

Eva Reich

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

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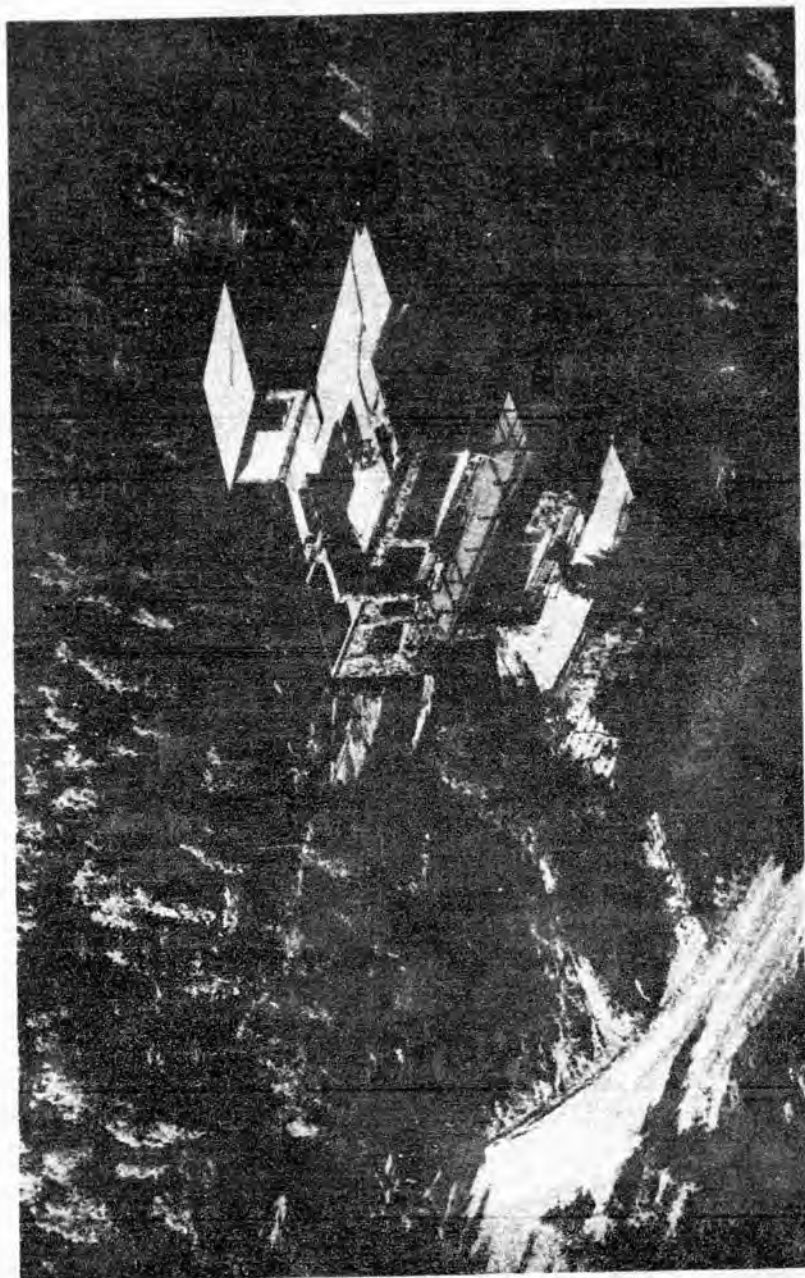
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AIR VIEW OF ORGONON, RANGELEY, MAINE



AIR VIEW OF THE ORGONE ENERGY OBSERVATORY, ORGONON, RANGELEY, MAINE

Orgone Energy Bulletin

VOL. 3, NO. 3

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ORGONOMIC INFANT RESEARCH CENTER (OIRC)

Armoring in a Newborn Infant

By WILHELM REICH, M.D.

We assume that in a newborn infant an unwarped highly plastic bio-energy system emerges from the womb, and that from then onward it will be influenced by a multitude of various environmental impacts. The impinging impressions will begin to form the infant's specific type of reaction to pleasure and to sorrow. This is true, provided that no major harm had already been inflicted in the uterus. But let us, for the sake of clarity, separate the *prenatal* and the *postnatal* development. They can be kept separated, although a pre-natal damage suffered will to a certain degree determine the manner in which postnatal stimuli are absorbed and structuralized.

It seems best to conduct our inquiry along the lines of a concrete case. What matters here is whether or not and in what manner we can apply our base of operation in the concrete single case. What obstacles do we encounter if we decide to "*let only the interest of the child determine the course of events and, if at all possible, nothing else?*" The "nothing else" is, of course, exaggerated here and not fully applicable in daily social life. We are prepared that for centuries to come thwarted life will infringe upon healthy, newborn life and will cause more or less harm. However, it is crucial for the general line of procedure as well as for the attainment of some degree of success in the OIRC, to learn to judge the obstacles to this undertaking as they arise in daily life.

The mother of the infant to be discussed in the following pages was chosen from among a small group of applicants as one of the "fairly healthy"

mothers. Biologically she appeared outgoing, direct, with no major twists in her character structure. She had been happily married for several years. Special requirements of her husband's job in the Army had prevented them so far from having a baby, which they greatly desired. The mother was a pretty, sexually attractive woman of thirty. The first biophysical examination revealed a strong body, a warm radiating skin, sparkling eyes, full, sensuous lips, well-formed limbs and torso, relaxed and calm behavior.

She could express emotions of any kind freely, which is a major indication of free-flowing bio-energy. She could cut ugly faces, sneer, growl, scream, show anxiety in her eyes, open her eyelids fully, wrinkle her forehead, bite and hit strongly with her fists at an imagined hated object. The gag reflex was fully developed. Her eyes had a deep, serious, penetrating look full of contact like the look of a deer.

The essential point in the examination of a future mother is, of course, her thighs and her pelvis. Not only the mechanical routine functions, such as width of the entrance and exit of the pelvic bone structure, normal position of the uterus, absence of retroversion and prolapse, absence of trichomonas vaginalis, absence of cervical lacerations and erosions, of fibromatous and myomatous growths in the uterus, and regular and painless menstruations are essential. These things are matter of fact to any good obstetrician. *What matters here is whether or not any armoring can be found in the pelvic segment.*

Group A in the OIRC does not accept mothers with armored pelvic segments. The reason for this is obvious. A pelvic armor precludes orgasmic discharge, reduces the vitality of the genital organs and thus impedes full bio-energetic functioning of the fetus; in addition, it renders the total emotional system more vulnerable to strains and stresses of family difficulties, pregnancy disorders and the delivery itself. We did not absolutely refuse mothers with armored pelvis; but we registered them in Group B, that is, with the intention of studying in due time the existence or nonexistence of damage to the fetus growing in a spastic uterus. Little is known about the influence of uterine spasms upon the fetus. The results had to be kept clearly separated, according to our basic distinctions between *armored* and *unarmored* organisms. We know from ample clinical evidence that if the pelvis is unarmored the rest of the organism is also free of major immobility; and that if the pelvis is armored there always also exists armoring in other segments of the organism.

To return to our mother: She enjoyed the embrace without fear or restriction. She could "let herself go" completely and had her regular orgasmic discharges; her whole bearing and expression corroborated this conclusion. Only a slight oversensitiveness in her middle abdominal segment could be found; it was easily removed.

In the psychological realm there was an inclination toward an exaggeratedly idealistic attitude regarding motherhood and children. The prospective mother beamed with the expectation of bearing a "healthy child," of raising it to manhood or womanhood in only joy and delight. She seemed not fully aware that bearing and rearing children is a major and often painful task. When this was mentioned to her, she seemed confident, in fact a bit *too* confident regarding the job ahead. She also seemed to idealize her husband beyond the actual reality. They had, so she said, no conflicts at all, they were most happy together, etc. The examining physicians knew from reports by their chief social worker that not all was or seemed as rosy as the mother preferred to present it. The husband, a kind and handsome fellow, was inclined to verbal pornographic expressions; he had some set ideas about social and cultural matters which were not quite in agreement with his wife's biological structure. He also seemed to enjoy her idealization too much.

It is essential not to evaluate the parents in "absolute" terms of an "absolute" health with regard to an "absolutely healthy" child; on the contrary, such an attitude of absolute perfectionism does, as will clearly emerge later on, cause much harm not only to the conduct of the parents but, of first importance, to the preventive educational undertaking itself. The ideal of an "absolute" health and an "absolutely healthy" child contradicts the reality in which the child has to grow up. It most probably also contradicts the natural process itself which never is and never can be perfect according to the ideals of man. The setting of absolute ideals in medicine or education precludes proper evaluation of what is and what is not possible to achieve. It will, most likely, break down at the first impact of a major obstacle in the way.

In this particular case, as in other cases, the mother as well as the head social worker in charge of the case were in danger of failure because of this idea of absolute health. It is a general human character trait which we will be kept pondering about for quite some time. We shall later realize in what manner these first impressions of the mother actually began to exert their influence upon the infant in the *wrong* direction.

The staff which was to take care of the mother consisted of:

One physician, a *medical organomist*; his task was to supervise the emotional status of the mother during pregnancy, to remove any blocking which might have appeared at any time in any part of the organism.

Another *medical organomist* who had specialized in the observation of small children and had had rich experiences with his own son, at that time four years old.

One *organomically trained social worker*; she was to be in touch with the mother frequently enough to detect any emotional or physical deviation from the physiological.

One *obstetrician* who was only to deliver the baby; he was willing to cooperate with the OIRC in whatever was felt necessary to secure unimpeded development of the child.

Another *medical organomist*, who had performed a brilliant rescue operation in one special delivery, was to stand by and to take charge in case of delay or complication of delivery.

One *mother*; she was to learn how much can be taught to other mothers in groups about delivery and nursing.

One may ask at this point: *Why this complicated machinery for the delivery of one single baby?* The answer is this: Since nothing whatsoever is known about the effects of bio-energetic and emotional disturbances on pregnancy and delivery, it was necessary to have as many skilled workers as possible standing by to make the observations and step in if necessary. It is of little use to have a psychologist who knows nothing about organotic streamings and an obstetrician who, merely mechanically oriented, delivers a baby, if that baby is to be studied in regard to its emotional development. It was necessary to have several organomically well-trained specialists pool their knowledge in order to miss as little as possible during the crucial period. It seemed decisive to give the whole project the correct start. Even divergences in opinions of the several observers could be expected to reveal major problems during the prenatal and the postnatal period.

Reports on the behavior of the mother were obtained from different sources. In this manner, what was common observation could be distinguished from what might have been an individual emphasis; and also the reactions of the different workers could be studied at the same time while they were in contact with the mother.

One of the two social workers, for instance, became severely disturbed when, during the first examination, the mother told the examining board that she enjoyed full genital gratification in the embrace. This social worker

was at that time in an acute state of frustration, and she broke into crying. Thus we learned how the personal emotional status of a social worker can be affected by certain disclosures in a particular case. Such things of course happen wherever human life is handled medically or educationally. The good physician or social worker knows what goes on subterraneously in such contacts. The rigid and well-armored physician or social worker, on the other hand, does not know it or he discards it as "not belonging"; he may even get angry if such "personal interferences with the job" occur. Accordingly, the literature is bare of any inquiry into the role played by the emotional structures of the specialists involved.

Here is the report of the social worker some six weeks before the actual delivery:

If you are interested in my personal impression of Mrs. L and how she is carrying the baby, I can say I think it is excellent. Her whole attitude about her baby is remarkable compared to any of my previous experience. Her whole being seems saturated with happiness and contentment. She sits and radiates, and one feels good and close to the living in her presence. I feel very aware of the *baby* as though it were a member of the group. She doesn't seem anxious about anything. When discomfort or pain connected with childbirth is mentioned, she doesn't seem the least disturbed. When she learned that G's baby had died, she reacted warmly and sympathetically, but with no sign of identification or fear. She looks wonderfully healthy and has had no edema or negative physical symptoms to my knowledge. She appears to have a good understanding of what the Organomic Infant Research Center is about and seems wholeheartedly for it.

Here is the report by the chief social worker, fifteen days after delivery:

Baby had its first bath on the 11th day—seems to love it; gurgles and moves in the water. *Is startled if taken out of water too quickly (pulls shoulders back).*

Very active with head movements, is able to hold head up by itself; when held upright moves head from side to side. Turns head and moves eyes according to sound and movements of people in the room. Appears to focus and coordinate eyes and follows objects as they move.

Has frequent hiccups, practically after every feeding. Also spits up milk; mother said this happens only when having bottle, but it was observed by us to do it also after breast feeding.

Mother relates that at first the baby would eat very frequently (every hour)

from breast. It would go to sleep at breast and start crying as soon as mother tried to put it back in crib. The bottle formula (which is given irregularly) was strengthened and the baby calmed down and seemed to have needed added nourishment. *Mother realized she is tense at times which is influencing the milk flow.* Baby at times sleeps for longer stretches during the night only if mother holds it in her arms. This tires mother out. Mother says baby likes breast better than bottle but takes to the bottle also easily. Baby gained 11 ounces the first week, 10½ ounces the second week. *Oral orgasm observed only during the first three days.* Baby still eats at least every three hours, usually more often.

Baby was observed by us while it was lying awake in its crib. Its color and body warmth were good at first; later, extremities seemed pale and cool. It started having hiccups which lasted for quite some time. *Its chest seemed hard* ("bird cage"); *it would hold it in inspiration: Inhalation long, exhalation short, staccato and irregular.* The baby seemed restless on the whole. When having a bowel movement, the stool was loose and projectile—came out with a terrific force, messing up the crib. Face became contorted, pulled up legs. The father was "playfully" pulling its legs and arms which made baby seem even more uncomfortable. ("You be good or I'll punch your nose.")

The second report four days later reads as follows:

Baby's age: 19 days:

Baby had been having a cold for the last two days. The breathing seemed obstructed; it was noisy and shallow and quick. *The breathing has so far only seemed to be reaching the upper chest, but not down to the belly. The noisy breathing ceased when it was sleeping peacefully in my arm for one half an hour; the chest was moving very rapidly, however.*

Generally the baby seemed restless, fretful and unhappy. Would be at the breast only for a short time; perspired when sucking. (Often does, according to mother.) Holding it would only satisfy it for a short while, then it would take breast for a short period, then sleep for brief time, etc. Usually its crying was whimperish, rather weak. Only once did it really yell out with any force.

Baby does not like to lie on belly but does sometimes lie on its side. At times it seems soothed by lying on its belly over the mother's knee while having its back stroked.

Mother uses bottle frequently during the night; however, the baby wants to sleep in mother's arms all night.

Mother stated that caring for the baby was far more difficult than she had anticipated. Had some kind of a doll idea. It gives her anxiety and she feels at times at a loss as to what to do to satisfy the baby. Mother says baby often seems more restless at night and will cry, pull legs as if it had cramps (colic??).

Overall impressions: One difficulty with Mrs. L is that she has a tendency to want to relate everything as "wonderful." This was noted throughout the pregnancy: *It is an unrealistic, Pollyanish attitude which covers up honest facts.* She will usually only admit difficulties in the past tense. The same holds in her relationship with and perception of her husband. A consequence of this attitude is the fact that the mother now feels surprised and overburdened by the demands of the baby. She admits she resents the amount of time and energy she has to give to the baby, although she says this was only so in the beginning. Furthermore, because everything is not just wonderful right now, we can probably anticipate resentment on her part toward the OIRC because we want the real facts.

Mr. L appears to be somewhat lacking in sensitivity toward the baby. He manipulates its body rather roughly to show it off and is in danger of taxing the baby beyond its limits so that he can prove its "health." He is also rather aggressive and dominating with his wife who, however, talks very praisingly about her husband and says she is more in love with him now than ever.

Mrs. L's mother-in-law continues to be present practically every day and also sleeps there nights, although she does not live with the L's. According to Mrs. L, she has worked out a very satisfactory arrangement with her mother-in-law who helps her with the housework and shopping. Mrs. L has been urged to handle the baby herself but from some of the things she says, it seems that the mother-in-law takes care of the baby a great deal too. Mrs. L states that she could never have managed everything had it not been for her mother-in-law. Mrs. L seems definitely dependent upon the bottle; will she give up the breast feedings for the bottle?

