

ORGANIC CHEMISTRY
RESEARCH LABORATORIES

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Our Biosocial Base of Operation

(1) We derive our judgments of social affairs from THE LIVING PRINCIPLE. One of the basic natural functions of the LIVING IS SELF-REGULATION, OR, expressed in social terms, SELF-GOVERNMENT. In our daily work on the sick, on children, adolescents and the social environment we ask continually: What in the social structure is FOR, and what is AGAINST the LIVING PRINCIPLE OF SELF-REGULATION? We support what is *for* and eliminate what is *against* self-regulation.

(2) The process of social cooperation and progress is governed by the natural, WORK-DEMOCRATIC PRINCIPLES of LOVE, WORK, and KNOWLEDGE. These are the well-springs of our existence. Therefore, they should also govern it. Good government promotes the self-regulatory functions, bad government suppresses them. This defines our attitude to any type of government.

(3) In the newborn child the self-regulatory principles of the LIVING present themselves in their natural form of functioning. Therefore, to preserve these naturally given functions, to develop them, to eliminate the obstacles which impede or threaten their continuous functioning is the most essential task of education at all stages of growth.

(4) The working populations of all nations should be fully burdened with the responsibility for their existence, personal as well as social. This requires that the people should have all and every opportunity to exercise their personal and social responsibilities without gross danger to life or existence. Since chronic armoring of the organism in early childhood renders the human animal helpless and inclined to follow leaders greedy for power, *prevention* of armoring in every new growing generation is of paramount importance for the solution of the most entangled problems of our times.

(5) From statement (4) it follows that, safeguarded by law and public opinion, the development of society should and must be adapted to the self-regulatory principles of the LIVING, and not, as is the case at present, the LIVING be adjusted to the special demands of small sections of the human race such as group religion, national culture, state organization, etc. The LIVING principle comprises ALL mankind. A special religious creed, a national state, or a particular national culture is far narrower in scope and of lesser importance than the LIVING. Whatever represents the international LIVING principle in religious, national or social institutions will survive and flourish with such an adjustment of social institutions to the LIVING principles. Whatever in such institutions is *against* the LIVING will not survive. The LIVING is the COMMON FUNCTIONING PRINCIPLE of mankind; the state, the particular religion or culture is in certain functions the *separating* principle which creates hatred and thus promotes the killing of life. No peace on earth can be expected until the LIVING principle takes over the government of human existence and is valued above the narrower and the separating modes of existence. On this, and ONLY on this basis, can the international working individual be distinguished from the merely vote-gathering politician of the democratic party of any land, the advocate of international social democracy from the red fascist, the conservative of international interest and accomplishment from the hypernationalist supporter of the Hitlers, the international worker from the imperialist exploiter of the work of others. It will thus inevitably become clear who is FOR and who is AGAINST the SELF-REGULATORY LIVING PRINCIPLE in individual and society.

(6) With the establishment of the LIVING principle of SELF-REGULATION and SELF-GOVERNMENT as the general, international goal to be striven and fought for, the enemy of mankind, the dictator, the power-greedy politician, the neurotic crank, the emotionally pestilent smearer and defiler of human effort and dignity will show up unflinchingly, visible to everybody anywhere, and Man can turn to the positive tasks which confront him in governing and developing his life.

THE WILHELM REICH FOUNDATION.

Orgonomic Functionalism. Part II On the Historical Development of Orgonomic Functionalism (Cont.)*

By WILHELM REICH

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Introduction: MISCONCEPTIONS OF THE ORGASM FUNCTION

During the late 1940's the orgasm theory became again a matter of public, scientific debate. This theory had been first formulated between 1923 (*Über Genitalität*) and 1927 (*DIE FUNKTION DES ORGASMUS*). Since then, the problem of the orgasm function, with its psychiatric, social, and biophysical implications, has never ceased to occupy the center of orgonomic thinking and working. The orgasm theory was and still is the guiding line in all orgonomic investigations. The problem of human character formation cannot be divorced from the orgasm problem; one is forced to accept the character armor as the most important pathogenic event in the biophysical development of the human animal; it is directed *against* its involuntary life functions.

In spite of this coherence of facts, some typical misconceptions of the orgasm function keep creeping up in the literature with a peculiar consistency. One writer claimed that character analysis had been widely "accepted" by the world while the orgasm theory was still struggling for a place

* The first 8 chapters of Part II appeared in this *Bulletin*, Vol. 2, Nos. 1 and 2.

in the sun of favorable public opinion. There is no doubt that in some quarters great efforts are being made to "accept" character-analysis—*without* the orgasm theory. However, such attempts to eliminate the core of the character function are bound to fail; they do not agree with the clear-cut clinical observations of human behavior: Whoever has carefully studied CHARACTER ANALYSIS will have realized the nonsensicality of separating the orgasm theory from the function of human character formation. Other writers have "raised the orgasm problem anew," as one author put it; this is not true, since the orgasm problem has never ceased to occupy the center of attention in organomic research. What happened is this: After some twenty years of great efforts on the part of certain psychoanalytic circles to kill the orgasm question by silence or moral assassination, here and there a daring psychiatrist could not help raising the issue in public "again." The orgasm problem has become more and more urgent as the years have passed by and the frustration in handling human biopathology with the exclusion of the function of the orgasm has become intolerable.

Other, more serious, scientific workers tried to "correct" my views on the orgasm function by referring to classical, physiological theories about the functioning of the sympathetic and parasympathetic nervous system. To them the main problem was whether the orgasmic energy discharge is a function of the vagus "or" the sympathetic. They overlooked the most essential finding of orgasm research:

The function of the orgasm is neither an isolated vagic nor a distinct sympathetic event; it is not a local event in the genital organs. Organomic research has shown, clinically as well as experimentally, the following:

1. The orgasm manifests itself as a repeated CONVULSION of the TOTAL organism. This is true for the animal kingdom. Thus, the orgasm is not a local, genital event. The genital apparatus only plays the role of a trigger for the total body convulsion and, during the orgasm, functions as the main organ for the energy discharge and the emission of the semen in the male. Thus, the orgasm function represents a problem of the TOTAL organismic functioning in *bio-energetic* terms.

2. The *organismic totality* of the plasmatic orgasm event manifests itself also in the preparatory functions which lead up to the total convulsion. Indispensable preliminary functions appear to be the following if the term "orgasmic potency" is to be appropriately applied:

- a. Excitation and expansion of the *organotic field* of the organism.

b. Attraction toward a second orgone energy system which either already is in a state of excitation or readily develops excitation. "Excitation" here means a sharp rise of the energy level of the organism in strictly orgone-physical terms.

c. Approach and orgonotic fusion of the *two* orgone energy systems into *one* highly charged system, manifested as "superimposition" of the organisms.

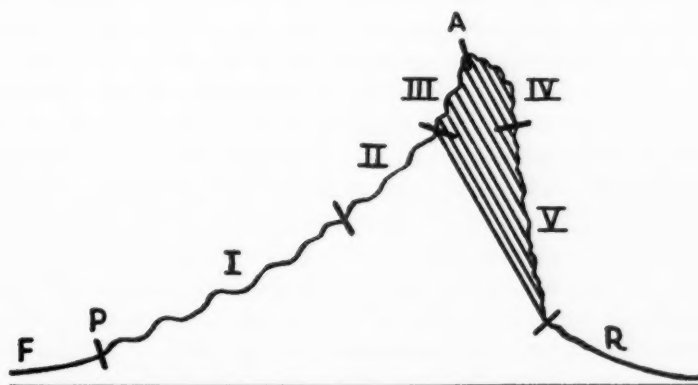


Diagram of the typical phases of the sexual act with orgasmic potency, in both sexes.

F = forepleasure. P = penetration. I = phase of voluntary control of increase in excitation in which voluntary prolongation is as yet harmless. II = phase of involuntary muscle contractions and automatic increase in excitation. III = sudden and steep ascent to the acme (A). IV = orgasm. The shaded part represents the phase of involuntary body convulsions. V = steep "drop" of the excitation. R = relaxation. Duration, about five to twenty minutes.

d. Further rise in energy level in what is now *one* orgonotic system through mutual excitation of its *two* constituent parts, the male and the female. (The division of the living organism from a certain stage of genetic development into two opposite sexes has remained one of the greatest riddles of natural science.)

e. Sudden steep jump upward of the charge in the unity of two orgonotic systems ("ACME") followed by repeated total convulsions and discharge of energy with subsequent sudden drop of the energy level ("GRATIFICATION").

3. The misconception is widespread that the orgasm, besides being a

merely genital function, is naturally accompanied by perspiration, anxiety, spastic contractions, etc. It is also widely but erroneously assumed that a sympatheticotonic, rapid heart is a physiological, i.e., natural attribute of the orgasm function.

Such erroneous conclusions are usually derived from observation of the behavior in armored, *orgastically impotent* human beings. *Perspiration, anxiety, spastic contractions during the discharge and restriction of the involuntary convulsions to the genital apparatus are, clearly shown by comparative clinical studies, PATHOLOGICAL manifestations, due to orgasm anxiety.* Organisms which discharge orgastically, i.e., with the *orgasm reflex* running its full course, regularly and under undisturbed conditions, inner as well as outer, show during the preliminary period an excitation which is characterized by *grace* and *calmness*. The anxiously excited, perspiring, spastic male or female with a rapid heart beat during the genital approach and embrace is mostly an individual who is anxiously *overexcited*, due to long abstinence, or anxious due to social or other kinds of anxiety.

Thus, the conclusion to be found in physiological textbooks are derived from the observation of *pathological* and not of natural functions. This is obvious, since the natural functions which, in orgonomy, are subsumed under the term "orgastic potency" are not distinguished from the pathological functions due to the generally disturbed sex-economy in humans as well as in domesticated animals. The natural genital fusion is, in spite of the excitation, a *calm*, majestic event which ends in a bio-energetically deep discharge and relaxation. Great sculptures depicting natural love functions created by artists of the stature of a Rodin show these basic characteristics clearly. In order to obtain valid judgments on the nature of the genital function we must, finally and definitely, get away from the sexual behavior of armored, sexually anxious and repressed human animals. We must, in every single case, be careful to define whether we are dealing with fusion of unexcited, anxiously overexcited, cold, anorgonotic genital organs, or with fully developed and orgonotically functioning organisms.

4. In observing protozoal plasma convulsions one never has the impression of anxiousness or disarrangement of the organism. The total plasma convulsion can be readily observed in certain protozoa (vorticella). Here, after a period of charging by intake from the fluid of highly charged bions (= energy vesicles), repeated convulsions set in which are followed by a relaxation. The vorticella possesses no nerves. THE ORGASTIC CONVULSION THUS

IS AN EXPRESSION OF PROTOPLASMATIC CHARGE AND DISCHARGE WHICH IS INDEPENDENT OF THE EXISTENCE OF A FORMED NERVOUS SYSTEM.

The writers, therefore, who reduce the orgasm problem to the genital region or restrict it to the metazoa which already possess an autonomic nervous system are far off the track on which orgonomy arrives at its conclusions related to the bio-energetic event termed ORGASM. The orgasm function is much more deeply rooted in phylogenesis than the autonomic nervous system. The question, therefore, whether the orgasm is a sympathetic "or" a parasympathetic event, misses the point completely.

5. It is true that vagus and sympathetic, too, are tools of the orgastic function in metazoa. But they are neither the sources nor the sole executors of the orgastic convulsion; this convulsion is a *primordial, plasmatic* event.

However, it is essential to answer the question whether the orgastic convulsion is running its course predominantly in *expansive* or in *contractive* movements. If we ascribe expansion of the life apparatus in higher animals to the parasympathetic and contraction to the sympathetic system, or, in other words, the pleasure function to expansion and the displeasure function to contraction, new questions arise. The ordinary sneeze is clearly an *expansive*, vagotonic event. It is accompanied by *exhalation*, which is vagic, and it is pleasurable. Is the orgastic convulsion, too, *outgoing* or is it contractive? All detail functions, such as emission, full yielding to the partner in the embrace, the energy discharge, etc., seem to indicate that the orgastic gratification is an *outgoing, expansive, vagotonic*, and not a contractive, sympathicotonic event. However, since we are dealing with a CONVULSION, i.e., a repeated alternation between extreme contraction and expansion, *with the prevalence of expansion*, sympathetic functions must be also involved. There can be no strong outgoing expansion without a preceding contraction; there is always a contraction before the jump of a tiger; there is a *central* excitation in amebas just before a pseudopodium is formed and stretched out.

The most conclusive evidence for the predominance of expansion in the orgasm was obtained in 1935 through bio-electric experiments in studying the pleasure function at the University of Oslo, Norway: The orgastic discharge of the semen was characterized by *outgoing* and not by retracting impulses; they appeared in the electrogram as *peaks*, depicting the thrusts of emission, and not as dips or valleys which are characteristic for sympathetic action (*cf.* electrogram No. XXI in "Experimentelle Ergebnisse über die elektrische Funktion von Sexualität und Angst," 1937, reproduced facing p. 104).

It was a major event in the history of bio-physiology when, between 1935 and 1937, it was shown that only the pleasure function raises the bio-electric (today: *orgonotic*) charge of the skin at the erogenous zones. All other emotions, anxiety, anger, depression, etc., are functions of withdrawal of bio-energetic charge from the periphery toward the core of the organism.

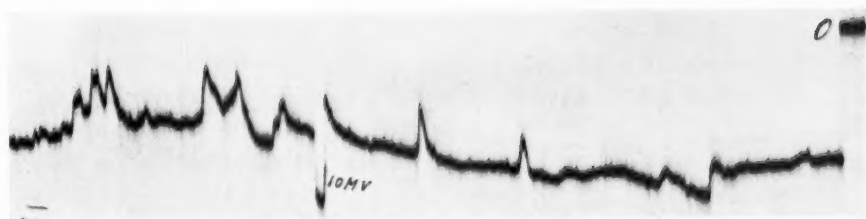
9. THE FOUR-BEAT OF THE ORGASM FUNCTION = THE LIFE FORMULA

In contrast to the biopathic structure, the genital character structure is characterized by "orgastic potency." It forms the common functioning principle of all human character structures whose functioning from the biological core to the psychic surface is not interrupted by an armor block and therefore *flows freely*. This character structure experiences contradictions and conflicts, inhibitions and even repressions. But the capacity for the orgastic convulsion has remained with the organism. Hence, the unarmored character structure forms the functional opposite of the armored character structure.

The common functioning principle of the genital and of the biopathic character structure is easy to find. If we loosen the biological emotions from their frozen state in the armor, if we allow them to stream freely again from the core to the surface, we find that the armored character structure has in common with the unarmored character the *building-up* of instinctual charge in the biological core. However, the armored organism lacks, in contrast to the unarmored (not the elimination of instinctual tensions in itself but) the capacity for *orgastic* convulsion and discharge of surplus bio-energy; in short, orgastic potency. The release of instinctual energy tension corresponds to an *elimination* of the processes which arose in the building-up of bio-energy charge.

Build-up and decrease of instinctual charges are *periodic* life processes which can be described with the concept of PULSATION. If we study the expressions of these two processes, we find in the first, clearly evident in sexual excitation, a heightened turgor of the tissues, especially of the genitals; in the decrease, we see a decline in the turgor of the tissues. Functionally, the turgor represents a *mechanical tension* through the filling with fluids ("erection"); the decrease of the turgor corresponds to a *mechanical release*. Tension and release form two paired functions whose common functioning principle is the movement of fluids and vasomotor activity.

