

ORGONE ENERGY BULLETIN

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

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ORGONOMETRY

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

By WILHELM REICH

Part I of ORGONOMIC FUNCTIONALISM, "Ether, God and Devil," appeared as a separate book. The first eleven chapters of Part II appeared in the *Orgone Energy Bulletin*, Vol. 2, Nos. 1, 2 and 3. The titles of these chapters are: 1. Introduction; 2. Psychic functioning is natural functioning; 3. Natural functioning is basically an energy process; 4. There is a "psychic energy"; 5. "Psychic energy"—a function of biological cell excitation; 6. First rules of functional thinking; 7. Primary and secondary drives; 8. The armoring of the human organism; 9. The four-beat of the orgasm function = the life formula; 10. The bio-energetic plasma current; 11. The "bio-electric" function of pleasure and anxiety.

12. Orgonomic Thinking in Medicine (The Stomach Ulcer as Illustration)

Classical medicine, which can operate only with physical and chemical processes, knows that the stomach ulcer is accompanied by an overproduction of gastric acid. Hence, it formed the concept that the stomach ulcer arises

* Translated by Myron R. Sharaf.

as a result of the damage done by the acidity to the tissue of the stomach wall. This is correct, but it covers only a certain part-function of the illness, the chemico-physical or the physiological side. Thus, this viewpoint investigates the alteration of tissue as a result of chemical action and the physiological consequences of this alteration, such as the danger of perforation of the stomach wall, cancerous degeneration, disturbances of digestion, bodily pains, vomiting, etc. Classical medicine does not explain and does not know how to explain why an ulcer develops in certain organisms and not in others. It does not know the "background," or, in its own phrase, the "disposition" for the disease of stomach ulcer. Obviously, the stomach ulcer with its chemico-physical functions is rooted in a *more general* functioning principle that is *not* of a chemico-physical nature. This conclusion is justified if we admit that, in decades of chemico-physical research, medicine would have comprehended this unknown background if such a one existed within its realm. Mechanistic chemico-physical medicine operates and does research carefully and with rich resources. It is a perfect research apparatus in the realms of physics and chemistry. Accordingly, if the clarification of the stomach ulcer did not succeed, this was clearly due to the fact that its functions lie *beyond* the chemico-physical domain.

Let us group together all events in the organism which take place as alterations of tissue structure and as chemical or physical processes, as *BODILY OR SOMATIC*, in distinction to *PSYCHIC* and *BIOLOGICAL* processes.

The purely bodily or somatic aspect of research is insufficient for the comprehension of a disease of the organism.

When depth psychology widened its boundaries of research and even began to include the so-called somatic diseases, it discovered that certain *psychic* structures show a distinct inclination for the development of certain *bodily* symptoms. Repressed destructive impulses were found to be the essential mechanism in such bodily symptoms. *PSYCHOSOMATIC MEDICINE* developed from the simultaneous somatic *and* psychic observation of the organism. From the beginning its methodological operations were dualistic *or* monistic. Body and soul were "one and the same thing" or they were parallel, conditioning one another, to be sure, but still basically *independent* processes. For example, anxiety and destructiveness were understood as *psychic* processes in contrast to a somatic process such as inflammatory decay of tissue. Here the so young and hopeful medicine of the future committed its

first tremendous error in thinking. Let us hope that it succeeds in correcting it as rapidly as possible.

In present-day psychosomatic thinking, drives and emotions, conceived as *psychic* functions, "produce" the somatic symptoms, if this much worse error is not made of speaking of "psychic influences on somatic diseases." The "psychologizing" of chemico-physical bodily functions began with Groddeck who, for example, traced sterility in a woman *directly* to her unconscious rejection of her child. Now, it is correct that one finds in sterile women a rejection of the husband or the child, when sterility is not a result of a purely mechanical obstruction due to inflammation of the oviduct. It is also correct that this rejection has something to do with sterility. But it is incorrect and misleading to assert that the "unconscious rejection *produces* sterility." One at least has still to demonstrate *in what way* the *psychic* rejection causes the *somatic* sterility. The new viewpoint of the psychic causation of somatic diseases loses its function if one applies it mechanistically and not functionally. Only if one knows how to describe the *particular* functions which lead from the unconscious hatred to the contraction of the oviduct has one gained a true functional insight. The sentence: "Hatred causes sterility," is purely mechanical, and hence as meaningless as the sentence: "Electricity causes light."

Mechanical processes exist and are important, but only in the realm of mechanical, physical, and chemical functions. The increased gastric acid does indeed cause a disintegration of the stomach wall in a purely mechanical fashion. However, the repressed hatred does not cause the damage to the stomach wall either mechanically or directly. It certainly does belong to the disease picture, but *we must be able to supply the particular functions which lead from the function of the unconscious hatred to the result which is the excess acidity acting on the stomach wall.*

Here organomic functionalism demonstrates its usefulness for the comprehension of the *total* function as well as of its *part* functions. The functional view has shown us that the emotion of hate is an expression of certain *muscular* actions. It has further revealed that the suppression of a hate excitation is functionally identical with a muscular contraction or a muscular spasm. The process in the musculature and the process in the psychic, emotional realm *condition* one another, are dependent upon one another, cannot be separated from one another, and therefore cannot be conceived of independently, if we wish to describe objective processes *correctly*. Psychic hate

repression and physiological muscular contraction form a functional pair and therefore must be functionally identical in a specific third and deeper function.

Let us consider precisely the coordination of different processes in the organism with our model of thought. We have defined the "somatic" as the sum of chemical and physical mechanical processes in the tissues. The "psychic" is defined as the realm of sensations, perceptions and ideas. In stomach ulcer, the suppressed hate affect and contraction or spasm of the stomach wall function in an interaction. Each welling-up of hate increases the contraction of the stomach wall. Still, the processes of ulcer and hate are also independent of one another, for once the process of ulcer formation gets underway on the stomach wall, it follows its *own* chemico-physical laws. The increased stomach acidity damages the stomach wall; the damaged stomach wall is less resistant against this influence, and so forth right up to the perforation of the wall. We observe the functional interaction between stomach acidity and tissue structure as a functioning realm in *chemico-physical* functions and see it now as *independent of the psyche*.

If we are to be consistent in the application of the testing of our functional method, we must ask what forms the common functioning principle of the psychic and the somatic disturbances in functioning. We can set the psychic and the somatic disturbances in only *one* distinct, reciprocal relationship to one another, *but we cannot connect them directly*. The common *third* principle in which the psychic as well as the somatic disturbance of "stomach ulcer" has its roots, its common functioning principle (CFP), is much wider and also much deeper than the tissue structure of the stomach wall or the psychic, repressed hatred. Both of these disturbances stem from a *general contraction of the organism*, i.e., a disturbance in the realm of *bio-energetic functioning*. We cannot find a single case of stomach ulcer in which the local ulcer and the special unconscious hatred were not built upon an already present *armoring* of the organism or on a general anorgonia. The general armoring does not form the *specific* basis for ulcer and hatred. There are always special functions which are responsible for the fact that the general bio-energetic disturbance was expressed precisely on the *stomach wall* as ulcers. And this specific localization or concentration of the biological disturbance in the stomach requires clear demonstration: It is rooted in an especially developed contraction of the *diaphragmatic segment*, which goes with every "silent" hatred.

Thus, it is misleading to study a stomach ulcer isolated from the total organism, just as it is misleading to neglect the powerful repressed hatred. The common functioning principle of *all* forms of biological armorings, and hence of all somatic and psychic disturbances which develop out of them, is, *clinically proven, disturbed orgonotic pulsation, total or partial*. Not a single case of stomach ulcer can be shown in which *orgastic impotence* is not present; likewise, one will not find ulcers in orgastically potent human beings. *The function of the orgasm is the measuring rod of orgonotic pulsation, not in the narrower psychic or somatic realms of functioning, but in the deeper and wider functioning realm of the biology of the total organism.*

I earnestly request the reader not to consider these statements as superfluous philosophical trifles. They concern decisive questions of medicine and pathology as well as of the healthy biological functioning of human organisms. The *practical* significance of these methodological excursions is immediately seen when we attempt to *heal* a stomach ulcer. Mechanistic medicine was helpless in the face of this symptom, since it comprehended only the mechanical special function. At best, it could only treat the chemico-physical disturbance *mechanically*, through operation of the ulcer.

The answer of depth psychology to stomach ulcer is better; still, one can only improve but not really cure a stomach ulcer by making the unconscious hatred conscious. For the suppressed hatred itself grows out of the general reservoir of blocked bio-energy, in short, the spastic diaphragmatic contraction, and is continually reproduced there. The neglect of and contempt for the biological factor does not stem from malicious intent or scientific laziness, but rather from *emotional* and *social* motives. The operation on the stomach ulcer does not affect social institutions; neither does the making conscious of the unconscious. But the unveiling of the general bio-energetic background raises with one stroke many provocative and far-reaching questions such as the marriage problem, the general social suppression of genitality in children and adolescents, etc., etc. And right here we already recognize the distinction in the *rank* of functions which are active in stomach ulcer.

The general bio-energetic background of somatic and psychic functions cannot be excluded if we wish to cure an ulcer. The general armoring, and with it the local diaphragmatic contraction, can only be removed if adequate metabolism of the bio-energy is re-established through orgastic discharge. This is clinically proven beyond any doubt.

In the course of these discussions we have clarified a part of the so-called

"disposition" to diseases by including the "bio-energetic" common functioning principle of "psychic" and "somatic" processes. Simultaneously, we have found an important new arrangement in organismic functioning. Under special conditions the general armoring of the organism develops a pathologically functioning antithesis: suppressed destructiveness and somatic alterations of the stomach wall:

(Bio-energetic) Contraction with emphasis on diaphragmatic segment — Hate (psychic)
 — Ulcer through hyperacidity (somatic)

These functioning relationships can now be generalized: The realm of psychic functioning is narrower than the realm of bio-energetic functioning. It is to be sharply separated from the realm of somatic, chemico-physical functioning, in spite of all the interrelations between the somatic and the psychic. *The connection of the psychic with the somatic realm is never direct, but is always derived only through the common functioning principle of the bio-energetic emotions.* Radical, causal therapy of the so-called psychosomatic diseases can only mean the *alteration of the bio-energetic reaction basis*; naturally that includes and does not exclude mechanical-somatic and psychic treatment. *The economy of bio-energy* forms the real core of the matter, and the key to this economy is the function of orgastic potency; in other words, the capacity of the organism to discharge its energy surplus in a biologically appropriate way through total orgastic convulsions.

The overcoming of scholastic thinking won for thinking men the right to form their own opinions about natural processes and to express these views—theoretically at least!—without danger. Thus, there are different opinions about fact. But one may not misinterpret the existence of many opinions about *one* fact in the sense that these opinions, even if they contradict each other, are *simultaneously* true. *Opinion and the correctness or incorrectness of an opinion are two very different things.* When the orgasm theory had earned its right to existence in the thought world of analytic depth psychology, opinions were divided as to its significance. There were psychologists who advocated the view that it was incorrect or superfluous; others opined that it was "an important contribution to understanding. . . ." etc. Still others saw in it an emancipation from the misery of psychologistic thinking, i.e., the psychologizing of *all* nature.

A scientific opinion is justified only if it obeys facts and a *principle of thought* which clearly integrates these facts into the general natural process. In this way the scientific judgment itself shows *development*; it leads further. Opinions which are not based on any principle of thought, which do not rest on observations and facts, and which therefore have no development, are only statements of *belief* which can be either right or wrong. Thus liberalism is valid only for the formation and expression of opinion. It is not valid and cannot be valid when it is a matter of natural-scientific statements. I am indeed very well aware that this sentence can be interpreted and applied by certain character types in a dictatorial way. Naturally this is far from my intention. In this connection it is solely a question of the objectivity, the range of validity and capacity for development which qualify a scientific view. It is a banal fact that incorrect scientific concepts often rest on irrational motives which have nothing to do with the interests of research. This banality has here only *one* significance: The functional thought technique permits us to test the scientific character of an opinion even if it is still not confirmed or refuted by any facts. If the empirical, factual criterion is then added to the functional criterion of thinking, the opinion develops into a genuine scientific *theory*.

I now wish to show by means of a concrete example from the history of orgonomy, that *only one* and not two or more correct explanations can be supplied for one distinct function.

The conflict in basic psychoanalytic theory formation in the early 1920's developed over the question of whether the orgasm function was only a part of the psychoanalytic structure of thought, or whether it lay *outside* the theoretical and practical framework of depth psychology and only extended into this psychological structure of thought. In the first instance the orgasm function would have a far narrower realm of functioning than psychology, in the second a much wider one. To begin with, this conflict appeared as a "difference of opinion" which did not rest on principles of thinking but only on the evaluation of facts. Those who asserted that the orgasm theory was only one of many aspects of psychoanalysis operated on the basis of an irrational motivation: They wanted to keep the orgasm function within psychological boundaries so that they would not be deprived of this functioning realm. They often reproached me for striving to be original, for competitive motives which I did not have. If we look back in retrospect from the present-day position of orgonomy about twenty years to the time when depth psy-

chology wrestled for a correct conception of instinctual processes, we see very clearly where the viewpoint of those who wished to keep the orgasm theory within the limits of psychoanalysis would have led. As a result of its own method of thinking, which is correct in the *psychic* realm, psychoanalysis would have attempted to find the "MEANING" of the orgasm. In fact, different psychoanalysts, in line with the principle of the analytic explanation of "meaning" and its historical derivation, have tried to explain the orgasm function psychologically, to compose it from earlier "psychic wishes," e.g., genitality as a mixed product of anal and oral "wishes" (Ferenczi), or as a fantasy of return to the mother's womb (Rank), etc. They extended the functioning realm of the psychological, and the method which is valid for the psyche, far into the realm of the bio-energetic. In so doing, they were describing a *wider* functioning realm from the viewpoint of a *narrower* one. Sex-economy also started from psychic functioning when it comprehended the bio-energetic basis of psychic functions. But the difference is decisive. Psychologizing depth analysis tried to apply functions of *variation* which *distinguished* the psychic from the bio-energetic, to the drives; they applied psychic functions such as the "wish," the "unconscious idea," the "experience," etc. Sex-economy, energetically oriented from the very beginning (1920), did not pursue the psychic variations, the psychic contents, but it followed up the ENERGY PRINCIPLE, which was active in the psyche, into the bio-energetic, where it functioned in a *wider framework* and where it was *quantitatively determinable*. In this way orgonomy (sex-economy), started from psychic pleasure and anxiety sensations, reached parasympathetic and sympathetic functions in the autonomic life apparatus, and from there went on to the processes of bio-energetic charge and discharge at the periphery of the organism. On the other hand, the result of the application of a special principle of variation to a wider, deeper functioning principle led to the concept of the "collective unconscious" (a monstrosity of thinking); to the "death instinct," i.e., a "will to die" *psychologically* conceived; to the view that an unconscious wish can *directly* produce a cancer tumor, or a suppressed hate excitation a stomach ulcer; to the sublimation of *primary* biological drives, such as genitality, "in the interest of culture," etc. These were expressions of life in a small, utterly negligible circle of Viennese intellectuals, and sick expressions at that. They were utterly unaware of the life necessities of millions of human animals who knew no culture, did not care for such cultural ideas since they were starving and dying by the

million from the cruelties of age-old patriarchies such as the Chinese, Japanese, Hindu, etc., etc. It is amazing to find how narrow was the outlook of a psychology which pretended to liberate the human mind from its shackles.