Summary:

Something had gone wrong. The baby was uncomfortable, and nobody seemed to know why. It was only hinted that the mother did not seem to function too well. The job of motherhood appeared to be far more difficult for her than she had anticipated.

Was the mother not as well adjusted to her biological function as we had assumed? Or was there any other, hidden reason for the difficulty?

We know that no such problems usually turn up in medical pediatric work. The child is given its chemical "routine shots." If the mother feels uncomfortable, she is advised to do this or that, to take it easy, to relax, to stick to a schedule, etc. To search for the roots of the evil in a disturbance of the contact between mother and child is rarely thought of. A week later the following report came in from the chief social worker:

I talked today with Dr. M who saw the L's yesterday. He was not satisfied with Mrs. L, felt that she was tense, had anxiety; her eyes seemed dull. Dr. M confirmed the impressions given in earlier reports. When Dr. M questioned her, Mrs. L admitted her difficulties in the past, but said that everything was all right *now*.

It was then decided to let the parents, together with the infant, travel to Orgonon for a thorough interview and examination of the situation. It is clear that to learn all the details in such a situation in a single family is far more important than doing research superficially with hundreds of babies. For a long time to come, the task must remain on a pilot research level. The further development proved this approach to be correct.

The parents brought the baby to Orgonon when it was five weeks and four days old. These were the basic points of the interview:

Q: Do you (mother) have contact with the baby?

A: Yes, frequently, but sometimes I don't.

Q: How do you know when you have no contact?

A: I don't seem to be able to be at ease with the baby—I don't seem to hold it the right way, and then the baby does not seem comfortable, it becomes anxious and unhappy.

The mother had contact with the baby most of the time, but she also knew when she had lost contact. Here the first dangerous miscomprehension of "health" manifested itself:

The mother seemed to feel guilty over not being a "healthy" mother, over not fulfilling her task in the OIRC when her contact with the baby was bad. And the baby apparently responded to the lack of contact with discomfort. What then was wrong here? The temporary lack of contact, or the guilty feeling about not having contact? Obviously the latter. *It is natural that a mother at times loses contact with her child for a brief period.* It is a sign of

an alert and alive structure to know when contact is lacking. To have guilty feelings about it does not seem to belong here. Why should a mother feel guilty if she temporarily has no contact? And what do such guilty feelings do to her organism, and through her organism to the baby?

Such questions bother many a mother in many countries. The organotic sense of contact, a function of the orgone energy field of both the mother and the child, is unknown to most specialists; however, the old country doctor knows it well.

Organotic contact is the most essential experiential and emotional element in the interrelationship between mother and child, particularly prenatally and during the first days and weeks of life. On it, basically, the future fate of the child depends. It seems to be the core of the emotional development of the newborn infant. We know very little about it yet. Let us, therefore, explore it further.

The next problem in the interview was to find out *what the disturbed contact did to the child*.

Interviewer: It is to be expected that the child will feel uncomfortable if your contact is absent. The important point is that you clearly know *when* you do *not* have contact. An armored mother most likely would not know it, and thus could not change the situation. Let me ask you a few questions to find out:

1. Why you lose contact;
 2. How you yourself react to the loss of contact, and,
 3. What happens to the baby when you lose contact.
- How do you know what the baby wants when it cries?

Mother: It cries differently according to what it wants. I have learned how to distinguish it. At times I am not sure; I then try different things until I have found out what it wants.

Interviewer: You are right there. With full contact established, the mother knows what the baby wants. But we must get away from the idea that everything should be *perfect*, that you should have contact *all* the time, that the baby must *always* be happy and healthy. The main thing is not whether or not the child at times feel uncomfortable, but whether or not you know why it suffers and can pull yourself and the baby out of it. Health, in other respects also, does not consist in never being unhappy or always being healthy, but, basically, in whether or not the organism is capable of pulling out of unhappiness and illness. These ideals about an "absolute happiness" and "health"

should be given up outright. They are mystical, no good and cause much harm. It is to your credit as a well-functioning mother that you are aware of your own occasional depressions. Do you know why you get depressed?

Mother: At times I feel strongly that I am bound down, overburdened by caring for the baby. I did not know when I expected the baby that it would mean so much hard work.

Int.: It is quite natural for a young, lively mother to feel the burden and to resent it at times. You cannot go dancing whenever you'd like to, and your time is not quite your own. It is also natural that, in your joyful expectation of having a baby, you overrated the pleasure of having a baby and underestimated the burden you would have to carry. It would be very strange if you did *not* feel resentment against the baby at times, or if you did not know it and blocked it off. To be unaware of these human attitudes would constitute a serious danger to yourself and to the baby, emotionally. Therefore, do not worry about losing contact at times or disliking the baby off and on. However, I feel that there is more to it. Don't you feel that you do not quite live up to the demand of being a "healthy mother"? Don't you feel that a "healthy" mother should have a "perfect" baby and should *never* be depressed or distressed?

Mother (her eyes suddenly brightening up and her face, pale before, flushing): Oh, yes, I feel burdened by the obligation to be always healthy and perfect. I feel that I do not comply with the expectations people have in this case with regard to the baby.

Int.: Now this is crucial. In addition to the natural reaction against being bound by the baby, you feel obliged to comply with certain expectations as to health and perfect behavior. This is an unnecessary depression. It is bad for you and bad for the baby. Who expects so much of you?

Mother: Being one of the "healthy mothers" under the care of the *oirc*, I feel I must not fail as a mother. This depresses me. My husband always boasts of how healthy a baby we have, and this is not quite true. My baby is not quite healthy, I know it and I do not know why. I do my best and it does not quite work. My baby had a cold when it was two weeks old and since then it is not well although the cold is long gone.

Int.: We shall go into that very soon. First your husband. [To the father] Do you have contact with the baby? Do you like it?

Father: I love it . . . The baby always smiles at me; I have good contact . . . [There was a peculiar ring in the father's statement about the smile.]

Int.: What do you mean with "it always smiles at you"? Why should it?

Father: I pull the baby's legs, make it stretch, make certain sounds it likes . . .

Why should the father stretch the baby's legs?

Int.: You should not experiment with the baby. Do what the baby wants, but do not do things with the baby only because *you* like it. Just be with the baby. Enjoy it, don't "watch" it for watching's sake. Stay in the background . . .

The mother confirmed that she had to stop the father at times.

Int.: Do many people come to visit your home? Do they interfere with your procedures? What about your mother?

Mother: People come at times to see the baby, but I do not let them handle the baby. My mother-in-law helps out . . .

The eyes of the mother went blank at this moment. She was asked what her relationship to her mother-in-law was like. The experienced *orgonomist* could not have failed to notice the change in the mother's behavior. She seemed blocked in her expression, she went a shade paler. Then, very hesitatingly, she said that very often she had to assert herself against her mother-in-law, to tell her to stop commanding and to let her decide herself. She complained that the grandmother's expression and "touch" with the baby was not always right.

She was advised to keep the grandmother off the child more, and, if she felt that the infant suffered, to handle it herself without the grandmother's assistance at all. She should let herself be guided in this matter by whether or not the child felt comfortable and by nothing else. As long as the child enjoyed contact with the grandmother, it was all right.

The mother then related that circumcision of newborn male infants meant so much to the people in the neighborhood and to her relatives in the small town where the L's lived. Family and neighbors could not understand why the child was *not* circumcised. Circumcision seemed to have a peculiar meaning to all those people who had insisted on the baby's being circumcised. It seemed as if the circumcision of the child served a strong emotional need in the grownups rather than any other consideration.

The situation had been especially complicated with the mother's parents. She had not had the courage to tell them that the child had not been circumcised; she had told them that the child *had* been circumcised "in order to have peace." The mother sees her parents only very rarely and they would,

she assured us, have no influence on the child. Still, it remained a riddle why the mother had not told the truth. We can clearly see that without the connection with the oirc the mother would have yielded to her parents' expectations and that a severe injury would have been inflicted upon the child.

The question now arose as to whether the parents wanted the child to grow up as a Jew. The mother declared that she would *not*; she thought it immaterial since those national boundaries were artificial. The father insisted that he was conscious of being a Jew and he could not see any reason why the child should reject the fact that he too was a Jew as he was growing up. He planned to teach the child about his Jewish ancestors and traditions so that he would become a "good Jew," conscious of his heritage from Judaism.

Here a conflict appeared to be developing between the father and the mother with regard to a major question concerning the child's future. It was well known to the interrogators that such conflicts are apt to confuse the child, to cause conflict in its double dependence on father and mother; that the party which would lose out in this fight would resent it and feel subdued by the other. Here, the base of operation in the oirc was to be tested as to its strength of reasoning and its efficiency. The conflict between the parents, the mother being world-minded and the father being more nationalistically inclined, could only be solved by the "third factor," the common functioning principle, i.e., the INTEREST OF THE CHILD AND NOTHING BUT THE CHILD. Accordingly, the physician tried to explain the standpoint of the oirc.

The mother as well as the father had of course a full right to their own feelings and opinions. However, the interrogating physician felt that the mother represented the interest of the child more completely than the father. The mother's standpoint still left the opportunity open for the child later to decide whether it wanted to be a Jew or not. The father's view, on the other hand, left the child no choice but would force it right from the beginning, in a phase when it could not defend itself, into a certain cultural and religious pattern which the child, deep down, might resent and want to reject.

Would the father, as fathers were accustomed to do some decades ago and still are wont to do, determine *in advance* whether the child should become a carpenter or a lawyer? The father said that he would of course never try to do such a thing. Then, why determine right now whether the child should grow up as a Jew? At first the father could not see the point. It seemed to him that being a Jew was different from being a carpenter. He believed that Judaism is somehow inherited, given by birth as it were. The counseling

physician denied this. He said that children were born neither Jews nor carpenters nor anything else; that it was the environment with its preconceived ideas which thought that way. The child was born as nothing more than a plastic bio-energetic system, ready to pick up anything from the environment that was imprinted on its organism with some degree of persistence. This would not serve the child's development to independence and self-regulation which *both* parents were willing to secure. Just as forced circumcision represents a most violent interference with the inborn freedom of a person, the early determination of what a child should or should not be or become violates the child's rights by forcing it at its most plastic age into a certain preconceived direction. Judaism is all right for whoever wants it. Judaism must be respected as any other belief held by people must be respected. There is nothing wrong with Judaism so long as it does not interfere with the rights of infants and their natural development. If the child, during its later development, tended toward Judaism this would be perfectly all right; it would then be the child's own choice. But not now or during the first five to ten years of its life. It may later want to join the Catholic Church or the Mohammedan Church or worship nature or feel free to just enjoy the world. The father's standpoint had nothing to do with the child's interest which alone should determine its growth. This was the basic policy of the oirc. No interest in state, culture, religion, nationality, etc. should be permitted to influence the child's development. Even the state gives its citizens the full right to determine themselves where they want their children born and even whether or not they want to be citizens, except, of course, in the lands of the "liberators." Otherwise, the concept and meaning of freedom and self-regulation would be lost and not worth anything right from the start.

The father seemed now to realize the standpoint of the oirc, but emotionally he still adhered to his personal view. He promised to think matters over and tell later on what conclusion he had reached.

Beginning of armoring at the age of five weeks

We have learned in organomic medicine that most basic functions of later biopathies begin to develop prenatally and immediately after birth. The psychological approach, including the psychoanalytic, can reach down only to the age where language formed, i.e., to about the third year of life. Beyond this age one must rely on the *expressive, emotional language* and on the *organotic contact* one can establish with the living system of the infant.

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The mother as well as the father had of course a full right to their own feelings and opinions. However, the interrogating physician felt that the mother represented the interest of the child more completely than the father. The mother's standpoint still left the opportunity open for the child later to decide whether it wanted to be a Jew or not. The father's view, on the other hand, left the child no choice but would force it right from the beginning, in a phase when it could not defend itself, into a certain cultural and religious pattern which the child, deep down, might resent and want to reject.

Would the father, as fathers were accustomed to do some decades ago and still are wont to do, determine *in advance* whether the child should become a carpenter or a lawyer? The father said that he would of course never try to do such a thing. Then, why determine right now whether the child should grow up as a Jew? At first the father could not see the point. It seemed to him that being a Jew was different from being a carpenter. He believed that Judaism is somehow inherited, given by birth as it were. The counseling

physician denied this. He said that children were born neither Jews nor carpenters nor anything else; that it was the environment with its preconceived ideas which thought that way. The child was born as nothing more than a plastic bio-energetic system, ready to pick up anything from the environment that was imprinted on its organism with some degree of persistence. This would not serve the child's development to independence and self-regulation which *both* parents were willing to secure. Just as forced circumcision represents a most violent interference with the inborn freedom of a person, the early determination of what a child should or should not be or become violates the child's rights by forcing it at its most plastic age into a certain preconceived direction. Judaism is all right for whoever wants it. Judaism must be respected as any other belief held by people must be respected. There is nothing wrong with Judaism so long as it does not interfere with the rights of infants and their natural development. If the child, during its later development, tended toward Judaism this would be perfectly all right; it would then be the child's own choice. But not now or during the first five to ten years of its life. It may later want to join the Catholic Church or the Mohammedan Church or worship nature or feel free to just enjoy the world. The father's standpoint had nothing to do with the child's interest which alone should determine its growth. This was the basic policy of the OIRC. No interest in state, culture, religion, nationality, etc. should be permitted to influence the child's development. Even the state gives its citizens the full right to determine themselves where they want their children born and even whether or not they want to be citizens, except, of course, in the lands of the "liberators." Otherwise, the concept and meaning of freedom and self-regulation would be lost and not worth anything right from the start.

The father seemed now to realize the standpoint of the OIRC, but emotionally he still adhered to his personal view. He promised to think matters over and tell later on what conclusion he had reached.

Beginning of armoring at the age of five weeks

We have learned in organomic medicine that most basic functions of later biopathies begin to develop prenatally and immediately after birth. The psychological approach, including the psychoanalytic, can reach down only to the age where language formed, i.e., to about the third year of life. Beyond this age one must rely on the *expressive, emotional language* and on the *organotic contact* one can establish with the living system of the infant.

The infant under investigation confirmed the fact that one must penetrate deeply enough to get at the source of the armoring. The infant had developed a bronchitis in its second week. Such happenings usually are registered under some heading such as "cold" or "sniffles" which "will pass by in due time with no further consequences." Orgonomy proceeds differently. It asks:

1. *Why a cold should develop at all;*
2. *Whether any bio-energetic functions are involved in the cold;*
3. *What the possible consequences of such an early cold are for the bio-physical functioning of the infant.*

Our infant was pale; its upper chest was "quiet." The breathing was noisy, and the chest did not seem to move properly with respiration. The expiration was shallow and short. Bronchial noises could be heard on auscultation. Generally the infant appeared uncomfortable. Instead of crying loudly, it whimpered. It moved little and looked ill.

First, it was to be established whether this restriction of respiration had immediately followed the cold. The mother confirmed that the child had had these "noises in the chest" ever since the onset of the "cold." It was clear that the chest had never quite relaxed since.

On examination of the chest the intercostal muscles felt hard. The child seemed oversensitive to touch in this region. The chest as a whole had not hardened yet, but it was held in inspiration with the upper part bulging forward. No physician trained only in classical ways would have thought that anything was wrong.

Upon slight stimulation of the intercostal muscles the chest softened. It yielded softly but not fully to pressure downward. The infant immediately began to move vigorously; the breathing cleared up appreciably and the child began to sneeze (bursts of sudden *expiration*), smiled, then coughed several times vigorously, and finally urinated. The relaxation increased visibly; the back, formerly arched, curved forward and the cheeks reddened. The noisy breathing stopped. The mother was instructed that this first blocking of respiration was not too serious, but that, however, it would recur. She should learn to bring the chest down *herself* whenever the blocking of respiration occurred, by gentle tickling stimulation of the intercostal chest muscles. The infant was able to relinquish the blocking itself after the "first aid" had been rendered; therefore, the blocking could not be considered chronic at that point. But the parents were told to watch out against the chest rigidity becoming chronic; it should be removed whenever it appeared.

