forties, was a member of the staff of a large vocational school in her homeland, a school of over 1000 pupils and about 150 teachers, almost all of whom also had work outside the school. There was also connected with the school a many-sided workshop, where the patient had a position of great responsibility. As in 1938 there was a danger of her country getting into war, she was selected to organize an important branch of the women's auxiliary service. She had heard about orgone therapy from a woman friend who had gone through a treatment of about 3 months with good results, and she now wanted to spend a two-weeks' vacation finding out whether treatment could help her—in which case she would come back and get it later.

What disturbed her most was that she woke up every morning in a terrible *mood* which lasted for several hours. Two or three days before

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menstruation this mood lasted almost all day. When in this mood, she was almost unapproachable, especially if she did not have something good to eat. Her work was very difficult and entailed constant cooperation with other people. She therefore had to restrain herself most of the time which was a hard daily task. Everybody around her knew about this and was somewhat disturbed by it. However, due to her competence and still more as a result of her capacity for human understanding—when she was not in her bad mood—they put up with it, and she was well liked and had many friends of both sexes.

I explained more than once the purpose of the treatment, and emphasized especially that it was important to have the patient feel what was happening in her own body, to acknowledge it and give expression to what she felt, and that the goal was for her to be able, without anxiety, to let the sensations flow freely and find a release for them in a full sexual orgasm.

I then asked the patient—who was of about average height, with a ruddy complexion and eyes somewhat drawn together, and with lively movements which at times, however, had something sluggish about them—to lie down on a couch without a pillow, to relax and let her breathing take care of itself so I could see what her respiration was like. A few breaths showed me that her body in its small movements was unusually loose, but it was lying as if suspended from the shoulders. I looked for the central point of the tensions that held the shoulders up, put a couple of fingers on them, and said: "Let down your shoulders, put away your dignity, and breathe out well!" She protested, saying that she had to maintain her dignity, or how could she assert herself in her responsible position? "But *here* you don't need any dignity," I replied. Thereupon she exhaled, let her shoulders and chest drop with the breathing, and her face expressed a feeling of relief. I let her lie and breathe for a little while, and then asked her to relate what she now felt of her body. She said she felt comfortable and light. Could she localize this feeling? Yes, she had it in the greater part of her body, most pronounced in the upper part of her back and chest. (It is so far the only time that any of my patients have replied to my first question about body sensations by mentioning pleasure-sensations first.) Otherwise she felt a pressure against the lower part of her body, some tensions in the legs and neck, and a slight feeling of unrest in her stomach.

I let her lie and breathe again, and drew her attention to tensions and positions of body and limbs which might make respiratory movements less

free. Even before the end of the first hour she started feeling such things on her own, and felt the pleasure sensations in her shoulders increase and spread downward. When I now look back on the 12 hours that the treatment lasted, it is as if all the time I did nothing but watch this process go further, only now and then suggesting a movement, or pointing out a movement, or attempting an explanation of something or other that the patient said she felt.

During the second hour the patient came back to her childhood, of which she had told me some external things during the first hour in reply to my questions. She grew up in a large city. Her father died when she was about 2 years old and at about the same time her only brother was born. She never saw much of him, because shortly after he was born, some relatives took her to their home and later adopted her. She remembered practically nothing from her early childhood. As far back as she could remember, she had been fond of her foster parents and their daughter, who was her own age. Her upbringing had been somewhat strict, with little fun and much work.

When—after a few words about her morning mood, which made it hard for her to come to the session as early as 11 o'clock in the morning—she lay down breathing and let her shoulders down, the pleasure sensations in her body from the day before reappeared, and soon she felt distinct currents in shoulders, chest, abdomen, legs and arms. The pleasure sensations she could only characterize as something she had never felt before, and sometimes they became so strong that she became afraid of them and tried to put a brake on them. When I made her aware of these attempts at stopping the sensations and asked her to let her body and the sensations have their own way, she let things happen without interference, even though it was clear both to the eyes and ears that she was very much afraid at the same time. She spent most of the second hour lying down, breathing and paying attention to her body sensations; meanwhile the spontaneous body movements, which she was increasingly more able to give in to, developed clearly toward an orgasm reflex, without such reflex yet making its appearance.

The third hour she started by telling that all her life—until yesterday, she had believed that she was totally frigid, but now she knew that this was no longer the case. She had read in a textbook in gynecology—she had on the whole read a considerable amount of medical literature—that many women were frigid by nature, and she had immediately thought of herself as one

of them. She was content that this was the case, as it would spare her all the sexual difficulties and sorrows of which she saw so much around her, and the problem of sex would not interfere in the cooperation and the friendships she had with the men she worked with and with whom she was on very good terms. There had been plenty of men who had approached her sexually, but she had declined all sexuality in such a natural and matter-of-course way, that the friendships had lasted in spite of her rejection of sensual contact. She could not remember any sexual interest or sexual activities from her childhood either. Now that for the first time, as far as she knew, she felt sexual sensations and sexual desires, she resented the gynecologists and the other medical authorities who had made her believe that her frigidity was natural, because now she felt and knew that it was the new feelings which were natural.

When she lay down to breathe, the currents (flowing sensations) appeared at once and gradually developed further. The pelvis, which up to then had been practically motionless, now showed some slight movements, and the feeling of unrest in her stomach, which she had mentioned in the first hour, became much stronger, a mixture of pleasure and anxiety sensations. Something seemed to be loosening up there, she said, and remembered that something had always seemed to be tied up there and had caused her pain the days before each menstrual period.