We can now convince ourselves that functional thinking *must* find new



Orgastic excitation with masturbation



facts if it observes *correctly* and describes exactly the function that is investigated.

It would seem logical to have the *mechanical* tension of the tissues form the basis of sexual excitation and the *mechanical* release the basis of sexual satisfaction. Classical sexual physiology had in fact drawn this conclusion, and in particular had made the tension of the semen in the male responsible for the sexual excitation. Here the introduction of the concept of "orgastic impotence" proved not only clinically indispensable but also theoretically of decisive importance.

Clinical observation showed that the processes of tension and release in the *mechanical* sense could take place *without any sensations of sexual excitation and gratification*. Accordingly, sexual *sensations* could in no way be functionally paired with the *mechanical* processes in the organism. Something else (so asserted the functional work hypothesis around 1930-34) must accompany the mechanical tension in order to give rise to the sensation of pleasure, the excitation, and the gratification. It was necessary to find this "something."

It was the functional and not the mechanistic formulation which finally yielded the four-beat "orgasm formula." Only then (the hypothetical conclusion posited), when along with the mechanical tension a biological *energy charge* also *moves* to the periphery of the organism, do the sensations of pleasure and the psychic excitation arise. I have so often presented these basic questions of my research that I express them here only briefly. With the above formulation a two-fold task was accomplished:

In the first place, the psychic sensation of pleasure was separated from the mechanical bodily processes. Secondly, attention was called to an unknown something that had to be present and had to function if the *existence* of the pleasure sensation was to be understood. In this way, BIOLOGICAL ENERGY in a practical manner began to appear in the foreground of the investigations. That there was a biological energy was self-evident. Still, *what* was it and *how* did it function? It probably had something to do with *charge* and *discharge*. The orgasm had all the qualities of a discharge of previously accumulated charges.

From here on, there developed an abundance of most fruitful questions:

(a) The relationship of the *intensity* of a sensation to the *extensiveness* or *quantity* of the energy charge (and *not* to mechanical tension, for a direct re-

lationship between sensation and tension had to be excluded in view of the fact of orgasmic impotence).

"Intensity" and "quality" are properties of *psychic* sensations, "extensiveness" and "quantity" are properties of *physical* processes. Quality and quantity are properties which do not impinge upon one another. We perceive a tone or a color as intensive qualities. These sensations correspond to objective quantities such as the number of the wave oscillations of the particular tone or color.

Intensity of sensation and quantity of charge form two paired functions for they are basically different yet still condition one another. They also must have a common functioning principle in which they are functionally identical. It was necessary to seek, find, and correctly formulate the common functioning principle. I knew that, should I succeed in finding the common functioning principle of sensation and charge, then FOR THE FIRST TIME IN THE HISTORY OF SCIENTIFIC RESEARCH, A PRACTICAL BRIDGE WOULD BE CONSTRUCTED FROM THE WORLD OF THE SUBJECTIVE, OF THE PSYCHIC, TO THE WORLD OF THE OBJECTIVE, OF THE PHYSICAL. But here as always the riddle could not be solved by philosophical speculation, but only by the observation of natural functions and the correct connection of the observations.

(b) If mechanical tension and release, energetic charge and discharge, formed two sets of paired functions which blended the functioning of the orgasm into a unity, then the next question arose: *how were these functioning pairs to be arranged?* Exactly as I wrote them down above or differently? For instance, as tension and charge on the one hand and as release and discharge on the other?

These details of thought technique are essential. I wish to convince the reader that *orgonomic functionalism cannot be applied arbitrarily or mechanically if it is to show practical results and development*. It is not irrelevant in what way we arrange the functions. There is only *one* correct arrangement and not four or sixteen. The student of my writings knows what the correct grouping looks like. However, here we wish to derive it logically.

Let us try to arrange the four functions in different ways and see what arrangement is in harmony with objective processes. Some authors have cited my orgasm formula but presented it in the wrong order, as if the order were unessential. It is decisive not only for the functional formulation of the orgasm function, but for all the consequences which are drawn from it.

First possibility:

Tension → Relaxation → Charge → Discharge

This does not cover the process for in the orgasm function the charge is obviously prior to the relaxation.

Second possibility:

Tension → Charge → Relaxation → Discharge

This arrangement avoids the mechanical sequence of the first grouping, but again does not cover the process, for the relaxation of the organism does not occur between charge and discharge.

Third possibility:

Tension → Discharge → Relaxation → Charge

This is obviously nonsense as is the order Relaxation → Tension → Discharge → Charge. I present this absurdity only in order to demonstrate that there are, in functional formulations as in any other scientific operations, illogical and logical combinations.

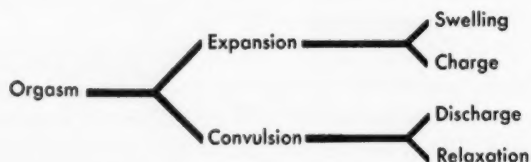
Distinct, i.e., well-defined natural functions obey always only ONE SINGLE integration of their constituent parts, which is *logical* and hence *rational*, that is, describes the process objectively and can follow its variations. For the orgasm function there is *only one* logical arrangement of the four functions and *no other*, if one wishes to comprehend practically the function one is formulating. This will be shown concretely. The logical formulation of the integrated orgasm function reads:

Mechanical tension → *Bio-energetic charge* →
→ *Bio-energetic discharge* → *Mechanical relaxation*

We term this process, in brief, the "orgasm formula." It is specific for the orgasm, the common functioning principle of all genital characters, if we limit ourselves to characterology. A brief consideration makes it evident that the slightest deviation from this functioning principle prevents the occurrence of the natural process which it rules. If we omit the mechanical tension or the bio-energetic charge, then relaxation and discharge also do not occur. If we have the relaxation precede the discharge, we contradict the factual observations: we let a bio-energetic discharge arise in a non-turgid organ, say, in a limp penis. We could let the bio-energetic charge precede the mechanical turgidity for it is conceivable that a charge or excitation induces the swelling of the tissue after it. However, the interrelationship with other observations

contradicts this: the bio-energetic charge is at the *periphery* of the organism. But it *does not arise* at the periphery without prior swelling of the peripheral organ. The charge must in some way *reach* the periphery. The next consideration tells us that the charge at the periphery can originate only from an excitation in the *center* of the organism and that it moves forward from center to periphery: *expansive organotic streaming*. This consideration is supported by microscopic observations in the flowing ameba: before a pseudopodium is formed at the periphery, bions luminate in the center and a streaming of the plasma sets in *from center to periphery*. We are justified in drawing the conclusion from the ameba to the metazoon, since the plasma currents as a functioning principle are common to *all* organisms.

The orgasm is a variation of plasmatic pulsation. It consists of *expansion* and *convulsion*. The expansion goes with swelling and charge, the convulsion with discharge and relaxation. We could write this up functionally as follows:



Only *one* deviation from the four-beat of the orgasm function is possible: The mechanical tension of the peripheral organ can occur without being followed by the further three beats. This is actually the case in the so-called "cold erection." It leads to pathological "priapism."

The four-beat of the orgasm function represents simultaneously a *functional* and a *temporal* sequence of processes. As a functional consequence, the orgasm function forms—except in the pathological realm—an inseparable unity. In it, *four* single functions are integrated in a characteristic way and are dependent upon one another. Tension and charge form a gradual, discharge and relaxation a rapid, rhythmically convulsive process. "Is the convulsion characteristic only of the orgasm?" must be our next question. The rhythmically convulsive process of the second part of the total function is in fact peculiar to the orgasm. The repeated convulsion of the organism distinguishes the orgasm from other biological, autonomic functions. Still, the four-beat of tension-charge-discharge-relaxation is a function of *all* autonomic organs, and thus is not specific for the orgasm. Muscular movement,

the movement of the jellyfish, heart movement, intestinal peristaltic motion, the movement of the worm and snake, all clearly demonstrate the universal validity of the orgasm formula in the realm of living matter. The orgasm formula describes a functioning principle that extends far beyond the realm of the sexual function. It is only expressed with especial distinctness in the sexual realm, since here the biological emotions occur vigorously with the corresponding energy processes. Yet the four-beat can be followed right up to egg division and also can be observed in the developmental convulsions of embryos. The next question follows logically: *how far does the functioning realm of the functioning principle of the orgasmic four-beat extend?*

Since no organ of the living domain can be excluded, the orgasm formula seems simply to represent *the* "life formula." This is a far-reaching and radical conclusion. For we have reached the *boundary* of the living realm and must look, whether we wish to or not, into the realm of *non-living* nature. We do this not out of idle curiosity, but out of the obligation to become acquainted with and demarcate our framework of operation.

How is the boundary line between the living and the non-living functionally constructed? Is there a sharp demarcation, or are there transitions which allow certain functions of the neighboring realm to reach over into the domain of the living or permit specific living functions to extend into and function in any form in the realm of non-living nature? Are the mechanists, who grant no basic distinctions between the living and the non-living, correct in expecting the clarification of the life problem from a more complete chemical and physical conception of non-living functions? Or are the metaphysicists and mystics right who ascribe to non-living nature qualities of the living, who indeed even assume a general spirit or a god-like power independent of natural functions?

Such questions are not philosophical speculations, but form a working outlook; they are orientations in a strange territory. In a familiar residential district one knows exactly where one's own street, one's own parcel of land ends, and where the neighbor's street and bit of land begins. One even knows the neighbor and his family. Nothing is foreign and unusual. But in natural research which plunges ahead to the new, one succumbs to a mood which is comparable to that of a sea-voyager of the 15th century or to the outlook of an American pioneer in the wild west. One does not intend to know or possess the entire domain in detail; yet one must know in what sort of terrain

one is situated. It is indispensable for the protection of life and safety, both in sea journey and in genuine natural research.

In fruitful scientific work there is an alternation between uncertainty and complete clarity, as if one were a mountain climber who emerges from a dense forest onto a plateau which permits one a wide view and survey.

The broadening of the functioning realm of the orgasm formula from sexuality to that of the living in general corresponded to such a perspective and wide outlook. It had not been forced; it had resulted from the logical consistency of the functional thought technique. New was not the fact that one now enjoyed a view of the total living domain; what was new was that one now saw this realm of the living under the rule of a single all-embracing functioning principle, a single FUNCTIONAL LAW. Most of the details were still obscure. Yet the general validity of the "life formula," as I now called the orgasm formula, appeared certain. Before one could proceed further, one had to take several precautions against making catastrophic errors in judgment. A mistaken notion in small realms is easy to correct. A mistaken concept in basic, far-reaching questions can cost one's life work. My work hypothesis from now on was the following:

For the mechanist, the living is only an electrical and chemical machine. He eventually expects to gain a complete understanding from more electrical and chemical knowledge. For the vitalist, the living is basically different from the non-living. He assumes a "*vis vitalis*" which is metaphysical. In no way are the arguments of the vitalist less valid than the arguments of the mechanist. Numerous and important facts speak for either viewpoint. Yet the contradiction between these two views of nature remains sharp and insoluble. Only if one can determine the common functioning principle of the living *and* the non-living is the difficulty solved.

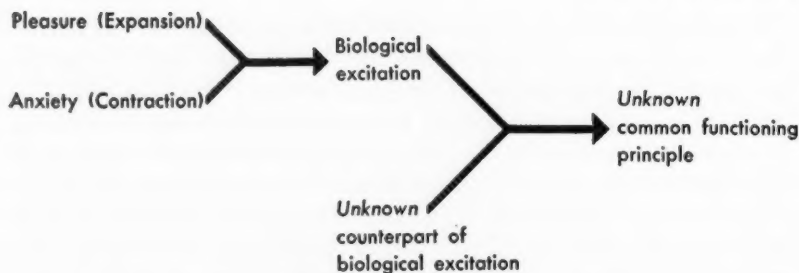
Both realms of nature are ruled by the processes of tension and release and of charge and discharge. However, the manner in which they combine distinguishes the living from the non-living. In living nature they function in a definite, rhythmic *four-beat*: TENSION → CHARGE → DISCHARGE → RELAXATION. (We recognize in it the four-beat of "orgonotic pulsation.") Instead of "tension" we can also say SWELLING. Thus we see the identity and the variation expressed in the same group of functions: *the variation of the living from the rest of nature consists only in a certain rhythmical arrangement of the part-functions*. We must keep well in mind that the number of the constituent functions of the ONE life function is FOUR.

First of all, the functional relationship had to be established between the functioning formula of the living and the part-functions that were already well-known and well established, just as in gaining a far-advanced post in an expedition one makes certain of one's connection with the civilized rear. In this process of anchoring the new scientific position, further clarifications were obtained concerning the relationship of living to non-living nature, details which one had overlooked or which one had seen but not properly evaluated. Seemingly insignificant details assume tremendous importance when they are placed in a wider functioning framework. And so let us return to earlier points of departure.

10. THE BIO-ENERGETIC PLASMA CURRENT

Sex-economic clinical work, around 1926, produced an important functional contradiction to which we had to ascribe a universal validity in the functioning realm of the biophysical emotions: *the contradiction of pleasure and anxiety*. Their common functioning principle is, to repeat, *the streaming of bio-energetic excitation in the organism*, unclear as it still is what we mean practically when we speak of "bio-energetic excitation." The differentiation of the common functioning principle of biological excitation or "current" into pleasure or anxiety is determined by the *direction of the current* or excitation. Pleasure occurs if the excitation flows toward the periphery, anxiety if it flows toward the center and thus blocks outgoing expansive core-impulses. This was determined by clinical observation of the corresponding phenomena. *Yet it was unclear as to WHAT streams or flows, or WHAT moves in the organism independent of nerves and tissues.*

Embryonic orgonomy now knew the paired functions of pleasure and anxiety and their common functioning principle, the "bio-energetic" current. However, it is still a long stretch from the phenomena of pleasure and anxiety to the understanding of their bio-energetic foundation. The common functioning principle, comprehended so far, described the contradiction of pleasure and anxiety sensation and their functional identity in the basis of biological excitation. Yet, the biological excitation which formed the common functioning principle of pleasure and anxiety itself had to be a variation of a still *deeper* natural principle. No one knew or even guessed at either the essence of this biological excitation or the functional counterpart and the deeper functioning principle of both the biological excitation and its unknown counterpart. Schematically:



Let us open the way into the unexplored by seeking after the unknown functional counterpart of pleasure and anxiety. In the functional investigation of scientific processes one may always seek and set up only *one single* functioning pair. One gets nowhere if one brings in more than *one* pair of functions into the functioning schema.

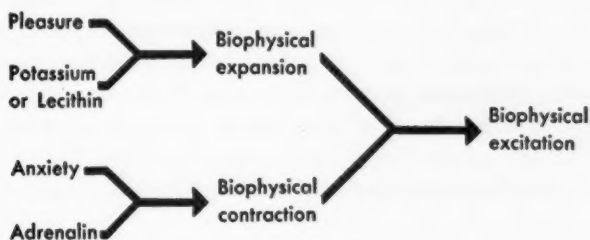
Pleasure and anxiety are sensations. They are, to be sure, opposed to one another, but they both belong to the realm of *psychic* functioning. Simultaneously they give expression to *biological*, i.e., to *extra-psychic* processes. If we do not wish to commit the mistake of obliterating the levels of functioning in nature and of psychologizing *all* nature, we must separate the concepts "psychic" and "biological" and *continually keep them apart*. In many depth-psychological investigations, we meet the basic error that biological and psychic processes are mistaken for one another or arbitrarily inserted for each other. It is necessary to limit the concept of the psychic to the realm of sensations and perceptions; it always describes only the *subjective experience of objective life processes*. *The domain of the biological, of objective life processes, is wider than that of the psychic.* To be sure, all psychic, subjective experience is contained in the functioning realm of the living, but not all living functioning is manifested psychically. There is a wide domain of biological functioning, such as life activity during sleep, cell-division, metabolism, growth, etc., that occur without subjective perception and sensation. They are not represented or expressed in the unconscious mind. Thereby, we do not limit sensation to *conscious* sensations or to "consciousness" at all. There are sensations, particularly organ sensations, that seldom reach the threshold of consciousness. These considerations are of decisive significance for the conceptual formulation of the biopathies of organomy, incorrectly termed "psychosomatic illnesses." Incorrect ideas about the functioning relationship of the narrow, psychic realm to the wider biological realm lead to incorrect clinical conclusions.