These and similar judgments are *short-circuits* in thinking, mechanistic transfers of functioning principles from one realm where they are valid into another where they are not valid, with the result that the bio-energetic and physical functioning of the living organism is completely excluded. Consequently, research in one's own sphere, as well as cooperation with related disciplines, was blocked, or it achieved only mechanistic coordinations, e.g., the peculiar connection, made even in 1943, of bone fractures with certain character structures. However, a fracture which has an emotional rooting has nothing to do directly with a particular character structure. It is the *general* disturbance in autonomic biological functioning (called *disequilibrium*) which leads to accidents; and *this bio-energetic disequilibrium is created by poor muscular coordination due to armoring*. Only here can we see a connection with historical psychic experiences or structural peculiarities. The direct linking of psychic with bodily functions must needs short-circuit and make decisive insights impossible.

To recapitulate: The orgasm function is of a *biological, fundamental* nature; it is a basic function of the living. For this reason it is of a deeper and wider rank than the realm of psychic functioning. *The psychic forms a part of the living, but the living is not a part of or identical with the psychic. Hence one can correctly judge the psychic from the viewpoint of the living, but one cannot comprehend the living from the viewpoint of the psychic alone.* One can proceed correctly from the psychic to the living only if one takes as a starting point that which the psychic *has in common* with the living, and not that which distinguishes it from the living. *Concretely:* one can, as has been factually demonstrated through the discovery of the cosmic orgone energy, proceed from the psychic affects, to physiological excitations, and to biological cell lumination; from there to biological cell energy, and from the cell energy to the atmospheric orgone energy. But it is impossible to penetrate to the atmospheric orgone energy from an obsessional idea, a hysterical fantasy of rape, or from the symptom of miserliness. There is no other path from the variation to the common functioning principle save that of the *functional identity* of variation and basic function.

We will convince ourselves in the following that the *bio-energetic* thought

technique alone, and not the psychological, could comprehend the orgasm function as a *primary* basic function of all living substance, could discover the common functioning principle of the living and nonliving, and could plunge forward to biochemical and even astrophysical functions, or such experiments as Oranur.

Chemico-physical mechanism, as a principle of thought, proceeds exactly as does psychologicistic thinking, only in the opposite direction. It is forced to mechanize the psychic *and* the biological. For this reason the atmospheric and organismic orgone energy eluded it; for this reason it reached the desperate straits of trying to cure vasomotor hypertension through operation on the sympathetic nervous system; for this reason there are the inexcusable, gruesome brain operations in emotionally blocked children, e.g., in speech defects, the mechanical distention of the vagina in vaginal spasm, etc., etc.

I am trying to convince the serious reader that principles of thought do not represent a philosophical luxury, but that on the contrary they decide questions of life and death, health and disease for humanity.

MYSTICISM IS A NECESSARY THEORETICAL CONSEQUENCE OF THE EQUATING OF THE PSYCHIC, BIOLOGICAL AND NONLIVING REALMS.

MECHANISM IS A NECESSARY THEORETICAL CONSEQUENCE OF THE EQUATING OF CHEMICAL AND PHYSICAL WITH PSYCHIC, BIOLOGICAL AND COSMIC ENERGY PROCESSES.

Outside of the undifferentiated "all-soul," mysticism does not know any describable energy processes. Mechanism recognizes only chemico-physical processes. According to mechanistic thinking, these functions are the most general and primary realm of functioning.

We have now comprehended the chemico-physical functions in the organism as variations of the biophysical basic functions; we have subordinated the former to the latter, and thus we have come into sharp opposition to mechanistic thinking. For if the chemico-physical processes do in fact represent a *primary* natural function, they cannot be reduced to a secondary role in the living organism. We would undoubtedly again be in the direction of mystical thought if we wished to let this contradiction stand unsolved. It is solved in the course of these investigations, and in a way that is as satisfactory to the demands of functionalism as to those of mechanism. The contradiction between organonomic functionalism and mechanism is exclusively related to the question of the quality of the *primary* natural functions, from which the secondary, tertiary, etc. functions derive. *The chemico-mechanistic function-*

ing domain in itself is naturally not disputed; only the rank and range of this domain is questioned.

We are here pursuing the functioning principles by means of concrete functions into the depths, and in this way are attaining a *rank* or, expressed differently, a measure of the distance of the different functioning principles from the functional basic principle of nature. This is already possible by means of thought technique, although its concrete fulfilment depends on the progress of factual research. For the formulation of concrete functional *relationships* is possible only by means of concrete natural *phenomena*.

Let us try now to arrange functionally the results of our bio-energetic experiments. In these experiments we dealt with *psychic sensations*, *bio-electrical processes of charge*, and *bio-energetic excitation*. We cannot make the sensations our common functioning principle, whose variations would be bio-electrical charges and biological excitation. To express this wrong formulation organometrically:

Sensation ← Bio-electrical charge
Bio-energetic excitation

The logical question to this formulation obviously must be: "What is the paired function of sensation and what is the common functioning principle of sensation and its unknown counterpart?" The above formulation fails, for it leads into a blind alley. Sensation, in this formulation, would be left dangling metaphysically in the air.

We could take bio-electrical charge as the common functioning principle of sensation and bio-energetic excitation. But in so doing we hit upon an insoluble contradiction: The charge on the oscillograph in our bio-energetic experiments is measured electrically in terms of *millivolts*. However, a thousandth part of a volt hardly corresponds to the gigantic energy expression of a living system. With these small quantities we could not explain the daily work accomplishment of a living organism; nor can the caloric concept of energy explain it. Moreover, the slow undulating form of movement which we see at the oscillograph certainly does not conform to the rapidity of movement of electrical energy familiar to us. To be sure, in this arrangement we are in harmony with the electrical theory and picture of the universe, but neither the *form* of the biological excitation nor its quantity can be explained by electrical phenomena.

This problem leads to a cardinal group of facts in functional, organomic

energetics which we will later discuss in detail. We are in harmony with the facts if we relate the bio-electrical processes of charge with their paired function, the corresponding sensations, to bio-energetic excitation as the common functioning principle. Expressed orgonometrically:

Bio-energetic excitation (Plasmatic motion) $\leftrightarrow$ Bio-electrical charge (objective) / Sensation (subjective)

This disagrees sharply with the mechanistic view of nature; but we now have a wider space in which to search for the functional nature of the "bio-energetic excitation" of the organism, and, further, for the deeper functioning principle from which it originates, for its paired function, etc.

1947

(To be continued)

Great, genuine and extraordinary work can be done only in so far as its author disregards the method, the thoughts, the opinions of his contemporaries, and quietly works on, in spite of their criticism . . .

—ARTHUR SCHOPENHAUER

From Libido Theory to Orgonomy*

By OLA RAKNES, PH.D. (Oslo, Norway)†

Ever since the beginning of scientific psychotherapy as a causal therapy the question of the physical basis of psychic phenomena has aroused much interest and also much debate among therapists and psychologists. I shall not here go into the different theories concerning the relations of body and mind, of *soma* and *psyche*. I just mention the debates between materialists and spiritualists and the theories of psychophysical parallelism or psychophysical identity. Most scientists, at least most medical scientists, considered psychic phenomena either as a result of processes in the organism or as the outcome of an interaction between *psyche* and *soma*. This view is also expressed in the name of one of the newest and most popular branches of official medicine, namely, *psychosomatic medicine*. Very popular was and is the theory that the physical changes underlying mental phenomena are of a chemical nature. This theory can point to the well-known fact that certain chemical substances, as for instance alcohol, when introduced into the organism are able to influence the course of psychic phenomena. The theory was much strengthened by the discovery of the hormones and other inner secretions and their influence on mental as well as on organic functionings.

I just mention these things because Freud, the propounder of the libido theory, to some extent shared the opinions current in contemporary medicine. His fundamental discovery was, as you all know, the sexual etiology of the neuroses. By that he meant that the neuroses were due to disturbances in the sexual functions, and such disturbances he first thought of as caused by impediments to the free circulation of what he termed *Sexualstoffe*, which

* Presented at the Thirteenth International Congress of Psychology in Stockholm, Sweden, July, 1951.

† Norwegian representative of the Orgone Institute. Author of a psychological analysis of religion, *MEET THE HOLY*, and of *FREE GROWTH*, a collection of psychological and sex-economic papers.

may be rendered by "sexual substances." He hoped that in some future period science would be able to establish the chemical composition and properties of such substances as well as their laws of action.

Freud, however, soon gave up speaking of "sexual substances" and instead developed the theory of the instinctual energies, called the *libido theory*.

The main tenet of the libido theory is the fundamental dualism of the instinctual energies. Man, according to this theory, is motivated by two basic instincts, those of self-preservation and of sexuality. If I have understood Freud rightly he at first thought that the instinct of self-preservation was behind our need for food, shelter, security and perhaps power. The sexual instinct, whose claims better could bear postponement, was more plastic or malleable, and perhaps in general less imperative, was behind our love, physical as well as spiritual, and our aspirations towards beauty and perfection. The motor force or active energy of the sexual instinct was what Freud termed the *LIBIDO*. Whatever object arouses our interest, be this object human, animal or inanimate or even an idea or a mental image, is said to have a libidinous cathexis, in so far as the interest does not derive from the instinct of self-preservation.

Freud tried to show how our interest in many objects which consciously we never associate with sexuality, is derived from sexual drives and turns to non-sexual objects. In such cases both the cathexis of the objects in question and the amount of energy, or libido, involved are said to be desexualized. This distinction between desexualized libido and non-sexual interest led to ever greater complications in the theory. I shall just give one example, a relatively simple one: A definite craving for food derives from the instinct of self-preservation in so far as it springs from hunger; but in so far as it springs from the sight or the idea of some delicacy the craving is libidinous. The libido involved will be desexualized unless the thought or the sight of the food also arouses some sexual feeling.

The complications which Freud's original libido theory engendered may have been one of the reasons that induced him in his later years to remodel his conception of the instincts, introducing a new basic instinct, the death instinct. Retaining the fundamental dualism Freud no longer opposed the instincts of self-preservation and of sexuality; he now opposed the death instinct or Thanatos to the life instinct or Eros. Freud's chief reason, however, for introducing this innovation into his theory seems to have been his inability to otherwise account for a phenomenon that had baffled his thera-

peutic efforts in certain cases, the phenomenon he called the negative therapeutic reaction. By this expression Freud designated the fact that some patients, whenever an analytic problem was correctly and effectively solved, reacted by getting worse instead of by getting better. Freud's explanation of this fact was that in all human beings the life instinct, Eros, has some admixture of the death instinct, which normally will make the life instinct more active, more aggressive. In patients showing the negative therapeutic reaction, the analytic work will lead to the separation of the two basic instincts, and the "liberated" death instinct will turn against the subject and destroy him.

The chief opposition to Freud's death instinct theory within the psychoanalytic movement came from Wilhelm Reich. Reich set out to prove clinically—and in my opinion successfully—that the main basis of the theory, the negative therapeutic reaction, was due to an imperfect therapeutic technique. When by the technique of consistent resistance analysis and character analysis as elaborated by Reich, the patients were brought to experience and to express their hidden aggression, there was no longer any negative therapeutic reaction.¹

The conflict with Freud about the death instinct reactivated in Reich an old interest in the biological and physical origin of psychic phenomena, especially as he met them in his clinical work. Little by little he gave up Freud's fundamental dualism of the instincts, and replaced it with the concept that all psychic phenomena are manifestations of one single instinct, the Life or Love Instinct, identical with the sexual instinct. Otherwise expressed, Reich found no reason for postulating a separate sexual instinct, sexuality being nothing but a function of the life energy itself. Reich's therapy from now on became ever more a biotherapy and not only a psychotherapy, its object being to free the life energy of the organism so as to enable it to regulate itself in a harmonious way, leaving no internal necessity for either stases or explosions. This view Reich also expressed in the name he gave to his theory, *sex-economy*. Here, however, I shall not go into this theory, nor into the therapeutic techniques elaborated in conjunction with

¹ Editorial note: It is much more correct to say from the present-day point of view of orgonomy: The contracted bio-energetic structure of the mentally ill does not permit of sudden or strong expansion ("pre-orgastic anxiety"). The energy level is kept low. The structure is incapable of experiencing great happiness and contracts against it, if energy is freed from either psychological repression or from deeper bio-energetic blocking. The establishment of orgastic potency removes this obstacle.

it, but limit myself to a brief survey of Reich's further research on the life energy and its manifestations.