The fourth hour she started with a joking remark that she probably would go after a man wildly on her return home, because now she had for the first time in her life felt the desire to be with a man. "But they should only know it in our school at home," she added, "that I go around with such thoughts, and they would hardly have elected me on the board." The following hours she brought up on her own the conditions in the school, and discovered practically every day new things which did not correspond to the sensations and feelings she now had and the points of view which developed spontaneously from these feelings. Most of the pupils boarded at the school and it was compulsory to wear uniforms, both during working hours and whatever spare time there was. On the board there were, besides professional people, representatives of those organizations which supported the school financially. Most of these representatives belonged to the upper middle class, and had all—with one exception from what I was able to judge—a religious and conservative outlook on society and education. The purpose of the curriculum they favored seemed to be to

keep the students occupied with studies and all kinds of duties all the time, except for the most urgently needed rest. The patient now began to criticize this system strongly, and pointed out how many things and the whole atmosphere in the school must necessarily lead to a distortion and suppression—not only of the self-determination and independence of the pupils, but of their whole feeling of life and first of all of their sexuality, which—when it was mentioned at all—was talked about as a shameful thing which some people, not all, were unfortunate enough to be equipped with. As mentioned before, she had so far considered herself one of the lucky ones who had no sexual difficulties. Without my saying a word about it, it had become clear to her that a great deal of the nervous difficulties that both pupils, teachers and the female workers in the shops connected with the school suffered from—she had less knowledge of the male workers—were connected with their crippled sexual lives. And she hoped that she, with the position she herself had at the school and perhaps still more through her friendship with the only liberal, but very prominent member of the board, should be able to do something in the way of improving things at least a little for the youngsters from now on. She mentioned several problems, which before she had been either doubtful about or not noticed at all, and where she could now see a positive solution and a way of bringing about this solution.

Together with this liberation of her thoughts and feelings with regard to work and work conditions and their social background, her vegetative body movements and her experiencing of them underwent a steady liberation. After the shoulders and the chest, the throat and neck, the arms, legs and back took part more and more in the spontaneous movements, which also became more and more connected and coordinated. From the fifth hour on, completely spontaneous orgasm reflexes developed—with increasing pleasure sensations and steadily decreased anxiety—with a definite acme, followed by relaxation. During the development of the reflexes, her arms underwent a steady rhythmical movement, strongly reminiscent of the arm movements of a dancer, with the exception that her hands with short and more or less even intervals reached toward her genital, and thereupon with increased speed were removed from this area. In reply to my question, the patient said that she had no idea of the meaning of these movements; they developed completely on their own.

What up to the tenth hour participated least, and which to a certain

extent made the orgasm reflex unfree, was the lower part of the back and her pelvis. As already mentioned, there was a certain amount of motion there, but every time the orgasm reflex became pronounced, her pelvis either stiffened or retracted. I had already made her aware of this, without finding that it had any influence on the development of the movements. At the beginning of the tenth hour I had her pay special attention to the movements in her pelvis and be careful not to inhibit them. After a few minutes, her pelvis moved all the way forward, several times in succession. Her breathing indicated that the patient felt this to be a new experience. In reply to my question, she confirmed that this was so, and added in surprise: "I also suddenly remember a thing now which I have not been aware of since I was a child, and which I have never mentioned in the health reports I have given and replied to in regard to illnesses in childhood. When I was five or six years old I had chorea (St. Vitus' dance) over a period of time, I don't know exactly how long. I remember also when I got it. I had been to the country that summer, on a large farm with many children with whom I played. We also had sexual games, in which I took part like the others, but I cannot remember what the games consisted of. There were several of us who took part and apparently we played the games quite openly because when my foster parents came out once, they saw it. They were quite appalled, took me with them at once and brought me back to town. I wanted to stay, and it was after being taken back to town that I developed chorea. When my foster parents saw it, they scolded me for being so restless, and I succeeded gradually in suppressing the sensations." Since then she had been quiet and good, but fretful in the mornings.

She went on breathing again, and the movements of the hands, which she had not understood the meaning of, started again. I asked her again to pay attention to them, and asked her if "the sexual games" which she could not remember, could have been masturbation. She replied at once: "Yes, it must have been," and now clearly felt that the movements of the hands toward the genital expressed a desire to masturbate, a wish which she, however, immediately rejected, in spite of the fact that she now theoretically accepted the desire.

I had several times touched upon the way in which the patient used her eyes, that she never opened them freely and naturally, but somehow peeked out from above cheeks that were pulled upward. She felt herself that this

way of looking was not natural, and that it was as if she were afraid of seeing something or other. Now after the memory of the chorea had come up, her way of looking at times became more open than ever before, but the old way easily reappeared, and we did not get any further with it during the hours that remained. During the last two hours the new free movements in the pelvis stabilized themselves. Already before the loosening of the pelvis took place, the patient had occasionally felt contractions in the vagina. They now appeared regularly with the orgasm reflex and the streamings in the body became rhythmical and stronger.

The patient's breathing, which during the first hours had something tired and resigned about it—except when she was lying down and just breathing, then it was full of anticipation and suspense—had gradually become lighter, more alive, and happier. That this was not only the case during the hours with me was confirmed by other people who were around her daily and who were wondering about the change that was taking place.

The last two hours she talked mostly about the difficulties she would have to struggle with on her return to her homeland and her work. She had a remarkably clear grasp of the conditions which would come into conflict with and could again kill the new feeling of life that she had, and she discussed with herself and with me what she could do and how she could go about keeping herself alive. She was in doubt as to what extent she could manage this, but she was not in doubt that she would try, even if it were to cost her considerable struggle. It was clear to her that she would not succeed in this without a fairly satisfying sex life, and she seemed more afraid of her internal difficulties on this point than the external ones.

