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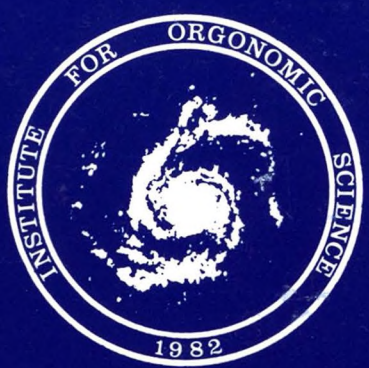

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SCIENTIFIC ARTICLES

VOL. 10 DECEMBER 2005 NO. 1

Weather Engineering in *Contact with Space*: Global Warming and the Planetary Emergency

CONNY HUTHSTEINER, M.D.

Wilhelm Reich's (1897-1957) weather engineering research raises many questions to those interested in the veracity of his findings. He reported in great detail his procedures to influence weather events, both explaining the theoretical underpinnings and describing specific weather engineering projects. He conducted a number of operations in New England, including an attempt to influence the course of Hurricane Edna in 1954.[1] His largest project, an attempt to break the drought in the desert region of Arizona, is described in his book, *Contact with Space*.[2]

Introduction

In this report I have compared Reich's record of events, as described in *Contact with Space*, with official data from news agencies and government sources, to see where there might be discrepancies, and where they correspond. Reich often quoted radio and newspaper reports in his literature.

In doing so, several things were accomplished. First, I could confirm that Reich was indeed reporting changes that were in fact documented by independent sources. These changes appear extremely significant, even given the fact that weather events are notoriously unpredictable.

Second, I could observe that weather changes occurred in Arizona after Reich's departure that he no longer was aware of and did not even report, as he had to return to Maine to appear in court on contempt of court charges. Those weather events were also massive. Reich never claimed any credit for them. Their occurrence interrupted military maneuvers and probably caused significant concern.

I gained a sense of the political atmosphere of the time—McCarthyism was rampant, public opinion was broadly supportive of the bomb, and above-ground atom bomb tests were extremely frequent. I also saw how the local news media reported UFO sightings, which puts Reich's UFO observations in their historical context. Although I do not discuss his UFO observations in depth, it is important to note what the tone of public discussion of UFO events was at that time. Detractors of Reich often have more "fuel for the fire" of ridicule when they hear of his interest in and observation

[1]Reich, W.: "OROP Hurricane Edna," *CORE*, Vol. 7, Nos. 1-2, 1955, p 84.

[2]Reich, W.: *Contact with Space*, Orgone Energy Press, 1955.

of UFO activity. Even some of his closest co-workers found this interest of Reich's one that they could not share or understand. What is important to see is that during the specific years of 1954-1955 public discussion and news reporting of UFO observations were remarkably open and frequent.

Clearly, with the scientific community warning international leaders about the danger of global warming, the issue of weather modification in our time takes on particularly great significance. Reich foretold of the change in our atmosphere, and warned the spectators in court at his trial that there was a "planetary emergency."[3] He believed it would endanger the planet were he not allowed to continue with his research. In light of the information I am presenting, his warning was remarkably prescient. His death and political destruction is a tragedy that extends far beyond the death of a great man, since his knowledge and insight have essentially remained lost to the scientific community since that time.

I have included graphs of weather events for the months Reich was working in Arizona, to compare daily results gleaned from the local newspaper, the *Arizona Daily Star*, with daily events as he recorded them in *Contact with Space* (Appendix C). After he left Arizona, there are only weather records taken from the daily newspaper and governmental documents. For the months of April through August of 1955 I have transcribed sections of the daily paper to convey a fuller sense of the effects of the monsoon storms that hit Tucson that summer (Appendix D). I have also included a map of Arizona to aid with geographic orientation (Appendix E).

A time line of events for the years Reich was involved with weather engineering is provided (Appendix B) to help the reader keep historical events in focus, as many things were happening very quickly for Reich during this time. His research included many weather modification experiments before the move to Tucson, which were also significant and of historical interest. This article does not address those experiments, so I have not cited any sources. I have, however, compared most of those experiments with national weather data for the time and can confirm that the events he described took place, although one could argue whether or not his efforts influenced their occurrence. For the purposes of this paper I have restricted my discussion to events as described in *Contact with Space*.

A primer on the physics and execution of weather modification as described by Reich is also included (Appendix A). This primer may be of particular interest to readers who have not had access to the now-rare journals he published, as well as readers who are new to the field of orgonomy. Hopefully, it will provide insight into Reich's understanding of the process of weather modification.

There was a bizarre congruence of events at this time. Operation Teapot, a series of above-ground A-bomb tests, was carried out in Yucca Flats, in the area northwest of Las Vegas, Nevada, during 1955, starting on February 18. Altogether at least 14 tests were conducted, taking place on February 18 and 22, March 1, 7, 12, 22, 23, and two on the 29th, April 6, 9, and 15, and May 5 and 15. I have included documentation on what was thought to be the radioactive spread of these tests across the United States (Appendix F).[4] Reich and his team were cloudbusting through the months of February and March, and sometimes saw and heard the tests taking place. Future articles will need to address the questions created by these events: how have bomb tests and nuclear events affected weather in the past? What role do these

[3]Wilhelm Reich vs. the U.S.A.

[4]http://nuclearweaponarchive.org/Usa/Tests/Teapot.html

events play in global warming? Have they created over time a massive hyperexcitation of the planetary orgone energy field, as Reich feared? Are the hyperexcitation and DOR-like transformation responsible for the warming, drought, and weather extremes we are presently experiencing? Are these weather extremes and storms—in the form of typhoons and hurricanes—an attempt of the atmosphere to cleanse itself and regain its balanced orgone energy charge and pulsatory function? One chart (Appendix F) that displays the distribution of radioactive iodine indicates that the Tucson area was only mildly affected by the Teapot Series, compared to other areas around it. Could this be a validation of Reich's belief that ORURizing the atmosphere protects it against radioactive transformation?

Another striking congruence was Reich's relationships with members of the President's Advisory Commission on the Weather, which was formed in December of 1953. This federal commission under President Eisenhower established a research facility at the University of Arizona in Tucson for Atmospheric Physics and held a conference there in August 1954, a short time before Reich's arrival. This center was the preeminent weather research facility in the country, at a time when Eisenhower was deeply interested in and committed to weather research. Dr. James McDonald, Associate Director of the facility and prominent meteorologist, later became a vocal spokesperson on UFO phenomena for much of his career.[5] Lewis Douglas, President of the South Arizona Bank and Trust Company—as well as a politically influential financier and Commission member—was in contact with Reich and assisted with his relocation to Tucson. The significance of these relationships may need to be addressed in future articles.

[5]See Obituary of James E. McDonald, *Bulletin American Meteorological Society*, 1971, p 735. Available at http://ncas.sawco.com/mccarthy/obit.html.

Tucson Weather: Validity and Significance of Changes

Reich spent November 1954 through March 1955 in Tucson, Arizona, embarking on intensive weather research to see if he could bring rain to a desert region. Since his first attempts at weather modification in 1953 he appeared to have had significant success influencing weather patterns in the Rangeley Lake region of Maine. At that time he was very concerned with UFO observations as well, and he addressed both subjects in the book, *Contact with Space*—often in diary form—giving daily readings for humidity, precipitation, wind conditions, etc.

Reich was extremely disciplined in his approach to collecting information for evaluation, emphasizing many points to reduce the possibility of error and deepen his capacity for observation. He trained his co-workers to observe without preconceived notions and emphasized that one had to let observations force themselves upon the observer—they must return again and again. He tried to define the qualities of what needed to be measured. He routinely drove a certain daily route (80-100 miles) to become acquainted with the region, its vegetation, the details of its topography, and its landscape.

He emphasized and tried to be cognizant of the basic rule that there is a relation between the observer and the observed, and an inevitable influence of sense impression and emotional structure of the observer on the observed.

He chose Tucson because the 25,000-year-old desert is 250-400 miles from the Pacific Ocean, at the southwest entrance of the galactic stream onto the continent. The galactic stream is an atmospheric orgone energy current that Reich believed flowed from the southwest to the northeast.[6] Tucson is located in a valley,

[6]For a comprehensive explanation of how Reich came upon the concept of the galactic stream please see: Reich, W.: *Cosmic Superimposition*, Farrar, Straus and Giroux, New York, 1951, Chapter 7.

and the surrounding mountains provided good observation points for Reich's crew—especially Mt. Catalina, located to the northeast. The valley is open to the southwest, west, north, and northeast. It had not rained there from 1949-1954, was in fact suffering a drought, and the river beds had been dry for 50 years.[7]

Reich recorded weather data on almost a daily basis from November 1954 through March 1955, and there were a number of anomalous weather conditions during that time. The accompanying charts note how his records correlate with newspaper reports published in the *Arizona Daily Star* and governmental publications that report on weather events.