The starting-point of Reich's research in this field was his discovery of the function of the orgasm: That a complete orgasm—which I shall not define here—is the surest sign of mental and physical health and the natural regulator of the life energy of the organism. In the orgasm the physical and the mental processes merge into one; it is a biological occurrence. Considered from the point of view of energy, it may be described as a four-beat: mechanical *tension* leading up to bio-energetic *charge*, which at a certain point provokes a *discharge*, accompanied or followed by a mechanical *relaxation*. This Orgasm Formula, as Reich called it, *tension—charge—discharge—relaxation*, was soon discovered to apply to all living functioning and was most easily seen in the micro-organisms. Reich first thought that the charge in question was an electrical one and he performed a series of experiments to find out whether this was true or not. He succeeded in establishing that the surface of the organism has an electrical potential varying with the subject's feeling of pleasure or pain or anxiety. But the quantities of electrical energy measured were so slight that Reich did not think they accounted in a satisfactory manner for the strong emotions felt.

Reich had early made a thorough study of several attempts at explaining life and the difference between living and nonliving matter. Like several biologists and natural philosophers he believed that there must exist a transition from lifeless to living matter, but such a transition had never been established scientifically. Now Reich wondered what would happen if sterile, lifeless matter were so handled as to permit the appearance of an energy process describable by the orgasm formula: *tension—charge—discharge—relaxation*. I cannot tell of his numerous experiments to this purpose beyond stating that they led to his discovery of the *bions*, microscopic energy vesicles that under favorable conditions can organize into living cells or protozoa. I know that to most of you this will sound fantastic, but I can assure you that since 1936, when I first became acquainted with these experiments, I have neither met nor read nor heard of a single person who has repeated the experiments without becoming convinced of the reality of this transition from nonliving to living matter.

Studying the behavior of the different kinds of bions—for there were several kinds of them—Reich found that they differed in strength or vitality, and further that the stronger ones by their presence would reduce or even

destroy the vitality of the weaker ones. Strong bions might even immobilize or kill bacteria and cocci. This put Reich upon the idea that bions might prove useful in combating cancerous growths in living tissues. He set about studying the developments of such growths and found that cancer cells organize and develop much the same way as some of the protozoa he had seen organizing out of bions. The material from which the cancer cells organize is the result of the disorganization of normal cells cut off from the normal renewal of vital energy. Here again Reich was confronted with the problem of this energy.

During the winter of 1938 to 1939 Reich was working intensely in his laboratory in Oslo with his bion experiments. Several happenings in the course of the experiments seemed to indicate that some of the bions emitted a certain kind of radiation which did not conform to the laws of any known form of energy. Different series of new experiments convinced him that he had discovered a new kind of energy, which he called *orgone*, from "organic" and "orgasm," because it was specific for organisms and had been discovered as a consequence of the study of the orgasm. Later he found that every living organism is surrounded by an orgone energy field, and he invented an "orgone energy field meter" capable of measuring the strength and the extension of individual orgone fields.

In 1941, a couple of years after he had settled in the United States, Reich discovered that the activity of the orgone energy was not limited to living organisms, but was to be found also in the atmosphere, where it may be observed by several means which I cannot go into here. Still later Reich found orgone energy to be omnipresent and from then on often spoke of it as "cosmic orgone energy." The question now naturally arose whether the orgone was identical with the cosmic radiation discovered by the physicists. I do not know if that question has been fully decided as yet, but I know from having seen and heard it that a Geiger-Müller counter tube, the well-known device for detecting and measuring cosmic radiation, will, after having been kept for some length of time in an orgone energy accumulator, show an impulse frequency hundreds of times greater than before.

After the discovery of the cosmic orgone energy, Reich devoted a major part of his time and energy, in the last years almost all of it, to the study of the new science of orgonomy, dealing with the properties of the cosmic orgone energies, with its laws and with its applications in the various fields,

from biology to medicine, pedagogics and sociology, from physics to meteorology and astronomy.

The number of his followers and collaborators has been steadily though slowly increasing. Most of them are physicians using his discoveries in their medical practice, but there are also a few psychologists, educationists, social workers, biologists and physicists, all gathered—rather loosely—around the Wilhelm Reich Foundation in the state of Maine, though most of them have their professional work elsewhere, the majority in or around New York.

But, you may ask, what has this development into the study of cosmic energy to do with psychology? Very much, I should say. I even think that the knowledge of the energy that conditions our actions and our experiences and the gradual understanding of the properties and laws of this energy will revolutionize many sections of the science of psychology. The object of psychology as I see it is to help man understand his own sensations, emotions, thoughts and actions so that he can be able to harmonize his life with the law governing all life and thus attain the highest amount of what I shall call creative happiness. I think that the study of orgonomy will contribute and already is contributing considerable means for the realization of such a purpose.

Energy is the only life and is from the Body; and Reason is the bound or outward Circumference of Energy.—WILLIAM BLAKE

Genital Anxiety in Nursing Mothers*

By ELSWORTH F. BAKER, M.D.†

Wilhelm Reich has shown how vital contact between mother and infant is for the healthy development of the latter. Loss of contact creates anxiety, that is contraction, primarily at the diaphragmatic segment, resulting in respiratory blocking. A continuation of this state may be expected to result in extension of the armoring upward and downward laying the foundation for future biopathies.

This paper presents some of the problems encountered when contact was lost because of genital anxiety in the mother. The baby was planned with the expectation to "let only the interests of the child determine the course of events, and, if at all possible, nothing else."

Many features in this setting were very favorable for such a project. The mother, age twenty-eight, had essentially completed psychiatric orgone therapy. The father, one year older, patient, understanding and kind, had solved most of his problems by the same means. The grandmother with whom the parents were closely associated was in therapy and a sister each of the mother and father had been in treatment. All were intelligent, well educated, had read orgonomic literature extensively and were well acquainted and in complete agreement with the principles of sex-economic self-regulation. All were warm, likable people.

There was one child, a boy four years of age, who although born prior to the parents' acquaintance with orgonomy was nearly healthy with good sexual expression and evidence of only fleeting, occasional armoring. I saw

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him a few times for minor difficulties. He had been circumcised at one month. His birth had been easy and uncomplicated.

Although the mother was freed of armor and the orgasm reflex had been established, she continued to be somewhat anxious and flighty and chattered in a repetitive manner with endless, anxious questioning. She had never been able to consistently accept her genital feelings and when they were particularly strong she would control their intensity by holding her breath. She enjoyed the genital embrace, experienced real pleasure but could never let herself go completely and at the acme would usually hold her breath and either lie still or retract her pelvis—all of this with a conscious feeling of anxiety. She was quite aware of her genital anxiety which she could not solve, and survived by occasional therapeutic sessions. She had been quite eager to become pregnant for some time as she wanted another baby. However, in view of her continuing anxiety, I consistently suggested waiting until she had had more opportunity to attain genital potency. She was so determined that eventually she proceeded in spite of my objections.

She was observed by me throughout her pregnancy and was seen every two weeks. Her pregnancy presented no problems, was free of nausea and other symptoms except for continuing anxiety. She frequently held back in her upper chest whenever genital feelings became strong and held back at the climax by holding her breath. It was always very simple to get her to move and breathe through, taking but a few minutes.

She was quite willing and eager to be accepted as a research project and determined to bring the baby up in the concept of sex-economic self-regulation.

Arrangements were made with an ergonomically oriented obstetrician and nurse and rooming-in was arranged at the hospital. She used the orgone energy accumulator throughout her pregnancy. She felt life at a little under four months and the baby's movements were always vigorous and active but never violent. Three weeks before the expected date of delivery she awoke at two o'clock in the morning with some mild cramps and show. The pains rapidly increased in severity and frequency and she went to the hospital. At 3:30 A.M. she delivered a 5 pound 5½ ounce girl, without anesthesia. Labor was uneventful and uncomplicated. She breathed down throughout. At the point of delivery she became frightened but remembered not to hold her breath and screamed in order to breathe.

The baby was born with the cord around the neck and the face was blue

but became pink in a few seconds after the cord was removed. No artificial respiration or resuscitative methods were necessary. Because the weight was below 5 pounds 8 ounces the baby was placed in an incubator. This was a strict hospital rule. However, the hospital which had never had rooming-in before allowed the incubator to be placed in the room with the mother and the special nurse. The mother could have the baby with her whenever she wished. No interference on the part of the hospital was met. No silver nitrate or other solution was placed in the baby's eyes, no mucus was noted in her throat.

Shortly after birth the baby was placed at the breast, when sucking movements were noticed. She suckled vigorously, but the mother did not believe there was any milk. I saw the baby at 1 P.M. which was the time of the second nursing.

At this time the mother and baby both looked very well. The mother reported she had felt pleasurable streamings through her body and thighs during labor, but she developed considerable anxiety at the point of delivery. She screamed to prevent holding her breath. Pain was not intense and she refused anesthesia. Up to the time of the second nursing she had felt no streaming in her breasts. This appeared shortly after, accompanied by a profuse flow of milk which oozed out of her nipples. Streamings were felt in the uterus, pelvis and thighs. The uterus was well contracted but not hard and spastic such as one is accustomed to feeling on obstetric wards.

The baby was rosy pink and warm throughout, with full breathing showing the reflex. Her cry when hungry was full and angry. She showed strong sucking movements and smacking of lips and nursed vigorously. I observed an oral orgasm during nursing at this time. The hospital shirt which the baby wore had the ends of the sleeves sewed up to prevent the babies from scratching their faces. Since this hampered the movements of her hands I asked the nurse to cut the sleeves, which was done. The baby was lively, alert and reacted quickly to touch. One felt that she focused momentarily when looking at you, which I was convinced of on my second visit. No evidence of cyanosis or trauma from the cord could be found, her neck was soft, chest free, breathing full, abdomen soft and warm and her feet and hands were warm. She could move about freely, turning from side to side, and by the third day she could turn completely over.

I saw her on the second occasion two days later together with a second ergonomist trained in infant research. At this time the mother was up and

about having been up since the first twenty-four hours. The mother had streamings in her breasts and uterus when nursing, with some pain at times when sensations became strong. There was much flow of milk.

The baby, still in the incubator, now weighed 5 pounds 5¼ ounces which was only ¼ of an ounce under the birth weight in contrast to the usual marked loss of weight. It is probable that under ideal conditions there would be no loss or even a progressive gain. She was warm all over, nursed vigorously and had a strong cry when she was hungry. However, she seldom cried and was an amazement to the nurses on the ward as the only baby who never seemed to cry. She definitely focused her eyes and followed persons about her. She could turn over quite freely. While nursing she was seen to have an oral orgasm again and the mother reported she had noticed others. The other organomist suggested removing the beads from the baby's neck, which was done, especially in view of the cord having been around her neck. He felt there was a slight catch in her throat in breathing but the impulse went through to the pelvis with the reflex. The mother and baby returned home on the fifth day.

On the fifth and seventh days the baby was seen by our organomic social worker. She reported the abdomen appeared distended and hard on both days. The baby had regurgitated slightly and appeared uncomfortable. The social worker had also reported the stools were watery and forceful. A funnel accumulator was applied for three or four minutes. The baby vomited and seemed relieved.

I saw the baby again eight days after birth together with the second organomist. No evidence was found at this time of distention of the abdomen. One stool was somewhat watery but mostly well formed. Oral orgasms continued. The baby was warm, breathed well and no blocks could be seen. She was sleeping peacefully when first seen, awoke gradually and pleasantly and nursed. She was very alive and alert and one was drawn to her spontaneously. She was able to hold her head up very well.

At this time I examined the mother, who showed no armor. She felt well. The uterus could not be palpated abdominally. She reported having several exciting sexual dreams.

I do not believe that in her first ten days this baby had any serious traumatizing experience.

I continued to keep in contact with the mother by telephone who reported that the baby had shown no problems. However, on the twenty-second day,

while I was away, the baby developed a marked regurgitation and diarrhea. Her stools were greenish in color, twelve to fourteen a day. The mother became quite concerned, tried to locate me and finally called the second organomist. She remained under his care until I returned. I saw her on her twenty-fifth day. The baby had continued very fretful, crying almost constantly, slept very little at night and would be only momentarily relieved after nursing. Her chest was not moving, her breathing was abdominal and crying was not full. On questioning the mother I found she herself had been very anxious previously, having felt strong genital feelings which she had been unable to tolerate or fulfill. She developed considerable resentment and became anxious. She found herself withdrawing from the baby, could not stand her near her, held her stiffly and even felt hostile toward her older child. She was angry at herself for this attitude. She felt that such behavior was not acceptable from the standpoint of being a "healthy mother" and presented considerable guilt. I spent quite some time explaining the mechanism of her feelings which had arisen out of genital anxiety, and helped free the baby from her blocks.

The baby appeared in distress, miserable and pale. I mobilized her chest and she began to cry an angry cry which was still inhibited in her throat. After making her gag, stimulating the muscles in the back of her neck and the spinal muscles, her voice became more free. Her face flushed, she looked angry and cried a free angry cry. Immediately after this, she went to sleep and rested peacefully with her chest moving.

I saw the baby next on her twenty-eighth day. The mother reported that the baby had continued free for two days following my last treatment three days previously. She had slept well at night and seemed satisfied after eating, although the mother herself had continued anxious, guilty and had no contact with the baby. When I examined the baby her chest was pale, the abdomen and legs were bluish, there was a slight discharge from the left eye and some lack of contact in the eyes. Her chest again was not moving, diarrhea was still present but to a lesser degree. I again mobilized the chest. The baby cried angrily and her body became a bright pink down to the middle of her abdomen. Afterward she seemed more alert and restful. I also examined the mother who presented some stasis. I succeeded in mobilizing her energy, discussed in some detail her resentment toward lack of sexual fulfillment, her resentment towards the baby because of this, and the resulting lack of contact.

On her thirty-second day the baby was definitely better. Her cry was lusty, her chest was moving but not freely, and a general tendency towards holding back was seen. Her spinal muscles and the back of her neck were quite spastic. The abdomen and legs still had a slight bluish tinge. She had continued to cry and the mother developed the attitude of nursing her more and more frequently in the hope of quieting the baby. I explained that the baby accepted nursing so frequently because of anxiety and not hunger, that the anxiety was an outcome of lack of contact, and that as the mother found it impossible to supply the contact the baby needed, she should let the grandmother or father attempt to supply it. She had noticed that the baby was much better when being taken care of by either of them than she was with her. I again released the spastic muscles and the baby seemed much better. Diarrhea had practically subsided.