During the last hour she could report a new sign of improvement. Menstruation had started on the previous day and for the first time without accompanying pain and without worry and a bad mood—on the contrary, she had found herself walking around, singing to herself and feeling especially good that day. She felt it herself to be somewhat of a miracle, which was too good to be true and which she still had to believe. She thought herself that the fretfulness in the mornings as well as the pains and irritability before and during menstruation, were a kind of abbreviated re-experiencing of the struggle in childhood against the sexual urges and against the choreatic movements. She had always suffered from restless sleep—something she had just vaguely mentioned before—which to me meant that

she experienced in her sleep the sexual urges which in the daytime she had always believed she did not have.

She ended the treatment full of satisfaction with the result achieved; she felt like a new person, but with a full understanding of the difficulties she would have to struggle with and full of anticipation as to how she would succeed in meeting them.

A short time after she had left, I read in the papers that one of her nearest friends and co-workers at the school had died, and I wrote her a short letter. In her reply she told me that the loss of her friend had been a hard blow to her, not least because he was one of the people from whom she had expected an understanding attitude toward her new outlook on life. She had been depressed and had cried over him for three days, but she felt that neither the sorrow nor the implications of this loss for her work should get her down; she still felt equally alive.

I would like to emphasize a few things in this report of the treatment. First, there is the connection which the patient spontaneously felt between the trauma and the attack of chorea. During the treatment they appeared together in her memory, as one experience, not two. Up to that time she had remembered nothing about the chorea or her infantile sexuality. Her sexuality had been so thoroughly repressed that up to a week before the memory came up, she had considered herself completely frigid and had believed that she was so by nature. To the patient it had become spontaneously obvious that the choreatic movements had come about as a result of the disappointment and the struggle against the sexual actions which had been so strictly forbidden.

The second thing I want to point out is that this memory and the insight arose in immediate connection with a new, characteristic pelvic movement, a motion which the patient had never made previously or felt, as far as she knew. The release of this movement brought with it the memory of the situation in which the patient had learned to stiffen up in the pelvis in order to shut off genital sensations. The movement itself came as a link in a steady development, the purpose of which had been to release the various tensions in the trunk, limbs and respiration. Every new release brought with it new or stronger vegetative sensations in the body, among others the genital sensations which the patient could not remember ever having felt before.

The third thing I would like to emphasize is the spontaneous feeling the patient had of the relationship of her experiencing of her own body and her outlook on morals and social problems, first of all regarding things that had to do with her own position in society, and secondly the more general problems. The patient had no knowledge of sex-economy and knew only a little about psychoanalysis. But the outlook on moral and other social regulations which she gradually developed during these two weeks without much other "influence" from my side than that occasionally I might confirm or contradict a statement, or guess how she happened to bring up a certain thing just at this point, seemed to correspond entirely both basically and in most details with the sex-economic view which Wilhelm Reich has presented in his writings—naturally not worked through systematically by my patient, but still with a clear grasp of the great social implications.

My explanation of how it was possible to succeed in such a short time in releasing such a wide and far-reaching repression—as it included all sexual sensations in the patient—is briefly the following: The patient must have had a relatively free instinctual life up to the sexual trauma at the age of 5 or 6. Being without a father from about the age of 2, she was mostly with relatives, who do not seem to have discovered her sexual activities up to the time of that summer vacation. That she had been tolerably free during her early childhood seemed clear to me in view of her great capacity not only for work, but for deriving pleasure from her work, the relatively free aggression she displayed—a chapter which has hardly been touched upon in the report of the treatment and which I mostly know from other people than the patient herself, and finally in view of her natural impulsiveness in her work and in life generally. The sudden and strict sexual prohibition and the subsequent punishment—to be sent back to town in the middle of an enjoyable summer vacation—made her suppress all sexual sensations so thoroughly that for about 35 years she no longer noticed them. But these sensations were not too deeply repressed since they were capable of disturbing her sleep every night, and for several hours every morning and two or three days before each menstrual period made her irritable. They were therefore close enough to the surface so that they became conscious again when the patient came into a tolerant atmosphere and received the needed assistance in making herself receptive to the experiencing of repressed sensations.

Postscript 1946:

Several years have passed since this short treatment was completed and the case history written down. When now handing it over to Orgone Institute Press for publication, I wish to make a few additional remarks.

The last I saw of the patient was when she, half a year after the treatment, on a vacation round trip through Europe, came to see me at my office in Oslo. She just wanted me to know that she had felt healthy as never before ever since the treatment, in spite of her sorrow at her friend's death. During the trip she was just about to complete, she had had her life's first love adventure (since childhood), and short though it had been, she was very thankful for it. She just wanted to thank me for helping her to become capable of such an experience.

After the war broke out, I had indirect news from her a couple of times. The war task for which she had been pointed out, had been entrusted to her, and it was reported she was doing excellent work.

Six Clinical Cases

By VICTOR M. SOBEY, M.D.*

As students of Wilhelm Reich at the Orgone Institute, we learned the sex-economic concept that the somatic anchoring of repressed memories is reflected in pathological attitudes and reflexes. These attitudes and reflexes, when loosened up correctly either by psychic influencing or by the dissolution of muscular rigidity, not only liberate bio-energy but also bring back into memory the very infantile situation in which the repression had taken place.