Reich's approach to weather modification differed fundamentally from that of others working in the field, as he applied his understanding of the atmospheric orgone energy field to effect change. For those readers who are not familiar with orgone energy concepts and how weather engineering is theoretically understood, I refer you to the "Primer on Weather Engineering" (Appendix A). Reich emphasized repeatedly that he was not simply trying to "make it rain" in Arizona, but was trying to unblock the barriers to natural weather events in the region by drawing stagnant orgone energy from the atmosphere. By doing so he hoped to re-establish the natural flow of energy around the planet, thereby allowing rain cycles to seasonally occur.

Reich initially sought to increase the general humidity level for those months. He hoped to encourage plant growth enough to prepare the soil for later heavier rains, thereby minimizing erosion. Influencing humidity is a goal unique to orgonomic cloud engineering. Weather engineering efforts traditionally focus primarily on cloudseeding and make no claim or effort to affect humidity. Cloudseeding involves weighing down clouds with chemical substances that encourage droplets of water to form and fall before they might otherwise do so. Cloudseeding can only cause rain to occur where clouds already exist. In places where the humidity is low, or no clouds are present, cloudseeding is a useless effort.

Events in Arizona

In Arizona, Reich focused on drawing energy into the direction of the galactic stream, which some researchers compare with the jet stream because they follow a similar path. He strove to draw moisture from the western or southwestern Pacific coast. He also considered fusing that with Atlantic moisture.[8] Around the time Reich did his research, meteorologists thought that the Southwest's rainfall originated in the Gulf of Mexico.[9] Only many years later, in the 1970's, did academic meteorologists conclude that the sources of tropical moisture were the Pacific Ocean and the Gulf of California—the regions Reich drew from.[10]

In November, Reich initially used the cloudbuster as designed and used in Maine,[11] although the response was slow compared to his experience on the East Coast. The DOR (Deadly ORgone energy, a form of orgone that Reich believed had been transmuted by the effects of radioactivity and stagnation so as to be drought-producing and life-inimical) levels in the desert were much higher than in Maine.

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[7]Reich, W.: *Contact with Space*, Orgone Energy Press, 1955, p 132.

[8]Ibid., p 162.

[9]Bryson, R.A. and Lowry, W.P.: "The Synoptic Climatology of the Arizona Summer Precipitation Singularity," *Bulletin of the American Meteorological Society*, Vol. 36, Sept. 1955, pp 329-339.

[10]Hales, J.E., Jr., "Surges of Maritime Tropical Air Northward Over the Gulf of California," *Weather Review*, Vol. 100, April 1972, pp 298-306; "Southwestern United States Summer Monsoon Source, Gulf of Mexico and Pacific Ocean," *Journal of Applied Meteorology*, Vol. 13, April 1974, pp 331-342.

[11]See Appendix A, "Primer on Weather Engineering," for a detailed explanation of the function of the cloudbuster.

He believed the desert environment itself showed signs of protracted DOR exposure, so much so that any attempt at rain would only lead to massive erosion due to the incapacity of the environment to even begin to absorb moisture.The frequent sighting of UFO's, which Reich referred to as "Ea's" (Energy alphas) as well as the frequent above-ground atom bomb tests, created DOR levels that were very high. Reich thought it possible that the UFO's were using the atmospheric orgone energy to motorize themselves and, in the process, transforming it to DOR.

In *Contact with Space*[12] Reich describes the environment's response to the first days of DOR-busting (his term for the process of drawing DOR out of the atmosphere with the use of a cloudbuster). In the first days of November the surrounding desert region, particularly Mount Catalina, reacted to DOR removal with greening—spreading toward Mount Catalina, climbing up the mountain slopes, extending slowly toward the north along the highway, and to the east and west. By December the greening was several inches to a foot deep, in a territory about 40 to 80 miles from Tucson with prevalence to the east and north. He noted that grass was growing deep where no grass had been before, where only barren sand had been for as long as people could remember. He noted that this occurred *without a drop of rain.*[13] The weather report in the local newspaper confirms there was no rain in November.

There is often a noticeable difference between humidity readings taken at 5 a.m. and 5 p.m. at the airport south of Tucson, and the readings taken at noon and 5 p.m. in downtown Tucson at the University of Arizona weather station, both of which are reported by the newspaper. At the University of Arizona, where the Institute of Atmospheric Physics had located its research center, readings are always higher by about 5 percentage points. I assume that Little Orgonon, Reich's base camp, which lay even farther north of Tucson, might have had consistently higher humidity readings as well.

He noted on November 7 that moisture had risen from 15 percent to 65 percent relative humidity,[14] which was very high for that time of year in the region. Humidity levels in the desert were rarely above 15 percent in that era of drought. Reich noted strong cloud formation on November 9; the newspaper reported that on November 10 there were "unexpected gusts up to 30 mph ... despite lightly overcast skies, humidity 6%." On November 12, the weather bureau reported rain was coming to the west of Tucson, over Mexico, San Diego, and Los Angeles, corresponding with Reich's efforts to draw orgone energy from the west. Rain seemed to fall all over the Southwest, including Mexico, California, and Utah, but not in Tucson.

Toward the middle of November Reich observed more UFO activity. Correspondingly, the humidity levels seemed to drop, and readings were in the high 20's and 30's until December 1, when they were up in the 40's and 50's. There continued to be clouds and increased humidity, but no rain. Reich observed very heavy DOR, with high Geiger-Mueller counts at the cloudbusters; one operator of the cloudbuster fell ill, presumably due to exposure to heavy amounts of DOR. The time needed for operating the cloudbuster was much greater than his team had experienced in Maine, where 30 minutes or an hour could profoundly influence weather conditions. In Arizona they let the cloudbuster open and operate the entire night, and still the atmosphere was droughty with only temporary improvements in humidity.

In December, Reich decided to have an

[12]Reich, W.: *Contact with Space*, Orgone Energy Press, 1955, p 158.

[13]Ibid., pp 158-159.

[14]Ibid., p 161.

worked several days in Jacumba and neighboring towns, which are in the western "Sahara," a desert region drier than Tucson. When he returned to Tucson, Reich observed unusually high Geiger counts in open atmosphere, which dropped significantly during the evening hours. The high counts were observed for four to five days toward the end of March, in an atmosphere that was otherwise grey-blue, and pleasant. Reich took this as an indication of having succeeded in his goal—to reestablish the natural rain cycles to the desert region. He felt the elevated Geiger counts were indicative of "atmospheric fever" that would result in a cleaning out of the atmosphere, the same way a fever can be a sign of the body's effort to combat and drive out infection. He saw the beginning formation of dust devils as an indication of the movement of DOR out of the region. These dust devils became much more apparent in April.

One might assume the elevated Geiger counts Reich reported were due to the A-bomb tests, but it is unclear whether Reich used Geiger counters that he had "soaked" in an orgone accumulator. He reported in other articles that Geiger counters so treated respond differently to the atmosphere and to nuclear radiation, and he used them to measure orgone energy activity. Perhaps more information regarding this aspect of the research will become available in the future.

The newspapers, while focusing on slightly different parameters, were basically consistent with Reich's reports regarding rainfall and the A-bomb tests. His co-workers became ill on the day of an A-bomb test. From March 8-11, Reich noted the increasing wind and cloud buildup that coincided with newspaper reports of storms starting in San Diego and eventually extending to the southwest. Reich's observations on March 20 were also confirmed by the newspaper reports. Reich did not note that there were unusually low temperatures throughout the month; but, in fact, historic lows were registered in March. Significant drops in temperature often accompanied cloudbusting work in Arizona. It seems Reich was unaware of this effect. I assume it can occur in places where significant DOR removal is taking place. DOR tends to create drought conditions with unbearable heat. Relative humidity values were well above 25 percent for most of the month, which was consistent with Reich's goal to increase the humidity—a reflection of increased fresh orgone energy in the atmosphere. The newspapers wrote on March 19 and 26 that dust occurred the days prior with wind on most of the days between. These were the beginning signs of the dust devils previously mentioned. Reich believed the dust devils formed when the healthy OE tried to move out the unhealthy DOR ahead of it—a sign of the atmosphere's attempt to heal itself.

From my reading of *Contact with Space*, I suspect that Reich left a permanent weather station in Jacumba, which operated continuously, helping to keep the energy moving eastward from the Pacific Ocean. "I concluded our operations on March 24th, 1955. We established a base at Jacumba, equipped with two Cloudbusters, a truck and sufficient laboratory equipment. We wound up our affairs during April and started on the way homeward to Orgonon again at the end of April, 1955."[15] He still was not attempting to "create rain" specifically but, rather, to unblock the flow of energy in the atmosphere. Reich did not report on weather conditions in Arizona after his departure.

After Reich Left Arizona

Based on the newspaper accounts, April was characterized by many dust storms, severe windstorms, low temperatures, dust devils ripping off roofs, freak blizzards in Texas and

[15]Ibid., p 259.