Certain considerations of thought technique force us to distinguish between functional pairs which operate *within* a certain functioning realm and pairs of functions whose members are in functioning realms of different depth and width. This mysteriously theoretical-sounding sentence is readily comprehensible if we not only put the pleasure and anxiety sensations into a functional pair relationship, but if we also search for their correlation in the deeper functioning realm of the biological. In the first case, both functioning members are of a psychic nature. They function, so to speak, *horizontally* against one another. In the second case one function is in the psychic, the other in the biological realm *which is not perceived psychically*. The psychic and the biological function form still another set of paired functions; one is placed higher, the other deeper. We could express this distinction in the different descriptive fashion of our functional symbols; but that is superfluous here. It would unnecessarily complicate the simplicity of the connections. It is sufficient in each case where we set up paired functions to be very clear as to whether both functions are on the same or on different functioning levels; the *deeper* functioning level is always also the *wider* realm.

The paired function of the psychic sensation of *anxiety* on the deeper functioning level is represented in the clearest way by the biochemical substance *adrenalin*. Here a psychic and a biochemical function form a functional pair. The physiological functioning counterpart of the sensation of *pleasure* on the deeper level is the biochemical *lecithin* and the inorganic chemical *potassium*.

Like all other paired functions these functions also must have a common functioning principle which makes them functionally identical. The common functioning principle of pleasure sensation and potassium or lecithin is the biological expansion of the vasovegetative apparatus. The common functioning principle of anxiety sensation and adrenalin (also calcium) is the biological *contraction* of the life apparatus.

In this way, the unity and contradiction of psychic and bio-chemical functions can be functionally arranged.



We had earlier found a functional identity and contradiction of pleasure and parasympathetic functioning and of anxiety and sympathetic functioning. In the first case the common functioning principle is biological expansion, in the second it is the biological contraction of the life apparatus. Thus, we succeeded in finding and in formulating the functional principle not only in one and the same, but also in different realms of functioning. The attentive reader will already have noticed the significance of this: the functional coordination of processes of nature within *one* definite realm of functioning does not contribute to the "integration," i.e., to the unification of different specialized sciences of natural research. On the other hand, *the functional connection of processes in different realms of functioning*, which in mechanistic science are treated as sharply distinct from one another, accomplishes basically the DISSOLUTION OF THE BOUNDARIES BETWEEN THE SEPARATE SCIENCES.

If a certain special function of *one* scientific realm, for instance of psychology, has as its paired function a certain special function in *another* scientific realm, for instance in physiology or electrics, and with it in a *third* scientific domain, say, in biology, contains its common functioning principle, then the boundaries between psychology, physiology, electrics, and biology have essentially collapsed. This is true, practically, at least in the natural functions which have already been concretely formulated: *in nature there are no boundaries within the common functioning principle of the first (or ultimate) order*. The boundaries were introduced into nature by the specialization of the mechanistic scientific disciplines. Orgonomic functionalism removes these boundaries again. In this way it brings natural research closer to nature, not only in regard to contents but also to thought technique. And in principle there are now only technical, but no longer any basic obstacles in the way to reach the *unifying functioning principles of all nature*, even if concretely we may be ever so distant from this goal. The framework of thought *can* embrace *all* nature, though observation and experimentation are not yet ready to fill it.

These fruits of functional thinking are of decisive significance. They can easily be demonstrated if one tests them in concrete examples. However, before we compare, by means of practical examples, the dualistic, monistic and mechanistic methodologies with the functional one, we must take several further steps in the direction of the common functioning principle of the living.

So far, we have formulated two series of paired functions, which mutually,

and in their members, describe at any given time definite, objective functions of nature. We shall now arrange them synoptically.

Paired Functions		Principle
Pleasure sensation	—Anxiety sensation	<i>Psychology</i>
Parasympathetic function	—Sympathetic function	<i>Physiology</i>
Lecithin, Cholin	—Adrenalin	<i>Biochemistry</i>
Potassium	—Calcium	<i>Inorganic chemistry</i>
<i>Expansion</i>	— <i>Contraction</i>	<i>Physics, Mechanics</i>
PULSATION		<i>Orgonomic functional principle</i>

Every individual function in the two series forms with every other function in the same and in the second group a definite set of paired functions. Each set of paired functions has its special common functioning principle. And the two rows as groups represent contradictorily functioning pairs of different rank with regard to the general biological functioning principle of pulsation.

The functioning pair closest to pulsation is composed of expansion and contraction. These are *mechanical* functions in the realm of the living, best represented by the processes of *swelling* (hydration) and *unswelling* (dehydration).

The careful reader will have asked himself where the paired functions of *charge* and *discharge* belong. Whoever thinks through precisely the functions of energetic charge and discharge will find that they do not fit into our schema of functions. If charge were functionally identical with one of the groups and discharge were functionally identical with the other group of functions, as, say, pleasure and vagic activity are functionally identical with regard to expansion, and sympathetic activity and adrenalin are functionally identical with regard to contraction of the life apparatus, then there would be no difficulty in grouping the charge and discharge of the tissues. But functionalism does not permit the use of mechanistic arrangements; the thought forms must correspond to the natural functions or else one falls prey to error.

The difficulty of fitting charge and discharge, obviously biological functions and principal features of the so essential orgasm formula, into the desired schema of thought, forced me around 1934 to test the whole theory experimentally. Only controlled experiments could decide whether and in what way the contradiction of charge and discharge fits into the functionalism of the

living organism. It was clear that we could not pair charge with pleasure and discharge with anxiety for both charge *and* discharge of biological energy in sexuality are *pleasurable* processes. And an attack of anxiety certainly does not look like a discharge. It is inevitable that in the course of research one hits upon such perplexities and entanglements of facts. The experienced natural researcher will even be suspicious if his work develops without such hindrances; indeed, he rejoices in complications of this kind. For experience teaches that every entanglement of the facts contains a very important secret of nature.

The difficulty here described was satisfactorily solved in the course of the further work and finally it revealed its tremendous secret. The final result was the discovery of the *cosmic orgone energy*.

11. THE "BIO-ELECTRIC" FUNCTION OF PLEASURE AND ANXIETY

In 1934 the functions of charge and discharge of the tissues could only be investigated in terms of "*electrical*" energy. Earlier investigations by Veraguth and Tarchanoff had revealed the so-called "psychogalvanic phenomenon." They had found that affects such as anxiety, sadness, rage, etc., are accompanied by electrical processes, by changes in the skin potential. The concept means that psychic processes are "accompanied by" or "caused by" physiological, chemical, or physical events, depending upon whether the particular researcher follows the thought technique of psychophysical parallelism or that of mechanistic causality. To my knowledge, the function of the pleasure sensation was not experimentally investigated until 1934. Nevertheless, just here, in this omission, lay the solution of the riddle.

Technically, the experiments could only be carried out on the surface of the skin. I will by-pass the technical details which are unessential and which I have thoroughly described elsewhere. We must remain with the theme of functional thinking. I had no preconceived opinion at the outset of the experiments. Since charge and pleasure, discharge and anxiety could not be coordinated as functional pairs, there was no point in forming any kind of hypothesis or in anticipating certain results. All that was clear was that the pleasure sensation not only could not be omitted, but, on the contrary, had to be placed at the very center of attention in the experiment.

I repeat the contradiction under consideration:

Both the pleasure and the anxiety functions reveal the phenomenon of high bio-energetic charge of the organism; discharge in the organism is even a

high point of pleasurable sensation. Where, then, did the *discharge* of biological energy belong as the contradiction of specific sensations which could be linked with the original contradiction of pleasure and anxiety? Only much later, after the experiments had already furnished their results, did I discover that about eight years earlier I had formulated a hypothesis solely from clinical observation (*cf.* DIE FUNKTION DES ORGASMUS, 1927) which now proved to be approximately correct. But I emphasize that at the time of the experiments I worked without any assumptions, that, on the contrary, because of the many contradictions, my work was rather confused.

After about a year of various attempts to solve the problem, the majority of which failed, the first clear result appeared: OF ALL THE KNOWN EMOTIONS, ONLY THE PLEASURE SENSATION COINCIDES WITH AN INCREASE IN THE BIO-ENERGETIC CHARGE OF THE BODY SURFACE. ALL OTHER EMOTIONS, SUCH AS ANXIETY, RAGE, DEPRESSION, etc., are accompanied by a *decrease* in skin potential.

Another year of intense experimentation confirmed this first result. It seemed to be unknown in the physiological literature. It was astonishing and perplexing to such a degree that several of my co-workers and friends became angry and left the work. What today is a platitude provoked scientific enmity and personal strife for a decade and a half. For indeed this fact, too, could not be reconciled with any mechanistic conception, and it smashed with one blow a large group of established concepts in psychology, physiology and biology. I wish to present only the most important consequences of these experiments, whose repercussions I experienced like an earthquake.

Mechanistic physiology assumes that electrical currents move along rigid nerves when muscles react to stimuli. Our experiments showed that without the slightest muscular movement *energy itself moves when sensations arise*. Bio-energy moves in a fashion which has little to do with the classical nerve tracks. During the pleasure sensation, it flows in the direction of the *periphery*, and during the anxiety sensation it flows away from the periphery to the *center* of the organism, i.e., *against* the direction of biophysical expansion.

In this way, the contradiction of periphery and center of the organism resulted as a counterpart to the contradiction of pleasure and anxiety. The bio-energetic "center" has nothing to do with the "center" of mechanistic neurology. It is not located in the cerebrum, but in the middle of the body. It coincides with the location of the largest and most important of the ganglia centers, the solar plexus. The free movement of biological energy from bio-

logical center to periphery is functionally identical with the sensation of pleasure. It is expressed in the *increase* of skin potential. The movement of bio-energy from the periphery to the center (*against impulses to expand*) is functionally identical with the sensation of anxiety. Since the most excitable region of the periphery is the genital, the diaphragmatic region and the genital apparatus form a functionally contradictory pair. This confirmed experimentally clinical observations made many years earlier: *the oscillation of bio-energy between heart excitation and genital excitation in certain anxiety neuroses.*

This is clearly demonstrated clinically. Neurotic women become anxious only if they meet a man who provokes their sexual desire, who causes an *outgoing* impulse in them; they develop no anxiety if they are not sexually excited, or if their sexual excitation functions unimpeded by withdrawal. In other words: *Anxiety is the expression of a bio-energetic expansion which is inwardly blocked and reversed in its motion. An unimpeded expansive excitation does not produce anxiety.*

Respiration has an unmistakable influence on these processes. The skin potential *decreases* at the diaphragm area if one *inhales* deeply, and it *increases* again if one *exhales* deeply. In inspiration the diaphragm exerts a pressure on the solar plexus which is removed in expiration. The lowering of the diaphragm because of inspiration thus blocks the pleasurable expansion of the life apparatus and works in the direction of *anxiety*. In this way, an access was opened to the *physiology* of psychic diseases whose core function is anxiety. From then on, my attention was called to the *respiratory function* of neurotic and biopathic patients: *The inhibition against full expiration and the chronic inspiratory attitude of the chest was shown to be a universal phenomenon in "psychic" illnesses.* I had found the basic mechanism of the so-called "biopathies." We will pass over the clinical details of the biopathic mechanisms. They are presented in detail elsewhere (*cf. THE DISCOVERY OF THE ORGONE*, 2nd ed., 1948, and *International Journal of Sex-Economy and Orgone Research*, 1942-45).

It is not a question of individual clinical mechanisms, but of cutting across the many barriers between scientific realms, if we wish to comprehend the basic principle of functionalism in nature.

On superficial inspection, the phenomena represented by the light streaks of the oscillograph had an "emotional character." The wanderings of the light streak were indeed, according to the emotion, "eager" or "hesitating,"

"distrustful" or "cautious." There was a "disappointment reaction" if sugar was promised for the tongue and salt was given instead. If sugar was then given again, the charge did not move forward but withdrew as if salt had been tasted. A long period of adjustment was necessary before the normal sugar reaction was re-established.

There was the phenomenon of "dulling"; the bio-energetic reactions lost quantity if the same stimulus was applied many times consecutively. The deviations from the zero position of the light streak were less; they also moved more slowly. If at first an unexpected gong of a bell drove back the potential of the tongue rapidly and completely, then no reaction occurred if one repeated the same gong beat many times.

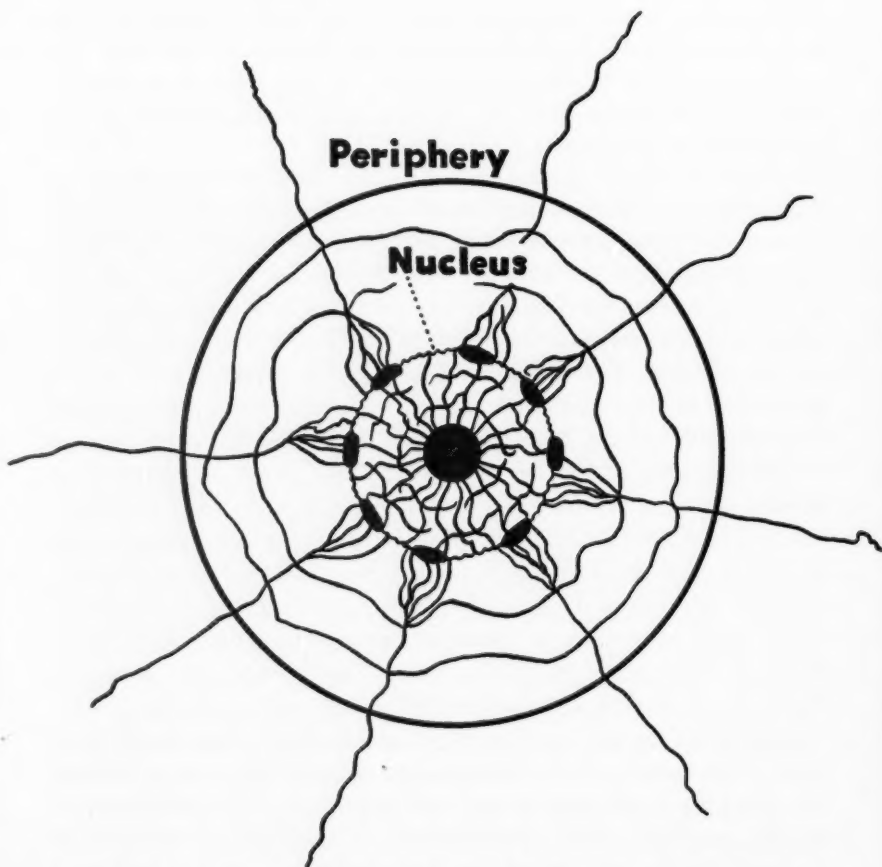
It is now clear that not psychic sensations, but *physical charges* moved on the oscillograph. Their *character* of movement corresponded exactly to the reactions of a living organism in the same emotional situations. The physiological parallel to psychic sensation was, therefore, not a chemical reaction, not a "central nerve impulse," but a process, which hitherto had been completely unknown: BIO-ENERGY MOVES, ACCORDING TO THE SITUATION, AT DIFFERENT RATES OF SPEED IN DIFFERENT DIRECTIONS AND IN DIFFERENT WAYS IN THE ORGANISM. It moves independently of nerve tracks and areas in a BIOLOGICALLY comprehensible fashion. In so primitive an organism as the ameba, we see the corresponding plasma currents moving from center to periphery in pleasant situations, and from periphery to center in anxious situations. Man and ameba are functionally identical with regard to the basic biological excitations and directions of current. The ameba possesses no nerves, but the basic emotional antithesis of the living already functions in the ameba. The autonomic nerves now appear as organized forms of functions which belong to a biologically deeper functioning realm. The functions of pleasure and anxiety are much older phylogenetically than vagus and sympathetic.