Theoretically this was a major new insight into early armoring in infants. The "cold" itself could be comprehended as the result of a contraction (sympathetic reaction) of the organism due to lack of contact with the mother. Such a contraction necessarily causes paleness, lowering of the peripheral charge and temperature, and, centered in the chest, "bronchitis," i.e., sympathetic irritation of the bronchia with stronger secretion. Thus, a general *bio-energetic disturbance is at the source of the local somatic symptom*. The latter in turn will increase the bio-energetic contraction and will impede full expiration. This in turn will cause anxiety and nervousness, which in turn will make it more difficult for the baby to establish full contact with the mother. The mother, on her part, burdened with conflict and bad conscience as well as rebellion, will not quite succeed in establishing full contact with the infant. Thus the vicious circle is established which closes the cycle from first contraction, to a "cold," to inability to establish contact, to new colds, to restriction of expiration, to lack of sleep, to annoyance on the part of the mother, to irrational behavior, and so forth. This kind of vicious circle most likely constitutes the core around which later biopathic noxae gather like layers around a shell. It is these layers that we have to peel off later in adult biopathies.

The single somatic disease symptom now appears merely as a small cog in the big machine called "biopathy." The "cold" has its origin in a bio-energetic, i.e., emotional disturbance of energy equilibrium, and not in innocent "air germs" or unseen viruses. The "cold" in infants is an immediate expression of an irritation of the mucous membranes of the respiratory tract due to disequilibrium of energy metabolism because of lack of orgonotic contact. Later on, chronically irritated mucous membranes may well function independently of any emotional irritation. The bio-energetic disturbance becomes structuralized somatically in a "disposition to colds."

These new insights are of the utmost importance in many ways:

First, we obtain an important weapon with which we can get at the early background of later chronic diseases. What is generally called "disposition to disease," appears now as tangible restrictions of bio-energetic functioning in early infancy.

Second, we have learned that the orgonotic contact between mother and infant are of first-rank importance for an understanding of as well as for coping medically with early mishaps heretofore unrecognized.

Third, we are beginning to learn to read the language of the infant's emo-

tional expression, a most hopeful prospect. Thus we can hope with some degree of certainty that the fog now surrounding early infant diseases will slowly dissolve.

It should be plainly stated that this is only a very rude beginning; it will take many decades and many workers in the field to master the onset of disease in early infancy.

The infant was brought back the next day for a demonstration before some 30 physicians, educators, social workers and laboratory workers. The rough respiration had returned to some extent. It was quite easy to remove the blocking this time and the child was able to scream loudly, whereas before it had whimpered only feebly.

Ten days later the following report was received from our chief social worker:

The mother related that the baby was "blossoming" since it had been brought to Orgonon. It had slept peacefully all the way home; formerly it could sleep only for very brief periods of time. It now sleeps at times all through the night or at least six to eight hours at a time. It eats with great vigor and cries heartily. When awake it smiles and "talks" frequently. The mother now is fully aware of the orgonotic interaction between herself and the baby. She feels well and confident. She does not suffer from loss of contact, and the baby reacts with great pleasure to the bodily contact. The crying of the baby is much more forceful than before. It is also much more "demanding." If its needs are not attended to immediately when it cries, however, its body tenses up and turns red, and it arches its back and holds its breath.

The breathing continues to be noisy, usually when it is actively moving and kicking, not at all when it is sleeping. The mother tries successfully to stroke the chest gently downward when the chest gets fixed in an inspiratory position, or to tickle gently the intercostal spaces in the sides of the chest. The baby likes it; the body gives way, it "caves in." But this has no immediate effect on the noisy breathing. In general, the mother believes the chest still is somewhat high and held in inspiration. At times the breathing still impressed the social worker as "desperate."

The early blocking of respiration seemed to gain importance rapidly as more children were observed. Somehow the diaphragmatic region seemed to respond first and most severely to emotional, bio-energetic discomfort. In the case of this special infant, the early bronchitis had complicated as well as

helped maintain the respiratory block for an unusually long period of time. The infant was apparently on its way toward chronic armoring in the diaphragmatic region. However, it was hoped that continuous vigilance with regard to the noisy breathing which resulted from the respiratory blocking, and first aid applied as soon as possible *by the mother* would in the end remove the threat of chronic armoring in the chest completely. With it, a certain form of "disposition" would be removed.

From that time on, great attention was paid to the early history of armored small children in order to determine whether or not the respiratory blocking is a preferred mechanism of early emotional disturbances in infancy. It seemed entirely possible that a preference for diaphragmatic blocking in early infancy has some relation to the great emotional excitability of the central *plexus coeliacus* which is located in the diaphragmatic segment. Other blockings would then have to be expected to spread upward and downward over the organism. This was now to be carefully studied. This outlook held great promises for early prevention of biopathic conditions.

Three weeks later the attending medical organonist reported that the baby was doing very well. It had doubled its weight and looked rather large for its age (the parents were of rather small stature). The baby now gave the impression of round full limbs with a healthy pinkish color. It moved constantly and vigorously. This seemed the outstanding impression. According to the physician's report, the baby's face seemed to reflect its actions: It continuously changed its expression from strength, to intensity, to softness, to smiles, etc. It often made pleasurable sounds and seemed fully aware of what was going on around it. Generally the baby now appeared vigorous, active and happy.

But the noisy breathing was still noticeable most of the time. It stopped only when the baby became less active. The mother had learned to get the chest down in a playful way, when it became fixed high in inspiration. The baby seemed to enjoy the mother's help; it "caved in" and showed happiness, but this had no apparent effect on the noisy breathing. Neither did it seem to have a lasting effect on the chest as such which after a while returned to its high position. The abdomen felt slightly hard; it softened only when the baby was feeding.

However, the baby's sounds and crying were much freer and fuller than they had been three weeks ago before first aid was rendered. Then, as we recall, it was whimperish and staccato. The baby also sleeps for long stretches

and eats regularly at about every fourth hour. It eats all kinds of fruit pastes, drinks juices, and takes vitamins. Bowel movement is regular once a day. Sometimes the lips quiver in oral orgasm after feeding. The mother takes the baby into the orgone energy accumulator once or twice daily for three to five minutes. The baby seems to have had enough by then; it becomes restless. Its body flushes strongly in the accumulator, without perspiration. The mother uses the accumulator regularly herself; she has a "sinking, open" feeling in the accumulator and feels that respiration becomes fuller.

Thus the report of the assistant physician. A first substantial result seems to have been obtained: The baby had greatly improved. It remained to be seen how and when the first injury it had suffered would turn up again or become worse. From now on it could be met with a piece of firm knowledge. This bit of knowledge would be extended with further experience. One thing appeared sure by now: *No absolutes in terms of "health" could be applied.* Rational infant rearing deals with many big and small troubles which turn up and must be handled skillfully. The armored parent will not sense the trouble, or, sensing it, will be helpless, lacking immediate orgonotic contact. The fairly mobile parent will sense the trouble and in some cases be able to render first aid. In most cases the trouble will remain untouchable because of lack of knowledge. The necessary knowledge in early infant care would have to be acquired bit by bit from many experiences and observations. A long and arduous task, indeed. But the only one that would carry some promise.

The problem still remained unsolved as to how much of these fine and most spontaneous activities in a wordless human interrelationship which resist verbal expression could be taught to mothers, fathers, nurses and doctors at large. This question, too, would eventually, so it was hoped, find its proper answer, provided patience and careful *unprejudiced* study are maintained. But now, in the end, the admonition appears essential not to create from all this a new ideal of "perfect" orgonotic contact between mother and child. Let mothers just enjoy their babies and the contact will develop spontaneously.

November, 1950

1. "Dowsing" as an Object of Orgonomic Research (1946)

By WILHELM REICH, M.D.

Prefatory note.

It should be stated to begin with that the following report rests on one single observation only. No one at our research laboratory ever practiced "dowsing" before or after this single observation. However, the proficiency of this unique observation warranted its recording in the Orgone Energy Bulletin. We must leave others, more experienced in this field, to delve more thoroughly into the problem of the "dowsing rod." We also assume that the discovery of life energy has made this long-observed function of nature accessible to dynamic understanding.

The discovery of water veins or concealed springs in the earth occupied a peculiar position in natural research for a long time. On the one hand, the use of the dowsing rod was laughed at; "divining," as it is called, was discarded as mystical or charlatanry by "rigorous, objective, physical scientific research." No serious scientific researcher, so it was said, believed in the fairy tale of the dowsing rod. On the other hand, as is widely known, farmers and mountaineers used the "mysterious" dowsing rod to uncover springs. The dowsing rod furnishes in practice what "exact physics" so far had not succeeded in accomplishing: *It discovers water in the ground.* In World War I the dowsing rod was highly esteemed in the dry Alpine areas ("Korst"). In World War II the English Royal Air Force is said to have used the dowsing rod with great success. But the nature and mechanism of the discovery of water springs by means of the dowsing rod remained a mystery, exposed to the suspicion of charlatanry and mysticism.

In 1949, S. W. Tromp, professor of geology in Cairo University, had de-

voted some effort to the elucidation of the finding of water by way of dowsing. (PSYCHICAL PHYSICS, Elsevier Publ. Co., New York, 1949.)

Orgone physics came to contribute to the understanding of dowsing in 1946 when I had a man who was supposed to practice dowsing come to Orgonon. This man displayed no special traits of character which would have marked him as a mystic. He explained to me that he had for many years—without asking money for it—been occupied with the discovery of water springs. He had learned the art long ago from a farmer's wife. He could, so he claimed, find any water vein which was not more than fifteen feet under the surface of the earth.

I had him introduce me to his art while I led him into the neighborhood of an old, concealed well. He cut a V-shaped branch from a young apple tree and held it firmly with both hands so that the *point* of the V was directed *upward* and *slightly* forward; it was about the height of the pit of his stomach. When he approached the region of the concealed well, the freely-moving end of the branch turned with great force toward *his body*. One could see that the man had to exert himself strenuously to hold the branch firm. I confess that I had the impression of a mystical process; I did not understand what was happening.

How was it possible that the branch turned at all? The man explained that one must cut the branch *fresh* from the tree if one wanted to obtain good results. *Old, dead branches do not function*. I had at first believed that the branch was drawn *to the earth* in the neighborhood of the water. This later proved to be erroneous. In dowsing as we saw it, to be sure, it appeared *as if the discovery of the water were an accomplishment of the branch*. This erroneous conception is at the basis of the mystical interpretation of the process. The farmers in this neighborhood call the process of discovering water by means of the dowsing rod "divining," which reveals the religious-mystical explanation clearly enough.

I had the man, with his dowsing branch, walk over a location where a water pipe which supplied the laboratory with water, was buried five feet under the surface. Exactly at the spot where the pipe was buried, the branch turned downward, even though not as strongly as at the well. The man showed no sign of trance or any similar condition. He only appeared to be very attentively concentrating on the branch.

He walked now, with the branch in his hands, over a part of the terrain around the laboratory. At a certain place the branch began to turn downward. The man followed the direction. The movement of the branch

became increasingly strong until finally the man could hardly hold it. "Here, at this spot," he said confidently, "lies a water source not deeper than fifteen feet. You can depend on that."

Since the dowsing rod had already twice designated the presence of water unknown to the dowser, I had no reason to doubt that the man was also right this time. Two years later, it turned out that water was accumulating on this spot deep in the ground, due to a special hollow formation of the terrain which permitted water coming down to remain there.

I now took up the rod myself and held it in my hands exactly as he had shown me. I walked across the same terrain, and quickly my doubting academism vanished. *There was no doubt about it*: The branch moved downward, slowly at first and then more strongly. The same thing happened when I walked over the water pipe in the ground, and when I approached the old well; more weakly at the pipe than at the well.

Still I did not understand how this attraction was possible. A half-hour later the riddle was less obscure.

I repeated the procedure several times while I changed the position of the branch. Held *laterally* to the body, the branch gave no reaction in the same place where it had reacted strongly in the original position in front of the upper abdomen. *The movement of the branch thus had something to do with its position relative to the body of the water finder*.

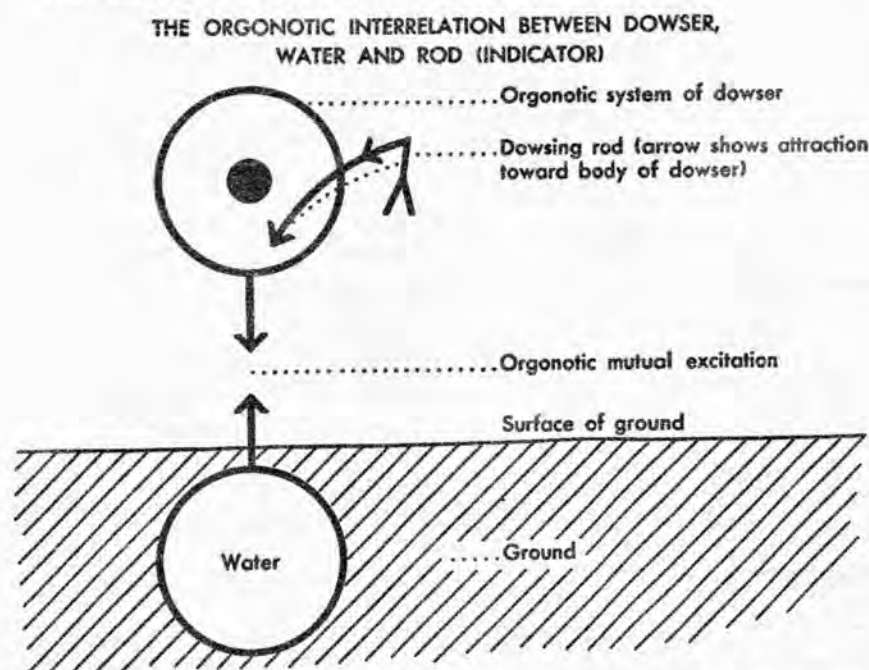
The branch reacted weakly or not at all if one held it far away from one's own body, just as it had little effect when one held it laterally to the body. Now it struck me that the freely moving point of the branch moved most strongly at the height of the pit of the stomach. That could be explained only if *the middle of the body moved the branch TOWARD ITSELF*. The finding of the water is thus not at all an accomplishment of the branch or rod. *The branch only plays the role of an indicator. It is the organism of the dowser which reacts to the water in the ground*. This reaction is expressed in the form of an attraction of the freely moving end of the branch to the body and not to the spring. Thus it became understandable why the branch always turned toward the body and never away from the body to the earth, at least according to this single observation.

I had several experimental workers at the laboratory repeat the procedure. One assistant failed to react at all. Another felt a weak pull in his hands, a resistance of the branch against movement away from the body. A third and a fourth each felt a similar peculiar sensation in the solar plexus, when the branch was attracted.

The next step was the following conclusion:

The organism reacts (without any perception) to the spring in the ground with orgonotic excitation, since both the organism and the water are strongly orgonotic and represent two orgonotic systems. It seems as if it were the plexus solaris in particular which reacts with excitation and attraction to the water. And it has been known for a long time that orgone energy and water are mutually attractive. In this way the riddle of the attraction of the branch is solved.

The following drawing is to illustrate what has been said:



The attraction between moving palms (see X-ray picture of orgonotic excitation, this *Bulletin* 1/2, 1949, p. 50), the scenting of water by dogs and other animals, etc., are akin to these functions.

Summarized:

1. The dowsing rod does not move to the water, but is *attracted by the body of the dowser*.
2. Not the dowsing rod, but the bio-energetic life apparatus of the dowser reacts to the water in the ground.
3. The attractive reaction of the dowser apparently depends upon excita-

tion of the bio-energetic system, which is accompanied by increased attraction in the orgonotic field surrounding the body.