Five days later her color was good, all the blueness having disappeared. Her body was warm, chest was moving though not fully and the spinal muscles were again spastic. Her abdomen was quite tense and she had had no movement in twenty-four hours. I again freed her chest and suggested that the mother use the funnel accumulator over the abdomen for short periods.

On the forty-sixth day, when I next saw the baby, the mother reported she had been crying almost constantly, did not sleep at night, demanded half hour nursing and had irregular bowel movements. During the first few days of the past two weeks the mother said she had enjoyed the sexual embrace with initial full pleasure resulting in anxiety at the acme. Following this period she had developed "terrific anxiety and became sexually disinterested." Quite obviously she had run from genitality to the tedious care of constant attention to the baby. At the time of my examination, the baby presented a surprisingly healthy picture. Her chest was moving, she was warm, was not crying and her body was quite soft. I decided that certainly now the difficulty was not with the baby but entirely with the mother. I explained that she had set up too much of an ideal which she had been unable to follow and that from now on she was going to be an ordinary mother. I explained also that she would put the baby on a feeding schedule during which she would not feed her more often than every two or three hours, that she was not going to walk the floor all night because the baby cried, and that after investigating and finding that the baby was not suffering she would simply let her cry. I

made these suggestions to release the mother of the burden she had made of the baby and hoped she would thus regain contact.

She called me two days later saying that although the baby had cried a great deal the first night she had by the second day been content to nurse every four hours and had slept the majority of the night. The mother felt quite relieved.

When I next saw her on the fifty-third day, the mother reported the baby had continued very well during most of the week but on the last day or two she had lost contact with the baby, did not know what the baby wanted when she cried, and the baby had started crying again. However, during my examination she was smiling, her body was soft including the abdomen and her chest was moving freely. I found nothing to require working on the baby.

For three weeks she continued very well. The mother said the baby had been happy, awoke smiling, ate regularly every four hours and slept through the night. The mother herself felt happy and relaxed.

A month then elapsed during which I did not see the mother or baby but kept in contact by telephone. During this interval the family bought a house and moved into their own home. During the period of readjustment the mother developed considerable anxiety and became afraid to stay at home alone with the children. The baby reacted also with anxiety, crying and with some disturbances in its sleeping and eating habits.

When I next saw the baby, the mother reported that although the baby had not been crying she would sleep for only short intervals, sucked her thumb a great deal when she woke up at night, and had not been gaining any weight until recently when the mother gave her a bottle. She drank the bottle avidly. She had two to three bowel movements a day. She was not constipated but tended to strain at stool. Her color was quite good, she looked well nourished, she was warm, but she presented a rather shocking picture of very typical and almost total holding back. Her chest was high, moved only slightly, she held her arms and the only noticeable movement was a rather vigorous kicking of her legs. Her shoulders were pulled back, thighs were quite spastic, and her spinal muscles were also very spastic. Mobilization was quite a problem and I did not succeed in completely freeing her shoulders. Her cry which had been markedly restricted became fairly full with a still noticeable block in her throat. I planned on seeing her again the following week but during this time she developed an illness diagnosed by her pediatrician as rose fever with which she developed a high tempera-

ture for two days then broke out in bright red blotches over her body. Her temperature fell but she showed a marked irritability. Two weeks therefore elapsed before I again saw her.

The mother had this to report: During the past week she had had to stop nursing the baby because she could not stand the sensation in her breasts and wanted to cry. However, these sensations had continued in spite of this action. She had consistently avoided the genital embrace, had withdrawn from her husband and her son, and developed a "love for her baby which was more than she could stand." She was quite aware of her complete withdrawal from genitality.

The baby had accepted the bottle very well, suckled vigorously and seemed to have a strong oral need. She would grab everything and put it into her mouth eagerly. She seldom cried but continued to wake frequently at night and suck her thumb. No evidence of genital play has been observed. She enjoyed her bath immensely and loved being lifted and allowed to fall with the mother's arms, but the mother frequently felt too much anxiety in this play to do her part. The baby has not been able to tolerate the accumulator more than half a minute at a time, becoming restless and pulling toward the window until the mother took her out. The mother noticed that the baby's bowel movements depended almost entirely on her own anxiety.

The mother's anxiety was almost constant with occasional short periods of feeling very well and alive. These periods would last perhaps an hour or two. Her anxiety usually disappeared when holding the baby, but at times increased. The mother said, "Because I was afraid of my love—it was so strong." I expected to find a similar picture in the baby as that seen on the last visit. I must say I was very much surprised. The baby looked very well. She was smiling and, although a slight gurgle in her throat was noticeable, her chest movements were quite full with the impulse going well down into the pelvis. She had an occasional tilting forward of the pelvis at the end of expiration. There was no picture of the holding back seen on the last occasion. The baby was quite alive and happy and weighed 15 pounds.

Somehow the mother seemed to have established some contact in spite of her anxiety. But we may add at what cost—her complete rejection of her own genitality.

(After this visit, the mother's genital feeling returned and she accepted the genital embrace, but continued to react with anxiety at the climax.)

During the period that I have observed this baby I found it necessary to

treat the husband and the older child, both at their own request. The husband had developed considerable stasis, had about lost his proverbial patience, and had become thoroughly disappointed and disillusioned in the situation in regard to his wife. The four-year-old had become a problem child. He was mean, destructive, constantly whining, fighting his little heart out to regain some of his lost recognition.

The mother was entirely aware of this tragedy but eased the heartbreak by her devotion to the cause of becoming an ideal mother, a result of the mystical connotation of being in group A.¹

This case supports Reich's findings and illustrates what disastrous effects may take place in the infant when contact with the mother is lost. It also shows the lability of the infant, its surprising ability to recuperate before chronic armoring is met, providing contact with the mother can be re-established. I feel that somehow the rose fever encountered represented an emotional breakthrough with marked relief to the child. During the first two weeks following the birth of the baby the mother was apparently able to accept her streamings better than she could after this period. At first she was the center of attention, at the start of a new and exciting experience. When the genital embrace was not feasible because of her condition, she blamed the baby for her lack of sexual expression. When this was no longer rational, she withdrew from sexuality. We thus see the important place genital anxiety can play in producing loss of contact between mother and infant and its resultant effect on the whole family.

I am in part at fault in this for I feel that much could have been prevented by more vigorous and consistent work on the mother from the very beginning. I have wondered, though, ever since her own therapy whether she would ever be capable of accepting full genitality.

This project is scarcely started. A dozen more years lie ahead before we can see whether or not this infant can be saved from chronic armoring and what unfortunate effects can be avoided in the family as a whole.

The discussion after Dr. Baker's paper was chairmaned by Wilhelm Reich.

Educator: "Dr. Baker quoted the mother as saying that the love she felt for her baby was 'more than she could stand,' after her genital anxiety made her withdraw from her husband and from genitality. What kind of love was this?"

¹ Cf. Reich: "Armoring in a Newborn Infant," *Orgone Energy Bulletin*, July, 1951, p. 122.

Chairman: "Yes, what was behind this love?"

Dr. Baker: "Hate."

Chairman: "Yes, basically, but let's get the exact mechanisms. You described the case very well, but the mechanisms didn't quite come through. First, the mother accepted genitality; then she became terrified of it; anxiety developed with subsequent rejection of the family, and then a new kind of 'love' for the baby developed. Here we see clearly that you can't operate with a static concept of genitality. It constantly fluctuates. The level of genitality before pregnancy and delivery the mother could tolerate pretty well. Then the sucking on the breast increased the streamings and the genital desire. This she could not tolerate."

Physician: "You frequently see in women after delivery that strange things develop—psychoses, terrific increases in weight, etc."

Chairman: "Yes. But this process comes about not only through delivery and breast feeding; in carrying the child, too, the whole organism softens up. The thought came to me right now that the foetus acts like a stove; it is another energy system in the mother and it energizes the mother's whole being. In one case it will enhance the genitality and the mother can accept the increase. In another, it may bring about a psychosis in the mother; in still another, the mother may react against the rise in the bio-energetic level with a complete killing of genitality."

"Now, we see how our clinical findings work back again and help the social worker in her task. She will have to prepare the mother for a likely rise in genitality in connection with pregnancy, delivery and the nursing period. Pay attention to that. Prepare the mother to watch out for it."

Social Worker: "I still don't see how you can take care of that energy condition. If the mother can't tolerate it, she can't tolerate it. What are you going to do?"

Chairman: "True, it's an energy condition, but you are dealing with a bio-apparatus in which the psyche has its influence, too. Of course, you don't eliminate the problem by preparing the mother, but at least her ego will be better prepared to accept the rather sudden intensification of genitality. It won't come as a surprise to the organism."

Educator: "What about some spontaneous kind of orgasmic discharge after delivery and before the embrace can be had again?"

Educator: "I recall spontaneous orgasm after my child was born."

Chairman: "Orgasm is not the word for that. The orgasmic experience

requires a certain set of circumstances, and we should be very careful in using that word: it has a very special meaning. What you experienced were waves of discharge. However, it is true that there are other means of discharge besides the embrace which could be used after delivery, and I hope that one day we will have a case described in which this is gone into. And we won't be embarrassed, I hope, about doing it."

Physician: "I think the rose fever this child suffered from was connected with the mother's withdrawal."

Chairman: "Yes, we should distinguish between two sets of problems in an infant: (1) Those immediately induced by the mother or other adult in contact with the infant, and (2) those problems that already belong to child pathology where the pathology, though originally brought about by the social situation, has acquired a functional autonomy, so to speak. The rose fever in the case Dr. Baker presented clearly belongs under (1)."

"One point about children's diseases: They all at first present a similar picture—vomiting, temperature, rash, diarrhea. We can picture the infant as a trunk of order or disorder. The child flows freely and the trunk is in order; it contracts and then disorder is total. Later, the child blocks (armors) locally and where these local blocks set in, the local diseases appear. We are faced with the logical question: How far are infectious diseases the results of local organ armorings?"

Physician: "I notice in the hospital where I work that diphtheria seems first to be preceded by a high chest and disturbed breathing."

Chairman: "That may be, but I wouldn't advise running ahead into fixed ideas at this point. Very careful, continuous clinical observation is needed. All I wanted to convey now was the picture of a trunk of order or disorder, and then later various branches of order or disorder developing."

Following the discussion, Dr. A. Allan Cott presented a brief, informal talk on his experiences as a medical organomist in attendance at deliveries. A brief summary of this talk is here presented:

"The chief problem I met in the two mothers whose deliveries I assisted at was the ideal of being a perfect mother. One mother had a terrific fear of hurting her child because she had been told her structure prevented her from being in Group A. Both these mothers were frightened by the hospital routine. One during delivery had a great fear of something being torn. In both these mothers there was complete withdrawal in the ocular segment,

as though they were dying. A major problem for the medical organonist in attendance is to prevent the mother's going off in the eyes, and to establish respiration."

"As has been mentioned earlier, the hospital routine was in line with and strengthened the inner holding attitude of the mother. The mothers were encouraged by the nurses 'to take a deep breath and hold it.' They were told to grab on to the rails attached to the table and hold tight. Both mothers were severely stuck when I got to them. In both cases I encouraged them to make noise and scream, kept them from going off in the eyes, and helped them to establish full respiration. In one mother, dilation began one and one-half hours after I came, in the other four hours after my arrival. One of the major tasks, I believe, is to prepare the mother to expect that she may very likely experience pain and that she should not feel ashamed to scream. This ideal that the 'healthy mother doesn't experience pain' is very deep-rooted and very dangerous."

Chairman: "Do you have the same feeling I have—that water is pouring in and that we haven't got the barrels arranged to catch it all? The method is not quite worked out, and I would advise you to work more and better on *method*. Of course, the mothers should be prepared to feel pain and to scream. A list of all the things the mother may expect should be drawn up."

Physician: "In connection with what Dr. Cott said about the withdrawal in the ocular segment, I am impressed by the number of post-partem psychoses."

Chairman: "Yes. The eyes go off with the fear of the sensations, the death anxiety, if you will, that sets in. Now, the key psychotic mechanism is precisely this going off in the ocular segment and then the mother may *really* go into psychoses."

Physician: "I saw a psychotic moment in a mother when her baby was brought to her. 'It's alive,' she said, 'it's moving,' and she was terrified. 'I can't stand it.' I put the baby near the mother and told the mother to just feel it. She came through and was able to nurse the baby. Now I am frequently called in on such cases, even though the nurses still look askance at me."

Dr. Cott: "I may add in this connection that when I first appeared on the scene when one of the mothers was in terrible difficulties, the nurse and I were more or less working against each other. Then I asked the nurse if she would leave us alone for a while. Later, when she came back and saw the

improvement that had come about, she wanted to just watch. After the delivery, she asked if she could observe my work with other cases. And the next time I worked in the same hospital, I met with greater interest all around."

Chairman: "Exactly, and that is the way to win over a whole hospital—not through proselytizing, but through superior *skill* and *knowledge*."

Educator: "I think that it is most important to arrange for a decent delivery table and for sympathetic nurses."

Chairman: "That's much too rationalistic! Of course, if one could get all those things, then there would be no problem. But our concern here is basically not with technical arrangements, not with nurses, not with the bed, not with the hospital routine, but with what underlies all these things—the hatred of moving, living life. *That* is our real problem here—the fear and terror of living life. It is very wrong in the sense of being very superficial to concentrate on beds, routines, nurses, etc. This thinking would destroy the Organomic Infant Research Center, would divert its attention from the common functioning principle, the terror of life, and shift it to all the variations."

Physician: "You find that if you question hospital rules, you arouse hatred."

Chairman: "Exactly. Their rules stem from their characters, their rules *are themselves*. So it is not a question of giving 'courses for nurses,' or any other such superficial approach. The task is research, and keeping the focus on that common functioning principle, the terror of life, *in the workers of the OIRC and the mothers*, as well as in the hospitals. We must always explain the superficial things, the variations, by the main thing, the common functioning principle, and not vice versa."

Some Notes on Art Inspired by Reich

By WILLIAM STEIG*

Life is CREATION—the ceaseless movement of cosmic *creative* orgone energy weaving the universe. We, being nothing but vessels of cosmic orgone energy, continually, inevitably create—or we die. We create pies, gestures, chairs, houses, thoughts, songs, pictures, ourselves, our societies—and when we create without impediment, we feel the wonder that always accompanies flowing creation.