The energy which holds the armor together consists mostly of destructiveness which has become bound during the process of armoring. This is proven by the fact that destructiveness is set free as soon as the armor begins to crack. Reich showed how this destructiveness which is bound up in the character is nothing more than anger caused by frustration in general and by denial of sexual gratification in particular. This fact is, of course, in direct opposition to Freud's later theories of anxiety and basic impulses. These Freudian concepts are now used in the treatment of patients and in the rearing of children. For example, Dr. Franz Alexander in an article in the *New York Times* of May 15, 1949, states that "the child is born with impulses (instincts) which he tends to carry into action at once; but under parental influences the impulses—basically destructive and sexual—become domesticated." Reich found that vital energies, under natural conditions, could regulate themselves spontaneously without compulsive duty or compulsive morality; but when the orgasm reflex (mechanical tension→orgonotic charge→orgonotic discharge→mechanical relaxation) which governs all life, was interrupted by unnatural conditions of our anti-life and sex-negating culture, secondary manifestations of destruction and anti-life attitudes set in.

The following clinical experiences bear out the sex-economic concepts of

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Reich. The first case is that of a 22-year-old male, suffering from stuttering, anxiety, inability to concentrate and fear of possessing homosexual tendencies. The most striking body attitude of this patient was a pronounced sardonic grin on the face, below the eyes. All of his activities conformed to this body attitude. He had only contempt for anyone else's ability and believed he could seduce any girl if he pursued her. However, deep down he felt a longing and crying which he could not express, either verbally or physically. The patient's laugh was a good imitation of a baby suppressing a cry, but this was covered up by a grin. When he would stutter severely, he complained of choking sensations in the throat and a nauseated feeling in the lower chest. I was able to get the patient to vocally express rage and to physically express rage by hitting the couch, but for a long time the patient could not cry. He felt the sensation of crying several times in his eyes and throat but each time this impulse was warded off by the grin. Finally, after several months, he began to complain of tension around his eyes. He stated that he also developed a feeling that something was going to hit him in the eyes and therefore he had to keep his eyes closed as much as possible. This latter expression was maintained constantly during the session. I told the patient to open his eyes, which he did, but nothing happened until I suddenly and without warning pulled down his lower lids, whereupon he began to cry freely and angrily. After this release of affect, the patient related that he felt a wonderful warm feeling flow down his cheeks, neck and chest. He smiled warmly at me and all he said was that he wanted to enjoy this feeling.

He then was able to bring back into memory, without any difficulty whatsoever, the very infantile situation in which the repression had taken place. He recalled that when he was about four or five years old, his father, who was extremely self-centered, selfish and rigid in his approach to children, would become annoyed by the patient's eating habits. Some mornings the patient would not want to eat his cereal first or would not eat it at all. The patient, like any child, and I quote Neill's *THE PROBLEM FAMILY*, "if left to itself, will evolve its own timetable, which means that a baby has the capacity for self-regulation, not only in milk feeding, but later on in solid feeding," was not angry with his father but was simply trying to satisfy his own desires at that moment. The child's feeding activities on one particular morning infuriated the father to such an extent that without any warning, he took the dish of oatmeal and shoved it full force into the boy's

face. The child cried immediately and was commanded to stop. He continued to cry and the father slapped him, whereupon the boy stopped crying. For some reason this made the father angrier and he slapped the boy harder. This time the patient did not cry. He choked his crying to the pain by swallowing and tensing the neck muscles and then he grinned. The boy received a great deal of satisfaction from this act; he felt he had finally mastered his father. Later on he devised many tricks to outwit his father. He recalled that at night he would go upstairs to bed but instead of retiring would crawl out of the window, down the ledge, and hide behind the stoop. His parents, before retiring, would look into the boy's room and when they saw he was missing, they would become panicky and search for him. He, in turn, would watch these proceedings with a sadistic grin and then quietly sneak back to his room. These acts would occasionally result in the boy receiving a beating, but he would never cry. Immediately after this emotional breakthrough the patient's stuttering stopped almost completely; he felt a tremendous release; his eyes cleared up and he was eager to continue. I warned him that this improvement could only be temporary, and with the appearance of genital anxiety the stuttering did return. The parents, who were always against therapy "because he can snap out of it himself," finally pressed him into discontinuing treatment. Incidentally, if one thinks that the behavior of this father would be repellent to most parents in our culture, one has only to recall the startling success of Clifton Webb as a baby sitter who "disciplines unruly tots by coolly emptying bowls full of cereal over their pretty little heads" in the motion picture *Sitting Pretty*, to see that such behavior or the desire to behave in such a manner is much more prevalent than one thinks.

The next case is that of a girl, 26 years old, suffering from cyclic depressive episodes and feelings of stupidity, who complained of feeling ugly, even though she was pretty and sexually attractive. The patient stated that for the most part she had good contact with her body feelings and that she often had pleasurable feelings in the pelvis and vagina. She would desire a man but the thought would frighten her and she would kill the desire by saying, "No man would want me—I'm too ugly." The outstanding expression I could see in her face was an anxious anticipatory attitude of the forehead which was held raised in a deeply furrowed manner. She was always smiling but occasionally she would clench her teeth and depress the