4. The organism and the water react upon one another as any two orgonotic systems with excitation and attraction.

5. The dowsing organism must apparently be orgonotically vigorous in order to react with excitation to water and to attract the dowsing rod. Anorgonotic or armored organisms will get little or no reaction since the attraction in the orgone energy field is too weak to attract the branch.

Thus, again, the bio-energetic structure and sensitivity of the observer enters into the observation and detection of natural functions as a decisive factor (cf. the section on "Organ Sensation as a Tool of Natural Research," in *ETHER, GOD AND DEVIL*, ch. III). No mystical operation whatever is here involved.

In order to test the given interpretation of the function of dowsing, I had to be able to reproduce it also *without* the presence of water. If my explanation were correct, that the dowsing rod effect depends upon the excitation and attraction in the contact of two strong orgonotic systems, then the same effect must result if the organism approaches a strong orgone energy accumulator. This expectation was confirmed:

The branch was attracted to my body when I stepped into the metal-lined orgone energy room. The effect was strengthened, clearly and irrefutably, when I approached the 20-fold orgone energy accumulator from the outside or when I sat in it. It was a further valid proof of the correctness of the explanation, that the attractive influence in the accumulator was especially strong when I subjectively felt the well-known lumination sensation of "prickling" warmth in my body.

The orgonotic potency of an organism can be roughly measured by means of the lumination of the incandescent bulb at the orgone field meter.¹ The lumination of the incandescent filament stands in direct relationship to the orgonity of the organism. Our dowser showed the *strongest* lumination at the orgone energy field meter, fully corresponding to the strength of the attraction of the rod in his hand. My reaction was somewhat weaker, those persons who had not reacted with the dowsing branch showed the weakest lumination at the apparatus.

The heretofore so mysteriously conceived function of dowsing may fall into line with the many other bio-energetic observations already well known for a long time:

¹ Cf. *THE DISCOVERY OF THE ORGONE*, Vol. II, pp. 124-127.

The clear-cut attraction felt between one's palms during mutual approach alternating with removal.

The ability of certain individuals to attract growing, green branches of certain flowers by approach and removal of their palms.

The activation of a Geiger-Müller device with the orgone energy field of the palm in bio-energetically strong organisms.

The organotic sensation of the presence of unseen persons in the dark.

I believe that these facts speak a clear enough language, but they should be carefully tested from the standpoint of orgone biophysics. Their function submits without contradiction to the theory of orgone biophysics. *The discovery of water sources by means of the dowsing rod, and similar functions, demonstrate the organism and the organotic sensation as tools of natural research in the clearest light.* The scientific conception and understanding of the function follow from the knowledge of the specific laws which govern orgone energy, i.e., Life Energy. *The organotic contact between the living organism and a part of nature* gains great importance as a principle of exploration of nature.

There are some people who no matter what miracles took place around them would still go on complacently picking their noses.—Gogol.

2. Three Experiments with Rubber At the Electroscope (1939)*†

I.

Fresh and intact SAND-BION (SAPA) cultures (for photographs of SAPA-bions, cf. photos 14 and 15, p. 11 in BION EXPERIMENTS ON THE CANCER PROBLEM) are placed together with thin rubber gloves or any other kind of soft rubber for several hours in a metal cage. It is also sufficient to block the admission of air in any other way. Pieces of rubber of the same kind were exposed, as a control, to freely moving air in the shade. The latter give no reaction at the

* First published in the series, "Klinische und Experimentelle Berichte," issued by the "Institut für Sexualökonomische Lebensforschung," Oslo, Norway, No. 7, 1939.

† Translated by Myron R. Sharaf.

electroscope, neither on approaching nor on contact. On the other hand, the rubber gloves influenced by the SAPA-bions produce a more or less sharp deflection of the electroscope at a certain distance away from and on contact with the plate of the electroscope. If we exchange the rubber gloves, and put those which were in the cage in the open, shaded air and bring those that were in the shade into the cage, we obtain the reverse result: The earlier shaded, now irradiated gloves give a reaction at the electroscope; the earlier treated, now shaded gloves produce no reaction, if the control gloves are thoroughly aired. Also immersion of the gloves in water causes the reaction to disappear.

II.

We place soft, thin rubber gloves in the bright sunlight until we obtain a reaction with them on approaching and on contact with the electroscope. Control rubber gloves were placed in shady, mobile air or, still better, immersed in water. The latter give no reaction. In exchanging the gloves we had the same result with the gloves that had been kept in the shade and now were placed in the sun.

III.

We repeat the same experiment, but in this case we place soft gloves, which previously gave no reaction at the electroscope, on the stomach, the genitals, etc., of an experimental subject. After 5 to 10 minutes the rubber, influenced by the body, produces a deflection of the leaves at the electroscope on contact with and also on approaching the electroscope. The control gloves kept in fresh, shaded, mobile air cause no deflection. If we exchange the gloves, then we obtain the same result with the gloves that formerly were used as the control. Persons with poor respiration and diminished vegetative excitability cause only a slight deflection of the electrosopic leaves or none at all.

If one has the experimental subjects who react poorly, breathe more fully, then the reaction occasionally succeeds. Experimental persons with strong vegetative excitability give strong and quick reactions.

Conclusion: The organism, too, if not vegetatively rigid, passes over to the rubber an energy which influences the electroscope as does friction electricity.

The interpretation of these phenomena, which point to the existence of a definite kind of *bio-energetic radiation*, as well as a detailed presentation of the experiments, should be given elsewhere and in another connection.

Wilhelm Reich on the Road to Biogenesis (1935-1939)*

After Wilhelm Reich's migration from Malmö, Sweden, to Oslo, Norway, in the late fall of 1934, his work floated, figuratively speaking, between heaven and hell. Numerous friends and admirers of his accomplishments claimed at least two Nobel prizes for him just as the necessity of his expulsion, police investigation, and supervision, were demanded by his enemies. And the enemies—neurologists who hated sex, court psychiatrists who believed in the hereditary nature of "criminal intercourse in puberty," fascist police officials who hated "foreigners," etc.—were in the majority. In the fight of armored life against the discovery of the bio-energy (life energy), and with that the discovery of *biogenesis*, the irrationalism in social life during the 20th century of "culture and civilization" assumed gigantic—from the viewpoint of today—incredible dimensions. Friends and distant observers praised the discovery of the bions as the greatest triumph of science in centuries. The chief of the Norwegian police, Konstad, a fascist who later faced execution for Nazi collaboration, considered Reich the most dangerous enemy of "peace and order." The discovery of the bions and the cancer process took place "on the run," so to speak, in short periods between migrations and the establishment of new working arrangements. The discovery of the Living must have developed powerful forces to be capable of surviving the time between 1933 and 1944. A description of this time is necessary for several reasons:

The struggle over biogenesis solves the riddle of why science has hitherto not succeeded in coming on the track of the Living. It shows the most damaging effects of the emotional plague in the realm of human existence. Furthermore, it is necessary to expose and do away with an infinity of false rumors which sprung up at that time about the discoverer of the bions; they were circulated and used vigorously by the enemies of early orgonomy. Finally, it

* From the Archives of the Orgone Institute.

reveals the position of the Living in our order of things—the "State of Man" at its worst.

The writing down of the now infamous Norwegian newspaper campaign against the discovery of the bions (1937-38) has been postponed for years. As Reich worked on his bion preparations, observed the orgone energy, thought through, grasped and arranged the connections of the life functions and the position of the living in nonliving nature, the so boisterous and factually empty campaign appeared completely ridiculous. It was unequivocally answered by the results that followed, e.g., the discovery of the secret of the cancer cell (1938-39), the discovery of the atmospheric orgone energy and the temperature difference at the orgone accumulator (1940), the great healing effects of the orgone energy accumulator on blood, tissues, etc.

Those who had behaved irrationally in the campaign against Reich's research, now appeared in an unpleasant light. Their arguments of 1937 were like shooting at elephants with paper arrows, and were, therefore, not answered by Reich. The discoverer of orgone energy had no desire to drag unknown and irrational men into the history of science. The battle which raged against his person and which used all kinds of insult, slander and defamation, was a very painful experience; but he refused to answer invective with invective. Although he had no inkling of the great results which were later to appear in his work, he was fully conscious of his gigantic responsibility. Reich does not belong to those who consider mildness and submissiveness as signs of greatness. He can fight as well and maybe better than others. He admits that he has often felt the urge to administer a beating to one or another advocate of sham science. Still, an awareness of the seriousness of his task prevented him from mixing with this kind of prejudiced, unfair procedure—an emotion that many years later, after hundreds of observations and experiments had confirmed his first findings, he recognized with surprise as the *basic mood of unarmored life*: The Living experiences the aberrations and malicious actions of the armored human being, and remains indifferent, uncomprehending, and alien, though often full of sympathy.

Reich once had occasion to observe this basic attitude of the Living in small healthy-children toward the distortions and monstrosities of human maliciousness:

A kind and loving boy of four trustingly joined somewhat older boys on a playground. After a while an older boy asked the four-year-old to bring

him a glass of water. Most kindly and trustingly the little boy went and brought the glass of water. Thereupon, the older boy poured the water in the little boy's face. Some of the boys laughed maliciously, others stood by embarrassed, saying nothing. None of the children nor the many adult witnesses of the incident interfered. The misdeed occurred without reason; it was unfair and unprovoked. The little boy walked away quietly, tears in his eyes, not understanding . . . Afterward, the big boys kept annoying the little boy for quite some time. Whenever he appeared on the playground, they would giggle and make nasty remarks. Later on, the little boy withdrew and did not join the other children on the playground. One day, one of the big boys attacked the little boy again in a cowardly manner from behind, tripping him to the ground. Then it finally happened: the little fellow hit back, hard and fast. He rammed his adversary with his head, threw him to the ground and pommeled him with fists until the coward ran away screaming.

Kindly life had, in this manner, finally abandoned its misplaced tolerance and wrongly applied good will; *it had begun to fight*. One day, sooner or later, all the kind and goodnatured boys will start beating the hell out of the malicious, cowardly "big boys" and make them run screaming—EVERYWHERE.

At the time of the campaign, Reich was a resident in a foreign country. He had, to be sure, been invited to teach at the University of Oslo; still the sympathy which was mixed with envy and fear of competition lingered constantly behind the word "refugee," which—like a stamp—was impressed on each immigrant. The campaign accentuated this painful situation. Reich had actually fled before the German fascists to Scandinavia; he was most careful to burden this hospitable country as little as possible. In the course of five years' residence in Norway, Reich gave only *two* lectures before the university students and one public lecture course. He did not write in the newspapers, although he was asked to do so. He did not establish any journal in the Norwegian language but voluntarily limited himself to a *German* periodical which was little read in Scandinavia since relatively few could read German. He worked quietly in his laboratory but did not deny himself the right to invite his students to seminars and small addresses in private circles. Furthermore, he lived in a democratic country with a socialistic Labor Party in office. At the beginning of the campaign (1937), Reich discussed his quiet withdrawal with his friends. His friend, the poet Arnulf Overland, said: "I have never experienced such a loud quiet." This sentence hit the nail on the head. If Reich had taken part in the daily activities and mixed with the rest,

he might not have caused the "loud quiet," but neither would he have accomplished anything. It was just his quiet way of working which provoked his opponents to make such a loud noise.

Where armored life rules the scene of social intercourse, one finds at the basis of all activity:

- 1) Overabundance of words and concepts which have the sole purpose of avoiding the *simple* basic laws of nature;
- 2) Overexcited enthusiasm where armored life comes in contact with the simple laws of life of the unarmored living;
- 3) Complete incapacity of armored life to penetrate to the practical application of the simple laws of the living, hence *disillusionment* and *hateful rejection of everything* that even distantly reminds it of living life.

These three typical ways of behavior form the content of the concept of the emotional plague. It has been shown that the natural laws of life are without social recognition and protection; that truth is free game for every kind of biopathic life expression; that the laws of the 20th century lack the feeling and language for the functions of the living. These biopathic mechanisms of human life Reich did not imagine, but experienced as one of their many victims. It was the responsibility for his great discovery which forced him finally to search for the concealed and entwined path on which the biopathic human animal sneaks around and tries to kill his own life and well-being through slandering the giver of life.

How the struggle against Reich's work on the Living developed in Germany, Denmark and Sweden has been described in a different context. The enemies of the Living could carry it on under the cloak of the political slogan. For, unfortunately, the research on the living took place at a time during which the "political criminal" stood at the center of interest for all the police in this world. And it is too much to ask a certain type of state official to distinguish the political "criminal" from the discoverer of biogenesis, if even a professor of cancer pathology cannot make this distinction.

Between the fall of 1934 and the beginning of 1937, thus for three years, Reich's work had the quiet necessary for development. The great campaign against the bion theory began in May, 1937. Skirmishes of lesser significance preceded it; these minor skirmishes would have warned Reich if he had not stuck to his all-too-naïve belief in the objectivity of scientific circles. That mechanistic science is itself, from the methodological viewpoint, the child of

mechanistic civilization, was of course known theoretically, but how to apply this knowledge practically was not known.

Healthy children, in whom the Living functions freely, soon discover and playfully practice their new life functions. While the child playfully moves his speech organs, he learns how to form words, words which at first say nothing, false words, no words at all in the strict sense of academic language, but still sounds which gradually, under the influence of the environment, develop into "correct" words. Until the end of the second year, the newborn are our greatest scientific discoverers. They bring nothing with them except a vigorous bio-energy. The handling of a spoon or a chair, the opening and closing of a door, the selection of food, stroking, kissing and playing are not inherited in content. The same children, brought up differently in another cultural milieu, would develop other contents for the expression of their energy. Thus children are the greatest natural researchers. And the great natural researchers are, first of all, children who master *playfully* new scientific realms, exactly as children master their new world. One need only think of Leeuwenhoek, Faraday, Edison, etc.

The bionous nature of all living matter and nonliving matter allowed to swell was also discovered playfully. Whoever had observed Reich on those lonely evenings when he discovered the bions, would only have shaken his head. No "serious scientist" would have given him the slightest consideration. The practical effects of the cosmic orgone energy on tissues, on growth in animals and plants, on biopathic decay in cancer, etc., of 1951, are the results of the "childish game" of 1935. Reich played in the following way:

In the course of the year 1935, the hypothesis which had been reached on the basis of sex-economic investigations, i.e., that the life function is determined by a FOUR-BEAT in the sequence of *mechanical tension—charge—discharge—release*, was confirmed at the oscillograph. This arrangement of mechanical and bio-energetic functions could not be found in the realm of the nonliving. The access to the problem of biogenesis was to be sought in connection with this life formula, if the formula was correct. The discovery of such an access to biogenesis would naturally confirm the correctness of Reich's "life formula." If such an access did *not* result, then the formula could still be correct, but would remain sterile, for a while at least.

In 1935, Reich possessed only an oscillograph which had been set up in his study in the middle of a heap of books and manuscripts. These details are mentioned not for the sake of sensationalism, but in order to set into correct

focus the antithesis of such beginnings of a great scientific development with the splendor of state palaces and monuments of politicians. Reich was not the first discoverer who was forced to work in such a fashion while the parasites of human life could disburse millions. Reich has made sacrifices to the Living and to honest work but he does *not* feel bound, after 30 years of hard and dangerous work on man and nature, to bow before social nonsense.

At that time, there was still no microscope in his workshop. In the course of the winter of 1934/35 he had, from his earnings as professor of biopsychiatry, spent almost 3000 Norwegian kroner on the construction of the oscillograph. It did not inconvenience him, for he loved the work and did not have any great personal demands. In his prominent position, he earned enough to provide for himself and his children, and, moreover, to afford such a luxury as an oscillograph. However, he now needed a microscope. A student physician, Dr. Lotte Liebeck, who had come to Oslo to study with Reich, had taken part in the bio-electrical experiments as an experimental subject, and since she was very much interested in the research, offered to donate a microscope. Thus at the end of 1935, Reich had a splendid binocular Leitz research microscope and an arrangement for microphotography. When he obtained the microscope, he had first to refresh himself on the technique of microscopy which he had learned as a medical student sixteen years before in Vienna. The magnification of the microscope went up to 1500x.