New Mexico, frequently overcast conditions without rain, and some of the worst dust storms seen in Colorado, Texas, and northeast New Mexico since 1935. A Pacific cold front was noted to be approaching. I have charted newspaper weather highlights and statistics from April, May, and June (Appendix D).

In May there were cool winds and some flash floods in surrounding states. It was frequently overcast with no rainfall. There were record low temperatures and it was very windy. The average temperature was 71.8 degrees, 1.3 times lower than normal.

Temperatures rose in June, with several days of record heat and at least one day of record cold. Tucson experienced freak thunderstorms and rain. Certain regions reported record rainfall, as well as hailstorms and tornado-strength winds. Remarkably large temperature spans were reported for many days in June, with high and low temperatures differing from 37 to 41 degrees for seven or eight of those days.

This trend continued in July, with record highs and lows, the most extreme on the 8th with a high of 108 and a low of 60, a difference of 48 degrees. This extreme variability in temperature is consistent with weather changes characteristic of "global warming." It is interesting to note that temperatures overall were abnormally low. Also noteworthy was the funnel-like wind formation that never hit the ground. High winds and heavy rains started on the 11th. Monsoons started on the 13th, bringing 5-6 inches of rain in one day, with hail and a massive dust storm followed by rain. High humidity and high temperatures were reported on the 19th. Several highways were flooded and roads washed out.

August was a month to remember: lightning, floods, trees blocking roads, hail, hurricane winds, dust devils, roofs ripped off the top of the University of Arizona weather station and the hospital—what more could happen? It was monsoon season with a bang! Most interesting, however, is the climatological data provided by the U.S. Department of Commerce, which notes that the record rainfall actually hit Tucson the hardest. One cannot help but wonder if these events were the result of Reich's weather modification efforts, focused on Tucson—or was it just a coincidence?

Conclusions

Statistical significance of local weather events is extremely difficult if not impossible to determine, given the great variability of a multitude of factors involved. That being said, extreme abnormalities were apparent in temperature, humidity, wind, and various forms of precipitation during and following Reich's stay in Arizona. Additionally there was a significant "aggressiveness" to the storms. Monsoon rains are inherently more aggressive than other weather events; however, local observers found the rainstorms throughout this period to be remarkable in their intensity.

The rainfall recorded in the first four months after Reich left Arizona (May, June, July, and August of 1955) was the heaviest since the 1800's. The monsoon storms that occurred in July and August are not mentioned in *Contact with Space*. I assume Reich was not aware of them, as he was facing increasing stress from court proceedings. The total rainfall for 1955 was the second highest in the history of Tucson weather, recorded since 1895 (the third highest rainfall was recorded in 2003).[16]

Monsoon rains are typical for the Arizona desert region, so given that Reich was trying to bring the "natural rain cycles" to the desert, it appears he was successful since these were the heaviest monsoon rains seen in more than 100 years. Additionally, extreme precipitation events occurred in Mexico and extended over the entire Southwest. These events did not go

[16]National Weather Service Forecast Office, Tucson, Az.

unnoticed—in fact, Tucson was declared a national disaster area and the military was called in for assistance because the floods that occurred were so severe.

The severe precipitation of 1955 came in the middle of a climactic drought phase in Arizona that lasted from 1947-1977. Modern meteorology ascribes this drought to a phenomenon called "negative Pacific Decadal Oscillation," in which ocean temperatures affect general climate conditions. This is a weather phenomenon only recently recognized and not yet well understood by meteorologists. 1947 was the second driest year on record, and 1953 the third driest. Clearly, the drought that preceded 1955 was itself historically significant. Nonetheless, 1955 was the third *wettest* year, with a record rainfall of 15.90 inches.[17] Also noteworthy is the fact that the drought, which was expected to last 20-30 years, picked up again and continued in its "cycle" until its conclusion.

Again, although significance is hard to determine, Tucson reported an extraordinary number of days with record *low* temperatures in 1955—three in January, ten in February, two in March, one in April, three in May, four in June, three in July, and two in August.[18] In other words, 28 out of 365 record low temperatures were reported in 1955, primarily in the months Reich was actively working to influence weather conditions. I find this interesting, although its significance is still unclear. However, temperature extremes are more likely to occur with global warming.

Also, record humidity levels were maintained in the region, which was Reich's primary goal. Humidity summaries are not commonly included in newspaper reports, and there appeared to be a consistent variability in humidity readings specific to the location in which they were taken. It is certainly of value to be able to induce increased humidity, particularly if it leads to enhanced seed sprouting, or protozoal life development, which Reich believed he observed.

I have speculated that the DOR conditions Reich observed in Arizona were possibly a precursor to the widespread atmospheric degradation we are currently experiencing on a planetary level. At the time, he thought this degradation was taking place and sought to "warn officials" of the potential crisis. Of course, at the time he was thought to be extraordinarily irrational in his thinking in this regard, even by those who otherwise supported his scientific inquiries.

Erik Pytlak, meteorologist at the National Oceanic and Atmospheric Administration (NOAA) in Tucson, spoke with me by telephone. He reported there was a legend about a man who manipulated the weather in 1955—a year that was characterized by a neutral El Niño and La Niña, and a negative Pacific Decadal Oscillation, conditions which would normally create weather that was dry. Mr. Pytlak confirmed that 1955 was an extremely anomalous year, one that meteorologists "normally observe every 25-50 years to occur spontaneously." This seems to be a remarkable coincidence, even without statistical evaluation.

Despite the flooding that occurred, it was reported that the increased rainfall generally had a positive effect on the economy since there was such a tremendous increase in grazing. The *Arizona Star* reported on September 2, 1955: "Crops appeared to be approaching last year's record yield—damage not as bad as expected," and on September 18, 1955: "Arizona's economy generally derived tremendous benefit from near record July and August rainfalls this year, according to Louis R. Jurwitz, meteorologist in charge of the state's weather center here. The average rainfall in the state during the two

[17]Smith, B.: *Arizona Daily Wildcat*, Feb. 15, 2000. wildcat.arizona.edu/papers/93/98/01_4_m.html.

[18]Data for Tucson, Az taken from Davis/ Monthan AFB. www.weather.com/activities/other.

months was 6.70 inches. This figure has been exceeded only twice in 60 years. Once in 1919, when state average was 8.04 in., and once in 1921, when average was 8.40 inches."

Discussion: Modern Meteorological Understanding and Global Warming in Light of Reich's Research

If we take the U.S. Sahara as an example of what can occur if global warming continues, it is important to observe the process that took place in 1954-1955. It could serve to clarify some issues.

Reich was not the only scientist to approach the atmosphere from a "healer's perspective." Dr. Ben Santer, a key researcher in the field of global warming today, also "likens his approach to that of a doctor looking for the telltale diagnostic pattern of a specific illness to explain a general rise in body temperature."[19] Certainly, it is well known that weather and air quality affect emotional, physical, and mental health in a multitude of ways, including increased arthritic joint pain with humidity, seasonal affective disorder, asthma, and skin cancer rates—the list is long. It is common for us to speak about the feelings we have in particular "atmospheres," in which we experience a sense of well-being or lack thereof. Why should we not approach the atmosphere as if it were also ruled by laws of biological function, and seek a way to heal what has clearly been damaged? Political arguments abound as to the etiology of the damage. Ultimately, what matters most is to find solutions.

Does the atmosphere strive for "self-regulation" or self-repair, as do all other biological organisms? If so, some of the qualities we experience with global warming might be the "fever" of the organism trying to heal. Noteworthy weather phenomena that occurred in Tucson that recall the "symptoms" of global warming include: extreme variability in temperatures from one day to the next; frequent spreads of temperature difference on one day; extreme temperature lows; increased intensity and frequency of wind and wind storms; ultimate increased precipitation and normalization of extreme drought conditions via violent rainstorms. Possibly we can take this experience in the desert and conclude that increased wind activity and temperature lows might be signs of the natural process of atmospheric self-repair and regulation at work in a situation where the atmosphere has become desert-like.

An abundance of research has been conducted and data collected in atmospheric sciences since Reich's death. We know in great detail the qualities of different strata of our atmosphere. We can measure a variety of variables, plug them into computer models that attempt to describe potential weather events, and come out with projected forecasts. Without getting into an extensive discussion of modern concepts of weather functions and how they compare to Reich's concepts, I would like to discuss some observations I made while reading *The Change in the Weather: People, Weather and the Science of Climate*, by William K. Stevens, Science Editor at *The New York Times*. The author offers a well-written summary of the history and science of the climate change we call "global warming" and the history of the theoretical and research development in meteorology—particularly since the 1950's.