When the creative flow is blocked in an activity, the sense of wonder turns to bewilderment and we feel an imminence of death. In conversation, for example, anxiety sets in if nothing is being formed—a friendship, or a truth, or just a new sentence.

Living is creating. We move about in relation to an environment; and we must sense and feel—and being “conscious” animals we must “know”—if we are to remain fluid and mobile. An alive man is a proving-ground for all that goes on about him; he is in a constant creative activity of “sizing things up,” recreating them in his own body. He “imitates” and he rehearses, as he moves. He imitates the path he is about to take, the branch he is about to bend under, the person he is dealing with, the cloud his truth-loving wonder turns upon. (It is an unfortunate circumstance that the sense of wonder is confronted with armored human life. But we must imitate that too and understand it, since we live with ourselves.)

Internally everyone functions like an artist, constantly creating mental pictures of his moving, changing whereabouts. These pictures are not “photographic” but “abstract,” the emphasis being on movement, direction, shape, texture, etc.—the feel of things. This mental picture-making function

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is a practical necessity of our everyday lives. (Everyone knows the feeling of emergency embodied in the phrase “Where am I?”.)

The artistic activity of human beings is creative, form-making energy exercising its fullest powers, just as it does throughout the universe—without “practical” intention. Art is a life function, it is “mysterious”; so the work of the artist is regarded by people at large with a religious awe, or else shunned and derogated, as all life functions are, because it disturbs civilized inertia. (Considering the lives that people lead, it's appropriate that they tiptoe through museums.)

Real scientific activity is of the same order as real artistic activity. It arrives at its truths—its *creations*—by re-enacting the movements of nature. Perhaps these human functions even enlarge the powers of nature. Who knows but that the orgone energy, having passed through us and acted in us on canvas and through all our other apparatus, flows back again into the great orgone ocean with new ideas.

The ability of a bird to do as he pleases in the air is his *talent*. Creativity is natural and easy—and inevitable. The so-called struggle of artistic creation is nothing but the struggle against the impediments, internal and external, of our irrational way of life.

A great artist is “ahead of his time”—he does not get bemired in it. He plays with and understands the work of the past; he studies the life of his own time to get his bearings; and he *finds nature*—moving ahead, ever seeking undiscovered modes of free, beautiful functioning. Nature too must in some way play over, caress, and understand its already created forms—trees, hills, etc.—feeling its way to new activity.

People speak of “distortions” in art. Distortions of what? It is true that our art bears marks of the disturbances of our crippling way of life: interrupted flow, perverted movement, self-consciousness, preciousness—that kind of untruth. But most people mean by “distortion” deviation from the kind of image a camera might make. They mean that the painted arm is longer in proportion to the painted body than a real arm is to a real body, that there are two eyes on one side of the nose, or that the vase is not symmetrical, and so forth. But since when is it the function of art to copy camera-eye vision?

Even natural seeing can be said to give us a distorted version of the facts. We see things in perspective, foreshortened; we see only the side of an object which is presented to us, and one object hides another. But we know better, through experience, than to accept the mere optical image. We use *all* our senses; and we use knowledge. Art has to use its own devices to create worlds on a two-dimensional surface, accessible only through the eye.

The artist must cope with the fact that while nature moves, paint stays in one place.

The notion that the function of art is to *represent* is one of the ditches that a sick society has pushed us into—a way of keeping us off the path of truth. People have been taught to look for a face, a scene, a story—instead of for a creative act. This misunderstanding is the reason why painting is for most people the most inaccessible form of artistic expression when it could be the clearest. It is as if the spectator were trying to hear French when the artist is speaking English.

Why should people know how to look at paintings? They do not know how to look at nature. Reich has shown how badly people see. They either search aggressively, with an act of will, or they passively record impressions, being satisfied merely to recognize objects: cat, dog, house, etc. Very few look with an *attuned* eye. Good seeing is creative—it loves, and it works, and it wonders.

It is *not* the function of art to create optical illusions of recognized objects any more than it is the function of music to repeat the sounds of a brook, a bird, a train, a breeze, etc. If it were, art would not mean very much. Nature presents herself all about us—in fact there *is* nothing else, and if we look with an unimperialistic eye, the world is full of pictures for our enjoyment. What we want to realize is what *we* can do. When we look at paintings we do not say that we see a “still-life” or a “landscape,” but we see a “Cézanne” or a “Van Gogh.” In any case, what we see and delight in is *human* creativity—our function, and through that, CREATION in general.

True, we *study* nature and speak of painting it. We set up easels before a particular tree or person. But we use those objects as clues. We apprehend workings of nature and find similar workings in ourselves.

The artist makes a man of *paint*, not a man of flesh and blood; he makes a tree of paint and a flower of paint and a sky of paint. If he paints what

appears to be the *representation* of a particular tree or person, it is because he has been moved by an insight into what went into making that tree or person, into what animates them and gives them particular and changing appearances. He has had emotions. If we refer from a painting to nature and feel the same emotions from both it only confirms the fact that the artist has functioned well.

In painting a “portrait” of a *person* the artist may be motivated by the fact that he has just seen the ocean—in which case there will be more ocean than sitter in the picture.

Painters do not help us shed our tears, but demand of us joy in creation. Art becomes clumsy when it tries to deal with *strictly human* emotions (emotions arising out of temporary immobilization, emotions involving painful thought and painful memory). The artist acts. He works with tools and with materials, and the emphasis is on *making*, on “emotions” shared by man with external nature.

Art (like architecture and sculpture) differs from the other arts in that a painting is a completed act, an object like a tree; and does not have duration and an ending like a piece of music or a dance. Certainly no one in his right senses wants a cry of anguish or a forever uncompleted episode in a story hanging on his wall.

The weird life of modern man is a truth of nature—a distressing truth. Confronted with it, the artist may suffer as a human being; yet in expressing his vision of this truth he can look with nature’s detachment, discover nature’s movement, and experience the joy of creation. He can keep moving.

The finished painting is a *new* part of nature, a piece of creation; and when we look at a painting what moves us is *the painting* and not the sight, or experience, that may have inspired it. (Yet it may help us love that sight, or experience, and the visible world in general.) The active, ardent spectator re-creates the painting, following the paths of energy laid down by the artist. He experiences again what the artist experienced in making the painting: movement, emotion, a glorying in man’s boundless creative power, and wonder—which is respect for life.

Only that which goes into a thing can come out of it. What goes into a painting are colors and brush strokes—movements of the arm creating forms. No matter what the “subject,” what moves us in real painting is form and

color. A painting is a *made* object and we experience its *madeness*. We look at forms and unlock the movement and emotion that went into their creation.

Art and science progress through the accumulated experience of their creations. Man continually succeeds in expressing things that before seemed inexpressible. These accomplishments bespeak a growth of power and consciousness in people at large. We are, after all, orgone energy—and whatever it can do *we* can do, or can learn to do.

The birds do not *respond* to the dawn; they come alive and move, *with* it.

A man creating with his full powers, as in music or painting, is at one with nature, participating on the same level with free cosmic orgone energy in the shaping movement of the universe. Society ceases to hem him in. His identity shifts from the psychological and biological to the cosmic, and he becomes both godlike and modest. Immersed in nature's brightness, flowing with the flow of creation, he experiences felicity and no longer sickly craves the affection and protection of his fellow men.

"What," it will be Questioned, "When the Sun rises, do you not see a round disk of fire somewhat like a Guinea?" O no, no, I see an Innumerable company of the Heavenly host crying, "Holy, Holy, Holy is the Lord God Almighty." I question not my Corporeal or Vegetative Eye any more than I would question a Window concerning a Sight. I look thro' it & not with it.—BLAKE

Any man can make the sun into a yellow ball. Ah, but to make a yellow ball into a sun!—PICASSO

The genuine artist, the tradition builder, strives for artistic truth; the other, who obeys merely a blind itch to create, strives for natural resemblance.—GOETHE

Art passes beyond the object, the real as well as the imaginary! It plays an innocent game with objects. Just as a child imitates us in play, so do we in play imitate the forces which created and create the world.—KLEE

. . . But folks expect of the poet to indicate more than the beauty and dignity which always attach to dumb real objects . . . they expect him to indicate the path between reality and their souls.—WHITMAN

. . . They are no longer two people, you see, but forms and colors: forms and colors that have taken on, meanwhile, the idea of two people and preserve the vibration of their life.—PICASSO

Causality and Freedom: A Functional Analysis

By CHARLES R. KELLEY*

The author wishes to acknowledge his indebtedness to the writings of Wilhelm Reich, not only for the technique of orgonomic functionalism itself, but also for certain specific ideas of this paper. Primary among these is the concept of "freedom within limits" which Reich formulated in a somewhat different context in "Orgonometric Equations: I. General Form," *ORGONE ENERGY BULLETIN*, October, 1950, pp. 161-183.

In the realm of life, causality, or the relationship between the past and the future, is entirely different than in the realm of nonliving matter. The essential difference between the two is that in the nonliving realm, a given series of events has only one possible outcome; thus the future can be said to be determined. As our knowledge about a series of events in this realm increases, our ability to predict the future course of these events approaches one. This type of causality operates in a *positive* or deterministic way, as each event gives way to its one possible successor.

In the living realm, an entirely different causality is evident. In the functioning of an organism, a given series of events may be followed by any of a range of possible events. There is not one, but any number of possible outcomes. As our knowledge about this series of events increases, predictability will not approach one, but some figure less than one. Predictability will not ordinarily be completely lacking, however, for there are causal laws still in operation. The distinguishing feature of causality in the realm of the living is that it operates in a *negative* way, precluding certain things from happening, but never defining completely what is to occur. Negative causality thus never determines what will happen, but only the range of things that can happen. Within the allotted range, the organism is free to choose, to determine itself the future.

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"Cause and effect" as the phrase is usually used applies only in the non-living realm. "A is the cause of B" is a statement embodying positive causality. It is quite generally but incorrectly applied to the realm of living functioning. It is legitimate to state, "the machine stopped *because* a bearing cracked; the bearing cracked *because* the metal crystallized," etc. It is incorrect, however, to state that "John is singing *because* he feels cheerful; he is cheerful *because* he had a good night's sleep," or "The baby has chronic temper tantrums *because* his parents restrain him," etc. This is applying positive causality to the realm of life. What actually occurs is that the organism's range of choice is affected by the so-called "causal" event. Thus the baby's temper tantrums occurred when his normal range of activity was restricted by his environment. Temper tantrums were within the range of activity left open to him, but weren't his only possible reaction. When normal healthy activity was made impossible for him, he selected his response from what remained of his range of choice, a choice which might have included withdrawal, sadism to playmates, etc. These forms of behavior were possible even though his parents had been loving and understanding, but they were extremely unlikely, because so many more satisfying alternatives would have been available. All possible responses are not equally attractive, hence not equally probable.

As to the "reason why" John is singing, the best answer is, "he's singing because he's singing." Normal pleasurable activity doesn't need a "reason" or cause. John has a large range of activities to choose from, and elects to sing. Since he did it freely, not because other possible alternatives were made unavailable to him, his singing *has no cause*. His own structure and his environment may have made singing easier than some other form of activity, e.g., dancing, but in no sense did it determine or cause him to sing. The point of these examples is to show how negative causality operates to limit the range of choice of an organism, without determining what specific behavior within the allotted range is to be made.

The primary factors restricting the range of the organism's choice are the structure of the organism, and the structure of its environment. It is clear that a fish is not free to walk through the woods, nor a snake to fly. The actual limitations imposed on each organism are pervasive, defining in detail the limits within which the organism can function. To us, the ameba has a tremendously narrow range of possible activities, resulting from its struc-

tural limitations. Yet within the defined range, the ameba is as free as you or I to choose what he does.

That the limits of freedom of an organism are structurally defined is immediately apparent in the case of the fish, the snake, and the ameba as above discussed. In the case of humans, the same structural limitations apply; the limits within which a person is free to choose are structurally determined. Consider the effect of each of the following structural changes on the range of possible activities of an otherwise healthy person: blindness, paralysis, organic brain damage, and biological armoring. It can be seen that each of these structural changes would have the effect of decreasing the range of possible actions, or range of choice (freedom) of the individual.

It is equally true that the structure of the environment imposes limits on the freedom of an organism. Fish that live in underground streams may have perfect eyes; however, the structure of their environment imposes the same limitations on these fish as would have resulted from structurally defective eyes. The structural characteristics of an organism's environment are of equal importance with the structure of the organism in setting the limits of possible activity, or range of choice of the organism. The structure of the organism and of its environment completely define the range of the organism's choice. It is also true that the choice made affects the structure of both organism and environment, and thus modifies the range of choice.

Choice implies alternatives. Organisms, with the exception of neurotic humans, do not ordinarily think consciously in terms of alternatives and possible consequences. Awareness is normally experienced, not as awareness of alternatives, but as feelings. The problem then becomes, what have an organism's feelings of pleasure, rage, fear, or grief, got to do with alternatives, the range of choice of the organism in a situation?

That there is some relation between these two appears by analysis. When our range of feeling is depressed greatly, as in sleep or unconsciousness, the range of possible activity is correspondingly depressed. This is true for all gradations of feeling. The sleepy or dazed person cannot take advantage of the full range of action available to him when he is alive and alert. As his awareness decreases, original behavior becomes less likely. Stereotyped acts increase, and behavior becomes increasingly predictable. The range of choice becomes smaller.

The armored human is unable to tolerate feeling in its natural intensity, and has succeeded in diminishing it greatly. He has at the same time limited

the range of responses he can make. The more rigidly he restrains his feelings, the more delimited, rigid, unspontaneous, uncreative, and predictable will be his activity.

Spontaneous activity seems in a sense opposed to choice. That is because "choice" tends to be connected with the intellectual weighing of alternatives. Actually, spontaneous unrehearsed activity based on spontaneous feeling is the very essence of choice as the word is here used. As spontaneity increases, freedom from accustomed modes of behavior grows, and the range of possible activity, or range of choice, expands. Our ability to predict this behavior in advance is, of course, simultaneously reduced.