On the same day the microscope arrived, Reich began to control his hypothesis. He still remembers well the evening during which he sat alone in his home and pondered how he should arrange the experiment. While he played around, he still felt quite hopelessly lost; he had brought all attainable materials under the objective. Then it occurred to him that the organism nourishes itself on *organic* substance, i.e., on substance which had once been living. If the living organism draws further life energy from foodstuff which was also living at one time, then here in this process, he believed—now becoming more certain—he should be able to find a connection concerning his problem.

Foodstuffs contained "chemical substances" which the organism took up and incorporated in its body fluids. This was a chemical, material process about which science still had everything to learn. The chemistry of this process could not be observed microscopically. Still, how did it come about, Reich asked himself, that the nourishment was absorbed through the intestinal wall into the body fluids of the living organism? It did not occur to

him at that time that physiology had not solved the riddle of the absorption of intestinal contents through the intestinal wall.¹ If the human intellect could always keep all problems of natural science in mind while it experimented playfully, then many riddles would be much simpler to solve.

It would be very simple, Reich thought to himself, to observe different kinds of foodstuffs microscopically. Fortunately, he had no biochemical staff to study the foodstuffs and arrange them very neatly according to fats, carbohydrates and proteins. We say *fortunately*: Had he been "strictly scientific," had he not proceeded in a naive and playful way, he would not have discovered the *bionous nature of all matter* that had been allowed to swell. Fat would have revealed that it was "only" fat pellets, sugar would "only" have dissolved molecularly, and muscle tissue and egg white would have revealed no bions. Tormented as Reich was by the basic question concerning the relationship between nutritive substances and the organism, he did not behave with too much consideration, but "crazily." He threw meat, potatoes, vegetables of all kinds, milk and eggs into a pot which he filled with water; he cooked the mixture for half an hour, took a sample and hurried with it to the microscope. What he saw appeared just as "crazy" as his undertaking. When he went to the microscope, he expected that he could clearly distinguish the different substances. The accident, which one usually calls "fate," pushed his research miles ahead. *The preparation contained nothing except vesicles*, of different sizes, to be sure, but still vesicles of the same basic type. Even the particles of starch and fat appeared to him now as larger vesicles. Thus the hodge-podge which he had brewed was a basically unitary mass. The individual vesicles showed a *blue or blue-green* glimmer. At first Reich did away with this phenomenon by "explaining" to himself that it was "just" a question of "light refraction," exactly as even today "strict" scientists are accustomed to do, when they see the blue or blue-green glimmer of biological colloids. Reich's first orgone-physical conclusion was correct; on cooking, i.e., swelling, organic substances disintegrate into vesicles. He had come on the track of the "bions."

Reich now used the high magnification of 1500x. It was sufficient to detect motility in the contents of the vesicles, but still not high enough to permit conclusions. Reich asked the Leitz company what its strongest objectives were; the answer was 150x. Together with a 16x or a 25x eyepiece, the magnification could be increased up to around 5000x. He was aware that one can

¹ Cf. *THE CANCER BIOPATHY*, pp. 307-310.

no longer see structures clearly using a magnification of over 2000x; however, he was not interested in the observation of finer structures, but in the *observation of MOTILITY WITHIN the bions*. Although he has stressed in publications on several occasions this distinction between *structure* and *movement* in the observation of microscopic objects, in 1945 Reich still met the reproach that he did not understand microscopy since he did not know that there is a limit on magnification using light. Prejudices cling like lice to a fur, and the greater the ignorance, the greater also the arrogance. Concentrating solely on the dead structures of stained tissues, it is inconceivable to a mechanist that there is also movement and that a fine movement in a particle may not be visible at 2000x magnification, but can become visible at 3000x.

Reich owed the discovery of the biological energy, and with it of the cosmic energy, to this *distinction between structure and movement*. The *inner* motility which he had discovered in his bions also solved the question of "Brownian movement." In the 19th century, Brown had observed that very fine India ink particles move from place to place. He had himself correctly comprehended that these movements were manifestations of life forces. But the mechanistic physicists soon took over the subject, killed Brown's very fruitful thoughts, and in so doing changed the living again into a dead machine. The motility of very fine particles, so asserted their argument, was due to the "bombardment by the molecules in the fluid." Thus for centuries they killed a gigantic discovery. Their exact calculations of the movements of the Brownian particles did not help matters here in the slightest. Only in the 1940s did Reich understand that this attitude of the mechanistic physicist was due to the general evasion of everything that merely reminds one of orgone energy.

In the bions the *inner* and not the outer, local motility was important. *The "bombardment of the molecules" could not explain phenomena of INNER motility, such as vibration, expansion, contraction, convulsions, etc.* Just as mechanistic thinking had kept microscopic observation under 1000x, so its mechanistic theory of matter barricaded the door to the *inner motility* of swollen matter and thus to the cosmic orgone energy and bio-energy.

The development of protozoa from bions and the development of bions from matter and free orgone energy have been described elsewhere in such detail that they need only be briefly dealt with here. It was logical that Reich repeatedly put together many different substances and cooked them. After cooking, one could see nothing microscopically except inwardly motile vesicles.

cles that showed a blue glimmer. Reich then let the different substances swell slowly in water at room temperature. The development of bions now occurred much more slowly, in days or weeks according to the hardness of the substance. But the bionous disintegration never was absent no matter what material he took up and allowed to soak. Gradually it became clear that the *inner motility was to be ascribed to an energy which was liberated from the matter upon soaking or boiling*. Therefore, Reich called the bions "*energy vesicles*" (the term "orgone" did not exist yet). *The inner motility was a work effect, and work without energy is inconceivable*. Reich intentionally avoided determining what *kind* of energy he was dealing with. There was time for that. Only careful observation would yield further explanations.

The swelling of moss and grass blades revealed the development of protozoa from bions, i.e., natural organization in BIOGENESIS. Observation and microphotography left no doubt about this process. However, in order to proceed with certainty, Reich went to the Botanical Institute in Oslo to obtain cultures of amebae. An assistant at the institute was very friendly and said that it would be the simplest thing in the world to make some grass infusions, and to obtain amebae. Reich asked him—at the moment with complete naiveté and without any special reason in mind—how the protozoa came into the infusion. "From the air, of course," the assistant answered surprised, and with an astonished glance. "*And how do they come into the air?*" Reich asked further. "That we do not know," the assistant replied. *He did not say that as yet no one had succeeded in cultivating protozoa from the air*. Thus Reich was faced with the task of setting up numerous air infection experiments, in order to convince himself that there WERE NO PROTOZOAL GERMS IN THE AIR. *During the following years he tried hundreds of times to obtain protozoa from the air, with no result. This fact burdened the "air infection" theorists with the task of proving their contention that protozoa develop from "air germs."*

Today every student of orgone biophysics and biogenesis at the Orgone Institute before he is admitted to advanced biogenetic work must attempt to prove that protozoa, cancer cells, plasmatic flakes, bions, T-bacilli, "cysts," etc., can be obtained through "air infection." Only when he convinces himself through ample air culture experiments that there is no such thing as protozoa in the air will he be able to resist the many influences exerted upon him by his social atmosphere—social, religious, false prejudices of any kind, fear of "authority," etc.—and will he be able to relinquish his anxieties about

"impurities" and to study nature as it is and works. Only then will he be able intelligently to discriminate as to where infection from the air is actually valid, and he will in such cases adhere to strict sterilization; but he will no longer talk away every single microscopic observation which clearly demonstrates biogenesis as "air infection." The evasions made possible by neglecting to prove to oneself the possibilities of actual air infection are incredible in their extent and elaborate intricacy. This evasiveness must by all means be completely removed first, in student and professor of biology alike, if one intends to get through the mire of "air infection" beliefs.

At that time (1937) Reich had respect for mechanistic natural science and its "authorities." They were honest, hard-working men and women who conscientiously went about their investigations. It remained for the following years to free him from this dangerous error: It was not without an irrational basis that he clung to it so long. He knew that in his experiments he had hit upon the problem of *biogenesis*. He knew that this problem was the basic problem not only of all biological sciences, but of natural science in general. It was clear to him that in spite of his basic natural-scientific and natural-philosophic training, he was not sufficiently well prepared for *this* problem. It was too much, much too much for *one* man, even one of his work capacity and experience. He did not know at that time that he feared to be confronted with this problem; he also did not know that the mechanists have no idea of the nature of even the existence of these phenomena. He was to be convinced of the latter point in a dangerous way. In this connection one of the many newly mastered facts should be emphasized and the reader oriented in it:

The phenomenon which we choose, later led to the clarification of the hitherto unknown beginnings of the cancer illness. As the student of orgonomy knows, the cancer tumor can be traced to the general cancerous shrinking biopathy and to a decay of the blood and tissues. Through careful clinical investigations, Reich found that the decay process itself is rooted in a sharp decline of functions of pulsation, i.e., of the energy economy in the organism. *The key to the problem of the cancer disease was thus the problem of decay*, or "scientifically" expressed, the problem of *bodily degeneration and putrefaction of living tissue*. Reich had no inkling at that time, when he first hit upon the bions, that all medicine, bacteriology, biology and biophysics thought the decay process "too banal" and "unscientific" for them to be occupied with it.

Decay is a process that takes place everywhere in nature. As has been shown elsewhere, all life gradually swings up to a varying height and then gradually declines, leading finally to death and to the disintegration of the tissues. In nature, there is no "sterilization" and no "air infection." The mechanistic biologist and bacteriologist do not feel that they are real natural researchers unless they have first sterilized everything neatly and properly. Thus, while these natural scientists excluded all possibilities of "air infection" and decay from their preparations, painstakingly, with certainty, with the strictest precision of the mechanistic age, the greatest discovery of biology slipped through their fingers, namely, that *the cancer process is rooted in the premature decay of blood and tissues*; that, in other words, the cancerous organism suffers a living death. It was the "air germ" theory, rigidly and mechanistically applied, and the dogma "all cells from cells" which had made biogenetic and cancer research *sterile* in the strict sense of the word. We shall soon see what a gigantic role the "banal rot bacteria" play not only in cancer research, but also in the campaign of mechanism against organomic functionalism.

At first Reich worked with completely unsterile preparations. *He did not sterilize at all*, but observed tissues in their natural state, uncooked and cooked. Today it is clear that he would never have hit upon the cancer problem had he restricted himself exclusively to the observation of sterile preparations, as the law of strict biology demands. He saw rot bacteria develop in his preparations. *Under high magnification one could clearly observe the disintegration of tissues into vesicles and later directly into rod forms*. This has been photographed. If only Reich's opponents would care to look into microscopes, they could see this formation of rot bacteria clearly and unequivocally. The observation could not be doubted. It demolished with a single blow a heap of erroneous ideas in mechanistic biology. To convince himself experimentally of the correctness of his work, Reich sterilized an egg white preparation, kept it sterile, and found that even with the strictest precautionary measures *autodisintegration* of the protein occurred under definite inner conditions and rot bacteria appeared. He coated fresh eggs with lacquer and coal tar; still the eggs degenerated sooner or later. All substances which he sterilized degenerated because of inner and *not* outer reasons. Reich prepared a sterile mixture of substances which has since become the famous *preparation 6c*.² The rot bacteria appeared within a few minutes. He heated

² Communicated to the French Academy of Science, 1937.

coal to incandescence in a flame, put it in a solution, and after five minutes he could observe and give a Gram stain to short, mobile organisms, later called T-bacilli. *There was no doubt about the inner origin of the decay*. The energetic functions to which one should ascribe this decay, were still completely unclear.

Reich now committed a dangerous "tactical" mistake. He yielded to the pressure of his assistant, Dr. Odd Havrevold, and sent a preparation to the Bacteriological Institute in Oslo solely for identification of the micro-organisms. We must ask the reader to understand why he regarded this step as a bad mistake. Reich knew basic bacteriology but was not a specialized bacteriologist. Giving a biological stain to micro-organisms *a few minutes after making a bion preparation*, naturally excluded the so-called "air infection." The development of a preparation from "air infection" requires at least 24 hours before micro-organisms appear. That Reich knew. But he could not decide the question by himself as to whether the micro-organisms he obtained were identical with *known* forms or whether they represented *new* forms. Had he at that time possessed a well-equipped laboratory and—especially—sufficient funds, he would have hired a trained bacteriologist to carry out the necessary research. But he did not have the money. And he wished to wait and avoid contact with "official" science. The events once more proved him correct:

Tjotta of the Bacteriological Institute, instead of restricting himself according to Reich's request to a simple identification of the organisms in the preparation, misused this request in the interest of the air germ theory. Unasked and unauthorized, he issued a public statement to the effect that he "had controlled Reich's experiments" and had found "nothing but simple bacilli." His statement had nothing whatsoever to do with our request to identify the organisms.

Several other unpleasant experiences of a similar nature, which it is now necessary to describe briefly, were the following:

When Reich succeeded in obtaining bions from preparation 6c at the end of 1936, he requested friends in Copenhagen to go to the Biological Institute of Dr. Albert Fischer and seek to have placed at Reich's disposal the Institute's microphotographic apparatus so that he could study with rapid motion pictures the development of bions from matter that had been allowed to swell. At first, Fischer was friendly. Reich travelled to Copenhagen and demonstrated experiment 6c. Shortly before he started the experiment,

Fischer made a scornful remark which represented in miniature the basic attitude of mechanistic biology. He asked Reich if he wished to brew a paste. Reich was about to leave the room after this remark, but he yielded to Fischer's pacifying apology and continued the experiment. The substances were mixed and then the preparation was cooked. There were difficulties with the microscope. Fischer's microscope had a magnification of only 1500x. With such a magnification the forms could be seen but not their inner movements. This required at least 2000x. Fischer became upset and raised the above-mentioned argument of the limits of magnification. Reich answered that it was a question of seeing *more movement* and *not* more structure. This lack of distinction between the *functional (movement)* and the *mechanistic-static (structure)* lingered on for years in all discussions of high-power microscopy. One of Fischer's assistants proposed a Giemsa stain, which was made immediately and showed forms that reacted *positively*. The impression of this demonstration was unequivocally strong. However, the prejudice of the air germ theory was too strong as is revealed by the following:

Reich returned to Oslo and requested Dr. Leunbach, a Danish physician and friend of early organomy, to keep in touch with Fischer. Shortly thereafter, Reich received a letter from Leunbach containing the news that Fischer had reacted very strangely. He had accused Reich of "lack of critique" and "fantasies." Reich had desired absurdly large magnification. He had said that he had observed spindle formations and divisions. All movements had been movements of the fluid. It was a question of the old "fairy tales" from the time of Pasteur. Reich was accused of mixing psychology and biology in an illegitimate fashion.

In a letter to Leunbach on January 9th, Reich reported all of Fischer's statements in order to avoid false rumors. However, Reich held fast in an inexcusably naive way to his confidence in the objectivity of mechanistic natural-scientific research. He would have done better to have been brusque and rejecting. Fischer had simply tried to argue away clear facts. The Giemsa stain was denied, the development of cocci and rods a few minutes after the preparation was made went unmentioned, and he had retreated into spoofing the whole thing.

Reich also encountered the terror of the mechanistic natural scientist toward the living in a demonstration of the coal bion experiment for the Norwegian cancer pathologist, Leif Kreyberg. This demonstration was the

direct cause of Kreyberg's turning from cooperation to hateful enmity. One day, as often before, Kreyberg brought Reich cancer tissue. Reich asked him whether he wished to see cancer cells at an unusually high magnification. Kreyberg desired to, since he did not himself possess such magnification. Reich placed cancer cells under a magnification of 4000x. Kreyberg looked through the microscope and did not recognize the club-shaped forms which moved across the field with a slow, jerky motion as cancer cells. Kreyberg was visibly shaken; Reich did not make any remark with regard to Kreyberg's ignorance of living cancer cells.