I was struck by the fact that the author described weather in terms that were similar to Reich's concepts; for example, "sometimes high pressure systems remain in place for days or weeks. These 'blocking highs'... can wreak damage by allowing too much or too little precipitation ... one such gridlock in the skies

[19]Stevens, W. K.: *The Change in the Weather: People, Weather and the Science of Climate*, Dell Publishing, New York, NY, 1999, p 223.

was responsible for the flood of 1993."[20] The author presumably uses language that is common in meteorological circles, inasmuch as it is descriptive of phenomena, but clearly the origin of the "blocks" of high pressure systems is not understood. Reich used the cloudbusters to eliminate the "blocks," which he considered barriers to the free flow of orgone energy in the atmosphere. He felt that a change in the quality of orgone would render it susceptible to such blocking. Also, a physical barrier such as a mountain range would have an influence on the free flow of energy.

Mr. Stevens also writes, "... a number of periodic climate changes interact with seasonal changes. A few variations have been identified. They all involve oscillations between alternative semistable climactic states that combine to make the atmosphere pulsate to perpetually interacting rhythms."[21] Mr. Stevens sounds somewhat poetic as he describes what Reich tried in vain to express to the larger scientific community—that the atmospheric pulsations he measured with oscilloscopes, pendulums, and Geiger counters were manifestations of orgone energy. Reich's ideas were disregarded during his lifetime. He described this pulsation as a basic quality of orgone energy, and characteristic to all living systems as well as to the atmosphere at large. Since orgone penetrates all things, like ether, it can be extrapolated that all things, including our atmosphere, are part of the "living" or, at least, infused with orgone energy. Reich perceived this pulsatory quality in our atmosphere and concluded that its free movement was indicative of healthy atmospheric states.

Mr. Stevens reports that computer models of the atmosphere that try to calculate climactic changes by integrating as many influencing factors as possible, have grids that span 150 miles horizontally and one-half mile vertically. This "resolution" is twice as detailed as it was a decade ago, but still misses many processes that take place between grid points, such as cloud formation.[22] He writes, "How well do the simulations made by general circulation models match up with the real world? The answer is, pretty well on the largest planetary scales but not at all well when one gets down to the regional scale and poorly to not at all on finer regional details."[23] This is quite different from Reich's research, which allowed him to evaluate, predict, and influence local events. Reich understood these local events in the context of the larger planetary streams, and his ability to make this connection was unique.

Skeptics might question how it is possible for a device as small as a cloudbuster to influence weather patterns over apparently such broad areas. This seems less "incredible" if one considers what happens to the flat surface of a piece of cloth if one catches and pulls one string out of its middle. If orgone exists as a "field of relatedness," this would make sense. The inexorable interrelatedness of all things is an assumption we rarely consider in physics but are more aware of in biology and psychiatry, since living systems exist in complex interwoven relationships to their physical surroundings and each other. One can also consider the butterfly effect, described as "the sensitive dependence on initial conditions," which is the essence of chaos theory as identified by Lorenz in 1963. It also describes how broadly spaced meteorological events can theoretically be influenced by a very small event in one location. In light of this theory, even a device as localized as a cloudbuster could have considerable impact.

[20]Ibid., p 107.

[21]Ibid., p 113.

[22]Ibid., p 210.

[23]Ibid., p 212.

Reich was revolutionary in his holistic understanding of the body, intellect, and emotions in the field of medicine. His ability to understand our physical world in terms of life and the living was unique. Unfortunately, his discoveries were discarded and the knowledge he could have offered has remained obscured and, in some cases, has been lost. This detailed analysis of his weather engineering efforts in Arizona would suggest that a re-evaluation of his work could be invaluable for maintaining the atmospheric health of the planet. In his time, as in ours, abuse of weather modification efforts is always a possibility, with its associated dangers.[24] Even without malicious intent, a poorly planned or unsuccessful episode of weather engineering can create enormous damage to life and property, and have repercussions of gravest significance.

Reich took his research seriously, with a profound sense of responsibility for whatever effects he could have influenced. I hope this information can serve researchers by introducing them to atmospheric orgone energy and inspiring them to examine how this concept can be applied in practical ways—to heal what has been damaged.

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[24] "The Convention on the Prohibition of Military or any other Hostile Use of Environmental Modification Techniques" was signed by the U.N. General Assembly in Geneva in 1977, and ratified by the U.S. President in 1979. An August 1996 report of the Air Force on weather modification, "Weather as a Force Multiplier: Owning the Weather in 2025," can be seen at www.au.f.mil/au/2025/volume3/chap15/v3c15-1.htm.

Appendix A
A Primer on Weather Engineering

For any meteorologist or physicist who attempts to understand Reich's work, I ask that you initially suspend your ideas of "how things are" until you have reviewed the material. Also, bear in mind that these ideas were developed from the 1920's until his death in 1957. I say this because since then many phenomena and ways of thinking Reich described have slowly entered our common consciousness, and many things have been discovered that he could not have known.

Reich based his work on a theory, which has held up after considerable testing and review. It serves to describe and predict phenomena.

Reich thought functionally or holistically about biological phenomena, i.e., addressing directly the active processes that define the living, and postulated the existence of an energy that essentially describes them. He conducted extensive tests and experiments in different arenas to come to his theory of a specific biological energy. He called it "orgone energy," deriving its name from "organic." It also is called "bioenergy" or "life energy," and is often thought to be electromagnetic in nature. Reich believed that it is not, and can be distinguished from electromagnetism. The basic qualities of orgone energy, described rudimentarily, include:

1. Inherently pulsates.[1]
2. Its manifestations in matter follow a four-beat formula: mechanical tension, charge, discharge, mechanical relaxation.[2]
3. Anti-entropic (tends to organize itself and be attracted to areas of higher energy tension or concentration up to a point; might be seen as the concentrating phase of a pulse).
4. Pre-atomic (has no mass—however, use of terms associated with matter can confuse this issue).
5. Related to but not identical to electricity, magnetism, or gravity; particular relationship to nuclear energies. Can possibly be thought of as the substrate on which electrical/magnetic/gravitational and nuclear processes reveal themselves. Phenomena associated with static electricity (as distinct from current electricity) or cosmic rays are important in understanding this energy concept.
6. Strong attraction to and relationship to water.
7. Conducted by metals; absorbed by organic substances (carbon based).
8. Higher activity level in all living things compared to the surrounding atmosphere or non-living things.
9. Measurable inasmuch as it appears to radiate; affects electroscope measurements; affects Geiger counters; affects physiological functions of living things; can measure temperature differences within and outside of an orgone energy accumulator.

[1]In 1952 the German scientist W.O. Schumann discovered a natural pulse resonating around our planet, beating at a frequency of 7.83 Hz. It appears to work as a natural tuning fork for human health. Our biological oscillators in the brain which regulate the functions of our biological system are seemingly tuned into this frequency. Early in the space program, astronauts returned to Earth with severe health problems. NASA discovered this was due to the isolation from this pulse. NASA now builds magnetic pulse generators (Schumann Simulators) into all manned spacecraft to maintain a health-giving and natural environment (http://www.earthbreathing.co.uk/schumann.htm).

[2]*International Journal for Sex-Economy and Orgone Research*, Vol. 3, Orgone Institute Press, New York, 1944, pp 1-16.

10. Space is not empty—it is filled with this pulsating orgone energy that has no mass. Reich called it "cosmic orgone energy."

With devices called "orgone accumulators" he established energy gradients (isolated regions of higher tension as measured by the spontaneous discharge of an electroscope within the accumulator compared to surrounding atmosphere). Orgone accumulators were four-sided boxes with walls composed of alternating layers of organic and metallic substances, constructed so that the metal layer composed the "conducting" interior layer and the organic substance served as the exterior "absorbing" layer. The boxes usually had exterior walls of thin wood and interior walls of galvanized steel, with layers composed of alternating thin layers of steel wool and sheep wool. The energy was absorbed by the exterior wood, passed through an inner layer of steel wool, was absorbed by the next inner layer of sheep wool, and continued on through the layers to be concentrated in the interior of the device.

Reich's key initial experiments and observations regarding the nature of orgone energy and the relationship of orgone to weather events took place from 1940-1944, continuing on into the 1950's. He wrote about them in *The Cancer Biopathy*, *Cosmic Superimposition*, and *Contact with Space*, as well as in his journals, the *International Journal for Sex-Economy and Orgone Research* and the *Orgone Energy Bulletin*. His research focused primarily on measurements of orgone energy phenomena with electroscopes, Geiger counters, vacuum tubes, thermometers, and oscilloscopes. An important early article discussed the relationship of static electricity to orgone.[3] In 1951 he carried out an experiment with radioactive substances—the Oranur experiment. Beginning in 1952 he conducted a battery of weather experiments using a device called a cloudbuster that functioned on the basis of orgonometric principles he had developed.