It was stated that the limits of an organism's freedom were set by the structure of the organism and his environment. It follows that the freedom of the organism within the set range is independent of structural factors. *Freedom must relate to the antithesis of structure, and the antithesis of structure is movement.*

Mechanistic thought tends to relegate movement to a position dependent on structure. The only movement conceivable to the mechanist is the movement of some structure. Thus light has been thought of as the travel of particles (structures), electricity as the flow of electrons (structures), heat as the vibration of molecules (structures). The movement aspect of each of these (travel, flow, vibration) are reduced either to successive position (structure), or to "force," which is only understood insofar as it affects structure. Functional thinking frees movement from this dependency on structure. "Movement," in accordance with Reich's definition, will be used in this paper to designate movement itself, not its structural effects or manifestations.

Let us consider two ways in which nature functions, one relating to structure and one to movement.

<i>Structure</i>	<i>Movement</i>
determined	free
predictable	unpredictable (spontaneous)
rigid	mobile
not conscious	aware
mechanical	living

Science has concerned itself almost exclusively with the left-hand group. The reason for this has been shown by Wilhelm Reich to relate to the fear of armored humans (including scientists) of the alive, the unpredictable,

the moving. It may in addition relate to the fact that written language is itself a structure immobilizing nature. Words in a book cannot change; nature cannot be still.

The methods and tools of science have been developed to apply to the left-hand column only. Thus algebraic and differential equations, in which a variable is studied as a function of time, are only applicable when the future is determined. There is no difference between past and future in the traditional equation, which allows only one possible future course of events. Since for the living there is a range of possible future events, it follows that the traditional equation cannot legitimately be applied to this realm. Equations which do apply to the living realm are being developed by Wilhelm Reich in the field of orgonometry.

The antithetical functions "structure" and "movement" are fundamental to nature. The concepts of space and time are less fundamental, and derive from them. The concept of space is derived primarily from perception of structure. The concept of time is an abstraction which we impose on the world, and which derives primarily from the perception of motion. Analysis of the drag to scientific thinking due to the almost universal confusion of the fundamental functions with the derived concepts will have to be the subject of another paper. What is relevant for this paper is that motion or movement, one of two basic functions of nature, and the basis of freedom, lost its fundamental place and became something derived from "time" and "space." It then seemed to depend on structure, and the characteristics of structure were applied to phenomena of motion.

One of the properties of structure is that it is quantifiable. Structures may be counted, measured, weighed, etc., and mathematical schema can be made to describe this quantitative information. Movement, on the other hand, is unquantifiable. It is impossible to measure a motion; only its structural effects can be measured. Thus a runner's movement is reduced to two positions on the earth's surface and two positions of the hand on a stop-watch. By measuring these positions, it may be concluded that the man ran a hundred yards in ten seconds. It is incorrect to conceive of this as a description of the man's movement. What was measured is a structure, from which something was inferred about a movement. However, the structure is not the movement, and the inference must be qualified by the fact that it was drawn from structure. All measurement of velocity, acceleration, etc., is in fact the measurement of structure. An additional comparison of the runner's

position with the position of the stop-watch hand could have been made. This would have yielded two velocity figures, the difference between them indicating acceleration. Another measurement could be used to give change in acceleration, etc. This process could be carried on indefinitely, but movement would never be described. Instead only increasingly detailed positional (structural) information would be had.

All methods of measuring movement on analysis prove to be, in fact, measuring structure. For this reason, it is easy to impose on motion the characteristics of structure. Yet what is measured is the antithesis of motion, and has its own characteristics. Human beings have for hundreds of years failed to realize the antithetical nature of structure and motion, and have imposed the characteristics of the former onto the latter. By thinking of movement as structure, the basic features of movement were destroyed. Only by studying movement *itself* can it and its biological functions, freedom and awareness, be understood.

Summary and organometric formulation

The difference between positive causality, operating in the nonliving realm, and negative causality, which applies to living organisms, makes "cause and effect" in the usual sense inapplicable to the conscious activities of the latter. Insofar as there is choice, there is no "cause."

Negative causality relates to the limits within which the organism functions. These limits are themselves a function of the structure of the organism, and the structure of the organism's environment. They determine the organism's range of choice, or freedom. Freedom is functionally identical with feeling or awareness. Freedom and awareness operate within the limits defined by structure. They have their root in the antithesis of structure, which is movement. The exact functional relationship between freedom and awareness, and movement, is in need of further analysis. Organometrically, the processes so far can be represented as follows:

freedom
awareness (feeling) $\>||\neq$ movement

determinism
unconsciousness $\>||\neq$ structure

The symbol $\>||\neq$ indicates that these equations have not been analyzed com-

pletely, and that more useful information is to be had by developing the formulation further.

Structure and movement are antithetical and functionally identical. The addition of the common functioning principle results in an equation fundamental to all nature. It is this:

movement $\>||\neq$ undifferentiated energy (the orgone energy)
structure

The equation says simply that structure and movement are the antithetical manifestations of undifferentiated energy (orgone energy). Orgonomy has opened the way for scientific exploration of both these antithetical realms.

I have often asked myself whether the whole of philosophy hitherto has not been generally an interpretation of the body and a misunderstanding of the body.—NIETZSCHE

Observations on a Case of Coronary Occlusion

By EMANUEL LEVINE, M.D.*

A 39-year-old male patient came to treatment because of the following symptoms: constant severe jitters, profuse outbreaks of sweating, much gastric distress and nausea, frequent attacks of diarrhea, chronic fatigue, tightness of the throat, feeling of irritation of the stomach and throat, and depressive moods about once a week. These symptoms were biophysical aspects of a severe general anxiety approaching overwhelming intensity. It did not seem possible to the patient that he could expect to earn a living, and he was taxing himself to the limit to continue his studies in a school of accounting.

Past history revealed mumps and whooping cough as a child. His health, otherwise, had been good until 1937 when there had been indigestion for several months. A general state of ill health began on November 18, 1943, at the age of 34 when the first symptoms of what turned out to be an acute coronary occlusion developed during military service. While doing clerical work, a feeling of "apprehension" developed ("*could not breathe*"), it became necessary for him to go outdoors several times "for air," and then a sensation of pressure girdling the chest appeared, followed by substernal pain and a burning pain on the anterior surfaces of both arms. It was first felt that the diagnosis was indigestion, but in spite of rest and medication the symptoms persisted, and the patient was hospitalized the next day. An electrocardiogram done on November 19, 1943, revealed "a prominent Q-wave in Leads II and III and slurring and widening of the Q-R-S complex and slight elevation of the S-T component in these leads. Impression: Changes, especially the prominent Q-waves, suggestive of myocardial change from coronary artery disease." The routine physical done at the time of admission to

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the hospital revealed a blood pressure of 124/80; heart and lungs negative and thorax negative. Laboratory results: Xrays of the heart and lungs were negative, blood count and BMR negative, urine negative, cholesterol 259 mgm; and sedimentation rates of 10 to 15 mm. per hour. Serial EKG's from November 19, 1943, through January 14, 1944, revealed T-wave and Q-wave changes indicating a posterior wall coronary occlusion. Subsequent electrocardiographic studies in army hospitals fully confirmed a diagnosis of a healed posterior wall coronary infarct, and the patient was discharged from Service with this diagnosis on February 28, 1944.

About October, 1946, another acute posterior wall occlusion occurred and the diagnosis was clear both clinically and electrocardiographically. A third attack occurred about two months later. This attack was also confirmed electrocardiographically, but this time the infarct was in an anterior vessel.

My first contact with the patient was on August 25, 1949, in a clinic where I was employed at the time. Two internists had suggested psychiatric treatment though, of course, the treatment had been suggested for the psychic symptoms without the understanding that a single process, a deep biological disturbance (to be discussed later), was responsible for both the coronary occlusion and what they considered to be a psychic disturbance. The patient had been to several private psychiatrists and psychoanalysts but had not been able to find anyone who would accept him as a patient. Because of my organomic knowledge, I felt keenly the dangers involved in such a case. It was quite possible that an emotional reaction on the couch could result in an unusually severe expansion or contraction, either of which could blow out the old infarct or cause a new one. Coronary artery disease in the younger age group is quite severe. Having had three previous attacks, there was less likelihood of survival of another attack; however, a realistic appraisal of the situation revealed several factors which encouraged me to go ahead.

1. There was, in my opinion, nothing to lose. The patient was at the end of his rope, facing at the best a life of chronic, severely uncomfortable invalidism with a good possibility of another attack of coronary occlusion in the not-too-distant future. The patient also felt that there was nothing to lose, because when I acquainted him fully with the fact that there was danger to life in undergoing therapy he had no hesitation in deciding to go through with it.

2. In studying with Wilhelm Reich and as a result of my own subsequent experiences, I know how true is Reich's oft-repeated statement that the forces

for life and natural functioning are very strong and need but a little help to assert themselves in spite of previous tremendous damage.

3. I also knew that Dr. Walter Hoppe had treated cases of organic heart disease with a 20-fold orgone energy accumulator and that the biophysical structure, including the pathological tissue, had stood up under such strong expansive forces.¹

4. Some feeling of security was also given *because I knew what was going on in the patient*: that the ultimate basic pathological process was a specific type of disturbance in the flow of orgone energy in the body. The general background of coronary occlusion had been described by Reich. He found that the occlusion resulted from strong expansive movements in the chest which were met by strong contractions in the same area and that because of blocks in the shoulders and diaphragm the vise-like contraction could not find release elsewhere and finally resulted in rupture of a coronary vessel. The first examinations of the patient agreed fully with this description.

I should state at this point that during the year and a half that treatment was done at the clinic only character-analytic technique, modified by my orgonomic knowledge, was used because of the irrational attitude of the clinic toward orgone therapy. Since March 16, 1951, when I left the clinic, the patient has been in orgone therapy and treatment is continuing.

To return to the first examination of the patient, the total picture was one of complete apprehension. The eyes were frightened, restless, awaiting danger and looking for escape. They could not look directly at one. They gave an impression of apprehensive thinking. The rest of the body was apprehensive in a frozen way, the chest held extremely high in inspiration without any discernible movement. There was a slight respiratory movement beginning just below the diaphragm but the pelvis was retracted and immobile in fright. There was a reproachful sadness in the mouth and shoulders, mixed with resignation. These attitudes were later on described by the patient as "why does this happen to me" and "this is my lot." The lower jaw also expressed a mean wild anger, and this area and the neck were strongly armored as was the chest. The armoring in the lower segment of the chest actually overhung the upper abdominal area because of the high position of the diaphragm. The abdominal and pelvic areas were very lightly armored. The posterior aspect of the thighs gave an impression of hard

¹ Cf. *Orgone Energy Bulletin*, Vol. I, No. 1, 1949, pp. 15 and 16.

stubborn anger. From the standpoint of the initial steps in treatment, however, the most important fact was that, except for the eyes, the patient was contactless. He had no real concept of expressing his emotions with his facial expression and felt anxiety only in his eyes. The rest of his symptoms were felt as somatic disturbances. As an interesting corollary of this situation, the patient was able to recognize other people and especially family resemblances only by what he saw in the eyes of other people. The rest of their faces meant nothing to him.

It was clear that the central problem and danger which would determine the feasibility and efficacy of treatment was the complete immobilization of the chest. Here was the basis of the coronary biopathy and the chief block which resulted in the general anxiety. It was felt, as a general principle, that it was extremely necessary for the patient to be in complete contact with everything that was happening to him and also that the treatment should go as slowly as possible without standing still. Therefore, the first few months were devoted to repeated descriptions of the facial expressions and asking the patient to accentuate these expressions in order to bring him into contact with his general emotional status. At the end of that time, the patient had become capable of crying and to a slight extent was able to express himself in anger when environmental situations called for it. Also, there developed the capacity to release anxiety once the attitude of overcautious thinking had been loosened. At this time I advised the patient to discuss his disagreements with his wife more openly because there were acute differences which were a constant source of stress and which had not, until now, been out in the open. This clearly removed the depressive episodes as a disturbing factor.

In the fourth month of treatment there was an attack of anxiety associated with a feeling of severe constriction around the whole chest, of such intensity that a cardiac consultation was obtained to see if another occlusion had taken place, but this was not the case. The symptoms, however, were exactly the same as those associated with the occlusions. It was apparent that the cardiac biopathy was now being brought out into the open. For the next month this syndrome made frequent appearances and the patient became aware that he felt a frustrated anger at such times. Finally, the syndrome began to abate after a particularly severe crying spell which was followed by a marked increase of intensity of genital discharge and violent involuntary movements of the body at time of climax.

After fourteen months had gone by, anger was being felt in greater strength

and there was realization that an express effort was being made to keep anger out of the face and for that reason the patient never looked directly at people. It was at this point that repeated clinical observations were made that the expression of anger relieved chest pain. Also, in this fourteenth month there was a brief attack of genital anxiety. The patient felt for about a day that he was "falling to pieces," and this was followed by another rise in intensity of genital sensations, and body movements at time of climax were becoming less violent.

In the fifteenth month there was a feeling of "top of head being separated from the rest of the head," together with pain behind the eyes. This syndrome was gradually relieved by expressions of fright followed by anger, with especial attention to the ocular segment. When, subsequently, there was a return of the eye pain, the patient was able to relieve it himself with the ocular expression of fright. In the last week of the fifteenth month a deeper crying again appeared followed by a sensation of "something pushing out in the chest," and then development of a fuller expression of anger followed by an exhausted feeling lasting three or four days. Then, for the first time, the patient had a feeling which he described as "being free in the chest" and, quite significantly, it was at this time that he was first able to recapture emotionally his relationship to a very domineering father who had been extremely repressive to the patient. Wilhelm Reich has shown that the central mechanism for emotional repression is inhibition of the respiratory pulsation. The inhibition of anger and respiration were identical processes resulting from fear in this case.

From a bio-energetic standpoint, a new therapeutic situation now existed. The chest had become mobilized. The sensation of something pressing out indicated that expansive impulses had begun to reach the periphery of the organism and were meeting very little constrictive tendencies in the chest. This was the real beginning of working through the cardiac biopathy.