Kreyberg wished to see Reich's coal bions. Reich glowed a coal dust preparation to incandescence, placed it in a solution, took up a small sample several minutes later, and placed it under the microscope at a magnification of 3000x. The bions were strongly motile, contractile, and showed a blue glimmer; these characteristics are today well known to many who have seen coal bions. Kreyberg looked through the microscope and was visibly frightened. "I would like to see your bouillon," he said. Thus, he believed that it was a question of an infected solution. Reich was very astonished, for Kreyberg had himself seen the clear solution, and, moreover, a coal bion cannot be mistaken for any dust or vesicles resulting from air infection. Still Reich gave in to his request and placed a drop from the solution under the microscope, using the same magnification. Naturally nothing could be seen. Kreyberg asked for a culture of coal bions to study at home. Reich hesitated since he felt that Kreyberg would not know at all how to go about it; however, Reich gave him a sample from a preparation inoculated on agar. In Kreyberg's later campaign against Reich, he asserted that the bion culture had contained "*only* staphylococci." "*Only* staphylococci"! In such fashion did Kreyberg reject the novelty of motile cancer cells at a magnification of 4000x and the incident with the coal bions: and he did not understand that a word, "staphylococci," does not say anything about the origin of the form.

He did not say anything about this. He had also not mentioned that the "staphylococci" represented a "pure culture." Cultures of air infection are usually mixed cultures. Furthermore, he had not realized that in the process of killing, drying and staining bions, all distinctions disappear and only round, blue forms, similar in fact to staphylococci, remain. Kreyberg demonstrated his ignorance, which he then ascribed to Reich in the typical fashion of projection, for he believed that he had *understood* a form when he gave it a *name*. Kreyberg shared this basic error with all of mechanistic natural re-

search. He kept silent publicly about the fact that one can microscopically observe the development of vesicles from matter, although Reich had published a report on this phenomenon. In brief, this man, a hereditary-minded pathologist, revealed himself to be an insolent neurotic who concealed *his own* ignorance and inclination for intrigue by accusing Reich of ignorance. He was mortally afraid that Reich could actually be right. He even resorted to gross lies, apart from omission of truth, in the later phases of his campaign. He had tried to "examine" Reich, but Reich never permitted this man to examine him. By accusing Reich of ignorance, Kreyberg covered up the shock he had suffered when he had not been able to recognize cancer cells at 4000x magnification. In such hands rests at present the fate of thousands suffering from cancer.

The problem is more complicated in the case of rot bacteria (*fusiformis*, *subtilis*, etc.). It is possible to obtain such bacteria from the air. However, it is not easy to obtain them from the air. And even if so, the logical next question is: "HOW DO BACTERIA GET INTO THE AIR?" Here again irrational behavior instead of a concrete answer sets in. No one has even tried to answer this inescapable question. The answer of organomy is: There are dust particles in the air which get there from all kinds of organic decayed matter. *We obtain rot bacteria from the air through hydration and decay of the dust bions just as we do in any of the many decaying bion preparations.* The air germ theorist simply refuses to meet this argument, and, in some cases, resorts to slander instead. However, this question will from now on bother the mind of every serious biologist. It simply can no longer be circumvented. All this has nothing whatsoever to do with "spontaneous generation"; and it is also untrue that the origin of life from nonliving nature has ever been proved wrong. Neither Pasteur nor anyone else has ever claimed such a thing. What Pasteur did in his quarrel with Bastian was the following: He behaved like a man who claims that a certain alive, moving horse, is NOT ALIVE, in contradiction to any kind of careful scrutiny of appearance. When the owner of the horse insists that it *is* alive, the contestant takes an axe, bashes in the horse's head and then says triumphantly: "Here, it is obvious to anyone that the horse is dead." This is the function of sterilization of alive matter in biogenetic research. Fortunately, organomic biology has broken the spell. BIONS ARISE FROM PERFECTLY STERILIZED MATERIAL THROUGH SWELLING AS IN EXPERIMENT XX AFTER FREEZING OF THE YELLOW BION WATER. It takes months or years until protozoa appear in sterile preparations, but they are there. The spontaneous decay of living tissue into bions and further into rot bacteria can be observed micro-

scopically and reproduced experimentally; this process goes on constantly in nature, living as well as nonliving, in cancer and many other diseases. The helplessness of the wrong type of bacteriological theory in the face of such diseases as cancer and polio, will sooner or later force the defeat of the adherents of the air infection theory. Unseen air germs cannot possibly prevail against clearly visible bionous processes. One wonders how many human lives will be lost before an end is put to this incredible mismanagement of scientific matters.

Reich only followed the development of the phenomena and tried in a naive way to obtain help from the "specialists." The reader should be reminded that Reich, at that time, was groping in the dark, so to speak, since nothing whatsoever was known about a concrete "life energy" or "bio-energy," either within the organism or outside in the atmosphere.

The so-called "air infection" of the unsterile bion preparation 6 turned out to be the key to the cancer problem. Let us now summarize briefly the arguments which render the theoretical position of Reich's opponents invalid; they were elaborated in *THE DISCOVERY OF THE ORGONE*, Vol. II, *THE CANCER BIOPATHY*.

1. The cancer process is a long-drawn-out process of decay within the organism due to bio-energetic shrinking of the life system. In the process of this degeneration and decomposition of alive protein, rot bacteria develop which slowly further degenerate into the so-called T-bacilli which can be seen and cultivated in every single case of cancer tissue and blood cells. The cancer cell is a protozoon, formed in animal tissue just as protozoa are organized from decaying plant tissue.

2. *No cancer cells or protozoa of any kind can or will ever be found "in the air."* No amount of labor at obtaining protozoa from the air has succeeded in Reich's laboratory, and there is *no proof in the classical biological literature to the effect that protozoa were actually found in the air.* This claim is a pure invention on the part of prejudiced scientists; it has the function of maintaining a defunct view of the living as being sharply distinct in origin as well as function from the nonliving. Organomy has proved by *microscopic observation* and by *sterile* experiments that primitive life develops through many phases from bions or energy vesicles. *No proof to the contrary has ever been adduced. No airborne protozoa or cancer cells have ever been demonstrated. The burden of counter-proof now rests squarely on the shoulders of the air germ theorists. They are bound to prove that cancer cells and protozoa exist in the air, if they wish to maintain their position.* If they cannot, then

purely logically, cancer cells arise somehow *within the organism*. It is exactly at this point where malignant irrationalism enters the scene in debates about organomic observations. Such gentlemen simply refuse to look into microscopes and cannot, therefore, be taken seriously.

Reich's opponents should be reminded that we are no longer living in the *beginning* of the age of bacteriology; we are living in its *decline*. The theory of infection from the air has exhausted its usefulness and has long overdrawn its account of accomplishment. It has at present reached an impasse which obstructs the understanding and healing of such diseases as cancer, high blood pressure, polio, rheumatic fever, etc. We are now facing an entirely new set of problems grouped around the natural function of *endogenous* infection and decay, of bio-energetic, emotional, i.e., *FUNCTIONAL*, and no longer originally parasitic afflictions. We are, accordingly, entering a new age in medicine and biology. The guiding line of these new developments will, of necessity, be the functions, still requiring much detailed elaboration, of the concrete, measurable, manageable, visible LIFE ENERGY = ORGONE ENERGY.

The discovery in 1940 of an energy in the atmosphere with specific qualities of the living (pulsation, organomic potential, constant higher heat potential, etc.) not only confirmed the microscopic phenomena in bions, but, naturally, put an end to all petty babbling about unseen and unproven "air germs" as the source of primitive life such as cancer cells, amebae, trichomonas, colpidiae, etc. It put out of function an empty slogan which had obfuscated clear-cut facts for decades and had made impossible any advance toward an understanding of biogenesis. By 1945, when Experiment XX had already revealed the formation of plasmatic matter from sterile, autoclaved and frozen bion water, it became clear that ALL life, no matter where and how, emerges of logical as well as factual necessity wherever orgone energy has a chance to absorb water, to concentrate into bions, and to continue to be active within flexible organic membranes. There is no doubt: Life *does* come "from the air and from the soil," not as unseen air germs, but as COSMIC LIFE ENERGY.

I do not know what I may appear to the world; but to myself I seem to have been only like a boy playing on the seashore, and diverting myself in now and then finding a smoother pebble or a prettier shell than ordinary whilst the great ocean of truth lay all undiscovered before me.

—ISAAC NEWTON

Organomic Treatment of Ichthyosis

A. ALLAN COTT, M.D.*

This report of the treatment of a case of *ichthyosis* with orgone energy is being made because this disease has always until now been considered incurable and unresponsive to all therapy. The medical literature on ichthyosis is vague and brief and only few references to it can be found. Of the signs and symptoms, the literature states that in the mild form the skin is dry and presents fine scaling, chiefly on the extensor surfaces of the extremities. The skin has a grayish hue. In the more severe forms, the process is generalized but the extensor surfaces continue to present the greatest changes. The scales are quadrangular and attached centrally. The skin frequently becomes thick and inelastic. The nails become coarse and easily broken; the hair becomes dry and the function of both sebaceous and sweat glands is greatly reduced. The severity of the disease is greater in winter than in the summer. The disease progresses to a given stage and then remains stationary except for seasonal fluctuations. While the reports in the medical literature vary somewhat on the therapeutic measures to be used to control the itching, they are unanimous that complete recovery is never seen. Without the use of orgone energy, those suffering from this disabling illness can only hope, even with persistent use of medications, to reduce only by a slight degree the severity of the symptoms.

The case which I am reporting and demonstrating is that of a 45-year-old male who came to me for psychiatric orgone therapy. During a lifetime of living with the disabling symptoms of ichthyosis he had learned that nothing could be done for this disease. He therefore mentioned nothing about his

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skin ailment until I saw his skin during the initial examination and questioned him about it. He stated that for as long as he could remember he has had itching scaling skin, with the greatest severity from the waist down. The disease apparently was present during early infancy because he recalled that his mother referred to the fact that he had "always had it." He was seen by many physicians, and innumerable treatments with a variety of medications were tried without any success in even relieving the interminable itching. During childhood, because of the constant exfoliation of his scalp, ears, neck, face, back, shoulders and arms the school authorities tried to discharge him from school, believing that he had a protracted case of scarlet fever. During most of his life and up to the time of beginning orgone therapy, he had to resort to the use of oil on the affected parts in order to allay the constant scaling and itching. However, despite the use of soothing oils, he has always suffered severe itching during the winter months, especially when he went from the cold outside into a heated room.

He suffered his most disabling symptoms with the onset of winter each year. In addition to the ever-present itching and scaling, the skin on his feet, particularly at the sides of the heels, would crack into deep painful fissures. The itching, which was always most intense on the extensor surfaces of both legs, could only be relieved by scratching, which each winter led to the formation of numerous raw, denuded, fissured areas, often as large as two inches in diameter. His toenails were always brittle and broke easily and the nail on his large toe on the right foot, which was split as the result of an injury during childhood, continued to grow out split. The skin between his toes was constantly cracked and peeling so that it resembled a severe case of epidermophytosis.

The disease always showed some spontaneous improvement during the warm summer months and the use of medications could frequently be abandoned during these months. However, the scaling of the skin continued during the warm weather also, especially on the abdomen, hips and legs. He stated that every evening when he removed his undershirt the accumulated exfoliated skin would descend "like a dust cloud" to the floor.

The patient was first seen in May, 1950. The skin on his face, ears, neck, shoulders, back, arms, abdomen and thighs was covered with fine white powdery scales which brushed off easily. The skin on the extensor surfaces of both legs over an elliptical area measuring about 6 x 3 inches was covered with larger, light brown, centrally attached scales. Both heels were covered

with heavily fissured callous-like skin and the lateral sides of both feet were also covered with shallow vertical fissures. He stated that the condition of his skin as it was seen at this examination represented the usual status of the disease during the warm weather each year. The toenails, which were brittle, rough and thickened showed no seasonal changes. The skin felt cold and was inelastic. The coldness was most marked over the abdomen, lower back, pelvis, genitals and both lower extremities. The patient began to use the orgone energy accumulator on September 15th for daily thirty-minute irradiations. Within two weeks he reported a marked decrease in the itching and scaling. The skin began to assume a healthier pink color but this improvement could not be properly evaluated because the weather was still warm.

Within one month after beginning the use of the accumulator he was free of itching, and the scaling of the skin was present only on the legs. With the onset of freezing weather the length of the daily irradiations was increased and the improvement continued. The pigmented, scaling areas on both legs gradually diminished in size and the fissures on the heels and sides of the feet gradually became more shallow. The indurated skin on the heels became softer and more supple, while the cracked peeling skin between the toes healed completely. The toenails showed lunulae of healthy pink new growth which contrasted dramatically with the old unhealthy nails which were still growing out. The nail on the large toe on the right foot, which had been growing out split since childhood, was now growing out intact. He reported that while he sat in the accumulator and for a period after each irradiation his respiration felt free and with this unrestricted respiration he felt a warm flow into the legs.

Throughout the winter of 1950 the improvement continued and he has remained entirely free of itching for the first time in his life. At times when he has become lax in the use of the accumulator the scaling of the skin returned slightly, but there has not been any recurrence of the itching. This has been the first winter in his lifetime in which he has been free of the itching and of the painful disabling fissuring of the legs, heels and feet. The scaling has been reduced to a minimum when it has been present, and there have been periods, when he used the accumulator most persistently, in which he had no scaling.

For a complete evaluation of the results, a few words must be said about the role of psychiatric orgone therapy in this case. The patient was seen for a total of 34 treatment sessions and then this treatment was discontinued.

In view of his age and his structure it was felt that he could not reach full genitality. Therefore, the aim of therapy was to relieve his most distressing character symptom which was an almost uncontrollable impulse to laugh and grin whenever he looked at people to whom he was talking. To control this he had to tighten his face and mouth in a most exaggerated way.

When relief from this was accomplished, his respiration was spontaneously released and he experienced a flow of energy into the pelvis and legs. When it was seen that he could maintain this status, his therapy was discontinued. He continues to use the orgone accumulator for daily hourly irradiations and at the time of this writing he has been without psychiatric orgone therapy for one month.

Orgonotic Functions in a Manic-Depressive Case

By PHILIP GOLD, M.D.*

This is the case of a woman, now 40 years old, who had been suffering from manic-depressive disease for about 10 years. The illness broke out soon after the birth of a child. It showed the well-known feature of this disease: periods of deep depression alternating with periods of elation. The depressive phases were the longer, lasting from about a week to as long as six months, with some mild manic states interspersed during the longer episodes.

The manic phase, interspersed with mild depressions, lasted from a day or two to about a month, except for about a year (1945-46) when she was predominantly hypomanic. Up to 1945 she had received a series of seventeen electroshock treatments in a psychiatrist's office, without success, and had about two years of psychotherapy, one of them with me. She was then discharged as improved.

She returned to me in 1946 in a deep depression and was treated again, unsuccessfully, with psychotherapy until the fall of 1948, when I began treating her with orgone therapy. She was never hospitalized, fighting against that with her last few ounces of strength, feeling somehow that going to a mental hospital would mean the end of her. She sometimes had suicidal thoughts, but never made any suicidal attempt. It seemed at times as if she did not have enough energy for a suicidal attempt. Nothing mattered to her. She sat limply in a chair, curled up for hours, making herself as small as possible. She was inert and exhausted. At other times she lay in bed for many hours, cramping her whole body as hard as she could, her fists balled and her toes curled under, digging her heels into the bed, holding on to herself "for dear life." Perplexed, she wondered what had happened to her—just a few hours before she had felt exhilarated. At such times she wanted to die.

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Wilhelm Reich, in his chapter on schizophrenia in the third edition of *CHARACTER ANALYSIS*, has shown that subjective feelings are the perception of objective phenomena taking place in the organism, and that only in this way can pathological conditions as well as health be understood and explained. What, then, was going on in this organism to explain why it behaved in a manic-depressive way? A study of the biophysical status during examination and of the changes that took place during treatment can give us some clues, and further bio-energetic study of more manic-depressives should give us the answers. The history can be brought in to help us understand the causative basis of the disease.