The energy is difficult to isolate in order to measure, because it is present in all things. Tests with the accumulators varied consistently, depending on weather conditions. One important experiment showed a consistent temperature difference measured inside and outside the accumulator; it was higher inside the accumulator. Later researchers have reaffirmed a 24-hour cyclical variability in temperature difference in the accumulator in relationship to the outside atmosphere.[4]

The electroscope was a primary tool used to test the activity of orgone energy. Reich considered the implications of the fact that an electroscope discharges spontaneously at a higher rate in rainy weather than in sunny weather. This contradicted the concept that ionized air particles act as carriers of these electrical events. More specifically, he observed that the rate of electroscopic discharge corresponded more closely to fluctuations in weather conditions than any other measuring tool—better than a barometer—and that he could predict precipitation that was otherwise unexpected literally hours before its occurrence, by observing what was commonly referred to as the "natural leak" of electroscopes.[5]

Importantly, when Reich isolated an electroscope in a vacuum, it continued to vary its rate of discharge depending on fluctuations in the weather—slower in sunny and faster in rainy—in the same way it had outside of a vacuum. This indicated to him that the discharge could not be dependent on "ion transfer," because there would be almost no

[3] "Orgonotic Pulsation," *International Journal for Sex-Economy and Orgone Research*, Vol. 3, Orgone Institute Press, New York, 1944, pp 97-150.

[4] Dr. Hermann, American College of Orgonomy, lecture at Annual Meeting, 1999.

[5] *International Journal for Sex-Economy and Orgone Research,* Vol. 3, Orgone Institute Press, New York, 1944, pp 1-16.

atomic particles in the vacuum to allow heat transfer or energy transfer to occur with the surrounding atmosphere.[6]

Also, when he compared the rate of electroscopic discharge inside and outside of an orgone energy accumulator, it differed most markedly with dry, sunny weather, and was closer in value with rainy weather, when the electroscope would discharge most rapidly. Why would this be? He theorized that the accumulator was able to create a state of increased orgone energy tension related to the surrounding atmosphere, as long as it was not being bound by water (rain). If there was a higher energy tension in the accumulator, the electroscope would hold its charge, since it would discharge only in situations in which a drop in potential energy is possible. On humid days there appeared to be less free orgone energy activity (less biological response to the orgone energy field) and a faster rate of electroscopic discharges in the accumulator. On dry days there was more orgone energy tension (greater biological response to the orgone energy field) and a slower rate of spontaneous electroscopic discharges.

Reich also noted that, on occasion, measurements unexpectedly occurred that reflected weather changes which were *not* apparent on site but, in fact, were massive weather movements taking place geographically to the west. In this way, he could see there was a continuum of atmospheric energetic phenomena that potentially spread great distances, particularly with larger "fronts."[7]

He came to believe that clouds, rain, and lightning resulted from the following process:

1. Increase in orgone energy level in one area (due to sun/other factors);
2. Creation of an energy potential difference, in which orgone energy (OE) from weaker regions is attracted to the highly charged center where eventually a cloud would form;
3. OE attracts water and vice versa, so the charged weather center attracts water vapor;
4. The cloud, as it grows, is a strong water-orgone energy system, which attracts more water and OE to itself;
5. Once a certain degree of tension has been reached, the orgonomic charge potential changes into the mechanical potential of energy discharge, lightning representing the locally highest OE discharge;
6. Rain occurs when the amount of water carried outweighs the capacity of the OE to keep the water suspended. During the rain the water separates from the OE, but rain water retains some of its charge, having more potency compared to distilled water.[8]

Cloudbusters, the devices Reich used to influence weather events, were constructed as a rack of metal tubes, approximately 20 feet long, grounded in running water via metal conduits that are mounted on a pivot and gear platform that can be turned and pointed in all directions. If this sounds "too simple," please recall the design of a weather vane—a simple metal pole that serves as a conduit for excessive atmospheric electricity, or lightning.[9] A cloudbuster attracts the orgone energy from the atmosphere to itself, drawing it into the water (to which it is attracted strongly), thereby inducing a stream of energy to move.

Reich conceived of weather as a function of the pulsation of the orgone energy envelope of

[6]"Meteorological Functions in Orgone-Charged Vacuum Tubes, preliminary communication," *Orgone Energy Bulletin*, Vol. 2, No. 4, Oct. 1950, pp 184-193.

[7]Ibid., pp 190-191.

[8]Ibid., pp 191-192.

[9]Ibid., pp 191-192.

the planet, which he observed to flow in streams or currents. Like an organism or the cells of the body, the field contracts and expands in response to multiple factors. As illness can affect the human body, this pulsatory function can be impaired, causing energy blocks to occur. Reich sometimes called the blocked energy "Deadly ORgone energy" or "DOR," because it led to weather conditions consistent with drought and dirty air (smog).

The key goal in cloudbusting was to induce a potential difference in the orgone energy envelope by drawing orgone energy to the cloudbuster, through which it would be conducted and grounded in water. By drawing the DOR out of the atmosphere, clean OE would flow in behind it, which would then attract moisture. Factors that Reich believed increased DOR development were radioactivity—caused by the many above-ground atom bomb tests that were being conducted at that time in the desert areas—and the presence of UFO's.[10]

Based on his observations that the electroscope was the most sensitive device to predict changes in weather conditions, and that the changes in electroscopic response inside of a vacuum tube correlated with weather variations in a consistent manner, Reich concluded that space was not empty. This energy—orgone—penetrated solid material objects, and as a consequence an electric phenomenon might potentially be observed in places where no capacity for electrical conduction should be present, such as in outer space.[11]

This last point has shown itself to be true. One NASA space scientist reported on the surprising observation that there are static electrical events and apparent clouds on Mars that were not predicted prior to space shuttle flights to that planet.[12] Another scientist observed static electrical events at a dielectrical ceramic that were not otherwise predicted, including "lightning-like electrical discharges," that create previously unconsidered technical problems for those planning space shuttle ventures.[13]

In his cloudbusting operations in Arizona, Reich used a device called an ORUR needle. This was a small piece of radium, 1 mg in size, which had been kept in an orgone energy accumulating device for many months, buried in the ground. Reich buried the sample hoping to observe a mitigating effect of orgone energy on the source of radioactivity. He conducted the Oranur experiment in January 1951, hoping orgone energy could be used to prevent or treat radiation sickness. In that experiment, two pieces of radium, each 1 mg in size, were brought to the laboratory and placed in a concentrated orgone energy field, created by the multitude of accumulators located in and around his laboratory. Instead of being a "healing tool," Reich felt that the orgone energy

[10]Reich, W.: "DOR Removal and Cloudbusting," *Orgone Energy Bulletin*, Vol. 4, No. 4, Oct. 1952, pp 176-179.

[11]"Meteorological Functions in Orgone-Charged Vacuum Tubes, preliminary communication," *Orgone Energy Bulletin*, Vol. 2, No. 4, Oct. 1950, pp 187-190.

[12]"What was observed in Viking was sand grazing across the surface with no saltation whatever, flowing exactly like a fluid over the surface a few millimeters above the surface ... the speculation was that electric fields were suspending these dust grains, and they were simply being carried along on a mattress, if you will, of electric field, and just skimming on by. These observations were made most often at sunrise ... think about what I said about the moon earlier. The astronaut in the command module made observations of cold dust being levitated at lunar sunrise, levitated to tens of kilometers on electric fields ... That observation may actually have been the first observation done back in the 1970s of electricity on the Martian surface." Lecture to students at NASA Center by Joseph Kolecki, Glenn Research Center, Cleveland, Ohio, August 8, 2002.

[13]Asokan, T.: "Ceramic Dielectrics for Space Applications," *Current Science*, Vol. 79, No. 3, August 10, 2000, pp 348-352. Available at http://www.ias.ac.in/currsci/aug102000/mg7.pdf—article.

in and around his lab "ran amok" in a state of hyperexcitation, causing symptoms associated with radiation sickness to occur in his lab animals and his co-workers. He buried the radium far from the lab, in order to isolate the lab from its effects.

Three years later, in 1954, he tested the radium again and found it no longer had a noxious effect on the environment. He felt it had been transformed by exposure to concentrated orgone energy. He found the use of the ORUR needle invaluable for enhancing the drawing effect of the cloudbuster, and was able to greatly accelerate the process of activating and moving the energy in the atmosphere.

Weather engineering experiments demand sensitivity and a profound sense of responsibility on the part of the operator of the cloudbuster, as well as keen observational abilities. This fact is basic to Reich's research, above and beyond the theory of orgone energy. These abilities and "measuring devices" are dependent on the individual who attempts to study these phenomena. Their refinement goes beyond the scope of this primer, but is essential to a true understanding of orgone energy phenomena.

Appendix B
Time Line of Events

"OROP" refers to specific weather modification operations that were carried out. "WR" is an abbreviation for Wilhelm Reich.