lower jaw as though she were trying to prevent an impulse from breaking through. The sterno-cleido-mastoid muscles were very tense. I could barely move her neck from side to side. With the initial breathing, the smile disappeared and sobbing broke through. As this expression was analyzed and dissolved, the forehead became very tense; finally she came in one session and complained that she had had a severe headache all week. The headache was located in the back of the neck and over the forehead. She said that all week long she felt that she wanted to scream but could not do so because of a frightened feeling. The stronger the impulse became, the more she would clench her teeth and hold her neck stiffly and then the headache would become worse. I told her to give in to this feeling, but the fright was too much for her to overcome. Finally I stimulated the muscles in the occipital region; the eyes looked panicky; she began to scream horribly and then to yell and bite. As the reaction subsided she began to curse an Uncle Adolph in a hysterical manner. After the reaction stopped, the respirations gave in freely down to the pelvis for the first time; the thighs began to quiver, and she sighed in relief. The eyes cleared and the frightened look and the muscular tensions with the headache all disappeared. She was able to reconstruct the repressed content of this armor, as follows. This same incident occurred several times when the patient was about ten years old. About once a week she would stay overnight at her uncle's home. When both aunt and uncle were present, the uncle, who was considered a very religious and moralistic person, would act the good uncle. However, when the aunt would occasionally visit friends for the evening, Uncle Adolph would tell the patient to get into her pajamas, would then remove the top of the pajamas, and would play with her breasts and put his head to her breasts. The girl became terrified and wanted to scream and push and kick him away but could never get herself to do it. At the same time, she became sexually excited. Somehow she could never tell anyone what had happened. Later, when the patient masturbated, she would fantasy an older man playing with her who had lived down the block (Uncle Adolph). It took many sessions to completely dissolve this armoring. Each time the same reactions would take place and more memories dealing directly with early sexual impulses, which had been blocked from expression, were elicited. Whenever the feelings would become too strong in the pelvis, she would tighten her mouth, hold her neck, raise her forehead, and subsequently stop the reflex. However, she became able to

tolerate this increased energy level, felt it as pleasure and now has sexual relations with a boy friend.

This is the case of a 32-year-old married accountant who complained of loneliness, fear of people, "a vacuum-like feeling inside," total lack of interest in his work although he held a rather high-paying responsible job, and inability to look at people. He was fearful that everything was going to close in on him and felt as though he would have to run away from everyone. The patient had had these feelings for about seven years. Biophysically he presented all the signs of chronic sympathicotonia. The pupils were chronically dilated, reacted to light but snapped right back to full dilation. The eyes were always dry and the patient complained that a veil seemed to be over them. The mouth was excessively dry; the lips always looked parched. His body was bathed in a cold oily sweat. The patient's face and chest were covered with acne infections interspaced with numerous old acne scars. The abdomen was rigid and reacted stiffly to the slightest pressure. The penis was flaccid, blue and cold. The patient held his chest in a chronic inspiratory phase. His pelvis was held in a chronically retracted position. He held the buttocks stiffly as though he were afraid he would have a bowel movement. He was terribly afraid to relax even after some show of affect, such as crying or anger. I noticed that if the respirations in the chest relaxed, he would tighten up in the buttocks. It was quite obvious that there was generalized fear throughout the entire body. The repressed energy seemed to be concentrated in his eyes and buttocks. I proceeded to point out to the patient the tensions in his eyes and buttocks. At first he could not feel these tensions. When I made him exaggerate the tension in his buttocks and then relax them as well as he could, he stated that he was not aware of this tension. While he could not feel the tension in his eyes, he was able to express it psychologically as "I am afraid to look at people," etc. I had the patient imitate fear and at the same time I stimulated his buttock muscles. These muscles began to twitch and convulse; his eyes opened wider in fright and soon he broke through with a terrifying fit of crying. He held his hands in the air as though he were pleading for someone to pick him up. When he finished this emotional breakthrough, the respiration relaxed. There was no doubt that this was a real vegetative release of muscular tension. The immediate effect of this release was perceived physically by the patient, who described

it as "pleasurable, warm and good—let's do it over again." This breakthrough opened up a Pandora's box of early childhood memories. Some were photographic reproductions and others were feelings from very early infancy. The patient stated that the first thing he remembered experiencing was a feeling that he was reaching for his mother's breasts but couldn't get to them. Then he saw himself lying in the crib, crying and longing for someone to come to him. This latter feeling, he said, seemed to have been with him all his life. He then told me that as a child of three or four years, he saw his younger brother feeding at his mother's breast. The patient would observe this feeding and would ask to be also fed at the breast. The mother would hold out her breast and tell him to come to her, but as the patient went to the breast, she would pull it away and make fun of him. He felt terribly let down and soon after he began to have bowel movement accidents. The scolding for and retraining of this regression were given over to an older sister, since the mother was busy with the younger boy. The patient said he was severely scolded by his sister, so much so that any anal sensation was painfully held back. He mechanically reinforced this holding back later on by kneeling and then pressing his heel against the rectum. Soon, he stated, he derived some pleasurable sensations from this holding back of his feces, as well as satisfactorily preventing the soiling. The boy soon became so constipated that he began to develop a distention of the bowel. All household activities stopped. The mother took him to the doctor. The patient said, "I had her to myself." He was taken to the hospital for a possible operation because the doctor believed the patient had a kink in the bowel, but the distention was released by enemas. The doctor, however, thought there were some pathological foci in the body that were responsible for this condition and removed the tonsils and circumcized the penis. The patient remarked to me, "If the doctor had only asked me what was causing the trouble, I could have been spared a lot of cutting."

A married woman 32 years old came to treatment because she was "confused, didn't know what life was all about, because men got all the breaks in this world." Even though she felt sexual feelings in her pelvis and desired intercourse, she could never adequately achieve sexual gratification. She stated that she was always able to entice and attract men, but "somehow they always wanted one thing—intercourse." She constantly looked at me through the side of her eyes with eyelids half closed and maintained

a soft coquettish smile. The gait was characterized by a swinging of the hips which was obviously sexual in its meaning. These statements, in combination with her rather agile sexual body movements, were the outstanding characteristics in this patient.