When examined for orgone therapy the patient weighed only 97 pounds. She had what could be called a "dumpy," squat figure, with a definite tendency to breadth from the shoulders down. The skin was yellowish-gray, dried, wrinkled, and cool. The body action looked slowed up, dragging. But she gave the impression that deep down there was a good deal of excitement. Her pulse was weak, about 100, though her blood pressure was not too low—125/80. However, her appearance was that of an aged woman, whose springs of life were drying up. Her hair, which had been a chestnut color, had turned completely white, a process which had started soon after marriage, with yellowing and then graying. One expression was frozen on her face: a mixture of helplessness and hopelessness. Underneath, one could feel a deep sadness, and a strong reproach. Absolutely remarkable were the rings around her eyes: they were the darkest and blackest I have ever seen. I wish I could describe their quality adequately, for it is very important. It was not like that of a neurotic. It was dead and dull, a burned-out sort of blackness. It was frightening. The eyes themselves were lifeless and sunken. The pupils were somewhat dilated. Remarkable, too, was her voice: it was throaty and chesty, low and monotonous, not thin and shrill, as is that of many hysterics. The neck seemed to be composed of strings covered with a peculiar, flabby fullness. The impression was that of a slowing-up, edematous process under the dry skin, especially in the deeper tissues. The fullness extended into the shoulders and chest, especially on the right side. Both shoulders were pulled back. In addition, the right one was pulled up and immobilized, and she had the habit of pushing her neck down behind it. When I moved the shoulder she complained of severe pain, and crackling sounds were heard. (She had been told she had rheumatism there.) She also had the habit of holding her left hand over her left forehead and head. The chest was held high and felt unyielding,

even though her whole appearance was one of flabbiness and absence of tone. It did not move perceptibly with breathing, and she resisted my attempt to bring it down. The breathing was wheezy and rasping, especially to the stethoscope. The epigastrium was full. The rest of the abdomen was flabby and sunken but resisted pressure. The pelvis was retracted; it looked quiet and dying. That whole region had ugly and old-looking creases and folds. The lower legs and feet were misshapen and awkward-looking, spindly as compared to the upper legs, yet somewhat edematous and grayish-cyanotic, with many small varicosities. The lower arms had a similar appearance, only not so markedly. There was a reluctance, almost an inability, to move the head, neck and extremities outward, away from the trunk, and it looked as if these parts were constantly being pulled in. The body bruised easily. The whole flabby musculature was painful to even moderate pressure and contracted against it. If the pressure was maintained or increased, she would contract to the extent of digging her heels into the couch and arching her back high. Obviously she could not stand what the pressure aroused in her—it was too much.

The extremely little that she did say—and that had to be dragged out—was composed of very brief, monotonous, repetitious expressions of uselessness, disability, inferiority, guilt and a wish to die. The family reported the usual inertia of the depressive: physical, emotional, mental, social. Menstruation was delayed two to three weeks and was accompanied by pain.

She would emerge suddenly out of a depression, without obvious rhyme or reason, often in the early morning. She had a floating, light feeling in the head, and a springy feeling in the legs. The head felt opened up. She felt that a ring around the head had disappeared and that a cloud from the nose up over the head had passed away. The world suddenly became bright and beautiful. She felt very alive and full of energy. She bounded out of bed and was overactive and bustling. The family reported the typical behavior of the manic: a continuous state of restless, flighty, jerky, pushing, grandiose excitement, with poor judgment and insight. Characterologically, it is important that she had a very superficial, naive and childlike attitude. She did not bother people maliciously. She had been wound up and then suddenly and crazily released, and she just had to keep on going. She said she could not help it or stop it. It was a rush of energy that overwhelmed her and she could not handle it. From a living death she had come back to life, a highly exuberant life, but a wild, scattered, aimless one. There was something radi-

cally wrong with the contact that she made; it was what Reich calls "substitute contact."

Examination of the patient during these manic episodes showed a rapid gain of weight, about as rapid as was the loss during depressive periods, and about the same in amount—20 to 30 pounds. Significantly, most of the extra weight went to the pelvic region, so that she bulged there. The pulse was about the same, around 100, but stronger. The systolic blood pressure went up to between 130 and 140. Color, tone and temperature were a little improved. The face looked brighter. Her motility improved markedly; also the erectiveness of her body, its stretching longitudinally. Her activity increased greatly, especially in the mouth, throat, lower arms and lower legs. She was garrulous and loud. Her hands were constantly, though superficially, busy, and her legs were taking her all over. Important was that her body took on an intense, pushing, jerky expression. She was effervescing, but there was something false about it. She still looked old and sick. Her hair was just as white as ever. The awful rings around her eyes were not improved, and the ugly folds of the body were still present.

Let us now give some of the patient's background. Her childhood was an unhappy one. The mother was harassed by overwork to keep the family of nine together, and had little love to give anyway. Of the parents, she was the dominant one. But both so impressed the patient with the sanctity of parental authority that it was not until she had gone deep into orgone therapy that she overcame her attitude of abject slavishness.

The father was an inadequate person, quiet and inhibited, and incompetent in a social way. He was very strict and stubborn. The worst and most indelible mark that he left on the patient—this was brought out again and again in treatment—was his hostile attitude not only to sex but to pleasure in general, and to freedom of movement. He said that the patient was too hilarious and vivacious, and he curbed her. He beat her whenever he thought she was getting "too happy," that is, lively, noisy, spirited and jolly. Every holiday morning he gave her a special beating to keep her from getting happy. In biophysical terms, he restrained her from expanding and tried hard to contract her.

In spite of this, the patient retained a good deal of attractiveness, liveliness and spirit, and as a young girl she was much sought after by boys. Here, again, her father stepped in to keep her natural energy from flowing out and making contact. He tried to keep her from seeing boys—which she did any-

way, but secretly, furtively and with guilt. She flirted a lot and engaged in a good deal of sexual teasing, but was afraid to do more. She was already afraid of what her pleasure sensations would lead to, and her orgone energy field was already getting narrower and being withdrawn. It is interesting that she made excellent contact with animals, flowers, the bracing air, and the world of the outdoors.

From thirteen on she had strong urges to masturbate. She inserted a pencil, and it hurt, but she got a thrill out of doing so, feeling it as a swooning. (Later, in intercourse, she wanted the penis to go right through her and pierce her.) She had strong guilt feelings after masturbation. One of her fears was that she was making her vagina wider. She was already learning to contract her genital apparatus. As a child, she developed the compulsion of crossing her thighs while defecating, a practice which she continued for some time into therapy. She became acquainted with her husband during adolescence but they were not married until she was about twenty-five, and there was no intercourse until after marriage, only a good deal of foreplay. With her husband, a narcissistic character, she did not do well sexually, but she did not realize the full extent of her unhappiness; and most of the time she fooled herself into thinking that they were well mated. She usually had to take the initiative; had often to beg for intercourse. At other times she "accommodated" him. Her attitude then was the same that she showed on the couch: the shoulders drawn back and pulled up, the fists clenched, her toes curled under, holding back and holding on to herself, as she "let him have what he wanted." (The same attitude appeared later in treatment in connection with masturbation.) She complained that he was "too fast." He stopped her from moving her pelvis. And only by reversing the usual position could she get some satisfaction or relief. He complained that she had volcanic desires. She herself during treatment related her depressions to what she, too, called "volcanic desires." She said that intercourse was sometimes satisfactory, but not gratifying. By this she meant that she got some relief but not a full discharge. She complained that at times he left her "high and dry"—a good biophysical expression. Her husband claimed that she was sexually selfish. His sexual feeling for her gradually decreased, but he simulated some interest in the patient. The contact with her, however, became forced, empty and infrequent. She could not sense the true state of affairs, could not feel it. When I examined him some time ago, he showed a sexual stasis which he refused to recognize as such.

Orgone therapy was begun while the patient was in a very depressed condition, in a contracted state. Since her bio-energy was withdrawn from the periphery to the center, and since she had very little energy available, it was felt that treatment should be concentrated first on raising her energy level and thus alleviating her deeper depressions. She was advised to get an orgone energy accumulator and obtained a three-fold one. She was instructed to sit in it until she felt warmed, but not for more than three-quarters of an hour twice a day, even if she did not feel anything.

The first noticeable response was obtained after about three months, when the patient began to perspire in the armpits, something she had not done for years. Then the perspiring process spread to other parts of the body, from the face downward. Later she began to feel glowing sensations and then tingling. Her body was being charged and was beginning to luminate more strongly.

I shall not mention the accumulator from this point on, but it continued to be used as an essential part of the treatment. It went on doing its effective work, charging the blood with orgone energy and making for expansion. Its use was regulated. The period spent in it had to be reduced a number of times because it took progressively less time for the patient to get warmed up; until finally, after about a year and a half of consistent use, she could take only about ten minutes once a day.

At the same time, psychiatric orgone therapy was instituted. Only the general lines of the treatment will be developed here.

Since she had such terrific anxiety about letting go and permitting herself genuine and deep emotional excitement, due to her poor orgone energy metabolism, she was told that she would not be pushed, but would be released slowly and gradually. In fact, it would have been a mistake to move her too fast and strongly, and it would have done no good anyway, because she would only have answered with a retreat to her usual pattern of fear and hatred of expansion—withdrawing and cramping-up into a depression. And this pattern had to be overcome.

She was encouraged to let go and give way slowly to a relaxation of her body, to any movements that might be initiated and to any excitement and emotions that might want to break through. After a while she gave in, first in the back of the head and neck, then around the forehead and eyes, then up into the scalp and down into the mouth. This led to movement in these segments—tremblings and quiverings—and finally to crying. The latter was

a sad sobbing, with sounds, but it was choppy and broken up, because of a severe block in the throat and trachea and lower down in the shoulders, chest and diaphragm.

At first she could not develop her sad crying fully, because it became louder and turned into an angry kind of crying, which was too much for her, and she would get stuck. So she fought it off with sputtering, choking, coughing or losing her breath altogether. She soon revealed what was behind all this: Every time she was about to give way to strong emotional excitement her right shoulder pulled up sharply, the elbow pressing into her side, her head ducked into the hollow behind that shoulder, the left hand shot up to cover up the left side of the head, the palpebral fissures narrowed while the eyelids tic'ed violently, and the throat was closed up with the breath held. She finally realized that she was crying from the blows of her father and protecting her head and face, especially her eyes. At the same time I had the feeling that she was protecting an area already organotically weakened long before she began to receive the blows of her father.

She was encouraged to give in more fully to sad crying. After many sessions of that, sucking movements appeared in the mouth and "mama" movements and sounds. After that she went through a period of feeling the coldness of her skin. She shivered, cried, asked to be covered and warmed up. I covered her with a blanket. She wanted to be tucked in, while she curled up, and when she felt sufficiently warm, she began to dribble, then to make babbling, cooing, and baby-sighing sounds, and finally she fell asleep. In later sessions she came spontaneously into my arms, nestled close to my body, nuzzled, and made sucking and sighing sounds until again she fell asleep. She reported that she had a craving for milk after the sessions and that she drank it avidly.

When she was able to cry more freely and fully and to talk about her sadness with regard to her parents, especially her father, we concentrated on the anger we now both knew and felt she was holding back. For one thing, her crying sounded more angry than sad in quality. It was very difficult at first. She had really forgotten how to get angry. She was even unable to make a fist, let alone to hit out, especially with the right arm and shoulder. She became paralyzed and ended with a limp and flabby frustration, giggling with embarrassment or crying about it. These defenses were handled. Then she had literally to go back to the beginning and at first learn how to move with anger, by making easy taps on the couch with as much of a fist as she

could effect. At the same time, she was asked to breathe out and cry out with anger (hah!) because of the block in the throat, chest and diaphragmatic region. It was quite some time before she could raise her voice, to the extent of yelling, without choking or coughing or losing her breath or pulling back with an expression of fear and hate. Her chest and diaphragmatic regions had to be mobilized manually, also the interscapular muscles and the long back muscles. Gagging helped a great deal, and finally she was able to vomit fairly freely and with much less disgust. The hitting of the couch was increased in intensity until after a few months she was able to rain blows and give herself over to anger with the whole upper part of the body. The content of the anger had to do with her husband and children, then, later, with her parents.

Meanwhile, orgone energy that had been liberated from the upper segments had been flowing into the pelvis, but because of the block there, it had been piling up and converted to fat and what appeared to be edema. Before I could understand what was going on, she had gained about 20 pounds and was getting anxious, perplexed and depressed again. Then I learned that though she had been discharging some energy via clonisms in the pelvis and thighs, the discharges were neither consistent nor sufficient. She was dammed up in the pelvis, due to protracted stasis and deadening, and could not take much movement and excitation in that region, so that she cramped up there all the more. Now I understood that she had good reason to hate and fear the possibility of a strong outburst of any emotion. Now I understood more clearly why she got very dizzy with an increase of movement or emotion, or streamings of excitation. It hit her especially in the eyes and behind them; she felt that was where she held back most. She felt a clouding from a line across the middle of the nose and face, and upward. There was also a tight band around the forehead, temporal regions and back of the head. It was a cloud that sat there all during a depression and lifted only partially with the advent of a manic phase.

She had to be carefully opened up in her pelvis, kept open and moving, and encouraged and helped to accept and tolerate more excitation and discharge of energy there. This was finally done by not letting her close up and become spastic; by keeping her moving and discharging with clonisms, initiating it time and again, with my hand, if necessary; and by having her give way to the anger and fear in the pelvis.

As with her shoulders and arms, at first she was unable to kick or hit out

with her legs. She fought against it, in fact, by arching her back and pulling toward the upper part of her body with a frightened and hateful attitude. She had to be gotten off the couch and encouraged to stamp on a rug and kick out. It was seen that her legs were as if glued to her pelvis, and they had to be freed. At the same time, the pelvis and abdomen had to be freed from their gluing to each other. Then she held back her breath and her yelling, and that had to be worked on again and again. It took many months until she got an established start at being angry with her whole body. She was able finally to feel it rushing through the fingers and out, flowing down into the legs, flashing with fierce fire out of her eyes. She did not have to cry or laugh about it. She learned recently that she was swathed (bound) from the neck to the toes during the first five weeks of her life.

Gradually, after about fifteen months of treatment, she came out of her basic depressive state and went into a prevailing manic state. Time and again she ran away from her genitals into the upper part of the body and lower legs, into restless mechanical motion and superficial, naive, aimless, scattered, rather irresponsible behavior—running around, talking and laughing boisterously, pushing, insinuating herself, meddling and so on. At the same time she often closed up the upper part of the body from genital sensations—the forehead was pulled down; the scalp was immobilized; the eyelids became spastic; the space between the lips was reduced down to a slit, through which she blew her breathing out. She had to learn to face her genital anxiety and keep the upper part of the body open at the same time. She had to become accustomed to downward streamings along the whole body, and the discharge of her excess energy through the genital apparatus. She began to feel weak and shaky. She trembled a good deal, got dizzy, and felt like fainting, got unsteady, and had falling anxiety. What was going on was pointed out to her and explained.

At the same time her sexual fears were gone into, present and past. She found out for herself how she had masturbated as a child; that while she was getting genital sensations she fought them off by withdrawing her energy into the upper part of her body, and especially by withdrawing her right shoulder, arm and hand, so that they became numb, almost paralyzed—the same thing she showed in treatment. She felt how she had actually hated her right (masturbating) hand and her genitals, and that that was one of the important meanings of the expression of hatred in her face and the rest of her body. She made gestures of throwing her right hand away. During treatment she

ventured her right hand to her genitals a number of times, then withdrew it sharply, with an outcry of pain in her right arm, shoulder and neck. I had her repeat that time and again so that she could learn to get over the fear of touching the genitals. She recalled that she had always slept with her hands under her head or neck. She got jittery every time she was about to menstruate, and wanted to smash things. Her lower back hurt, and she twisted and squirmed there. "Something wants to come out," she said. Also, "I want to push something out." Sometimes she wanted to be quiet on such occasions; at other times she made pushing movements with her pelvis. She said, "I'll have to expel that 'something,' otherwise I'll get a depression."