Year	Month/Day	Description of Event
1951	Jan. 5-12	Oranur experiment; toxic effects of experiment apparent.
	Jan. 26	Orgonomists Baker, Rafael, Cott meet with AEC in Washington D.C.
	Feb. 11	Lab mice all die; workers and family at Orgonon fall ill.
	Feb. 13	AEC is sent a cable by Baker, et. al., asking for a public health officer and a nuclear physicist to visit the site of Oranur.
	Feb. 20	Robert Chandler, chemist and sanitary engineer from the State of Maine, visits Orgonon.
	May	WR writes *Murder of Christ.*
	Aug. 20	Meeting at the AEC with FDA to determine if any danger or problem exists with the "Reich operation."
	Aug.	FDA renews investigation.
	Oct.	WR has a heart attack; cared for by Ilse Reich, then Eva Reich.
	Nov.	*Cosmic Superimposition* is published.
	Winter	WR lives with his family in the observatory.
1952	Mar.	Orgonon evacuated due to Oranur effects; family moves to town. WR camps on the grounds of Orgonon.
	Apr.	Cloudbuster effect of metal pipes grounded in water first identified.
	July	First cloudbuster weather engineering experiments carried out.
	July 29	Three FDA agents arrive for inspection.
	Aug. 1-2	OROP Rangeley.
	Aug. 9	WR writes the State Commissioner of Agriculture about the rainmaking experiments, which were successful.
	Aug.	Mayo Clinic tests accumulator for the FDA.
1953	May 13	WR writes the Governor of Maine about weather modification experiments.
	July 5-6	OROP Ellsworth (weather modification experiment).
	July 23	OROP Orgonon (weather modification experiment).
	July 24	Article appears in *Bangor Daily News* about successful rainmaking.
	Aug. 8-10	OROP Children's Parade (weather modification experiment).

Time Line of Events, *cont'd*

Year	Month/Day	Description of Event
1953	Sept. 2	OROP Boston (weather modification experiment).
	Oct.	OROP galactic stream (weather modification experiment).
	Nov. 18	WR reads books on UFO's.
	Dec.	President's Advisory Commission on the Weather established.
1954	Jan. 13	WR sees an Ea (Energy alpha, Reich's nickname for UFOs); FDA applies for injunction.
	Jan. 14	Lewis Douglas, Eisenhower, and meteorologist meet at University of Arizona in Tucson.
	Feb. 10	Peter Mills, U.S. Federal Attorney in Maine, files federal injunction against WR.
	Feb. 25	WR's "Response to Court" written, refusing to appear.
	Mar. 16	U.S. Senate votes to hold "Army-McCarthy" hearings which are televised nationwide for 36 days, to investigate suspected communist infiltration of U.S. Army.
	Mar. 19	WR's preliminary hearing. Injunction prohibits WR from transporting accumulators across state lines; books are considered "mislabeling."
	Mar. 22-23	OROP EP (weather modification experiment) carried out—designed to protest injunction.
	Apr.-June	OROP drought Atlantic coast (aka OROP Infant) (weather modification experiment).
	July 17	Meeting with Tannehill from the Weather Bureau.
	July 27	Office of Lewis Douglas, member of President's Advisory Commission on the Weather, telegraphs WR's office, inviting further correspondence.
	July	*CORE* (*Cosmic Orgone Energy Research*) *Bulletin* published.
	Aug. 8	First International Conference on Weather Control at the Institute of Atmospheric Physics in Tucson, Arizona.
	Sept. 10-11	OROP Hurricane Edna (weather modification experiment).
	Sept. 21	WR discovers radium needle buried in accumulator has become de-ionized, calls it ORUR.
	Oct. 18	WR leaves Orgonon for Tucson.
	Oct. 30	WR arrives in Tucson; Mr. Douglas's bank assists in finding place to live and work.
	Nov.-Dec.	Effort to clear DOR, increase humidity in Arizona.
	Nov. 24	UFO sighting in Tucson.

Time Line of Events, *cont'd*

Year	Month/Day	Description of Event
1954	Dec. 12	Silvert flies ORUR needle to Tucson.
	Dec. 30	FDA agent visits Little Orgonon in Tucson.
	Dec.	Reich reports increased humidity and grass growing in Arizona.
1955	Jan.	Silvert violates injunction and ships accumulators from Maine to New Jersey.
	Jan. 9	Heavy snowfall in Tucson and surrounding area.
	Jan. 14	WR clears the fog at Tucson airport.
	Jan. 28	WR meets with local farmers in Arizona.
	Feb.	Atom bomb test series Teapot initiated.
	Feb. 18	Televised appearance of WR's work in Tucson.
	Mar. 24	WR concludes weather engineering efforts in Tucson.
	Apr.	WR returns home to Orgonon, alone.
	Apr. 18	Einstein dies.
	June 16	Peter Mills files Complaint of Contempt of Injunction, due to Silvert's infraction of terms of injunction.
	June 22-27	Eisenhower goes to Rangeley, Maine, on vacation; rumored to have met with WR.
	July 26	WR ordered to appear in court to respond to filing of contempt charges against him.
	July-Aug.	Monsoon rainfall in Arizona breaks records—third highest precipitation levels ever recorded, in midst of 10-year drought.
1956	May 3-7	Trial.
	May 22	U.S. probation officer files report with the court; document says WR is paranoid and has delusions of grandeur and persecution.
	May 25	WR found guilty of violating terms of injunction.
	June 5	FDA agents visit Orgonon and destroy accumulators before sentencing or appeal can be filed.
	June 26	FDA agents order the books burned at Orgonon before sentencing or appeal can be filed.
	July 26	More accumulators destroyed per order of FDA.
	Aug. 23	Six tons of literature in NYC destroyed per order of FDA.
	Oct.	WR submits petition to Appellate Court.
	Dec. 11	Appellate Court denies WR's appeal; WR appeals to Supreme Court.

Time Line of Events, *cont'd*

Year	Month/Day	Description of Event
1957		*Contact with Space* published.
	Feb. 25	Supreme Court refuses to hear WR's case.
	Mar. 9	WR is asked to undergo psychiatric evaluation.
	Mar. 11	Final sentencing hearing; WR jailed in Danbury, CT.
	Mar. 18	Psychiatrist reports WR has paranoid schizophrenia.
	Mar. 22	Peter Mills writes to Danbury Prison, Joe McGuire, and Chief of Justice's Department regulations section that WR is competent.
	Mar. 22	Transferred to Lewisburg Federal Penitentiary.
	Mar. 24	WR spends 60th birthday alone in prison.
	Apr. 18	Psychiatrist in prison decides WR is "competent."
	Apr. 19	WR assigned to work in prison library.
	June	WR's lawyer, Roy St. Lewis, prepares petition for presidential pardon.
	Oct. 9	WR's petition for clemency from President Eisenhower denied.
	Nov. 3	WR found dead in his cell; his parole hearing was scheduled for Nov. 5 and he probably would have been released on Nov. 10.

Appendix C
Reich's Experiments

Newspaper reports of temperature, humidity, and precipitation generally describe events of the previous day. Relative humidity (RH) was measured at the weather bureau south of Tucson at 5:00 a.m. and 5:00 p.m. and, where indicated, at the University of Arizona (U. of Az.) in downtown Tucson at noon and 5:00 p.m. I have indicated the highlights in italics.

Table 1C. November 1954

Date	Newspaper Reports	Reich's Reports (from *Contact with Space)*
1	30-12% RH	*Many Ea's seen.*
2	23-16% RH	DOR removal begins.
3	*53*-16% RH	
4	*33-23% RH*	5-*55%* RH
5	*49*-12% RH	5-*55%* RH
6	23-9% RH	*Ea seen, severe DOR.*
7	23-11% RH	*65% RH; first clouds formed and dissolved over little Orgonon. Ea seen Mt. Catalina,* night; OR flow east to west, *DOR removal.*
8	26-7% RH	5-*55%* RH; *DOR removal; Ea seen*; clouds come and go. Severe drought clouds.
9	26-11% RH	5-*55%* RH; *severe DOR with removal during the night,* clouds form day.
10	26-10% RH	Strong southwest wind 10 a.m., shifts southeast and east by 11 a.m.; *mountains south in clouds, rain clouds to west and south, gusty winds in Tucson*, rain in Los Angeles and on west coast. Clouds formed toward the north. Southern Utah reported in clouds. No rain predicted for Arizona today, but predicted for tomorrow.
11	*Unexpected gusts up to 30 mph; despite lightly overcast skies humidity 6%*, U. of Az. 16%.	Rain didn't come, despite predictions. Heavy cloud bank to southwest, west and northwest preceded by dense bank of fog.
12	*23-26% RH at U. of Az.; scattered showers in state, light showers forecasted. Los Angeles got 1.22 in., San Diego 0.78 in.*	Rain in California and Nevada, 0.8 in., *San Diego 0.9 in., Grand Canyon 0.4 in., Yuma 0.91 in.*
13	42-19% RH; 31% at noon; 84° high temperature, *rain in western Arizona., mystery light* in *Kentucky sky—UFO?*	*RH 67% noon, rainclouds, 45% at 17:00.*
14	*67-31% RH;* 72-55° cold front raises humidity and lowers temperature in southern Arizona.	3 Ea's seen.