In the following weeks, as the energy liberated from the chest moved downward, constrictive pains appeared at the level of the diaphragm and gallbladder and then at the level of the kidneys. In each of these cases, hitting the couch in anger relieved the symptoms in dramatic fashion. During the time when there were constrictions in the region of the gallbladder there was a recurrence of gastric distress and pain over the gallbladder area. Xrays revealed a "dyskinesia of the gallbladder." Clinically, all these symptoms disappeared as previously mentioned.

In the eighteenth month of treatment the patient came into orgone therapy. It became possible to materially increase the mobilization of the chest through work on the armor there and through expressions of snarling rage and anxiety. As the mobilization of the chest increased, the patient began to experience feelings of fullness under his armpits.

I had seen this same symptom appear in another case where a potential cardiac biopathy existed, and it seemed that the same process was going on in this case: Namely, when the armor in the middle of the chest began to give way, the energy which at times would try to move down toward the pelvis would also move toward the upper segments of the body and, passing the part of the body where the heart was located, would be caught by the block in the shoulders. If this assumption were true, it would indicate that the danger of an occlusion had been materially lessened. This was to some extent borne out a few weeks later when an attack of severe constrictive pain just below the level of the shoulders took place. This pain was described as being *more severe* than that which had been present during the coronary occlusion attacks. However, the location of the pain was not at the level of the heart and so there was minimal danger of an occlusion developing. This new constrictive tendency is now in the process of abating.

The results of therapy to date are as follows: The patient has reached the point where he feels capable of facing the future and earning a living although it is still no easy matter for him, as his symptoms recur at times, although on a much milder level both in intensity and frequency. His genital functioning has markedly improved. The chest is quite mobile although it, too, at times returns to its former high position, but it can now easily be brought down in therapy. My impression is that the likelihood of further heart attacks has been diminished and that there is a good theoretical basis for feeling that further attacks can be prevented, although it remains to be seen if this can be made a practical reality.

From a medical standpoint, the problem of coronary artery disease was identical with the problem of an immobile chest. When the chest became mobilized and the patient had the sensation of freedom in his breathing, a remark by Myron Sharaf in his review of Northrup's book, *THE MEETING OF EAST AND WEST*, came to my mind:

For "the physiological freedom to be oneself" remains vague and abstract unless there is added to it the straightforward, orgonomic affirmation of the

genital rights of infants, children, and adolescents, since "physiological freedom" essentially depends upon sexual health.¹

The phrase "physiological freedom" includes, of course, freedom to breathe as nature intended. The recapturing of the emotional relationship to a domineering father after mobilization of the chest indicated that it was the fear of the father, at least in part, which had caused the chest to freeze. The statement "couldn't breathe," with which the sensations accompanying the first attack of coronary occlusion were described, was a literal expression. This man throughout his lifetime had been afraid to breathe. Breathing would have meant the expression of anger but that emotion was blocked by fear.

The task from the standpoint of preventive medicine is clear. With Wilhelm Reich's finding that coronary artery disease belongs in the realm of the biopathies, a finding for which the foregoing observations are additional evidence, the problem then becomes one of parents being capable of letting their children express themselves emotionally whether it be in crying, anger, or loving. Only thus can coronary occlusions which result from chests and coronary vessels frozen in fear be prevented.

¹ Cf. *Orgone Energy Bulletin*, Vol. 1, No. 2, 1949, pp. 89-90.

On the Medical Use of Orgone Energy

From time to time I have observed the effects of orgone energy, applied by means of the orgone energy accumulator, in specific local conditions such as burns, cuts and bruises, and others. Because of my background of many years of medical practice, civilian and military, I can adequately evaluate these effects by comparison with similar cases in my previous experience where I applied classical forms of treatment. Prompt relief of pain, rapid healing without complications, and simplicity of application mark the use of the orgone energy accumulator, discovered and developed by Wilhelm Reich (cf. *THE DISCOVERY OF THE ORGONE*, Vol. 2: *THE CANCER BIOPATHY*, 1948).

Case 1. A 27-year-old actress developed severe pain in her left maxilla. Dental study revealed an unerupted canine tooth (left upper 3) starting to erupt in a narrow jaw, and it was removed surgically. The orgone accumulator was used before and after the operation, 3-4 times daily, and the shooter was applied locally by means of a test tube containing some loosely packed steel wool. The test tube was held in the mouth, and the outer open end was held next to the free end of the hollow, adhesive-wrapped metal cable leading from the shooter box, a small accumulator within the larger accumulator, and also serving as a seat. The dentist expected a delayed recovery over several weeks because of the presence of considerable infection, and expressed amazement at the rapid recovery of the patient. *Within two days she was free from pain and remained so.* She sat in the accumulator for 15-30 minutes at a time, and held the test tube applicator in the mouth for two minutes at a time. Reich has shown that metal first strongly attracts and then strongly repels orgone energy. The steel wool in the test tube draws upon the orgone energy in the shooter and repels it into the surrounding tissues.

This patient also has occasional asthmatic attacks which become worse in the accumulator. This is understandable when we consider the vagotonic effects of orgone energy in conjunction with the vagal over-stimulation that occurs in the bronchial spasm of asthma.

Case 2. A 24-year-old housewife received a blow on her mouth which resulted in a vertical laceration $\frac{3}{4}$ inch long on the inner mucous membrane surface of the lower lip. When seen three days after the injury, the wound was swollen and gaping, and exuded a foul smelling thick green pus. She sat in the accumulator for 15 minutes, during 10 minutes of which she also applied the shooter locally through a metal funnel held over the mouth. She had a very skeptical attitude towards the accumulator, and while in the accumulator said in surprise: "I feel a very pleasant inner warmth [indicating with her hand over her upper abdomen] which I haven't felt since I was a small child." This was her only treatment with the accumulator. She failed to keep an appointment to use it again the following day. A few days later she telephoned to say that the wound had healed "miraculously" overnight following the treatment, and that she was so overwhelmed by her brief experience with orgone energy that she could not return. This patient illustrates the fear of expansion in the armored organism. She later returned for biopsychiatric orgone therapy, and told how, in spite of the striking benefit she had experienced, she had expressed contempt for orgone energy in her conversations with others, following that one treatment. She said: "I don't know why I did it; that good feeling was more than I could stand."

Case 3. A 23-year-old laboratory technician dropped a pan of boiling water with spinach, severely burning her left foot. She had been using an accumulator regularly, and immediately began an intensive use of it, with local application of the shooter through a funnel held over the burnt area. A roommate applied some sodium bicarbonate solution on one occasion. When I saw the patient several hours later, the large blisters which had formed on several toes were already subsiding, *pain was minimal*, and there was almost no inflammatory reaction, that is, the areas around the blisters did not show the intense redness that generally accompanies second degree burns. I may add that this patient had shown a chronic circulatory disturbance in her feet manifested by coldness, mild purplish discoloration, and occasional edema. The morning after injury, the blisters were somewhat larger again, but faded during the next six days, and eighteen days after injury the burns were practically completely healed. *Pain was completely absent after the day of injury!* She lost only three days from work and continued the use of the accumulator as often as feasible. No infection developed and inflammatory reaction was negligible. From my experience in cases of severe burns in the presence of

chronic circulatory disturbance, I would have expected, with other methods of treatment, at least one or two weeks' confinement to bed, considerable inflammation and probable infection, considerable edema, and severe pain requiring sedation; ulceration might have occurred. Orgone energy relieved her pain, probably prevented complications and enabled her to return to her work as laboratory technician with little interruption.

Case 4. A 36-year-old woman executive received a black searing burn of her right palm when she grasped a metal pot-handle exposed in a free flame. The pot-handle later changed color permanently, indicating its high temperature. With classical treatment, I could have anticipated dire consequences: a slow convalescence over several weeks, pain, blistering, possible infection and scarring. I knew what the accumulator had accomplished, and yet was surprised and deeply affected by this case, one of my early ones. She sat in the accumulator immediately and held the free end of the shooter cable close to the burn, which extended about $1\frac{1}{2}$ inches along the thenar (thumb) crease. At first she felt an *increase* in the pain and described it as a penetrating, smarting feeling. *Then the pain subsided.* A very narrow margin of redness was all that could be seen along the black seared line of the burn. No blisters formed. She used the accumulator frequently, at 20 minute intervals at first, then gradually lengthening the intervals between treatments. Except for mild pain the following day when she put her hand in water, *she remained free from pain*, no further inflammation developed, no blisters developed, no infection developed, the black discoloration disappeared in a few days, and there was no scarring. Use of the hand was scarcely interrupted. When I contemplate this case, I am amazed at the crass obtuseness with which some physicians, administrative officials, and other "authorities" refuse to observe, study and apply orgone energy. By such avoidance they fail in their responsibility to their patients and to the public, and are guilty of a heinous social crime of great magnitude. I repeat: this case affected me deeply—it was a clear-cut, emphatic and unequivocal demonstration of the beneficial role of orgone energy in severe burns.

Case 5. A 42-year-old physician returned from the beach with severe sunburn of the lower extremities. There were no blisters as yet but the redness and pain were intense. He felt feverish and his mouth was dry. He sat in the accumulator and at first felt strong prickling in the legs. Shortly afterward he began to sweat, with waves of pleasant warmth passing through him.

Pain was markedly diminished. From previous personal experience, he had anticipated a one or two week period of slow recovery with much pain, two or three days of fever and dehydration, and a bad time sleeping. With the use of the accumulator, none of these occurred. There was mild discomfort for a day or two, and no interference with his work. He also suffered no nausea or loss of appetite, as he had on other occasions of sunburn.

These observations on the clinical use of orgone energy have certain things in common: (1) Relief of pain is marked and occurs promptly. Pain, with accompanying shock, is severe and greatly feared in burns especially. Any measure that relieves pain, especially to the dramatic degree that the orgone energy accumulator does, must be made available to all. Certainly, it must not be concealed or suppressed by any personal prejudice. (2) Healing is rapid and is remarkably free from complications, such as inflammation, infection, interference with function, and scarring. (3) The treatment is extremely simple to apply. The patient sits in an orgone energy accumulator and applies the shooter locally at intervals, as indicated. Special accumulators for bed patients are obtainable. No injections or chemicals alien to the organism are used in this form of treatment. Personal interests should not be allowed to interfere with the wide spread of the knowledge and use of orgone energy.

MICHAEL SILVERT, M.D.

On the Common Cold: Notes by a Layman Based on Wilhelm Reich's Concept "Orgone Energy Metabolism"

Ever since medicine accepted (after a long, plaguey struggle) the discovery of the connection between bacteria and certain infectious diseases, it has tended to stick to the bacteriological line of investigation of all diseases, even where the weight of evidence suggested other causes. The common cold is still generally regarded as infectious although carefully controlled attempts

to infect human subjects with the sputum and mucous discharges of cold sufferers have shown quite clearly that colds are not "catchy."

Physicians, for the most part, have not accepted the results of these experiments; and they take refuge in the words "virus disease," a *portmanteau* expression which is applied to puzzling nonstructural maladies for which no bacterial cause has been found.

A line of investigation of the common cold that will probably prove more fruitful than the virus approach is provided by the folk observation that the cold is caused by *cold*. The very name of the illness indicates its origin: English, *cold*; German, *Erkältung*; Italian, *raffredore*; French, *froid*; Spanish, *resfriado*. The cold is caused by an actual physical chilling of the body. The fact that only one of several persons subjected to the same chilling condition may catch cold, and the fact that a person will on one occasion catch cold when chilled and on another occasion successfully readjust to the experience, indicate that other, subjective, factors play a role in determining the body's reaction to being chilled.

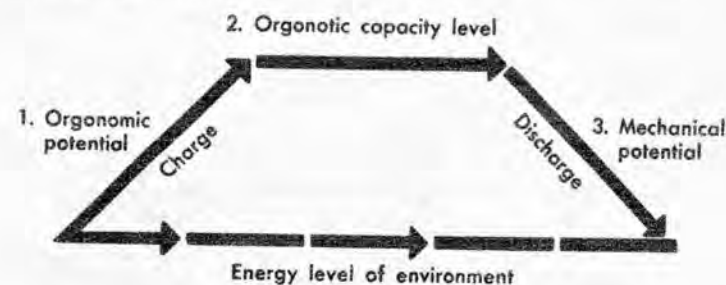


Diagram of the ORGONE ENERGY METABOLISM in living bodies.

Reich's diagram of the orgone energy metabolism in living bodies¹ provides the answer. When one is chilled there is a comparatively rapid loss of heat to the environment. To correct this heat loss and maintain normal body temperature some of the orgone energy of the body is converted into heat. (The loss of heat could not be made up nearly quickly enough by the oxidation of food.) To maintain the normal orgonotic capacity level the orgone energy thus used must be immediately made up by an increase in the rate of orgonomic charge from the atmosphere. It is at this point in the chain of energy exchange that a malfunctioning may occur, and that one may catch

¹ ETHER, GOD, AND DEVIL, 1949, p. 114.

cold. The common cold is a failure of the body, after being chilled, to regain its normal orgonotic capacity level.

What lies behind this failure? The most common cause of the failure of the body to respond to cold by an increased rate of orgone energy absorption from the air is *anxiety*. It has been generally observed that one does not catch cold when one is "feeling good," that one is most likely to catch cold when one is depressed, anxious, "nervous." In anxiety, due to a contraction of the body orgone energy away from the periphery toward the center, there is a failure of orgonotic contact with the environment and hence a loss in the efficiency of orgone energy absorption from the atmosphere: The body surfaces which absorb orgone energy from the atmosphere are, in anxiety, relatively low in orgone charge and hence less able to attract and absorb atmospheric orgone energy. Reich's discovery that orgone energy transfer does not obey the second law of entropy but that orgonomic charge takes place in the direction of the more highly charged body is the key to the understanding of this phenomenon.

To recapitulate: 1) Anxiety causes a drop in the orgonotic charge at the periphery of the body, including the orgone-absorbing surfaces. 2) Chilling of the body produces a mechanical heat loss which is made up by conversion of bodily orgone energy to heat energy. 3) The orgonotic capacity level of the body is lowered by this sudden drain of orgone energy. 4) The orgone-absorbing surfaces, due to their anxiety-reduced orgone charge, fail to respond to the body's need for an increased rate of orgone-absorption. 5) The normal orgonotic capacity level of the body is not maintained, and the cold symptoms occur until the orgone energy metabolism of the body returns to normal functioning.