I pointed out that the biological plasma currents had an "emotional" character. A new common functioning principle emerged: *The KIND of emotion was identical with the KIND of movement of bio-energy.* In its slowness and wavelike motion the character of both types of movement is characterized by a kind of undulation. Several years later these facts played a great role in our orgone-physical research on the movements of the aurora borealis. But a long road had to be traveled before we could reach an understanding of these relationships. The fact that the rigid catatonic did not show any undulating

movements at the oscillograph completely corresponded to his emotional block.

Probably the most important result of the experimental testing of my

Field



clinical theory was a new functional conception of the energetic structure of the bio-apparatus. It was now composed of a "*bio-energetic center*" or CORE and a "*bio-energetic periphery*." The center in higher animals was formed

by the autonomic ganglion apparatus, the periphery by the surface membrane of the organism. The typical single ganglion cell clearly reflected this functional schema in its own realm of functioning (*cf.* schema, p. 120). It has nothing whatsoever to do with the depth-psychological functioning schema of Superego, Ego, and Id. There is only *one* possible point of contact between the depth-psychological and the biophysical functioning schema. The "id" of psychoanalysis is one of the many functions of the bio-energetic apparatus in the unconscious psychic life. Still, one should in no way mistake the *psychic* functions, Ego, Id, or Superego, for the *biological* functions. Such an attempt betrays complete ignorance of the principles of scientific thinking.

With our thought technique, we embrace at any given time either *one* common function of *different* functioning realms or *different* functions of *one* and the same functioning domain. One can no more apply the psychological method of thought to the biological plasma functioning than one may apply a casting mold of a piston to the building of a dynamo. The forms of thought must always be changed to fit the natural function which one is trying to comprehend. Only so far as, in nature, we progress from the complicated to the simple, from the variations to the common functioning principle of all nature, does the form of thought also become simplified. But even our functional method of thought, as capable as it may be of comprehending all natural processes, cannot be mechanically shifted from one function to the other. *The individual functioning groups must always be arranged anew.* Mechanical clichés would lead us nowhere.

The form which resulted from the bio-electrical experiments for the comprehension of the orgonomic functioning principle had next to be tested to see whether it could embrace *all* living organisms. It was clearly valid for all animals and for the cells with their "nucleus" (core) and their "plasmatic periphery." It was obviously present in the bodily structure of the jellyfish, starfish, and related organisms. The application of this schema to plants created difficulties which still have not been solved. Here still was a gap, even if the form of a blossom or a fruit permitted the application of the schema.

The organized processes of the organism, such as the tentacles of a jellyfish or the fibers of a ganglion cell, were also incomprehensible. To what bio-energetic functions did they give organized expression?

This question was solved in a beautiful way when a co-worker in the bio-electric experiments committed a grave technical error. The results had so deeply shaken him, had so thoroughly demolished some of his classical

physiological concepts, that he turned against the obvious facts in an irrational fashion. He asserted that the same reactions we had obtained from living bodies could also be obtained from non-living ones. His prejudice was so emotionally charged that in spite of his usual precise carefulness he unconsciously attempted to prove his assertion through a blunder: He pressed the electrode on a cloth *without isolating his fingers*. If his fingers were in contact with the electrode and the electrode with the moist cloth, then naturally the non-living substance gave the typical biological reaction on the oscillograph. Still a new riddle arose: *How is it possible, one had to ask, that a moist cloth gives the same reaction to tickling as a healthy living organism?* The contact with the body of the investigator or of the experimental object was no explanation, *for it was indeed the cloth and not the living organism that was being tickled*. But the cloth behaved *as if* it "lived" when it was connected with the organism by fluid. Since without such a connection, it "did not live," did not give any tickling reaction, the word "explanation" that it was "just a question of the ions in the fluid" was meaningless. For the ions of the fluid were the same *with* and *without* connection with the living body.

Only many years later, when the atmospheric orgone energy was discovered and experiments with the *orgone energy field* were understood, was the riddle solved: *The organism has an orgone energy field that belongs to the living functioning unit*; for this reason, it shows all biological reactions exactly as does the skin. It expands, it contracts, it can be excited, and it can, as the "living cloth" so drastically demonstrated, carry its properties over to a non-living body, such as a piece of linen. Now there was no longer anything mystical about the phenomenon, and there was a sharp bio-energetic distinction between living and non-living matter.

The detailed study of individual basic functions in the realm of the living also yields a less sharp, but still unmistakable demarcation of the psychic from the biological. Naturally, anyone is free to equate the psychic realm with that of the living generally, just as one is free to spiritualize non-living nature. It is simply a question of what one wishes to achieve. Whoever considers it correct to investigate *all* nature *psychologically*, i.e., to equate the "Id" with the living and to consider it accessible to psychological research, will not concede any boundaries between biological and psychic processes. As difficult as it is to demarcate such a functional boundary in the living, its existence and its indispensability for the correct description of living functions cannot be doubted. That can readily be demonstrated in every process which

simultaneously promotes bodily and psychic disease mechanisms, when they have their common functioning principle in disturbances of emotional life. Such practical clinical examples show how important clean methodological thinking is, and how easily one falls into tremendous errors if one does not separate the psychic from the bodily and the bodily from biological functioning, although physiological, psychic and biological functions form an inseparable unity in the concrete organism.

The reader will ask why I introduce this problem precisely in connection with the discussion of the bio-energetic experiments. This question is justified for it is still not clear what a disease symptom has to do with the experiments. It will very soon be apparent that there is only *one single* correct arrangement of the different functions of the life apparatus, if one wishes to understand a disease process as completely as possible.

July 1947

(To be continued)

*Abstinence sows sand all over
The ruddy limbs and flaming hair,
But desire gratified
Plants fruit and beauty there.*

—WILLIAM BLAKE

Wilhelm Reich's concept, "Cancer Biopathy"*

By HELEN E. McDONALD, PH.D.†

A biopathy is a basic bio-energetic disturbance of the plasmatic system. Such a disturbance may result in cancer, but equally well in an angina pectoris, an asthma, a cardiovascular hypertension, an epilepsy, a catatonic or paranoid schizophrenia, an anxiety neurosis, a multiple sclerosis, a chorea, chronic alcoholism, etc. These diseases have in common: *a disturbance of the biological function of plasmatic pulsation in the total organism*. Cancer, neuroses and functional psychoses have one common denominator: *sexual stasis*. Sexual stasis represents a fundamental disturbance in biological pulsation. The central mechanism of a biopathy is the disturbance in the discharge of biosexual excitation.

The basic criterion of living functioning in man, as well as in the ameba, is *biological pulsation*, that is, *alternating complete contraction and expansion*. In the unicellular organisms the rhythmical contraction of the vacuoles and the serpentine movements of the plasma can be observed directly. In the metazoa this is clearly seen in the cardiovascular system, where the pulse beat represents pulsation unequivocally. In the intestines it shows itself as a wave of alternating contraction and expansion, as "peristalsis." In the striped muscles it functions as contraction, in smooth muscles as a wave-like peristalsis. In the orgasm, the pulsation takes hold of the total organism in the form of the orgasm reflex.

The autonomic nervous system itself is mobile. The accepted notion that the nerves only transmit impulses while they themselves are rigid and immobile is incompatible with the pulsatory movements of the organs and with

*Condensed from THE CANCER BIOPATHY (1948), Chapter V: "The Carcinomatous Shrinking Biopathy" (first published in *Int. Journ. of Sex-Economy and Orgone Research*, 1, 1942).

† Ph.D. in Zoology. Formerly: Head of Science Dept., William Woods College, Fulton, Missouri; Teaching and Research Fellow, University of California, Berkeley, Cal.

such disturbances as shock, blocking, and shrinking in them. *Autonomic movements are comprehensible only under the assumption that the autonomic nervous system itself is mobile.* By observing directly a small transparent worm under the microscope, keeping not only the ganglion but the ganglion fibers in focus, one can convince oneself that the autonomic nervous system does indeed expand and contract and is not rigid. The movements of the nerves are serpentine, slow, wave-like, sometimes jerky. They always precede the corresponding movements of the total organism by a fraction of a second; first, the nerve and its ramifications contracts, and then the contraction of the musculature follows. The same is true in expansion.

Biopathic shrinking begins with a chronic preponderance of contraction and inhibition of expansion in the plasmatic system. This is most clearly manifested in the respiratory disturbance of neurotics and psychotics: the pulsation (alternating expansion and contraction) of lungs and thorax is restricted; the inspiratory attitude predominates. Understandably enough, the general contraction ("sympatheticotonia") does not remain restricted to individual organs. It extends to whole organ systems, their tissues, the blood system, the endocrine system, as well as the character structure. Depending on the region, it expresses itself in different ways: in the cardiovascular system as high blood pressure and tachycardia, in the blood system as shrinking of the erythrocytes, in the emotional realm as rigidity and character armoring, in the intestines as constipation, in the skin as pallor, in the sexual function as orgastic impotence. *The biopathic shrinking in cancer is the result of a chronic contraction of the autonomic apparatus. The cancer tumor is only a late symptom of the cancer disease.*

To understand the connection between sexual function and cancer disease we must consider:

1. Poor external respiration which in turn leads to a disturbance of the internal respiration in the tissues.
2. The disturbed function of orgonotic charge and discharge of the autonomic organs, particularly the sexual organs.
3. The chronic spasms of the musculature.
4. Chronic orgastic impotence.

Respiratory disturbances and muscular spasms are the immediate result of a fear of sexual excitation (pre-orgastic anxiety). Organs with poor respiration, organs which are spastic and insufficiently charged, are biologically weakened; thus they are highly susceptible to cancer-producing stimuli. These

clinically well-established facts give the concept of "cancer disposition" a definite content.

Muscular spasm and deficiency in orgonotic charge are subjectively experienced as "being dead." This corresponds to a block of biological activity in the respective organ. For example, the blocking of biosexual excitation in the genital goes with spastic contraction of the pelvic musculature, as is regularly seen in the uterine spasms of frigid women. Such spasms often result in menstrual disturbances, menstrual pains, polyps and fibromata. The spasm of the uterus has the function of preventing the biosexual energy from making itself felt as vaginal sensation. Spasms representing inhibitions of orgonotic currents are seen particularly frequently wherever we find *annular* musculature, for example, at the throat, at the entrance to and exit from the stomach, at the anus, etc. These are also places where cancer is found with particular frequency. The disturbance in biological charge of a gland, a region of the skin or a mucous membrane, is produced and maintained by a muscular spasm in the neighborhood of the affected site; the spasm prevents biological energy from charging the respective site.

Among the signs that foreshadow disease, the most frequent finding in women is spasms in the pelvic musculature. Biosexual excitation can be reduced or inhibited by chronic muscular tensions. The spasm of the uterus often spreads to the anal sphincter, and the vagina, and beyond that, to the adductors of the thigh. The pelvis is retracted, the sacral spine often stiff. In the pelvis the orgonotic sensation of streaming is absent. During expiration the wave of excitation is inhibited by the pulled-up chest and the tense abdomen. The generally prevailing sexual inhibition of women explains the prevalence of cancer in the breast and the genital organs. The sexual inhibition may have existed for decades before it manifests itself as cancer.

The relationship between character armoring, muscular spasm, and the onset of a cancer tumor is illustrated by the case of a man of 45 whose esophagus was obstructed in the middle by a cancer tumor. A few months previously he had reacted to an emotional loss by the development of a spasm in the esophagus. At the same time he had a sensation of oppression in the chest. The history revealed that the man had suffered since childhood from a severe spasm of the jaw musculature, which gave his face a hard expression and inhibited his speech.

The localization of a cancer tumor is determined by the biological inactivity of the tissues in the immediate neighborhood. This holds true also for locali-

zation of *metastatic* tumors. This is illustrated by the first cancer patient treated by orgone therapy. The primary tumor in this woman was in the left breast, but it was not discovered until after metastatic tumors had caused the collapse of two vertebrae. The cancer metastases developed exactly in those organs which played a dominant part in the muscular armor which suppressed the sexual excitation. The collapsed twelfth vertebra corresponded to the costal insertion of the diaphragm, which in this woman was spastically contracted. The fifth cervical vertebra was collapsed. The patient held her neck in a rigid position. The fear of moving the neck had been present long before the collapse of the vertebra, and was part of a general biophysical attitude which was not a result but the cause of the cancer disease. The contraction of the musculature put the patient into the position that one involuntarily assumes to protect oneself from a sudden blow on the head. Spasm of the musculature of the throat had been present for decades. The sensation of a constriction in the throat went hand in hand with a pulling in of the shoulders and a tension between the shoulder blades.

This patient had been married for two years, but in the sexual relationship she was excited but unsatisfied because her husband was either impotent or suffered from premature ejaculation. For a time she suffered keenly, but then "got used to it." She found no way of obtaining sexual gratification. After the death of her husband she devoted herself to the education of her child, and refused contact with men. Gradually her sexual excitation subsided, and in its place she developed anxiety states. Later she presented a picture of neurotic resignation.

Twenty-six months after the diagnosis of the breast tumor with metastases, when the case was considered hopeless by the physicians in charge, the patient was brought for orgone therapy. *The physical orgone energy has a vagotonic effect.* The plasma system of this patient began to relinquish the chronic attitude of contraction and to expand. This resulted in a reduction of the typical cancer pain. The pain in cancer patients reflects the fact that the autonomic nerves retract from the diseased region and "pull" on the tissues. After years of being bedridden, the patient felt well and began to do her own housework. The x-ray pictures showed complete ossification in the previously cancerous spine. The tumor in the left breast was no longer palpable. At the same time, however, certain emotional symptoms became more pronounced.

After the cure of the local cancer tumors a general biopathic disease picture

appeared which previously had been hidden, and which formed the actual background of the cancer disease: the shrinking biopathy. Earlier in life, following the sexual frustration in her marriage, she had developed a severe stasis neurosis. Then there was the repression of sexual excitation, resignation, depression, and a decade of abstinence. We note that the sexual excitations disappeared while the cancer disease developed. Now, after treatment in the orgone accumulator, the patient began to experience sexual excitation, and since she felt herself already ruined as a woman because of the cancer, and since she was unable or unwilling to masturbate, the sexual stasis revived the old anxiety neurosis. This again resulted in a general shrinking of the vital apparatus that manifested itself as falling anxiety; indeed on more than one occasion as actually falling. The patient remembered that she had had the same anxiety for a long time during adolescence. She had a fear somebody was after her, and the fear was so intense that her legs failed her.