Table 1C. November 1954, *cont'd*

Date	Newspaper Reports	Reich's Reports (from *Contact with Space)*
15	33-18% RH; 76-44°, high clouds, 30 mph winds	
16	33-18% RH; 80-44°	
17	47-35% RH; 75-44°	
18	55-19% RH; noon 33%, 69-41°	*Ea seen.*
19	45-13% RH; noon 22%, 73-32°	*Vapor trails held in sky indication of orgone charge.*
20	26-12% RH; 35-83°	
21	19-11% RH; 80-35°	
22	25-13% RH; *smoke and dust*	
23	25-13% RH; smoke and dust	
24	27-13% RH; 81-35°, *smoke and dust*	*Ea seen.*
25	27-13% RH; 82-36°, smoke and dust	
26	20-13% RH; 81-47°, U. of Az. 18-23%	
27	30-15% RH; 80-47°, U. of Az. 20-22%	
28	35-16% RH; 79-38°, U. of Az. 21-24%	*2 Ea's seen.*
29	37-10% RH; 78-42°	*Ea seen.*
30	24-23% RH; 76-49°, *30 mph gusts*, cold front moving east from the Pacific, will arrive this afternoon. Snow near Utah border.	*67% RH;* cloudy.

Table 2C. December 1954

Date	Newspaper Reports	Reich's Reports (from *Contact with Space)*
1	*59-35% RH;* 70-55°, U. of Az. 39-48%, *rain in parts of Arizona., light rain tomorrow*	
2	*62-36% RH;* 72-44°, *clouds but no rain*	
3	*41-19% RH;* 79-51°, *clouds, trace of rain Catalina Mtn.*	
4	85° *(record high)*-54°, *33-26% RH; possible light showers.*	
5	*44-32% RH;* 71-55°, *U. of Az. 41-38%*	
6	53-17% RH; 77-37°, *U. of Az. 32-30%.*	*Sign of Ea*—offal taste, DOR strong, GM count 600-800.
7	35-15% RH; 80-42°, *cloudy but no rain.*	Radio static, strong DOR draw.

Table 2C. December 1954, *cont'd*

Date	Newspaper Reports	Reich's Reports (from *Contact with Space)*
8	29-21% RH; 73-53°	Strong DOR, operator sick with paralysis.
9	34-19% RH; 71-33°	Night rainfall 0.33 in., RH drop to 9%.
10	*33-22% RH;* 69-39°, *light rain possible.*	Rain 5:40 p.m., DOR-free.
11	*57-78% RH;* 69-48°, *rain, wind, snow hit Tucson.* Storm from Pacific coast brought snow. *Headline news, front page.* Low of 35° predicted, 81% RH.	*RH 80%* .
12	*93-50% RH;* 56-35°, *cold wind, rain, snow.*	
13	*56-24% RH;* 65-30°, *40 mph winds.*	RH 50% in a.m.
14	*50-24% RH;* 35-68°, *31-31% U. of Az.*	ORUR needle delivered, Ea seen, clouds, GM 100,000 cpm. Drew from zenith and cloud over Tucson, Ea moved west, GM normal in 2 hrs.
15	47-15% RH; 32-70°	Work with ORUR needle.
16	*34-20% RH;* 70-42°, *rain, snow northern Arizona.*	Work with ORUR needle.
17	34-13% RH; 65-52°	Work with ORUR needle.
18	46-17% RH; 27-67°	Work with ORUR needle.
19	28-14% RH; 70-27°	Work with ORUR needle.
20	20-11% RH; 72-50°	Work with ORUR needle.
21	25-12% RH; 73-41°	Work with ORUR needle.
22	31-15% RH; 74-34°	Work with ORUR needle.
23	34-18% RH; 72-36°	Work with ORUR needle, see UFO.
24	46-19% RH; 72-38°, *U. of Az. 31-27%*	
25	43-13% RH; 70-38°, *U. of Az. 28-29%*	
26	43-13% RH; 70-38°	
27	*28-31% RH;* 68-36°	
28	*31-41% RH; 43° high at midnight, no warming at noon, low of 29°,* 30 mph piercing winds, cold front.	
29	54-19% RH; *U. of Az. 33-27%. Second coldest temperature ever reported by the weather bureau for any day of the year, 17.6°;* easily broke *Dec. 28 record low of 29°. Last night persistent and unexpected winds.*	

Table 2C. December 1954, *cont'd*

Date	Newspaper Reports	Reich's Reports (from *Contact with Space)*
30	27-12% RH; *Cold snap should end today,* should get up to 65°.	
31	34-14% RH; U. of Az. 24-24%. *Coldest day on record for Dec. 30, 24°.* The high yesterday was 55° as the *winds that have been playing havoc with the weatherman's predictions all week did so again.* If the wind blows in the day the temperature will stay cooler than normal. *The fickle winds come during the day and depart after sundown.*	

January 2, 1955: *December was the driest on record.* Usually get 0.94 inches; only got 0.06 inches in Tucson.

Table 3C. January 1955

Date	Newspaper Reports	Reich's Reports (from *Contact with Space)*
3	*Light rain, 2 in. snow, from west.* Flagstaff, Grand Canyon, Prescott, Yuma, Bisbee all had rain.	*Oranur rain.*
4	0.5 in., same *front. Heaviest since Sept.*	*Oranur rain.*
5	*Rainfall and cold front. 12 in. snow in the Catalinas, 0.75 in. rain.*	
6	*96-48% RH; 9-14 in. snow* at Summerhaven and Snow Bowl.	*Oranur rain.*
7	*89-37% RH; showers forecasted,* part of front that hit southern California and moving east to Arizona.	*Oranur rain.*
8	*83-40% RH; showers last night,* 0.25 in./hr., 0.2 in. snow on Mt. Lemmon, *rain and snow in western two-thirds of Arizona.*	
9	*91-65% RH; 10 in. snow Catalina,* 0.37 in. rain in *one of the heaviest snowfalls in 2 yrs., twice as much rain as normal for January, Mexicali floods,* 2000 families of farm workers evacuated after six days of almost steady rain, *Tijuana highway closed* by snow in the mountains and rain in the lowlands.	*Floods in Mexicali, snow on Mt. Catalina.*

Table 3C. January 1955, *cont'd*

Date	Newspaper Reports	Reich's Reports (from *Contact with Space)*
10	*92-49% RH;* another storm moving south and east from central California, rain predicted tomorrow; *Texas—snow and ice* hit north and west. Ranchers and farmers welcomed it.	
11	*84-28% RH; showers predicted*; 57-31°, cold. *San Diego 1.15 in. rain, Texas snow. Snow in Missouri, Atlanta, and Birmingham.*	
12	*71-46% RH; no rain yesterday in Tucson or mountains* as Pacific storm dissipated before it reached the area. Phoenix got 0.44 in., rain in Prescott, Grand Canyon, Flagstaff. *Although it has been raining during most of January,* the *water supply prospects* for the State's irrigation systems are *not bright.*	DOR bad. ORURized 11:15 a.m. for 5 min. alternating zenith and north. Ea in western sky.
13	*87-40% RH;* no rain in Arizona.	70% RH; started to rain into the 14th.
14	*82-43% RH;* steady rain began last night, 0.21 in. Still falling this morning. Temperatures rose to 68°.	96% RH; airport closed. Cleared sky at 12 noon so plane could take off. Ea seen at 18:00 in south.
15	*96-78% RH;* thick overcast yesterday closed airport. Rain fell 0.29 in. from Thursday night to midnight yesterday (Friday); light sprinkle last night. Rain is forecast today as *Tucson experiences one of its wettest Januarys on record.* Rain in Arizona. *Bisbee had a record rainfall for the last 15 yrs.*	
16	*93-64% RH; Tucson 0.02 in. rain yesterday,* 1 in. snow in Catalina. Sun predicted today.	
17	*88-44% RH;* showers last night, same expected today. Storm moves east over Arizona; westerly wind, *60-37°. Snowing hard in the Catalinas, 5 in.*	
18	*95-63% RH;* Pacific storm brings total to 1.79 in. rain, 1 ft. snow, *three times the expected rainfall for total month of January. Floods in Mexico. Rain all of Arizona.* Winter cold gripped Tucson, *pre-dawn low of 35°, high of 47°.* 0.34 in. rain, 1 ft. of snow.	
19	*89-31% RH;* rain and wind forecast. *Terrific rain, wind, and snow hit Southern California,* Los Angeles season total 6.54 in., exceeding normal 6.34 in., *100 mph winds.*	

Table 3C. January 1955, *cont'd*

Date	Newspaper Reports	Reich's Reports (from *Contact with Space)*
20	*62-92% RH;* 2 in. snow, .25 in. rain, 30 mph winds, storm in the afternoon. Heavy overcast. *No rain forecast today.*	
21	*94-42% RH; rained yesterday.* Clear and cold forecast.	
22	*84-47% RH; 50-27°, record low temperature.* Last stretch of balmy weather was the first week in December.	
23	*84-35% RH; 25-48°, record low temperature.*	
24	*41-26% RH; 26-50°,* clear skies, cold.	
25	*75-76% RH; 26-60°, fourth day of record low temperature.*	
26	*71-29% RH; 31-67°, record low temperature,* high overcast.	
27	*70-27% RH;* 29-66°.	
28	*76-22% RH;* 31-71°, warming trend.	
29	67-11% RH; 73-28°. *UFO sighting La Grande, Oregon; eerie blue light, no explanation—two sightings by snow plow drivers at night a week apart.*	
30	40-6% RH; 77-37°, warming up.	
31	34-13% RH; 74-42°, cloudiness and local winds may bring showers. Today forecasted as cooler.	