The early sessions demonstrated these characteristics very clearly. She flirted with me constantly, discussed the difficulties that she had with men because "all they want is sex," but at the same time she had no contact with her sexually provocative mannerisms. She reacted to stimulation by crying and displaying temper tantrums; however, the patient did not seem to make any contact with these outbreaks of affect. Soon, after several sessions, a rather apprehensive expression appeared in the eyes and forehead. At first she did not understand this expression although she felt the tension. Finally during one session she was able to bring out very strongly fright and apprehension by imitating my expression of a raised forehead with eyes opened wide in fright. Her respiration increased in depth and frequency. She began to toss her head about as though she were trying to escape from an attack. Then she screamed, bit her nails and finally threw her legs up in the air. These actions were repeated several times. When she finally stopped, she felt calmer. She experienced this emotional release as fear and immediately recalled that she had done this several times as a child when she was threatened by her father. She added that from the first time she had intercourse she always threw her legs up in the air when she seemed close to attaining an orgasm, but never understood why she did this. The patient went on to say that as a child her father threatened to whip her many times with a strap, but only on one occasion did he actually do it. She recalled this episode quite clearly. One day she was being pursued by her father for "having done something wrong." The patient tripped and fell on her back. The father swung the strap and the patient immediately threw her legs up in the air and was hit on the buttocks. I questioned the patient as to why she did this maneuver. She immediately replied, "to protect myself." I then asked her, "to protect what?" For a second she could not answer this question. Then an earlier memory accompanied with a release of crying came to consciousness. The patient's bedroom was next to the master bedroom. At night she would hear the heavy breathing and groans of her mother during intercourse coming from the parents' room. Once or twice she peeked through the crack of the door to see what was happening. She became frightened by what she saw and interpreted

the sexual embrace as a sadistic act of the male injuring the female genital; but at the same time she became sexually excited by the situation. The patient stated that after this her feelings toward the sexual embrace and her father were mixed with fear and desire for intercourse with the father. The sexual meaning of this whole infantile episode became clear to the patient. To her, the beating was equivalent to a sexual attack by her father and in order to protect herself from the fear of having her genitals injured she threw her legs up in the air. Subsequently, any sexual behavior on the patient's part which seemed close to attaining its goal threw the patient into a panic or retreat. The next time the patient had intercourse, she did not throw her legs up in the air, for she did not have as much fear of the excitation.

The next case is that of a 26-year-old married woman who came to treatment because of constant headaches, anxiety states, inferiority feelings. She was not happy in her marriage, did not enjoy sexual relations, complained that her husband was much too sexually aggressive for her. She suffered from repeated episodes of depression. The patient was attractive but appeared sad and depressed. It was difficult for her to look at the therapist. The forehead was taut and held in an apprehensive expression. The upper lip was held rather stiffly and the edges of her mouth were drawn down as though she were going to cry.

When asked to smile, she could only do so weakly. When the smiling was exaggerated she cried freely; tears flowed copiously, but all she could say in connection with this release of emotion was, "I am lonely." For the next two or three sessions all I had her do was exaggerate the crying, and stimulated the masseters and neck muscles. Biting and anger with hitting of the hands appeared but would be abruptly terminated by a terrific feeling of fear in her whole body, especially in her eyes and forehead. Therefore I proceeded to work on the forehead segment. She was able to perceive this segmental tension as fear. Suddenly I could see stark terror in her eyes. The patient tried to put her hands in the air as though she wanted something. I helped her do this. She, for a moment, reached out eagerly and then quickly brought her arms down to the couch. At the same time, the upper lip which had relaxed into a sucking attitude, reverted back to the tightly held attitude. I repeated the arm-raising episode several times and each time she would repeat the same thing. Finally the movements

stopped but she continued to sob and would not look at me. It was obvious that she was holding back some embarrassing content. After much reassurance on my part the patient was able to describe the meaning of this episode. She stated that at first she felt like a baby, frightened and alone. She wanted to reach for something and she tried to reach out with her arms. She felt as though she were reaching for her mother's breast, but as she went to suck with her lips all she could think of was her husband's penis and this frightened her. Then she was able to relate with much shame that she practiced *fellatio* with her husband. This entire session, however, did not give the patient any great release but rather increased her anxiety and apprehension and this persisted for several weeks. Each session brought out more fear from the eyes in particular and the body in general; each time a specific real or fantasy sexual situation would be produced. She told me that on the subway she found herself looking at the genital region of men, wanting to be seduced by them and then feeling frightened about the whole idea. This brought to memory a situation which occurred when she was sixteen. An uncle about whom the girl had been warned because of his rather roué tendencies led this patient into a situation where he passionately kissed her and then tried to seduce her. After a number of sessions the patient was able to bring out her fantasies toward me which she had felt all along—that I wanted to seduce her and as a result she was fearful of me. She was not able to produce any memories which might indicate a real or fantasied attack by her father against her. I am sure, however, that most of the armor of this segment has been dissolved because of the fact that the fright in her eyes disappeared and the respiration had improved.