When preorgastic sensations in the abdomen and the genital begin to appear and are suppressed before becoming conscious, these sensations, if anxiety-laden, are experienced as falling. This is based on the following mechanism: Preorgastic excitation is the onset of an involuntary convulsion of the plasma system. If the organism is afraid of this convulsion, it will develop—in the midst of an expansion which should end in a convulsion—a counteracting contraction, in other words, an inhibition of expansion. This results in a sensation like that which one experiences when an elevator suddenly starts down or an airplane drops rapidly. *The sensation of falling is the perception of a contraction of the autonomic system in the process of inhibiting an expansion.* The typical falling dreams are often accompanied by a sudden contraction of the total body. (When such preorgastic expansive sensations are experienced as pleasurable, there are dreams of floating or flying.) Orgastic sensations, when inhibited by orgasm anxiety, may also be experienced as a fear of dying; “dying” in the sense of falling apart, melting, losing consciousness, dissolving, “nothingness.”

The inhibition of plasmic motility by shrinking explains neurotic anxiety as well as functional paralysis, the fear of falling as well as the muscular atrophy, the spasms as well as the biological disturbance which breaks through as “cancer.” The diaphragmatic spasm is the central defense mechanism in the organism. The feared catastrophe of falling has itself a real basis in the restriction of biological motility.

This case illustrates that the inhibition of the autonomic sexual function

can produce a biopathic shrinking of the autonomic nervous system. *The patient demonstrated the functional unity of psychic resignation and biopathic shrinking.* The characterological resignation preceded the shrinking of the vital apparatus.

A shrinking biopathy without tumor may exist as a result of chronic sexual abstinence. This is illustrated by the case of a thirty-year-old woman whose disease of two years' duration had baffled her physicians. Since childhood she had been thin, but during the two preceding years her weight had decreased from 120 lbs. to 90 lbs., with a weight loss of 10 lbs. during the previous four weeks. In appearance, the facial expression could best be described by "death mask." She was pale and livid, her cheeks sunken, and her eyes had a tired, veiled, hopeless expression. The corners of the mouth were drawn down, expressing resignation and depression. The musculature all over the body was so thin that there could be no doubt about the presence of an atrophic process. Movements were tired, slow, and the patient spoke slowly as if with great effort, in a monotonous voice. It looked as if all activity were held back, as if there were not sufficient energy behind the impulses. For two years she had been incapable of working, and she felt too weak for any social contact.

Her education in regard to sexuality had been strict and ascetic. She had never had sexual intercourse. In addition to external barriers she suffered from internal ones. At the mere thought of physical intimacy, a spasm of the genital organs would set in. She had never masturbated.

For a year there had been a small swelling the size of a bean on the outer margin of the right breast which would alternately grow and recede, and which her physician had therefore considered non-malignant.

When she came for orgone therapy no biopsy was done, but laboratory tests based on the rate of disintegration of the erythrocytes established the diagnosis of an advanced carcinomatous shrinking biopathy. Daily use of the orgone accumulator not only halted the shrinking process, but enabled the patient to gain weight so that at the end of four months she weighed 102 lbs. After ten days of orgone irradiation the tumor was no longer palpable. Since the tumor was of a more recent date than the shrinking condition, and since it is inconceivable that this small tumor without metastases could have been the cause of the poor general condition, *the existence of a carcinomatous shrinking biopathy without tumor* is an established fact.

Examination of this patient by a gynecologist revealed a very small uterus, and ovaries that could not be palpated rectally. On the basis of the sexual

history as revealed during the psychiatric orgone therapy (which supplemented the use of the orgone accumulator) the underdevelopment of breasts and genital organs would have to be considered an atrophy of disuse. All during childhood and adolescence she suffered from sexual stasis.

In the attempt to treat the shrinking biopathy, the following premise was made. Carcinomatous shrinking, as well as the cardiovascular biopathy, are both based on sexual stasis. Nevertheless, there is an essential difference based on how the organism reacts to the sexual stasis once it has come about. In the cardiovascular biopathy, the sexual excitation remains alive, biologically, physically, and emotionally. That is, the biological core of the organism continues to produce energy to the fullest extent. The organism in its state of contraction reacts to this with outbreaks of anxiety or anger, and with somatic symptoms such as hyperthyroidism, diarrhea, tachycardia, and high blood pressure. In cancer, on the other hand, the biological core reduces energy production. Excitations and emotions become weaker.

Histories of cancer patients frequently show that earlier in life they suffered from numerous symptoms of stasis anxiety, but these decreased as the shrinking biopathy developed. Chronic emotional calm corresponds to a depletion of energy. This calm of the cancer character is different from that of the compulsive character in whom strong energy impulses are inhibited by the emotional block, thus producing coldness and contactlessness. In the cancer character the energy is simply lacking. Chronic characterological resignation, without open or latent protest against the frustration of happy functioning must be regarded as one of the essential causes of the shrinking biopathy.

No simple scar, wart, injury or chronic irritation can lead to cancer unless there are already present basic disturbances in organotic vital functioning.

The basic, systemic disease "cancer biopathy" thus consists in a gradual depletion of bio-energy. Tumor development, putrefaction of blood and tissues, cachexia, etc., are secondary results of the biopathic shrinking of the organism. Wilhelm Reich's blood tests (RBC disintegration rate, autoclavation test, etc.) are based on this concept of "cancer biopathy."

(To be continued)

The mass of men live lives of quiet desperation.—THOREAU

Orgone Therapy of an Early Breast Cancer

By SIMEON J. TROPP, M.D.*

A twenty-three-year-old nurse, who was working in one of the large cancer hospitals, came to me for consultation. A few months previously, she began to complain of dull pains in the right side of her chest. She went to see one of the doctors of internal medicine on the staff of the hospital, and he discovered a growth in the upper outer quadrant of her right breast. X-rays and all other tests proved negative. The doctor thought that the lump might be a cyst and that it would probably diminish in size during ovulation. When this growth did not get smaller, he referred her to one of the surgeons in the Breast Clinic. Translumination revealed an opaque mass in her right breast and she was advised to have it removed. As she did not want to undergo an operation and had heard of our work in cancer research, she came to me.

I had the impression that she was not much concerned with the seriousness of her condition but had come to me rather upon the insistence of a friend who was like a mother to her and with whom she lived. This patient had always been subject to attacks of depression and, during these periods, she had no desire for social contact and no interest in living. Her sexual life was very poor, and non-existent in periods of depression. There was no history of numbness. She had always suffered a great deal from fatigue. For the past four years, she had had "drawing feelings" and pains in her lower extremities while lying down. She also had sensations of falling. About three and a half years before she came to me, she went into a depression and became very withdrawn. She consulted a psychiatrist who treated her once a week for about six months with Vitamin B-1 injections and "psychotherapy." Her condition became worse and she went to a psychoanalyst. When she did not improve after another six months, she was advised to undergo shock therapy. Because of doubtful results, it was discontinued after six treatments. Then

* Medical organonomist, New York. Member of the Board of Directors, Orgone Institute Research Laboratories, Inc.

she tried therapy with a lay analyst and was under his care for another few months. During the whole period of her therapy, she felt that her condition was all her fault and that she had no right to become angry. She was seldom able to cry. She worked during most of her illness. Shortly before she came to me, she began to feel better. During this time, she was taking care of a psychiatric patient and became resentful and infuriated at the way this and similar patients were being treated and, for the first time in her life, she experienced anger.

This patient was of small stature and slender build. There was an air of bravado about her and she seemed to be holding back tears. Her eyes were dull, her forehead flat and expressionless, and her mouth was tight; she spoke in a deep voice out of the corner of her mouth. Her skin was pale and her hands and feet were cold and clammy. There was a lifeless quality about her whole body. Her pulse was fast. There were signs of acne in various stages on her face, especially her chin and jaw, as well as on her upper chest and most of her back. Her chest was high and immobile and her breathing was hardly discernible. She was generally armored, especially in the upper part of her body.

There was a growth about the size of a walnut on the outer upper quadrant of her right breast; it was nodular and of moderate consistency with no signs of infiltration. Both breasts showed signs of chronic cystic mastitis. Her breasts were small and firm and of the same size; the nipples were prominent and erectile.

The *Reich Blood Test* revealed: Disintegration in physiological saline began after five minutes and was not complete after twenty-five minutes. The orgone frame was pale and narrow and the field was poor. The RBC disintegrated into small and moderate-sized bions. The autoclavation test showed a grayish-brown color of sediment which consisted of small to medium-sized flakes. The fluid was somewhat turbid. Microscopic examination revealed a moderate amount of disintegration and some T-bodies. Seventy per cent B-reaction. The culture was negative.

I advised the patient to use the twenty-fold orgone accumulator daily because I knew from my medical training and experience that every new growth in the breast is considered potentially malignant. I knew, too, from my knowledge of orgonomy, that any new growth which responds to orgone energy *must* be cancerous in its character; and that any benign growth in the breast, like a fibroma, lipoma, or cyst, would not respond to orgone energy.

I also knew that benign growths are caused by an excess of energy, while malignant ones are caused by a suffocation of the tissues due to lack of energy. The patient was only able to use the accumulator one half hour a day, six times, over a period of three weeks and then she left for the country. Very soon after that she noticed that *the lump had disappeared*. When I saw her on her return six weeks later, the tumor had entirely disappeared and the chronic cystic mastitis had almost gone. Both breasts were of normal consistency. In spite of the fact that I have seen many remarkable results from the orgone accumulator, and that I knew small, malignant breast tumors disappear after 2 to 4 weeks of orgone irradiation, what I saw here was still unbelievable.

When I reported this case to Dr. Reich, he pointed out that I, myself, had not wholly accepted the diagnosis of cancer, even though when I originally saw the patient, all the findings pointed to the malignant process.

How is it possible, I asked myself, that with all this knowledge pointing to the malignant character of the growth, I was still unable to accept it as a cancer? Intellectually, I understood the deep-seated resignation in this patient; intellectually, I could integrate it with the somatic findings of the carcinomatous shrinking biopathy; but I could not make contact with this dying process; I could not actually see it. True, I saw the lifeless quality in the body of this patient; I saw the resignation in the expression of her body. I knew that she was withdrawn, I knew that it was almost impossible for her to become angry, and I knew, too, that sexually she was very unresponsive, and yet I did not understand the significance of what was before my eyes. I simply did not see the carcinomatous shrinking biopathy. We are so used to arriving at conclusions by deduction and have become so dependent upon x-rays, laboratory findings, and clinical data to diagnose illness, that we are unable to feel and see what the organism expresses. In short, we do not yet understand the language of the body. In the cancer patient, it's as if the body spoke and said, "I do not want to move; I do not want to breathe; I have already begun to die; I want to die."

For the first time in my life, I began to sense that something must be radically wrong with our powers of observation. For the first time, I began to understand the colossal block in our capacity to see what is before our eyes. I began to see how much we do not see. I realized that we do not see the sickness in the so-called "healthy" child. I remembered all the patients who came to me after going from doctor to doctor and were told that there was

nothing wrong with them, simply because the clinical and laboratory findings did not reveal their sickness. I thought of all the barely hidden hostility that my colleagues, as well as myself, showed towards these "hypochondriacs," and how helpless we were in dealing with them.

I remembered a thirty-eight-year-old man who came to me when I was in training in a world-famous surgical clinic. I operated upon him for hemorrhoids. A few months later, he was sent back to the clinic by another physician with the following note: "Dear Doctor: You have removed this man's hemorrhoids but you forgot the cancer of the lower sigmoid." The whole staff of the clinic was amazed that this man had cancer.

Another time, an eighteen-year-old porter came to me complaining of nausea, anorexia and abdominal discomfort. He was still able to work at the time. Before he came to me, he had been treated for an upset stomach by a number of doctors. I must confess that I did not realize how sick this boy was until I found his blood pressure was high and that his urine revealed signs of chronic nephritis. I sent him to a hospital where he died of uremia two weeks later.

I remembered, too, one of my neighbors, a woman of about fifty. She told me she had been operated upon for a cancer of one breast a few years earlier and the second breast about a year after that. She died a year later, yet when I first saw her I had no inkling that this woman was so sick.

About eight years ago, a twenty-three-year-old woman came to me. She looked healthy and had what seemed an innocuous lump in her breast. A year later she was operated upon for an advanced cancer of the breast and died about a year after that. Obviously this woman was suffering from a carcinomatous shrinking biopathy long before she came to me.

But back to our patient. Six months had passed since I had seen her. During this time, and without consulting me, she had been under treatment with a lay psychoanalyst because of a severe depression. She was in a far worse condition than she had ever been before and she felt she was becoming progressively worse. She was unable to work or attend to any personal affairs. She felt she had no right to be sick and was very guilty about it. She had stopped using the accumulator because she could not tolerate it. She was withdrawn and afraid of people. Her whole body was pale and her hands and feet were cold. Her eyes were veiled and her pupils were wide and reacted sluggishly to light. Her pulse was fast. She was particularly armored in the upper part of her body. There were only faint signs of respiration and one wondered

how she was able to get enough oxygen to sustain life. She did not want to breathe deeply but when made to do so, she reacted with signs of preorgastic excitation and clonisms in the thighs and she felt as if she were going to die.

There was a mass in the outer upper quadrant of the right breast. The outer edge of the tumor was sharp and about two inches in width. Proceeding medially, the tumor could not be differentiated from the rest of the tissue. Both breasts showed signs of chronic cystic mastitis.

The *Reich Blood Test* revealed: Disintegration in physiological saline began after three minutes and was complete after twenty-five minutes. The orgone frame was pale and narrow and the field was very poor. The blood disintegrated into small bions and some RBC's showed tendencies to spiking. The autoclavation test showed grayish-brown color of the sediment consisting mostly of small flakes. The fluid was of greenish hue and somewhat turbid. Microscopic examination revealed chain-like formations of diplococci and cocci. Sixty per cent B-reaction. Blood culture in broth showed a disintegrating process into diplococci and cocci that were in the process of breaking down into T-bacilli. There were some free T-bacilli. The vaginal secretion was negative.

When I looked at this patient, I was even more impressed with the deep resignation that was expressed not only in her face but in her body. She looked as though she did not even have the impulse to breathe. Her voice was weak and she was incapable of yelling or making any loud sounds, even as a reaction to painful pressure. It was only after her respiration was actively mobilized and the armor of the upper part of her body disturbed that she had clonisms all over her body, and was able to cry and make contact with the depth of her sorrow. It is very important to point out here the severe biophysical block in the region of her upper chest and neck; this is where she was most strongly armored and it is not an accident that the tumor should make its appearance in this region.

Two weeks later I saw the patient after she had been using the orgone accumulator twice a day. The color of her skin was better and she seemed generally improved. The sharp edge of the tumor was gone and there remained only some enlarged gland tissue which was not differentiated from the rest of the breast tissue. Both breasts were much softer. Three weeks later the tumor had completely disappeared.

As Wilhelm Reich has shown, in the diagnosis of a carcinomatous shrinking biopathy it is not enough that this or that finding is positive, but we must

understand the process behind the disease. We must see it in relation to the total organism; we must see it in relation to the social problem. In this cancer patient, this process was immediately apparent in the resignation of her whole body. She looked shrunken and withdrawn, especially in the face and eyes, and there was a lifeless quality in the way she spoke and the way she moved. She scarcely breathed. There was an ominous calm about her. She looked hopeless. The impulse to rebel, to strive, to change, was snuffed out. She did not care what happened to her. Historically, we know that this patient's sexual life had been extremely poor. We know that she had reacted to her life-long sexual stasis with chronic armoring and severe periods of depression. We know that there is biological degeneration of her blood. We know that she has a tumor in her breast. The fact that the tumor was already there when she came to me meant only that the disease was far advanced. We consider the tumor in this patient malignant, first, because we see the carcinomatous shrinking biopathy; second, because the blood showed biological deterioration; and, third, because the tumor disappeared under orgone irradiation.