What do the cold symptoms express? In understanding the cold symptoms it is necessary to distinguish between the pure-and-simple cold symptoms and those symptoms often associated with a cold (for example, the sore throat) which are in fact due to ("secondary") infection. The real cold symptoms are a "running" nose, the feeling of being low in energy, fatigue, and sometimes "rheumatic" pains in various parts of the body. The fatigue and lack of energy are clearly understandable on the basis of the lowered orgonotic level of the organism. The rheumatic pains are experienced in those areas of the body which are armored to begin with and which undergo an increase in spasticity due to the lowering of the general bodily orgone energy.

The running nose, which is the primary symptom, is not so readily ex-

plained. However, if one looks for the *function* of the nasal mucous secretion, some fruitful, if theoretical, answers will appear. When one goes from a warm house into the cold, one's nose begins to run. This is a perfectly normal phenomenon. The running of the nose stops when one returns to the warmth, or when one has "got used" to the cold. The increased nasal mucous secretion does not get rid of waste; it does not provide lubrication; it does not serve the function of cooling-by-evaporation. In the case of response to cold it does not serve the same function as it does in the case of response to irritants, such as pepper or soap powder. It is not enough to say that the nasal mucous membranes are "irritated" by the cold air. The organism does nothing without a good reason. Since mechanical and chemical questions do not help here, perhaps the orgonomic approach will.

When one has caught a cold the organism continues to react, in respect to the running nose, like a healthy organism freshly exposed to a cold atmosphere. It is as though the condition experienced by the organism in the cold atmosphere were indefinitely prolonged. That condition is the need of the organism to increase the rate at which it absorbs orgone from the atmosphere. The "running nose" is apparently related to this need.

In the case of the healthy person exposed to cold the function of increased nasal mucous secretion goes on while the adjustment in orgone energy metabolism is taking place; once the normal balance has been re-established the phenomenon stops. In the case of the person who "catches cold" it is as though he literally were *seized* by the cold: the attempt at adjustment in orgone energy metabolism is not successful, and the nasal mucous secretion continues. The organism reacts as though it were continually newly subjected to a cold atmosphere: the person *has a cold*, he has "*eine Erkältung*" (German for "a chilling").

The function of increased nasal mucous secretion appears to be to assist, under the special conditions of a cold atmosphere, the absorption of orgone energy from the atmosphere. The respiratory passages unquestionably serve not only the function of oxygen-carbon dioxide exchange but also the function of orgone energy absorption. The increased mucous secretion takes place because orgone energy absorption is more difficult from a cold than a warm atmosphere. (The nasal passages receive the fresh, cold air and protect their orgone-absorbing function with mucus; the deeper orgone-absorbing surfaces receive air that has already been warmed by passage over a large area of warm surfaces.)

How does increased mucous secretion enhance orgone absorption from cold air passing through the nasal passages? In two ways: 1) The mucus provides an orgone energy "sponge" in the form of an aqueous film. (Water absorbs orgone energy.) 2) The rapid flow of mucus maintains a warm film over the membranes that insulates against the cold. This prevents the orgone energy in the nasal tissues from *shrinking away from the cold*,² and thus maintains in these tissues the orgonotic level necessary for normal orgone attraction.

When a person has a cold, the running nose, unlike that of a healthy person exposed to actual cold, is a *malfunctioning*. It has begun as a normal response to being chilled, but continues without its functional concomitant, a cold atmosphere, until the condition it has the purpose of protecting (normal orgonotic capacity level) has been regained.

The effectiveness of the orgone energy accumulator in preventing and speeding recovery from colds is due to its function of maintaining, and restoring, the normal orgone energy metabolism of the body.

The immediate relation of orgone energy to colds is further seen in the connection between climatic conditions and colds. Even a person who is in a state of anxiety, and hence predisposed to catching cold, is much less likely to catch cold in an atmosphere that is rich in orgone energy. The damp winter atmosphere of New York City is more likely to produce colds at a temperature of, say, 45 degrees Fahrenheit than the dry air of the Alps at 0 degrees. Moisture in the air "sops up" orgone energy, makes less available to terrestrial life. It is this phenomenon that explains the higher incidence of sickness in damp (especially inconsistently damp) climates, and the fact, observed for hundreds of years, that the damp Mediterranean sirocco always brings a sharp increase in the incidence of illness in general.

ARTHUR STEIG

² Cf. *International Journal of Sex-Economy and Orgone-Research*, 4, 1945, p. 137, on the behavior of orgone energy in freezing bion water.

Observations of Orgone Energy Lumination

Last winter, after having read the publications of the Orgone Institute Press, I became aware of the fact that from my classroom in the morning between 7 and 8 the outside world appeared intensely blue for some time. My classroom is brightly lit and has big windows taking up most of one wall. As I start teaching at 7 A.M., I arrive at the school in winter when it is still dark and by eight there is bright daylight.

I then found that in half-dark—produced by sunlight or artificial light—there always occurs blue or violet lumination of space. Where, as in the above case, the lumination caused by artificial light is observed during dawn (or for that matter during dusk), it is very intense. For the rising or setting sun produces blue or violet lumination, as does also the full moon on clear nights.

Among the innumerable cases in which blue or violet lumination can be observed, I mention only a few. There is intense violet in the narrow opening of a door which is ajar and which leads from a sunlit or artificially lit room into a dark one. If the door is suddenly pushed right open, blue-violet fills the whole opening for a fraction of a second. The lumination in the narrow gap is strongest along the edge of the door and that of the door frame.

Any small openings into which light half penetrates produce the effect. Thus for example keyholes, narrow grids, coal scuttles, folds in clothes, space between fingers, etc. The same is true of shadows if the contrast of light and shade is fairly great. When I read at night, the edges of my book have a violet margin. The shadow of a cloud on a lake may appear violet, as do the shady parts of a person's head in a lit-up room at night. Very intense blue or violet lumination occurs when I turn off my little reading lamp in the orgone energy accumulator in a dark room at night. Then the wooden frame of the little window in the door of the box in particular, but also the whole window space is intensely blue or violet for more than a second. On switching off the light in a room at night, the whole of the room appears blue for a fraction of a second; similarly, when I shut my eyes suddenly in a lit-up room. A strong source of light leaves a blue after-image of irregular shape in the eyes for a short while. Further, I noticed that dark or black objects or places in a

brightly lit room appear blue or violet. Thus on a black and white chequered bathroom floor the black checks appear blue violet, most clearly along the edges. So does a school black-board.

The phenomena mentioned are often clearest when the observer does not look for them. Automatic lighting systems, such as are used for staircases, where the lights go out suddenly after a few minutes, offer a good opportunity to test this.

That mountains at times appear blue or violet is a well-known organotic fact. Near my home town of Basel alone there are two mountains visible from the town which are called "Blauen." The luminating of mountains is again most striking during dusk or dawn. As darkness grows it changes from blue to violet, particularly in the west, till finally it becomes practically colorless. At night, lights in the open have a blue-violet halo around them, most clearly when the night is not too dark, particularly when the full moon is out. On such nights, dark pine trees luminate dark violet, especially single branches observed against the sky. The moon on clear nights steeps everything into grey-blue; lakes appear gently blue.

It seems to me that the lumination which I have observed is the same as Reich has produced in vacor tubes.

WERNER GROSSMANN, Basel, Switzerland

SCIENCE AND COMMON SENSE. By James B. Conant. New Haven: Yale University Press, 1951.

The author discusses the nature of scientific inquiry. He examines in some detail the historical development of several lines of scientific investigation, such as those involving atmospheric pressure and systematic biology. The base underlying the current understanding of a group of natural phenomena is referred to as the "conceptual scheme." The book is an elaboration of a previously published volume by the author entitled *ON UNDERSTANDING SCIENCE, AN HISTORICAL APPROACH*, itself an outgrowth of lectures on the "tactics and strategy of science" to college undergraduates.

The author believes that "There is no such thing as *the* scientific method." He defines science as "an interconnected series of concepts and conceptual schemes that have developed as a result of experimentation and observation and are fruitful of further experimentation and observations." He distinguishes between "speculative ideas," "working hypotheses," and "conceptual schemes." The essential quality which leads from the first two to the last is fruitfulness in producing new findings. He suggests that the "deductive method of reasoning of the mathematician" must now return "to assist the 'sooty empiric' in his labors," meaning the artisan of the middle ages with his trial-and-error experimentation.

After several specific "case histories" involving pressure, hydrostatics, chemistry and biology, with emphasis on Boyle's experiments on atmospheric pressure, he discusses cause and effect in biology and the relationships of science with the remote past, industry, medicine, and the state. Regarding the origin of life he says: "For while no one can categorically deny that spontaneous generation is occurring on the earth today, one can say that no phenomena have been studied which cannot be accommodated far better by the concept that for every living organism there is a living precursor." The obvious question, whence the *first* living organism, is left unanswered. He expresses doubt that the prevalent ideas of neutrons, protons, and electrons will survive another fifty years. He points to the dilemma of the modern physicist and nuclear scientist who is caught between the need for secrecy for military reasons and the need for no secrecy if science is to go forward.

He describes the deadly effect on scientific progress when, as in the USSR, it is bound to official political dogma.

M. SILVERT, M.D.

IN THE NAME OF HUMANITY. By Joseph Lewis. New York: Eugenics Publishing Co., 1949.

This small book of 158 pages, painful but rewarding to read, deals with circumcision as an inexcusable mutilation of helpless children. The title appears in the heading of the last chapter, "STOP, in the Name of Humanity, STOP!". The author bitterly and relentlessly exposes its primitive origin as a blood atonement, its later incorporation as a religious rite, and its current pseudomedical rationalization. The book drives home vividly and poignantly the horror and brutality of a sexual mutilation which cannot be justified on any scientific ground.

He takes up statements by "authorities" that circumcision variously is "hygienic," or that it "prevents" venereal disease and cancer, and readily shows that such statements are myths. He points out the very real dangers, physical and psychological, and the fatalities that ensue. With gruesome detail he describes the operative technique in infants and in adults. In describing the structure and function of the foreskin he says: "... The removal of the prepuce is a definite contributing cause of masturbation." He does not clearly distinguish between pleasurable, gentle genital play which is quite natural, and hard, rough handling which results from local pain and irritation. He discusses fanaticism generally in relation to sexual mutilations and closes with a desperate plea to stop further needless mutilation of infants.

Many excellent passages could be quoted, if space permitted. The reviewer recommends the book to all who have the interests of children at heart and are prepared to battle for them.

M. SILVERT, M.D.

THE LIFE AND WORKS OF D. H. LAWRENCE. By Harry T. Moore. New York: Twayne Publishers, 1951.

This is the most objective and least petty biography of Lawrence to appear since Lawrence's death in 1930. The author includes early biographical material not to be found elsewhere, and gives a close and often keen textual

analysis of Lawrence's major writings. Moore's work also includes some valuable appendices: A complete bibliography of Lawrence's writings, a bibliography with excellent brief comments on the books and articles that have appeared about Lawrence and his work, a survey of the portraits of Lawrence, a description of "The Lawrence Country" (Nottingham, England) where Lawrence was born and raised, and a section on the genesis of Lawrence's first classic, *SONS AND LOVERS*.

Moore treats insufficiently and rather dully those aspects of Lawrence's work which are of special interest to us: His concern with the "God-flame in things" and his attempt to restore sexuality to its rightful place in our society. Thus Lawrence's writings—particularly his essays and poems—still await analysis by an *orgonomically oriented* literary critic who can distinguish the many genuine and significant insights in Lawrence from the mystical sidetracks he often made. Such an analysis would allow us to appreciate in a way that Moore's biography does not the man who wrote: "There is nothing for men to do but to turn back to life itself . . . If [we] don't, if [we] don't put back a bit of the old warmth into life, there is a savage disaster ahead."

M. R. S.

ON THE RECORD

Medical Orgone Therapy in England

The Orgone Institute receives many requests regarding medical orgonomy in England. The fact should be stressed that there are no trained responsible and accredited medical orgonomists in England. Anybody proclaiming to be a character analyst, vegetotherapist, or orgone therapist does so without the authorization of the Orgone Institute, and on his own responsibility.

Again Regarding Control of Orgone Energy

There is no use whatsoever in claiming to be an "authority" in this or that field, or in claiming to have such and such opinions about nature, physics,

or biology, or in claiming simply to "be against" orgonomy. The *only* sure way to arrive at a reliable opinion on whether or not orgone energy exists and does what has been written about it is to have an orgone energy accumulator, to use it regularly, to get acquainted with it, to test it (AFTER HAVING LEARNED HOW TO DO SO) and to see what it accomplishes in various kinds of illnesses. Though what is being proposed here is only a matter of course and does not need further discussion, it must be repeated again and again in the face of the recent habit in some scientific circles of having opinions about facts without having looked into the microscope or through the telescope or having even seen the orgone energy accumulator about which one has formed an "authoritative" opinion. We shall keep reminding the world of these basic rules of conduct so long as such "authorities" keep behaving the way they do.

Quotes from Wilhelm Reich's "Work Democracy in Action" (1947)

The following quotations are excerpted from *Annals of the Orgone Institute*, No. 1, pp. 4-35:

More and more clearly, we saw that *the pathological character of politics has its foundation in the biopathic character*, in the rigid armoring and fear of life of the mechanized, armored animal, man, which is unable to live without political leaders.—p. 10.

... The more one learned about it the more hopeless it appeared, the more dreadful seemed the social illusion of the possibility of progress *without eliminating that human structure which craves a Führer*.—p. 10.

Man is the only animal which has lost contact with life, which became rigid and out of its biological rigidity created the present chaos. The prerequisite for any genuine movement for freedom is the elimination of the conditions and institutions which create character armoring.—p. 10.

Our biosocial insights did not derive from any political interest; on the contrary, they contradicted it. They paralyzed any practical social initiative, for how would one practically master the rigidity of the masses? ... The hatred, the defamations and persecutions which came our way are due, in the last analysis, to the deadly fear of the armored individual of our recognition, that is, of *recognizing himself*. The more we disassociated ourselves from politics and took a long-range view on a natural-scientific basis, the closer we came in reality to social achievement, the more did we become genuine democrats, work democrats.—pp. 11-12.

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