Then one day her body made sinuous movements. At the same time there was a suggestion of winking in the eyes, and the latter showed a sparkle. She blushed a little and giggled with embarrassment. She wanted to flirt. She was encouraged to bring that out, but she fought hard against it, throwing and crossing her arms in front of her and pressing her legs together and pulling back her pelvis. She was asked to dance, but she giggled and blushed and would not do it. Finally, during one session she started to walk around the room with a sexual gait, and she took dancing steps of a flirtatious nature. But she got very dizzy right away and had to hold on to the couch and lie down. After a few sessions of this, she ventured a dance with pelvic swinging, with great embarrassment and raucous giggling. Again and again during a number of sessions she would suddenly get frightened and would run back to her refuge, the couch. She said currents were running from the back of the neck down the arms and legs and trunk. They traveled into her head and made her dizzy. She recalled that as a girl she had been "bawled out" by her father for flirting and making eyes. She used to blush and tried to stop it. Her face became brighter now, and her eyes more open and at times sparkling. But she felt like a hussy. She reported a feeling of constriction in her genital region when a man looked at her. "Getting amorous makes me dizzy," she said, "I can't stand it. Something awful would happen if I got sexually excited . . . I can't stand a man near me, although it's thrilling. I start to giggle and blush. My whole body gets warm, my vagina, too. I go only so far and no farther. I don't let myself get dizzy."

To help her expand, she was then encouraged to open up gradually to good and pleasurable feelings, not to laugh raucously with pornographic embarrassment and to "hit the ceiling" with wild excitement, but to smile and laugh pleasurably with what Reich calls "calm excitement"; to be

enthusiastic and glowing with her whole body, not to emit a spark here and a flash there in a helter-skelter way; and to let the warmth flow into her genitals. She was asked to reach out with her arms, and she found she could not embrace. Her hands turned out, because her shoulders were pulling up and back. She cried bitterly and got terribly frustrated. It took many sessions before she was able to reach out and give in to longing, to embrace lovingly, with good feeling and sighs of pleasure, and not with crying or anger. It took many more sessions for her to be able to sparkle fully and in a wide-open way with her eyes, to glow with her face and the rest of the body, to allow the beginnings of the orgasm reflex to finally come through. A re-armoring process of running back and forth ensued—from the genitals to the earlier defensive position of the upper part of the body, with its slavish attitude, and back again. It is still going on, probably will for some time. At any rate, she found out that she avoided her genitals by retreating into depressive or manic reactions. She appeared to be catching on, to be facing her genital anxiety and the genital sensations underneath. She opened up more and liked that, but after a certain amount of it she contracted and got dizzy and cold, and shook with embarrassment and anxiety. She said she was afraid to feel "too good" after a treatment—it was as if she might still be beaten for it. She was ashamed and afraid of the rediscovery of her genuine liveliness: her genital pleasure. But she was able to realize and say, "I never felt a steady flow in my body; it was always either a dead feeling or an overexcited one."

In June of last year she reported that she had been able to masturbate with satisfaction. For about a month before that she had shown steady improvement in her biophysical condition. Her whole body came slowly back to life. Her white hair was becoming dark, starting from the back of the head and moving up progressively. The rings around her eyes began to disappear and the eyes themselves opened wider and started to sparkle at times. The face took on a rosy color. Her angular contours began rounding out and were becoming more graceful. Ugly lines and folds of fat began to disappear. The musculature became softer, more flexible, and flowing. Crackling sounds in the joints disappeared. Color, temperature, turgor, elasticity, increased. The pulse dropped to about 80 and was of better quality. One could feel she was beginning to luminate. The revolting fat and edema began to leave the pelvis and legs. She was beginning to feel more vigorous and confident. She stated that for the first time in her life she was really enjoying intercourse.

Although she still had a good deal of the old attitude, she was able to talk

more seriously and deeply about love, sex, and human relationships. She developed more accurate, sincere, natural insights into genitality. She began to "feel out" people, to discriminate among them emotionally. Cold people, for instance, gave her gooseflesh, and she learned to withdraw from them without getting depressed. She began to feel her way into her marital situation, and seriously discussed the possibilities and difficulties, and began to look and work toward a rational solution. She struggled earnestly with her superficiality, evasiveness, and deeper critical deficiencies. She began to take matters into her own hands, to be more independent and determined, feeling herself genuinely more alive and superior to her husband.

The struggle is by no means over. She is now in a hypomanic state, but has insight into her condition and is slowly moving into genital health, with all that that implies. She is not satisfied with masturbation. She finally helped to get her husband into treatment and is awaiting the outcome of his therapy. She thinks she will be able to be true to her feelings. At the same time she is aware of her social problems. There is her age. Her moralistic background is still to be reckoned with. Her husband is tough to deal with. She is deeply concerned about the future of her children. It is not easy, but her eyes are open, literally, biophysically. It seems likely her body is open enough for her difficult circumstances, permanently I hope. But she will try hard, of that I feel sure.

In conclusion, the following is a tentative attempt to understand the manic-depressive process. It is based on the great discoveries of Wilhelm Reich. He showed that all functional mental disease is due to a disturbance in the flow of orgone energy from the surrounding cosmic orgone ocean into the organism, within the organism, and back out again into the orgone ocean. He discovered that the movement of orgone energy in the living organism proceeds in a total, unitary, pulsating manner according to the four-beat law of *mechanical tension—bio-energetic charge—bio-energetic discharge—mechanical relaxation*. He demonstrated that energy is being continuously built up in the core of the organism and moves out to the periphery and the field, that the surplus has to be periodically discharged, and that the way the healthy organism does this is through the orgasm by means of the genital apparatus. Any deviation from this orderly, rhythmical, total discharge of energy, as through the interpolation of armoring, leads to sexual stasis and disease.

Manic-depressive disease is no exception. Here too, there is a by-passing of orgasmic discharge, with a resulting sexual stasis. Periodically, but in an abnor-

mally prolonged way, the organism builds up large amounts of surplus orgone energy in its core. Periodically that energy seeks its natural outlet, genital discharge, but that avenue is blocked. Frantically, the organism falls back on a simpler though ineffective form of discharge—that of sheer motility without full emotional gratification. The energy breaks through periodically into the muscular apparatus and through it. The result is a terrific excitement and restlessness and an outburst of explosive motor activity, including the brain, of course. The presence of armorings makes the movements and behavior wild, chaotic and poor in contact. Subjectively, the intensity of the breakthrough of large amounts of orgone energy is felt as elation. (In this and in his naiveté the manic is childlike, but here the analogy ends: The energy movement of the healthy child is free, that of the manic is not.) But there is no complete genital gratification. Since the prolonged discharge is not that of a complete contraction of the total plasma system, there is no return to the phase of mechanical relaxation. And because there is no regular, orderly, rhythmic return to relaxation, there is no return to regular, orderly and rhythmic tension and charge. The organism remains in its frenzied, restless (minus rest, relaxation) state, until it becomes tired and wears out, runs down, and gives up. It cannot maintain its high level of energy without full discharge—that is against the fundamental law of living functioning—and it must eventually return to a low level of energy functioning; it becomes "discouraged and depressed," as we say, until it can build up its energy again and make another attempt at discharge. And so on. Thus a vicious cycle is set up. It appears that as high as is the push of energy and the attempt at discharge, so deep is the withdrawal later into the core. The picture looks like that of a tremendous but disorderly expansion and a tremendous but disorderly contraction. For instance, the patient gains weight rapidly, but the process is disorganized, so she gets heavy, fat and edematous, and the musculature becomes brawny. The patient then contracts in a horrible way, loses weight rapidly, becomes thin, and her musculature gets flabby. In the process, the organism is torn apart and consumed. It becomes prematurely old and slides back to ever lower levels of energy functioning, to ever deeper depressions, and finally to resignation. We get the impression of a terrific attempt at discharge and a terrific failure.

What starts the process? I think it is an original endowment of a high energy level, plus early violent and repeated blockings of the natural flow of energy by the human environment. Our patient as a child was very lively, gay,

vivacious, full of life. She was close to animals, plants, the sky, the air. She tried to give her closeness and warmth to the people around her and to get it from them. She was squelched already at the breast (perhaps earlier, in the womb), as was evidenced by her craving for warmth for her skin, her cravings for an expanding orgone energy periphery and field, for contact with expanded peripheries and fields of others. Again and again she was pushed down (depressed) by her human environment, by its fear and hatred of life and genitality. Worse, they pushed the fear and hatred of life and genitality into her, so that there ensued a battle between terrific forces; high desire and excitement and pleasurable push to the outside versus strong blocking and pushing back. The battle, as Reich has called it, between the life-positive and the life-negative. No wonder the resultant "mood swings," depressive and manic, were so violent. No wonder her organism was torn apart and then started to give up, to slump, get flabby and age prematurely, the depressions to get deeper and longer. The organism was becoming so starved and weakened by continued sexual stasis and repeated additions to that condition, that it tolerated less and less its own flow of energy and that of the environment, and kept sliding back. Great then was our amazement that it kept on fighting, that through treatment it could come to life again, reverse the process of premature aging and attain a good measure of healthy functioning and joy of life. This should give us encouragement in the fight for healthy life, as it gives us an idea of the strength of the living when it is given a chance without interference.

Our Independence

It happens again and again that people who "want to help" in the promotion of the general use of cosmic orgone energy try "to interest" this or that "authority" in classical physics or biology in the discoveries of orgonomy. Such attempts always fail; they are *bound to fail*. A basic discovery such as that of the cosmic orgone energy is due to overturn far more established beliefs than was even accomplished by the Curies' discovery of radium. Then, mechanistic classical physics had to yield much ground at its very foundations to quantum physics. The discovery of the primordial cosmic energy challenges far more basic tenets of present-day natural science. We are fully aware of and painfully occupied with this tremendous fact. Not only are physics, chemistry, astrophysics, medicine, etc., challenged in their basic foundations: Questions regarding the *factual* basis of religion, metaphysics in general, mechanistic materialism, and many other basic systems of thought, held for millennia, have come into flux. It will take many decades and probably centuries even to arrange the new facts and possibilities which flood us in a continuous stream, emerging from the single fact that there exists *irrevocably* and *easily demonstrable* a general, basic, primordial energy substratum from which all other natural functions derive. The atomic theory, as far as its validity as a theory of *basic* function of the universe is concerned, is at stake. We do not know and we shall not be able to know in a satisfactory manner for a long time to come what will and what will not remain standing of the established theories of today. It is not our task to find out quickly or in the near future. Therefore, utter modesty and caution are paramount requirements for every single participant in any debate concerning orgonomy.

In the light of these circumstances, such attempts at a quick "recognition" of orgonomy by this or that physicist or biologist appear not only as perfectly ridiculous, but also as harmful to the cause of orgonomy. They are truly "Little Men" procedures. It is essential to insist on *factual* opinion, to rebuke the neurotic babblers, to remain calm and factual. We are obviously not against proper dissemination of our knowledge. We are against panicky, insecure actions.

To illustrate: A short while ago an eager proselyte, working at the fringe of orgonomy, tried to interest a personality of high standing, a well-known writer, in our Oranur Project. The immediate urgency of this project cannot by any means be denied in the face of the nearly psychotic running amok of present-day power politics. The result was this: The above-mentioned writer was very much interested in our Project and showed much understanding of our basic views. She contacted a prominent nuclear physicist to solicit his interest and help, and sent him the first pamphlet on the Oranur Project. This physicist reacted irrationally, without looking further into the matter and in complete ignorance of orgonomy; in a letter to the writer he called the Oranur Project a "hoax"; this happened while we were battling against death and disease in our midst due to Oranur experimentation. The behavior of this ignorant big-shot physicist was a perfect impertinence. He was told off and silenced right away. There are many such high-ranking physicists and biologists who are perfect in their own domains; but they are usually rather ignorant in matters beyond their scope in general and in matters of concrete orgonomic facts and procedures in particular. We ask now: *Why disturb them in their state of affairs? Why run to them for approval?* Such procedures are a sure sign of an *inner* insecurity with regard to orgonomy on the part of the friend who "tries to help." Let us be frank: *We do not expect and we do not want any such help.* The task is ours and ours alone. Nobody can ever recognize us since nobody knows anything about orgonomy except those who work hard over the years with the complicated functions and problems. Orgonomy has to make its own way into the world. Therefore, please, would our friends be so kind as to stop trying to "promote" us. We are already promoted enough.

We are the authority in matters of orgonomy. We do not recognize any authorities whatsoever in our field of science and medicine unless he or she has studied with us and has proven to our satisfaction that he has learned to handle and to understand orgonomic functions. Could the "air germ" theorist judge the bions? Or the cancer pathologist who does not know how a cancer cell comes about judge our microscopic observations? They can only learn, they cannot judge. We need money badly, much money, but we do not apply to anybody for money and we do not solicit funds. We are, on a small scale compared with the tasks at hand, self-sufficient. We are rendering services to the public, and the beneficers of the orgone energy contribute for the services regularly to our research fund. On one special occasion we have declared

that we would not accept money if any strings were attached to the donation or *if the donor did not know what he was giving money for.*

We are independent and wish to remain so; the world knows about us far and wide; we are publishing our results regularly and conscientiously; the scope and number of workers in the field of orgonomy widens from year to year; today work in orgonomy is being done to various degrees in many countries. We want to remain independent and go our *own* way. We do not need nor do we accept any "authorities" in the usual sense, since *THERE ARE NO SUCH AUTHORITIES whatsoever anywhere.* If people, authorities, teaching institutions, etc., need us, they will call on us. If the government of this or that country needs orgone energy in atomic warfare, it will give money, freely and abundantly. We are sure that sooner or later nobody will be able to do *without* orgone energy and orgonomy.

Therefore, please stop trying to help us in the usual "accepted" way. You only make it more difficult. There is no doubt whatsoever that *orgonomy is here to stay*, no matter what is said about it, here or there. We ask our friends to grow up to the dimensions of the task, to behave with dignity, not to crawl for "recognition," not to cover up their own insecurities with panicky rushings for "help," and simply *to start learning and DOING THINGS in the field of orgonomy.* This is the only way which will lead toward the goal of making orgone energy accessible to ever more people. If they, the people, and the "authorities" need orgone energy, it is *THEIR responsibility to get it.* We do our share.

"Air Germs"

Malignant stupidity surpasses at times all we can expect even in the worst of human nature. The friend of a cancer patient who had been saved by orgone energy treatment felt worried and went to an association of some medical specialists. She asked for their opinion on the orgone energy accumulator. She was told that "there was nothing to it; it is only a mixture of rock wool and steel wool that fills the walls."!!

Accordingly:

The atomic energy pile is "nothing but" a layering of uranium and graphite.

A battery is "nothing but" a mixture of certain chemicals.

There is nothing to an inflamation since it is "only" due to a stick that

was dipped into a certain chemical and then rubbed on a rough surface.

A steam engine is nothing whatsoever since it is "nothing but" vapor from boiling water pushing a piston.

An aeroplane is nothing at all since it consists of "only" a simple motor turning a propeller in the air.

An animal is nothing whatsoever again since it is—to the minds of these gentlemen—a chemical compound of proteins, carbohydrates and fats.

And orgone energy vesicles are nothing at all, "only air germs."

So why bother and look into an orgone energy accumulator? Or even sit in one? Or even have oneself knocked out in the Oranur Experiment?

Corroboration of Orgone Biophysics

"Thus far the Reich orgone biophysics theory has not yet been corroborated by reports of other workers," writes Irving J. Sands in an otherwise positive book review of CHARACTER ANALYSIS in the *New York State Journal of Medicine*, March, 1951. Orgone biophysics has been, during the past twelve years, corroborated factually by many workers in the field of medicine, education and biology. We would like to advise Sands to look up the bibliography appended to the *Orgone Energy Emergency Bulletin*, No. 1, 1950, pp. 10-12, and to go over the *Orgone Energy Bulletin*, published since January, 1949.

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