In traditional medicine before a diagnosis of cancer is made, there must be evidence of the disease, visual, palpable evidence such as laboratory findings, x-rays, tumors, et cetera. If this evidence is not found, they say there is no cancer.

Let us consider the case of Mr. X. At the age of forty-five, he went for his annual check-up and was told, "There is nothing wrong with you. All the findings are negative." At the age of forty-six, he was told the same thing; at the age of forty-seven, it was repeated; at the age of forty-eight, he was again reassured; and at forty-nine, the findings were still negative. In his fiftieth year, he noticed an irregularity of his bowel movements, he became constipated, his appetite diminished, he felt weak and tired, and he did not look very well. He went for his check-up earlier than usual and an examination revealed a beginning obstructive growth in his lower bowel. The diagnosis was cancer.

It is incredible that this degenerative and killing process suddenly appeared out of thin air. It must have been there for a long time. Must we always wait for a catastrophe to overwhelm us? Such experiences as this patient's can be multiplied by the tens of thousands. How is it possible that the medical profession is not able to see a dying process until it is fully developed? Even after the removal of the tumor by x-ray, radium, surgery, et cetera, the carci-

nomatous shrinking biopathy still remains. It is this degenerative process that is present long before the cancer is in full bloom, and it is this process which we have to understand and to see.

It is imperative that we become aware of how little we see. The advent of the microscope marked the opening up of a hitherto unknown sphere of knowledge which enabled us to see things undreamed of; what Wilhelm Reich has discovered—the cosmic orgone energy and the fact that it is also the specific bio-energy, and its relation to both health and disease—marks the opening up of an immeasurably greater era of discovery. It is the block in this bio-energy, caused by chronic armoring, that is at the root of our emotional myopia and astigmatism.

How is cancer diagnosed in the light of orgonomic findings? First, we must understand what we mean by a carcinomatous shrinking biopathy. Wilhelm Reich¹ has defined it as a chronic disturbance in the sexual function in the living organism, that is, a disturbance of the biological function of plasmatic pulsation in the total organism. Cancer is an accelerated process of dying. We must see in what way the carcinomatous shrinking biopathy manifests itself in the total organism. It is marked by a diminishing energy production, or loss of orgone potential (due to chronic orgastic impotence) which manifests itself characterologically in an emotional calm and resignation, and, later, somatically, in a general sympatheticotonia. This withdrawal of energy shows itself in the blood and secretions and is one of the first indications of cancer. In sum and substance, traditional medicine, although it has made great progress in the diagnosis of already established pathological processes, is far behind in the comprehension of the causative factors that lead to those processes.

In the case of our cancer patient, the fact that the tumor disappeared after irradiation with the orgone accumulator is beyond dispute. The fact that the tumor made its reappearance during the patient's last depression, when she did not use the accumulator, then disappeared again under the influence of orgone irradiation, is also beyond dispute. Traditional Medicine does not hesitate to use deforming surgery, it does not hesitate to use deadly x-ray treatment, it does not hesitate to use any number of powerful drugs of doubtful value, but it fights such a simple and life-giving device as the orgone accumulator which, among other things, can cause the disappearance of a

¹ Cf. Wilhelm Reich, *THE CANCER BIOPATHY*, Orgone Institute Press, 1948.

malignant growth. Perhaps it is just this simplicity that the mechanistic mind is unable to face.

There must be something in the character structure of us all that makes us shut our eyes and withdraw when we are faced with unequivocal organomic findings. It is as though we turn our backs and refuse to take responsibility for our individual character structure, together with all the social implications, and seek rather to put the blame upon a germ, an invisible virus, or an act of God. Perhaps it is for this reason that traditional cancer research is going full speed ahead in the wrong direction. We are looking for a miracle drug to redeem us from our ills instead of attacking the root of the evil. To put it bluntly, we do not want to know the truth.

It requires a very unusual mind to undertake the analysis of the obvious.

—A. N. WHITEHEAD

Orgonomic and Chemical Cancer Research

A Brief Comparison

ORGONOMIC CANCER RESEARCH

1. The Cancer Cell.

Problem solved 1936-1940: Cancer cells arise from decomposed, decayed living tissues; they organize from orgone energy vesicles (bions). Cancer cells and amebæ are functionally identical in that both arise from bionously disintegrated tissue. The cancer cell is the ameba of animal tissue; protozoa are the cancer cells of plant tissue.

Unit of the LIVING is the bion (orgone energy vesicle).

2. The Cancer Tumor.

The cancer tumor is only one of many late symptoms of the systemic disease "CANCER BIOPATHY."

3. Background of Cancer as of 1943.

General and gradual loss of *bio-energy* in the diseased organism: *Carcinomatous shrinking biopathy*. Early symptoms: emotional resignation and deadness, pallor, secondary anemia, weak orgone energy field, symptoms of decay in excretions.

BIO-CHEMICAL AND GENETIC CANCER RESEARCH

1. The Cancer Cell.

Origin of cancer cell unknown: Research blocked by refusal to recognize the natural organization of protozoa and bacteria, due to the prejudice that the cell can only come from a cell.

Unit of the living is the nucleus-containing cell.

2. The Cancer Tumor.

The cancer tumor is the cancer disease proper.

3. Background of Cancer as of 1950.

Background unknown and, therefore, not investigated.

ORGONOMIC CANCER RESEARCH

4. Blood System as of 1937-1942.

Gradual loss of bio-energy in the blood system.

Blood tests developed in *orgone biophysics* 1938-1944 (disintegration test of red blood cells; autoclavation test; culture test; T-bacilli test). Excretions studied since 1937.

5. Experimental Reproduction of Cancer in Mice, 1936-1940.

Injection of T-bacilli obtained by different decay processes; period of development in mice 12-18 months by way of chronic inflammation. Injection of tumor pulp. Tar application results revealed to be T-bacilli effects. T-bacilli developed from coal bions.

6. Heredity.

Family heredity doubted. Pseudo-hereditary factor was recognized as given in *anorgonotic uterus* and *spastic pelvis* with the result of a bio-energetically weakened embryo. Early emotional resignation in infancy. Disposition is thus *prenatal*.

7. Infectious Character.

Denied; T-bacilli are not infectious; they cause a slow chronic reactive in-

BIO-CHEMICAL AND GENETIC CANCER RESEARCH

4. Blood System as of 1937-1942.

Up to 1943, the blood system was not recognized or thought of as pertinent for the diagnosis of cancer.

Interest in blood tests developed sometime after 1943; i.e., *after* the publication of "The Carcinomatous Shrinking Biopathy" by Wilhelm Reich. Blood serum investigations. No examination of body excretions.

5. Experimental Reproduction of Cancer in Mice before 1936.

Tar application; mechanism unknown. Cancer pulp injection; a virus, as in Rous' sarcoma, assumed.

6. Heredity.

Factors of heredity assumed as certainty but entirely unknown.

7. Infectious Character.

Generally denied; distinction between inflammatory and cancerous processes

ORGONOMIC CANCER RESEARCH

flammation followed by malignant cancerous developments.

8. Sexuality

In center of research as anorgonia and sexual resignation within total emotional resignation. Orgastic impotence universal. Functional bio-energetic approach.

9. Treatment and Prognosis.

Supplementation of bio-energy (= orgone energy) from the atmosphere through the orgone accumulator; charging of the blood system. Orgonotically highly charged blood is the main therapeutic factor. It reaches all inner parts of the organism, acts beneficially against the putrefaction, charges the tissues bio-energetically, enhances turgor and metabolism, and directly attacks existent cancer cells. It is most effective in breast cancer even where initial glandular and bone metastases developed. Pain is reduced or eliminated. Life is at least prolonged in many cases if the decay process is not too advanced. Treatment of cancer tumors in soft tissue (liver, kidney, intestines) has a less good prognosis.

Prevention of cancer before tumor appears through elimination of early putrefaction processes is preferable and very hopeful.

BIO-CHEMICAL AND GENETIC CANCER RESEARCH

generally sharply drawn, with a few exceptions.

8. Sexuality

Eschewed and unknown as a pathogenic factor generally in human pathology. In later years attempts at a sex hormone approach. Lack of a functional bio-energetic theory of sex and complete neglect of the genital bio-energy function.

9. Treatment and Prognosis.

Surgery: Limited by presence of inaccessible metastases and location of the tumor.

X-Ray Treatment: Destroys some tumors if accessible but counteracts recovery by severe, often irreparable, damage to the bio-energy system.

Radium Treatment: Is only locally effective where tumor is accessible.

The cancerous shrinking biopathy of the total organism *remains untouched* in all three types of treatments. Most patients die sooner or later. Morphine administration against pain is successful up to a certain point of development by dulling of the nervous system. It counteracts recovery by its disastrous effects on the nervous life system.

Prognosis generally hopeless.

ORGONOMIC CANCER RESEARCH

Prognostically, any trend of the bio-system towards cancerous shrinking is early discernible by way of medical orgonomic diagnosis of the bio-energetic functions.

Psychiatrically, the emotional deadness and resignation can be attacked in some cases. On the whole, prognosis and treatment require ample further research.

10. Facilities.

Very poor. Budget at present \$1500 to \$2000 per month. Approximately \$200,000 was spent in the course of 14 years; there is no hospital available to test the scope and efficacy of orgone therapy. Orgone therapy is *sabotaged systematically* by powerful cancer organizations and science editors. It is slandered and gossiped about by snipers of all kinds. (One cancer society official, for example, referred an editor who inquired about orgonomic cancer research to the smear article of the infamous sniper Brady.) Most researchers at the Orgone Institute do their work without pay and have to provide money from their own pockets.

11. Outlook.

Good, hopeful if the continual slandering of Wilhelm Reich's work can be stopped.

BIO-CHEMICAL AND GENETIC CANCER RESEARCH

10. Facilities.

During the past few years, bio-chemical and genetic cancer research was subsidized with about \$10,000,000. All hospitals are open for research. The slightest hope is broadcast widely over the radio and is announced in the newspapers.

The researchers are paid.

11. Outlook.

Poor, unless concepts of bio-energy, orgone energy, biogenesis and biopathic shrinking are fully adopted with acknowledgment of the solution of the cancer riddle by Wilhelm Reich.

Orgonomy 1935-1950 (I)

A Brief Account

It is not and cannot be the objective of this brief account to present a well-documented, thoroughgoing report on the development of orgonomy since 1935. This must be left to the future historian of natural science in general and of orgonomy in particular. These last 15 years were crowded with big and small events to such an extent that it would appear irresponsible even to attempt a reliable history of these events. It can, therefore, be no more than a sketch which will be presented here on the occasion of the Second Orgonomic Convention at Orgonon, Maine, U.S.A., August 20 to 27, 1950.

First of all may I be permitted to mention those persons who since 1935 have greatly helped in achieving the present public position of orgonomy. If I mention only a very few persons this does not by any means indicate that others were not active or not effective in the process of building up our work. I had to restrict this part of my account to five workers in the field of orgonomy who have made independent and lasting contributions to the present structure of our scientific home. I shall proceed chronologically:

The oldest in the period of the last fifteen years is Dr. OLA RAKNES, Privat Dozent of Psychology and Philosophy (Ph.D.), at the University of Oslo, Norway. When the body of knowledge, then called SEX-ECONOMY, separated from its matrix, the International Psychoanalytic Association, it was first of all Ola Raknes who realized the great implications of the new and young scientific development. He has been with us ever since, never yielding to the disruptive influence of wrong public opinion, war, or the dangerous attacks on the part of the foes of orgonomy who tried hard to smash the embryonic knowledge in its earliest infancy. Raknes fought valiantly at the 13th Psychoanalytic Congress in Luzern, 1934, against the underhanded tactics of the then powerful, now ignominious leaders of the international psychoanalytic

movement, against tactics designed to kill sex-economy without much noise. I remember a walk in the mountains near Luzern one afternoon when I warned Ola Raknes against joining my camp. I told him that only trouble was ahead, dangerous trouble. Raknes answered that no trouble of any kind could ever detract him from safeguarding truth, no matter where it was to lead. I felt grateful for his attitude but doubted that he fully knew the implications of sex-economy. He had not yet experienced the full force of the emotional plague. During the following fifteen years Ola Raknes has shown again and again my doubts of 1935 to have been without foundation.

It was Ola Raknes who ended the vicious campaign in Norway in 1938. He entered the fight late, after it had already raged for more than six months. But his scientific punches onto the heads of the attackers of the then young orgonomy were decisive. He showed in public by a few well-aimed questions that the main adversary, the abstinent court psychiatrist, Scharffenberg, did not know what he was talking about when he condemned the bio-energetic principle of orgastic potency as a kind of lascivious excitation. Scharffenberg has been silent ever since.

It was Ola Raknes again who was the first to resume contact at the end of the second world war. He came to the U.S.A. and spent several weeks at Orgonon in 1946. In full accordance with his deeply rooted sense for scientific integrity, he listened carefully, without praise or prejudice, to what I had to tell him about the discovery of the cosmic orgone energy. He worked in the laboratory many hours every day, made painstaking observations in the dark metal orgone room, looked at bions, asked many questions where orgonomic functions were unclear, tested the orgone accumulator and went back to Norway. There, without formality and fuss, he built several accumulators, started experiments with human beings and faced bravely the onslaught of the "critics" who never dared to look into the microscope or to sit in a metal-lined darkroom to control their refutation of the orgone energy.

Coming from the thorough study of religious experience, Ola Raknes had developed a perfect sense for problems of sense perception and organ sensations. This lifted him far beyond the scope and vision of his adversaries. It gave him the great courage he has shown in so many public battles for orgonomy. And it has given him that certain basic attitude of decency and love of truth which has become so rare and so dangerous to possess in this world of the "new atomic era." In late 1949 we find Ola Raknes again on the public battleground, this time fighting for the principles of orgone therapy in which



Aaron Siskind

WILHELM REICH
Bronze, by Jo Jenks, 1949

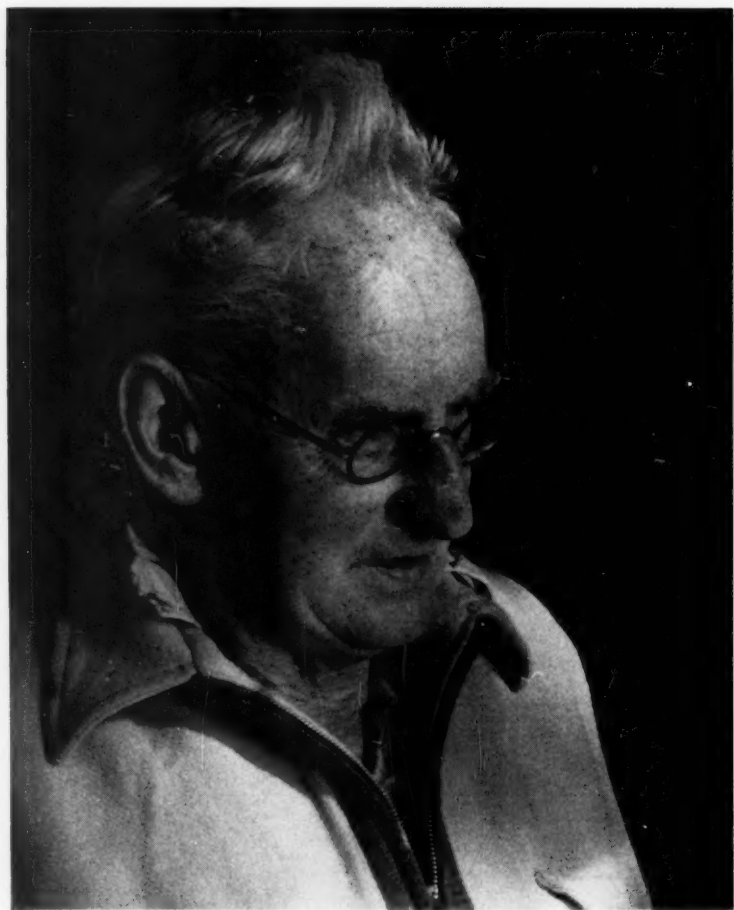


Kari Berggrav

WILHELM REICH
Bronze, by Jo Jenks, 1949



OLA RANNES



Kari Berggrav

A. S. NEILL



Kari Berggrav

THEODORE P. WOLFE



Kari Berggrav

ILSE OLLENDORFF



Kari Bergrau

WALTER HOPPE



he has become one of the few masters. We have had the great pleasure of having Ola Raknes with us at the first convention in 1948 and are looking forward to having him with us at the second convention in 1950. Now 63 years old, Ola Raknes has retained his zest and spirit of pioneership.