The next case demonstrates how the understanding of body expression and attitude can overcome acute distressing symptoms of patients in an emergency situation. A man, 38 years of age, single, had been going to an internist for repeated mild asthmatic attacks. These mild attacks had been ushered in by a status asthmaticus attack seven months previously. Before that attack, the patient had never suffered from asthmatic symptoms. During the original status asthmaticus seizure the patient was given repeated injections of adrenalin, penicillin and other anti-asthmatic drugs, to no avail. He was finally hospitalized and released after one week. The attack more or less ran its course. The patient continued with the internist who gave

the patient symptomatic drug relief. At the same time, the internist recommended that the patient seek psychiatric help because he felt that there was an emotional etiology present. The patient received psychotherapy with very little benefit. About seven months after the original status attack, the patient developed another severe status asthmaticus attack. The internist intensively treated the patient with adrenalin, etc., for three days but the intensity of the attack could not be abated. Finally, in desperation, the patient came to me for help. I studied the patient. The wheezy breathing could readily be heard. Physical examination showed râles which were dry, musical and evenly distributed. All the accessory muscles of respiration were in action. However, an orgone therapist has to investigate further and ask himself, "What does this body attitude express?" The accessory muscles of respiration and muscles of the neck showed a tautness which resembled the neck of a wrestler before he lets go of his aggression in a contest. The jaws were closed tightly; the eyes showed anger; the hands were clenched tightly as though the patient were going to strike out. It was obvious to me that anger was being held back from expression.

At first I tried to establish better breathing but was unsuccessful. I then stimulated the upper thoracic muscles and the patient went into a rage reaction which involved the whole body. Within two minutes the whole episode was over—the status attack was terminated. Upon questioning the patient about any episodes of repressed aggression, he was able to recall a recent incident which happened the day before the attack had occurred when he almost killed a man in an argument which resulted from a card game. He added that it seemed as though he was being "choked with anger." The patient was amazed and could not understand what had just taken place and when he left the treatment room he immediately told his internist what had happened. The reaction of the latter reminded me of the answer Reich received from a physicist who had seen the lumination in a fluorescent tube which had been excited by an orgone-charged rod of insulating material. The physicist answered, "Oh, it is the gas," and did not in the least explain why the gas was able to illuminate. The internist, when asked for an explanation by the patient, replied, "Oh, I know what happened. He just made you mad and caused adrenalin to flow." However, the good doctor apparently forgot that for three days he gave the patient not only countless shots of adrenalin but other anti-asthmatic drugs as well, to no avail.

Summarizing these six cases, we again have clinical proof of Reich's concept that in individuals with character-neurotic structures there exist constant and varying muscular spasms which bind the spontaneous flowing movements of the body. In order to remove these spasms it is necessary to make the patient consciously experience what is happening in his body, what he is doing, and what is occurring spontaneously. This can be done by various methods, as described by Reich and others. If these body attitudes are properly understood, forgotten and half-forgotten memories often clearly related to the muscular spasms are remembered; the discharge of affect is assured and the muscular spasm is properly dissolved. Each time this discharge of energy occurs the patient feels more bio-energetically alive and will often express this feeling in terms of motion, as "I feel a warm feeling running down my face and chest" or "my headache just seemed to dissolve and my head expanded so freely." This is nothing more than the objective perception of plasmatic motion in cells and fluids which have been freed from their rigidity.

The conclusion I wish to draw from these cases is that in none of the patients was there a destructive impulse at the time the traumatic episode occurred which had caused the need for "domestication" but it was the demands of a sadistic father, a pathetic sexually frustrated Uncle Adolph, and a selfish, rejecting mother, which forced these children to suppress their impulses into neurotic channels of expression. The acts of these adults toward the children seemed to be a method of "domesticating" destructive impulses in our children. Funk and Wagnalls define "domesticate" as "to train, reclaim, tame." "Tame" is defined as "docile, subdued or subjugated, spiritless, lacking in effectiveness, uninteresting, dull, flat, insipid." Incidentally, how does one tame or domesticate the sexual instinct? Sublimate it?

Each time I release a patient from the effects of the emotional anguish of a barbaric circumcision ritual, the frustrating mechanics of bottle feeding, sadistic anal bowel training, and the pitiful suffering due to repressed masturbation and to the denial of heterosexual relationships to adolescents, I hear and see all too clearly the millions of young children undergoing the tortures of this "domestication" process. It then becomes clearer to me that the task of the orgone therapist lies not only in the treatment room but also in our society, by working towards the abolition of "nursery kennels" where children are "domesticated," by exposing the sadistic sur-

geon who is all too ready to amputate because he doesn't understand biopathic structures, and to campaign for the removal of political laws which deny our children the streamings of life.

To me, henceforth, that theory of anything, no matter what, stagnates in its vitals, cowardly and rotten, while it cannot publicly accept and publicly name, with specific words, the things on which all existence, all decency, all health, all that is worth being here for, all of woman and all of man, all beauty, all purity, all sweetness, all friendship, all strength, all life, all immortality depend. The courageous soul for a year or two to come may be proved by faith in sex, and by disdaining concessions.—
Walt Whitman

A Correspondence

Editorial note:

We can have only admiration for the sincere and dignified manner in which Dr. Elsworth F. Baker has countered the condemnable action of a group of physicians who, under the disguise of "authority," have consistently avoided taking cognizance of a vast, neglected field of human pathology and looking into microscopes to see obvious natural phenomena.

THE AMERICAN COLLEGE OF PHYSICIANS
4200 Pine Street, Philadelphia 4, Pa.

August 8, 1949

Personal

Dr. Elsworth F. Baker
Broad Street,
Shrewsbury, N. J.

Dear Dr. Baker:

Replying to your recent inquiry about your candidacy for advancement to Fellowship, I am afraid that there is little of promise I can tell you. The Committee on Credentials has regularly deferred action. You lack the support of a number of our Fellows in New Jersey, due principally to your reported practise of the teaching of a cult known as vegetotherapy, a system that is largely condemned by the American Medical Association, the American Psychiatric Association and others. The College has been waiting for a report from those organizations and, of course, it is already familiar with the action taken by the Deputy Commissioner of State Institutions and Agencies.