Historically, the second person to fight hard and successfully for the sex-economic principles in education was ALEXANDER S. NEILL, the head of Summerhill School in Leiston, Suffolk, England. Neill is too well-known in the world today as a great pioneer in education to require presentation of his accomplishment. I shall restrict my account to his contribution to orgonomy. Neill, since the early 1920's, *practically* developed the principle of self-regulation in education without knowledge of the hard scientific struggle which dominated the development of depth-psychology since about 1923, the year of my discovery of the *only bio-energetic key to the problem of sex-economic self-regulation: GENITALITY*. We did not meet until 1935 when Neill came to Oslo, Norway, to lecture on the principles of his school. I went to his lecture and immediately understood that here was a very practical exemplification of my clinical and theoretical principles of self-regulation in the world of childhood. (Bronislav Malinowski had brought *ethnological* proof for the practicality of the principle of self-regulation from the Trobriand Islands in 1930.) Neill then came to visit me at my home and we were instantly in full agreement about self-regulation in childhood. We disagreed, however, on several basic questions of puberty, mostly practical ones. Only very few people today are aware of the fact that both infantile and adolescent genitality were severely tabooed at that time. The psychoanalysts preached the principle of "taming the wild animal in the child," and they disliked Neill for his upright and straight advocacy of the natural sociality present in the child. This situation has remained the same up to the date of this writing.

Neill, on his part, understood in a perfect manner the implications of sex-economy and at 50 did not shrink from going through work on himself. From this work grew our friendship, based mainly on a common interest which was strong enough to outweigh differences of background, temperament, etc. Since about 1945 Neill added theoretical foundations to his already splendid practical activities in group education, and he entered the public scene openly advocating social sex-economy (*THE PROBLEM FAMILY*, etc.).

Neill visited Orgonon for the first time in 1947, and again in 1948, this time together with Ena Neill and their lovely daughter, Zoe.

Neill has contributed to the development of orgonomy not only his great practical experiment in education but also his prestige as an educator coming out fully for our new science. He has shared our worries about the fate of fairly healthy children in this mechanistic-mystical, war-making age. He has tried to find an answer to the great riddle of how to make orgonomic findings accessible to the masses of children and adults. I have worried with him about whether or not the principles of self-regulation can be taught, i.e., be transmitted to other schools and teachers and thus to society in general. Neither of us has yet found the answer. It seems as if only a character structure like Neill's can do the right things the right way. But no thinking and no clinical experience have yet revealed how to enable the *wrong* character structures to do the *right* thing the *right* way.

The most satisfactory situation in Neill's relationship to the orgonomic movement lay in the fact that, while keeping his school entirely independent, he had it incorporated in our total effort in a truly work-democratic manner like an important organ in a total organism. Neill possesses to a very high degree the rare and so important quality of complete independence combined with subordination to a common cause. This distinguishes him from the rebel against subordination to a common cause who never masters his deep dependency. Thus, disagreement on many issues of education and social matters went together with a deeply felt sense of responsibility for the main common task.

Chronologically the third prominent worker to join the orgonomic movement (in 1938) was DR. THEODORE P. WOLFE who at that time was Associate at Columbia University and psychiatrist and research physician at Presbyterian Hospital in New York. He had worked and published on vascular hypertension and related biopathic subjects. Our readers know Wolfe better than many other orgonomists from his publications in the Journals, from his excellent translations of orgonomic works and several prefaces which he wrote as introductions to English editions. Wolfe was drawn toward sex-economic psychiatry exactly by those of its characteristics which usually are apt to frighten scientific workers away: its straightforwardness and lack of circumlocution in matters of the core of psychiatry, *genital bio-energy*. Having

worked for years on problems of psychosomatic medicine, Wolfe at an early date recognized the disadvantages of the dichotomy already expressed in the term "psycho-somatic." True, it was a great advance in medicine that finally the physician who dealt with organs learned something about emotions and the "psychogenesis" of somatic disorders. But this was not sufficient, and the trend in its development led into the wrong direction: The organism is not split up into a soma here and a psyche there; the diseases are not results of somatic *and* psychic disturbances, but: The diseases are results of disturbed *bio-energy* functions which are manifested in somatic as well as psychic disease symptoms. This was what Theodore P. Wolfe had understood perfectly. He also understood, while working on psychosomatic problems, that one cannot do so without putting the function of genitality and the orgasm into its focus.

Wolfe is of Swiss origin. He is a silent man with a keen, theoretical intelligence. His perfect understanding of orgonomic theory sometimes brings him into sharp opposition to public routine procedures. What otherwise would constitute a major shortcoming developed into a virtue in his function as a medical orgonomist. When, in 1941, Wolfe accepted the difficult job of establishing the Orgone Institute Press, we fully agreed that no routine methods of propaganda should be used to spread our literature. We did not wish to join those one-day celebrities who make up in publicity for what they lack in deep-going search. We knew that we held in our hands the key to great scientific developments and, therefore, we did not wish to get into the newspapers right away. This had its disadvantages, of course. Certain character types who dominate sectors of the public scene thought they could proceed against us in a malicious way since mention of our work in *The New York Times* was sabotaged by some of its editors. They were wrong. Not having joined the stream of publicity seekers, our work stood out in that it became widely known *without* any effort at publicity. This was new indeed. And in the end it became impressive to layman and professional alike.

Wolfe's contribution to the orgonomic movement stood out in two other respects. As a linguist he did a great job of translating from German into English the most difficult subjects of orgonomy. He respected my personal way of expression and I respected his way of rendering it in English; in 1948 I began to write my papers in English. Wolfe translated CHARACTER ANALYSIS, the two heavy volumes of THE DISCOVERY OF THE ORGONE, THE MASS PSYCHOLOGY OF FASCISM, THE SEXUAL REVOLUTION, LISTEN, LITTLE MAN, and

many papers written by me and other orgonomists. He himself wrote several excellent papers on sex-economic psychiatry and concluded the fight against the C.P. slanderers with his widely known *EMOTIONAL PLAGUE VERSUS ORGONE BIOPHYSICS*. Whenever it was necessary to stop a slanderer, to put straight a lie, to defend the priority of orgonomy, it was Theodore P. Wolfe who stepped forward, defending the cause, clarifying, attacking the plague.

The Orgone Institute Press is today a well-established and respected institution with connections all over the world, except, of course, the "proletarian fatherland"; it became the distributor of our literature to hundreds of public institutions, universities, libraries, high-ranking professional people and plain citizens. Tens of thousands of copies of the literature were sold in the course of a few years *WITHOUT ANY PUBLICITY CAMPAIGNS* or advertising. The Press developed into one of the great connecting channels between our scientific center and the world.

As a teacher, Wolfe has for many years conducted a Technical Seminar for Physicians who study medical orgonomy. His abilities as a teacher are highly valued by the students of the Institute, and he is a member of the Educational Committee of the Orgone Institute. To me personally, his functioning as an adviser was and is, in spite of sharp disagreements at times, invaluable. Wolfe has the outstanding capacity of knowing his own limitations and prejudices, and it is just this high quality which renders his opinions so valuable. He can listen well and give sound advice in times of trouble. I mention these human qualities precisely because they are so rare and so extremely important in a pioneering movement.

Chronologically the fourth important worker in our field is *ILSE OLLENDORFF*. She joined the Orgone Research Laboratory in October, 1939 when, due to the transfer of the work from Norway to the U.S.A. in September 1939 and the war, orgonomic development was in its deepest crisis. There were no funds available; my earnings as a professor of medicine and psychiatry in the U.S.A. were still low; a tremendous amount of work waited to be attended to. In the Spring of 1939 the orgone energy in the *SAPA* bions had been discovered; hundreds of mice had to be handled and treated in different experiments; the laboratory had to be kept clean and run smoothly; manifold bion preparations had to be tested on mice and other animals. The records had to be kept daily in a meticulous way. Every mouse had a special

chart with its daily history written into it. Dozens of mice had to be dissected, the material had to be taken to the pathological laboratory for staining. Dozens of different bacteriological cultures, as well as bion cultures, had to be inoculated on new media. The ten-room house on Kessel Street (including the large basement) hummed with work all day and often during the night. In addition to that, a large volume of correspondence had to be handled regularly, files of all kinds, financial records, etc.

All this was entrusted to Ilse Ollendorff. She went about her work quietly, efficiently, ceaselessly, without complaint, for a very meager salary from the research fund. While I worked in the orgone darkroom with physical devices (it was only a few months before the discovery of the atmospheric orgone energy), I could entrust the biological work to her fully except for the daily routine checks and the dictating of the protocols. Although she learned to know the functions of the bions through daily routine work thoroughly from scratch, she felt the need to perfect her work by way of a bacteriological evening course for technical assistants of 156 hours. Thereafter she helped in control experiments by means of classical staining methods. Sterilization, preparation of culture media, and other well-known services in a laboratory were performed in a perfect, reliable manner.

For more than ten years now she has worked without letup, never deviating from her quiet, kind way of going about things. She began to give instruction in sterilization and other bacteriological techniques to physicians, biologists, and other professional workers, and later she was entrusted with microscopic demonstrations of diverse protozoal infusions and bion preparations. In addition to this accomplishment, she typed my manuscripts even while she nursed our child, Ernest Peter, who was born into this professional, social, and personal relationship. Her devotion went so far that at times I had to insist on her resting and taking a day off. When the work grew more and more complex, she became the Administrative Director of the Orgone Institute Research Laboratories, Inc.; she handled the orgone accumulator distribution and the Orgone Research Fund always to the satisfaction of the various accountants and lawyers who were in charge of legal supervision. Serious professional disagreement only occasionally developed when I urged her to delegate more work to other, younger assistants. This was seldom, if ever, obtained. She preferred to do it all by herself. Only a very few of our physicians know how often at ten or eleven at night, after a 12-hour work-day, she answers the phone calls from people desperately in need of medical

help. And only few students of the Institute are aware of the great amount of care and hard work on her part, with no regard to office hours, holidays or vacations, which go into the smooth functioning of the total research and teaching job.

In 1944 Dr. WALTER HOPPE, physician and psychiatrist in Tel Aviv (formerly at the Psychiatric Clinic of Bonhoeffer in Berlin), joined our work and soon developed into one of our most efficient physicians. I did not meet him personally until 1948 at the first orgonomic convention. His great achievement was his entirely independent establishment of one of the most efficient foreign branches of the Orgone Institute Research Laboratories. His outstanding personal characteristic is his *STRUCTURAL* grasp of orgonomic functionalism, the new method of thinking which, slowly over many years, grew through the experimental work with the organismic and atmospheric orgone energy. In most other cases, before understanding of orgonomic functionalism can be absorbed, the fallacies of mechanistic and mystical thinking must be clearly comprehended. Walter Hoppe did not think mechanistically or mystically to begin with. He understood instantly what orgonomy was talking about. I was highly surprised and satisfied when I discovered this ability in him. Most probably out of this structural understanding of functionalism developed Hoppe's great work in *medical* experimentation with the orgone accumulator. In his private practice he managed to reach a great variety of somatic diseases and to test the medical efficacy of the orgone accumulator. He published his results in several papers which are well-known to our readers. He widened the scope of the medical application of orgone energy far beyond the cancer biopathy, high blood pressure, wound-healing, and anemia where I had first learned to use orgone energy medically. He attacked with promising results such diseases as myxedema, Bürger's disease, various skin diseases, etc. Hoppe built up the Palestinian organization by means of lectures, newspaper articles, continuous medical work, and last but not least by great loyalty for and understanding of the task which confronted our young Institution professionally, scientifically, humanly, and socially. There was no need of convincing Hoppe of the nature of the malignancy rampant in social life, the "emotional plague." He knew it well from personal experience. When he lectured at the first orgonomic convention, he amazed us by his clarity and his daring in medical experimental matters. He soon super-

seded my first medical experiments with the 20-fold orgone accumulator by greater daring. He has stood many a public battle in behalf of orgonomy and is at present busy at forcing the issue of general orgone energy application in medicine. He is well known in his region and respected as a physician and public figure. I had many thoroughgoing discussions with him and enjoyed them very much. We can expect much from his activities in the future.

In the spring of 1950 Walter Hoppe began publishing the German counterpart of the *Orgone Energy Bulletin*, the *Internationale Zeitschrift für Orgonomie*. The task of this new periodical is that of conveying the results of orgonomic research to the German-speaking population of Europe and Asia.

Thus, outstanding people, endowed with various kinds of talent, joined this great task of ours and helped carry it onward. I am greatly indebted to each of them for their loyalty, no matter what the future may harbor in its secret folds.

WILHELM REICH

Orgonomic Literature Ordered from Russia

Several books on orgonomy have been ordered from Russia. This is news, indeed. What can it mean? No books on sex-economy or orgonomy have so far been able to penetrate the iron curtain. We have no way of knowing what it means, but we can guess:

Sex-economy is incompatible with dictatorial statism. The Stalinists have fought sex-economic understanding of human misery and needs for decades; in Germany through their "cultural" organizations as early as 1931, when sex-economy became widely known and spread rapidly among workers, youth organizations, middle-class associations, etc.; in Denmark, Sweden and Norway from 1933 to 1939; in the U.S.A. through Frederic Wertham, Mildred Edie Brady and consorts; here, they have lately tried to confuse and destroy an association which was interested in and trying to apply orgonomic principles in the education of small children. Now they order these "individualistic," "cosmopolitan," "bourgeois," "counter-revolutionary" teachings right into the heart of the "motherland."