Sincerely yours,

E. R. Loveland
Executive Secretary

September 12, 1949

E. R. Loveland, Executive Secretary
The American College of Physicians
4200 Pine Street
Philadelphia 4, Pa.

Dear Mr. Loveland:

Thank you very much for your report on my status. I appreciate your frankness. Since the College is familiar with the Deputy Commissioner's decision, I presume they are also aware that two weeks after Dr. Henry Cotton rendered that decision he died from an overdose of sleeping tablets.

I am already familiar with the reaction of official medicine toward orgone biophysics and can quote for example, The Menninger Clinic reprinting in their *Bulletin* an article entitled, "The Strange Case of Wilhelm Reich," by Mildred Edie Brady, a very vicious article filled with half-truths, untruths and misstatements; and again *The Journal of The American Medical Association* printing a supposedly scientific opinion of the orgone accumulator without having experimented with it nor even having read the literature but merely quoting from a review of Dr. Reich's book *THE CANCER BIOPATHY*. Apparently The American College finds it necessary to judge orgone biophysics from such authorities, whereas the opinion of one who has worked intensively in orgone biophysics for four years and is at the same time a Fellow of both The American Medical Association and The American Psychiatric Association, bears little weight.

The Fellowship is not as important to me as my duty to my patients and any others I am in a position to give some relief from their misery. I have been able to do this more effectively since I have had the knowledge and technique of orgone therapy. I feel it therefore my duty to use this method even though orthodox medicine does not approve and even ostracizes me.

I wish you would explain to the College that I do not belong to any cult. The American Association for Medical Orgonomy is composed of members who are physicians graduated from a class A medical school with one year's internship, at least a year of psychiatry, a complete reconstructing through personal orgone therapy and three years of clinical, seminar and laboratory training in orgone biophysics. We find ourselves in the position

psychoanalysis was forty years ago and the reaction we receive is comparable to that received by Semmelweis, Pasteur, Lister and Freud. It seems it must always be so.

I wish therefore to submit my resignation to the College.

Very respectfully yours,

Elsworth F. Baker, M.D.

NOTES

Open House at the Orgone Energy Observatory

Open House was held at the Orgone Energy Observatory at Orgonon, Rangeley, Maine, on Sunday, September 18th, and Sunday, September 25th. 250 people from this region visited the observatory.

Note on Report of the Orgonotic Motor Force

Certain circumstances, which cannot be divulged at present, prevent us from publishing detailed reports on the orgonotic motor force in this issue, as we had planned.

Note on Shipping the Orgone Accumulator

We wish to remind all users of orgone accumulators that they are responsible for the upkeep of their accumulator. In shipping the accumulator from one place to another, it must always be wrapped in packing paper and then properly crated. Care has to be taken that knobs, hooks, etc., are attached in a separate envelope and that the sides are placed together in such a way that no holes can be pushed into the walls. Before returning the orgone accumulator, please write to the Orgone Institute, 99-06 69th Avenue, Forest Hills, N. Y., for shipping instructions.

Note on Electroscopic Orgonometry

We have received several inquiries regarding the electroscopic measurements of orgone concentration. We measure the rate of *spontaneous* discharge, or, what classical physics calls the "natural leak." The *difference* in the rates of discharge indicates the difference in orgone concentration: the slower the discharge, the greater the concentration, and vice versa.

Now, it sometimes occurs that the difference in the rates of discharge is only very slight, and not in accordance with the number of layers in the accumulator. This is liable to happen when the electroscopes discharge its energy *too quickly*, in seconds or in a few minutes. With rapid discharges, the difference practically disappears. It is therefore recommended to measure with "*slow*" electroscopes only; an aluminum leaf electroscopes which discharges *one* of its ten divisions of 90° in approximately *a quarter to half an hour* in free air at noon will be best suited to measure the corresponding concentration in a 3- to 20-fold accumulator. Of course, in very poor or humid weather, all electroscopes discharge at a rapid rate. Also, the insulation of the rod which carries the leaf should be perfect, preferably of amber. The voltage necessary to raise the leaf one division from 4 to 5, or from 5 to 6 should be ca. 250-300 volt electric tension. The unit of orgone energy, one org, was made equivalent to 256 electrical volts.

Cancer Course at Orgonon

A course on the cancer biopathy will be given at Orgonon, Rangeley, Maine, U. S. A., from July 24 to August 12, 1950.

Requirements for participation:

- a. Thorough knowledge of organomic literature, particularly the literature pertaining to the bions, the cancer biopathy and orgone energy.
- b. Preparatory course in genital pathology.
- c. Medical degree or its equivalent.
- d. Final arrangements for participation can only be made after the applicant has submitted his professional background.

Course consists of:

- a. Dissection and microscopy of cancer mice. (Students should, if possible, bring their own microscopes.)

b. Study of orgone energy in darkroom, with thermometer, electroscope, telescope, orgone energy field meter, and demonstrations of the motor force in orgone energy at the Geiger-Müller counter.

c. General discussion of microscopic and macroscopic studies and orgonomic theory, with films.

Fee: 3 dollars per hour, 2 hours daily. Laboratory use without instruction outside of course, 2 dollars daily.

Time: Monday through Saturday, 10-12 a.m.

Applications should be sent to the Orgone Institute, 99-06 69th Avenue, Forest Hills, N. Y., not later than February 1, 1950. Living quarters in Rangeley, Maine, should be reserved well in advance.

Orgone Institute Research Laboratories, Ltd., in Israel

Since June 1, 1949, the orgone energy laboratories in Israel, directed by Walter Hoppe, M.D., have been legally incorporated under the name of the ORGONE INSTITUTE RESEARCH LABORATORIES, LTD.

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