The first guess is this: the *New York Times*, during the summer of 1949, printed a report of a Stalinite ukase, directed to the psychologists of the Soviet Union, to muster their forces to battle the Western psychologists who preach "a zoological egotism," obviously meaning sex-economy since no one else in the West has yet stuck his neck out to advocate healthy, natural sexual living for children and adolescents with all its human and social prerequisites. Since no book can enter the lands of the "liberators" without permission of the ignoramuses in highest places, the guess is that they ordered the books as original material and witness of the "depravity" and "counter-revolutionary" nature of orgonomy. We may, therefore, very soon expect some kind of smear attack on our work from either Russian or American sources which are under Stalinite influence. We would advise to watch out for the first signs of the smear, not to accept invitations by any red fascists, disguised as benefactors of children, not to discuss educational or orgonomic matters with them and to tell them that we shall discuss things with them *if and when* our physicians and educators have the opportunity to speak in Moscow and

Leningrad, if and when the iron curtain will be lifted and our literature will be available in the "motherland" as it is everywhere else; furthermore, *if and when* these fellows will have the knowledge and courage to care for children as living beings instead of as handy tools of power politics.

The second guess is this:

The description of orgonomic functions in the living, especially in THE CANCER BIOPATHY, has come out clearly against hereditarian mysticism in genetics. Now, as is well known, some geneticists have been badly treated in the "motherland." Lysenko has come out as a "progressive" who advocated the inheritance of acquired characteristics, a function which the same geneticists hate. The upheaval in circles of hereditary science which was caused by the massacre of the Russian geneticists, has obscured a very simple and obvious fact:

Whoever has gone to the trouble to study the fight between the Morganists and the Michurnists carefully, in full awareness of the social and political background of the fight, could not have missed the *political* nature of this fake "scientific" struggle. It was quite obvious from the make-up of the show that the fight against the geneticists came in handy within the framework of the total fight and slander against the U.S.A. which has held the scene of politics for the last two or three years in the "cold war." It is not a matter of scientific truth on either side. The struggle was not scientific either on the side of the Russian stooges or on that of the American geneticists. (We agree, of course, fully with the indignation of the American geneticists over the kind of treatment suffered by the Russian geneticists, in spite of our basic scientific disagreement with the mechanistic-mystical theory of the "genes.") It is quite obvious to any one who knows well the unscrupulous character of those gentlemen behind the iron curtain that had *the Americans advocated the inheritance of acquired characteristics, the liberators would doubtless have fought the other way around, for and not against the Morganists*. Since scientific matters have, in these disjointed times, become subject primarily to political, irrational machinations, the whole thing was a purely political affair; it solved no issues, but it came at a certain opportune moment in the cold war and it could and would surely have been fought the other way around under different conditions.

We have nothing to do with all this. The Russian mystical materialists are unable to swallow our orgonomic functionalism without sawing right through the philosophical branch on which they sit. Never will children

brought up in accordance with the laws of the living want or be able "to be like Stalin." (Imagine an American ukase that all children should be like President Truman!!) And what the *observable* entities, called genes, actually are, will be decided only by those geneticists who will be willing to learn what bions and orgone energy vesicles are. There exists, of course, a problem of inheritance of characteristics; but mechanistic, materialistic, chemically oriented genetics will never solve it, since life functions are primarily of a functional and not of a structural or chemical nature; this has been clearly demonstrated by experiment XX where plasmatic matter arises through freezing from free orgone energy contained in water.

There is some hope that a functionally minded geneticist might begin to look at orgone energy vesicles and to compare them with the "genes." There is a great chance that some Stalinite politician in some Russian Academy might try to "discover" the cosmic orgone energy for the "motherland" *anew*. However, there is no chance whatsoever that there can be success in the thievery. The cosmic orgone energy does not follow or respect party line ukases. Whoever will seriously try to work with cosmic orgone energy practically in the interest of the Russian people will encounter orgonomic functionalism, that is, FREEDOM combined with basic laws in nature. And since we know orgone energy as well as the red fascist mind, there are only two possibilities in such an attempt to steal the discovery of the orgone energy: *either* the thief will not get anywhere since one cannot work with orgone energy if one is a slave and intellectual scoundrel; *or* the one who tries to steal the discovery will be so enchanted by what he sees and learns that he will forget about any and every resolution of any Academy at an All-Russian, Pan-slavic Congress which sends greetings to that Great Wizard and "corypheus of science" in the Kremlin. This is quite certain, to judge from what we know of orgonomic natural functioning and its influence on man's decency.

Whoever could make two ears of corn or two blades of grass to grow upon a spot of ground where only one grew before, would deserve better of mankind and do more essential service to his country than the whole race of politicians put together.—JONATHAN SWIFT

On Scientific "Control"

It happens again and again that painstakingly elaborated and carefully presented organomic findings are met by mere "opinions" without any basis in observations or experiments. If such opinions are proclaimed by a chemist or a physician, the layman accepts them as an "authoritative" judgment, no matter whether the opinion is based on observation or not. Thus a *wrong* kind of "public opinion" develops.

Since authority is thus being misused in the interest of unfair business practices or politics, we must insist that whoever utters an opinion on the medical or other applications of the orgone energy first demonstrates that he followed the rules laid down for the observation of organotic functions. He must be able to answer the following questions satisfactorily:

1. Did he ever make observations in a metal-lined darkroom?
2. Did he ever see an orgone accumulator, or ever sit in one?
3. Did he ever observe disintegrating grass and moss under the microscope above 1000 \times magnification?
4. Did he ever observe boiled humus under the microscope above 1000 \times magnification?
5. Did he ever observe cancer cells and cancer tissue in an alive state?
6. Did he ever make T-bacilli cultures of living cancer tissue?
7. Did he ever repeat Experiment XX?
8. Did he ever perform an experiment with an orgone energy field meter?
9. Did he ever look through a telescope at the orgone movement on mountaintops?

Any and every opinion uttered in regard to the validity of organomy should and must be tested by the answers the various "critics," "authorities," "specialists," "physicists," "M.D.'s," etc. can or cannot provide to these specific questions. We must—by all means—keep off the empty blabberer and gossip. To be fully aware of the great responsibilities involved is a part of the job to be done.

Our Policy Regarding Cancer

Our attitude is reflected in the following letter which was sent to the Black-Stevenson Foundation when word was received that 18 physicians (medical

orgonomists) had sent a telegram to apply for aid from the 2-million dollar fund:

February 22, 1950

Mr. Alfred S. Black
The Black-Stevenson Cancer Foundation
714 Pine Street
Hattiesburg, Mississippi

Dear Mr. Black:

Dr. Chester M. Raphael has informed us of the telegram he sent you in the name of members of the American Association for Medical Orgonomy, on February 17th, with regard to the work of Dr. Wilhelm Reich.

At the last meeting of the Board of Directors of the Wilhelm Reich Foundation it was decided not to accept any financial aid for orgonomic cancer research unless the donor is fully informed about the nature and the effects of orgone therapy in cancer.

The results of orgonomic research are so revolutionary and its effects so far-reaching that the reaction of the vested interests in medicine and pharmacology has been one of incomprehension, hostility, and irrational attack. Under these circumstances, it would be more than useless for you to try to get *objective information* concerning orgonomic cancer research from "authorities" in other fields, such as traditional cancer research or mechanistic medicine. Nevertheless, we would like to suggest strongly to get the reaction of these sources, if only to convince yourselves of its nature.

In order to obtain *objective* knowledge of the efficacy of orgone therapy in cancer, only a very simple clinical-experimental set-up would be necessary, say, the following: A hospital installs a number of orgone accumulators, and a physician trained in orgone therapy treats, say, 50 patients with early breast cancer, with the exclusion of x-ray or any other therapy. The hospital physicians carry out the routine examinations (blood count, weight, etc.). Conditions would have to be set up in such a manner as to exclude any possibility of sabotage on the part of the hospital physicians. For example, it often happens that a patient, confronting a physician with the results of orgone therapy, such as disappearance of tumors, is told, "Oh, then it was not cancer." That means that these experimental patients would have to be certified by the hospital physicians, in writing, as undoubted cancer cases. As you undoubtedly realize, most "cures" by quacks are of diseases which they themselves diagnosed as "cancer," "tuberculosis," etc., but which never existed. Any possibility of such an interpretation would have to be absolutely excluded by the strictest diagnostic procedures. We could, of course, send you any number of testimonials from patients who were helped by orgone therapy. This is the method

used by quacks, because testimonials can be easily had for anything; they are worse than useless without scientific corroboration of diagnosis and therapeutic result. Such a simple and logical proposal as the above is apt to be met with the following irrational objection on the part of mechanistic physicians: "Once a cancer of the breast has been diagnosed, amputation of the breast has to be undertaken immediately. To wait, even for days or weeks, would be criminal." They overlook the following:

1. Once a tumor of the breast is visible and palpable, the cancer process has already been going on for years, and a few more days or weeks are of no account.
2. Amputation of the breast is an operation not without danger, and the disfiguration itself is a serious trauma to the woman.
3. Amputation of the breast may eliminate the tumor, but does not even touch the underlying cancer disease, as shown in the development of new tumors, metastases, etc.
4. Orgone therapy makes surgery in early breast cancer unnecessary. Clinical experience shows that most early breast cancers disappear under orgone therapy within 2-4 weeks. This takes place without the risks involved in a breast amputation, without the deleterious results of x-ray irradiation, but with a marked increase in general health.

Early breast cancer is suggested for this test because

- a. Breast cancer is visible and palpable, and changes resulting from therapy are easily observable;
- b. Cancer of the breast is one of the most common forms of cancer;
- c. Breast cancer responds particularly favorably to orgone therapy.

All attempts to provide a demonstration as suggested above have so far been resisted by physicians, hospitals, and researchers. It is not a question of the efficacy of orgone therapy; about that there is no doubt. It is a question of overcoming, in a *practical and unequivocal* way, the sabotage which orgone therapy continues to meet. It is here that a Foundation like yours could do untold good, at a minimal expense. We cannot force the issue, because of lack of funds and because we find ourselves, of necessity, outside of the usual mechanistic frame of medical thinking and the frame of unfair business methods in medicine and research. It is a sad fact that in these fields, "money talks." We do not want money. We want the orgone energy to have the chance to prove itself under impartial conditions, where what counts is the facts and not biased and ignorant "opinions." We know, from laboratory and clinical experience, that under objective conditions, the efficacy of the orgone could not be disproved, that, on the other hand, it could be very easily proved. Nobody has as yet attempted or succeeded to disprove it. The difficulty is not a scientific but a *social* one. If your Foundation could be instrumental in break-

ing this social deadlock this would be an achievement comparable only to the atomic bomb, with this difference: it would be in the interest of life instead of in the interest of death.

For the Wilhelm Reich Foundation:

Theodore P. Wolfe, M.D., Vice-President

For the Orgone Institute Research Laboratories, Inc.:

Simeon Tropp, M.D., Medical Co-Director

A. Allan Cott, M.D., Secretary

"Heatwaves"

Question: "Heatwaves" is the term for a series of orgonotic phenomena in the atmosphere such as vibration. Could you sum up the arguments against this misinterpretation of atmospheric orgone phenomena in classical science?

Answer: 1) "Heatwaves" in old terms denote heated air. Air, however, is not visible. One cannot, for example, see a strong wind.

2) Let us, for the sake of argument, assume that the vibration in the atmosphere is due to heat. In this case, the vibration would have

- a) to ascend;
- b) to be present only on warm summer days and be absent on cold days.

The truth, however, is that

a) the vibration in the atmosphere has, clearly visible, generally a West-East direction;

b) the vibration is clearly visible at all temperatures, also at 20° below zero on high mountain tops;

c) it is *invisible* even on very warm days shortly before rain or storm.

3) In the strict sense of wave mechanics, the term "heatwaves" has no meaning whatsoever.

4) The visible vibration is due to strong fluctuation in the transmission of light, as seen clearly at night on stars through telescopes out of focus.

5) "Heatwaves" is an isolated term which means nothing and fits nowhere. However, the vibration, when understood as a phenomenon of pulsation and movement of the atmospheric orgone envelope, can, with its West-East motion, be integrated with the revolution of the Earth.

A New Orgonomic Periodical

The Orgone Institute Research Laboratories, Ltd., Tel Aviv, Israel, publish the *Internationale Zeitschrift für Orgonomie* for the German-speaking countries. Editor: Dr. Walter Hoppe, 56 Ben Jehuda Road, Tel Aviv.

1. *Cancer—"Outside the Domain"*

THE DISCOVERY OF THE ORGONE, vol. 2, THE CANCER BIOPATHY, by Wilhelm Reich (Reviewed in *The Nervous Child*, March 7, 1949; New York, N. Y.).

"Dr. Reich here ventures out of his own domain of sexology in which he was fairly safe, even if rather isolated, into the field of the most bitter struggle of present-day medicine, that of cancer research. We hesitate to pass judgment on the value of his pretensions and shall await the discussion they will arouse in competition with other cancer theories."

We wonder whether the reviewer has even glanced over the content of Reich's CANCER BIOPATHY. How could he otherwise have so completely and persistently overlooked the fact that orgonomic research in the field of cancer started from *sex-economic* problems, and thus quite appropriately *within* Reich's own domain. The reviewer has been vexed by the word "cancer"; orthodox cancer research has hitherto entirely overlooked the sexual starvation present in every single cancer case. Therefore, Reich allegedly has "ventured out of his own domain of sexology." *He has not.* What is true is that orthodox cancer research has always been and still is outside its proper domain—that of the sexual, i.e., energetic functions within the human organism.

2. Re *Koestler*: THE GOD THAT FAILED.

This note is to correct statements concerning Wilhelm Reich on page 43 of the book THE GOD THAT FAILED in the article by Arthur Koestler. There are two factual errors in the presentation:

1. The book which Reich published under the title DIE FUNKTION DES ORGASMUS in 1927 in the Internationaler Psychoanalytischer Verlag was not inspired by Malinowski, whose main publication DAS GESCHLECHTSLEBEN DER WILDEN did not appear until 1930. Malinowski's ethnological material confirmed Reich's *previous* sex-economic clinical findings on genitality in children and adolescents. However, Malinowski inspired Reich's book DER EINBRUCH DER SEXUALMORAL which appeared in Berlin in 1932 in the Verlag

für Sexualpolitik; it dealt with the first beginnings of sex-negative morality in human clan society.

2. The above-named book *DIE FUNKTION DES ORGASMUS* (1927) did not expound the theory that "the sexual frustration of the proletariat caused a thwarting of its political consciousness," and it was never said that "only through a full, uninhibited release of the sexual urge could the working-class realize its revolutionary potentialities and historic mission." This, of course, sounds quite nonsensical. Reich only found that the suppression of infantile and adolescent love life severely damages the bio-energetic functioning in the human animal in *all* classes of society; it is apt to make emotional slaves en masse among the working people. (This was first published in 1930, and later incorporated in *THE SEXUAL REVOLUTION*, 3rd edition, 1946).

3. *From the Orgone Institute*

From time to time claims are made by professional and lay people to the effect that they are or have been "members" of the Orgone Institute or of the so-called "Reich group." Such claims should be disregarded as they have no foundation:

The Orgone Institute is not and never has been a membership association. A physician, a psychologist or a gymnastics teacher who has gone through training at the Orgone Institute is no more a member of this institution than a former student of Columbia University is a "member of Columbia" or of its staff. The Orgone Institute is organized like a University and not like a membership organization. Neither does there exist any "Reich group." Reich has no "group" and does not belong to any group. Someone who has participated in courses or lectures given at the Orgone Institute is not a member of any group.

It is such people who misuse their *temporary* affiliation as *students* with the Institute for their own private purposes: they create or support the rumor of a "cult" flourishing in the "Reich group." The motives of such claims are due either to ignorance or to malignant interests.

The names of the officers of the institutions which constitute the Wilhelm Reich Foundation will be published from time to time in the *Orgone Energy Bulletin*.

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