February 2, 1955: *January was the second chilliest and wettest on record. It was only colder in 1949 and wetter in 1946.*

Table 4C. February 1955

Date	Newspaper Reports	Reich's Reports (from *Contact with Space)*
1	*46-32% RH;* 65-42°. Cold front and rain in California and snow in northern Arizona, *50 mph winds, 15 mph winds in Tucson.*	
2	*72-26% RH; 66-34°*	

Table 4C. February 1955, *cont'd*

Date	Newspaper Reports	Reich's Reports (from *Contact with Space)*
3	*60-44% RH; 65-36°. Cold front with 25 mph winds, light rain and snow.* Rain forecast today. Yesterday was sunny and breezy.	
4	*45-28% RH;* snow yesterday, clear but cool forecast.	
5	*59-20% RH;* Houston had rain. *Record low temperature of 20-49°.*	
6	*62-20% RH; 19-52°, record low temperature.*	
7	*56-23% RH; 22-52°, record low temperature.*	
8	*53-19% RH; 26°, record low temperature. High of 52°.*	
9	54-14% RH; 69-27°	
10	52-13% RH; 75-29°	
11	44-10% RH; high variable cloudiness with 12 mph winds.	
12	20-8% RH; 72-38°, 39 mph winds, balmy and dry.	
13	16-11% RH; 77-44°	
14	31-6% RH; 40-*80°, record warm temperature.*	
15	27-10% RH; 6% in afternoon.	*9:44 a.m. loud explosion to north—atom bomb test?* DOR settling in to northwest. Used ORUR needle for 1 hr., and drew for another 1 hr. 36 min.
16	28-10% RH.	
17	*38-17% RH.*	Rain throughout west coast 3:00 p.m., 1.44 in. in Santa Barbara. *Three hours of drilling holes in clouds and drawing until finally rain fell.*
18	*30-63% RH; 0.18 in. rain, 1 in. snow last night, still snowing. Los Angeles had 0.32 in.*, San Diego 0.30 in.	Stopped ORURizing to allow the rain to stop for the Rodeo Festival.
19	*80-30% RH; 63-49°. A-bomb blast over Yucca Flat today. Blast on the 18th left radioactivity in Arizona. Storm hit, 3 in. snow, little rain, hail and sleet, 30 mph winds, rain and snow over much of Arizona.*	

Table 4C. February 1955, *cont'd*

Date	Newspaper Reports	Reich's Reports (from *Contact with Space)*
20	*39-26% RH; 44-25°*	
21	*70-21% RH; 49-23°. Record low temperature.*	9:00 a.m., 300-500 cpm. Normal by noon. *All ill from DOR.*
22	*59-19% RH; 49-20°*	
23	59-11% RH; *20-59°. A-bomb blast on the 22nd, seen from Tucson. Record low tempertaure.*	
24	47-11% RH; *60-25°*. Northern front is drying out, so less chance of showers.	*DOR clouds* over the southwest. *Dissolved 10:35 a.m. after drawing. 9:30 a.m. 400 cpm.*
25	24-6% RH; *70-30°*	
26	24-30% RH; 65-55°, *light showers yesterday, 2 in. snow on Catalinas, 25 mph winds*, overcast morning.	*70% RH; rain at Oracle Junction, 25 miles north, southwest had clouds and showers. Ea seen in the south.* Prairie grass growing east and north at Oracle and beyond, only scant grass in west.
27	*63-27% RH;* 65-45°. *Showers didn't materialize yesterday.* Rain by tonight, but sunny today. *Snow and rain in northern Arizona, none in southern Arizona.*	
28	*67-34% RH; 69-34°*, clouds, some wind. Rain predicted today.	*71% RH;* 300-1000 cpm with sun. *Ea seen south* over Tucson, 19:45-23:00.

Newspaper on March 2, 1955 reports it was the *coldest February* for the U.S. Weather Bureau, and it was dry, with precipitation of 0.19 in., when normal was 0.92 in.

Operation TEAPOT was a series of 14 nuclear bombs released above ground in Nevada, starting February 18 and February 22, 1955. http://nuclearweaponarchive.org/Usa/Tests/Teapot.html

Table 5C. March 1955

Date	Newspaper Reports	Reich's Reports (from *Contact with Space)*
1	*62-27% RH; 33% noon*, 65-35°	*ORURized at Oracle mountain ridge. UFO seen; workers sick with diarrhea, vomiting, insomnia, thirst, restlessness, hot flashes, paleness (DOR effects)*; weather bureau admitted the rainfall had exceeded the average by 1.53 in.; no clouds; *A-bomb 6:30 a.m., with elevated Geiger counter readings (400-700 cpm, vs 150 cpm the day prior).*

Table 5C. March 1955, *cont'd*

Date	Newspaper Reports	Reich's Reports (from *Contact with Space)*
2	*71-18% RH;* 78-42°. *Yesterday A-bomb explodes above ground, Yucca Flats, Nevada.*	ORURized starting at 9:34 a.m.; OR flow east to west, DOR to southwest lifted, strong south breeze, draw from the zenith, 1200 cpm at 10:00 a.m. (p 238).
3	45-18% RH; 78-42°	Travel west to Gila Bend; little DOR seen, green grass sprouting; told by man in Grand Wells (west of Tucson) that they had good rain in the western "Sahara" in Dec. '54 and Jan. '55, but not before, for as long as they could remember.
4	43-14% RH; 74-40°	20 miles west of El Centro, heavy DOR, with GM count of 400 cpm to 600 cpm at Jacumba (400 miles west of Tucson).
5	43-14% RH; 78-51°	Visit San Diego.
6	39-17% RH; 73-49°	Begin drawing from zenith at Boulder Park near Jacumba, desert lookout tower to unblock barrier to OE flow from the west. Geiger counter 500-800 cpm. Went down to 200 cpm. Clouds formed above at zenith, but dissipated to the east.
7	48-18% RH; 76-46°	*A-bomb exploded at 5:30 a.m.*, 150 cpm at 7:00 a.m. but stayed at 500-900 throughout the day.
8	48-11% RH; 79-41°, *A-bomb near Las Vegas, fourth in a series, yesterday.*	*ORUR needle delivered to Jacumba site. ORURized for 88 min. Geiger counter 900-1000 cpm,* breeze from the west. High thin clouds formed over the barrier. OE flow was east to west all day, warm night.
9	14-7% RH; 87-55°, 25 mph winds	*Winds from the southwest (indicator of possible rain),* blueness coming from the west. 11:00 a.m. blue haze in front of mountains. *Temperature dropped from 110° to 74°, then 72° and 64°. Moisture from the southwest, the wind was felt. Cloudbuster left operating drawing from the southwest, heavy dew in the night, sky became cloudy.*
10	21-19% RH; 83-56°, 25 mph winds	Heavy dew in the night. 8:30 a.m. draw from the northwest to increase growth of clouds in zenith and southwest. 10:00 a.m. sky cloudy. *Clouds grew in Jacumba, started to rain at 8:00 p.m. Cloudbuster left drawing from the southwest. Rain fell through the night.*

Table 5C. March 1955, *cont'd*

Date	Newspaper Reports	Reich's Reports (from *Contact with Space)*
11	*51-23% RH;* 38% noon, 76-61°, *storm center 500 miles west of San Diego responsible for cloudiness.*	*Early morning rain steady in Jacumba; heavy rain to the east in El Centro; stopped at 10:00 a.m., cloud began to break up; wind continues from southwest.* Clouds dispersed. Rain in Jacumba was 0.25 in., El Centro 0.5 in., San Diego 0.38 in., Los Angeles 0.56 in. Low scattered clouds.
12	*45-36% RH;* 35% noon, 71-55°, *rain in San Diego, Los Angeles, Tucson, 0.13 in.*	Heavy dew in the night. Some greening of mountain slopes. OE flow east to west, blue haze. No breeze.
13	75-24% RH; 37% noon, 72-45°	
14	61-15% RH; 78-43°	*Ea seen in the south.*
15	38-11% RH; 46-81°	Tucson—past 11:00 a.m., Geiger counter 80,000-100,000 cpm outdoors, nearly normal indoors. Blue-grey haze in sky. Jet trails held in the sky, strong south winds, dust devils forming, clouds stratified. *Ea seen at night.*
16	35-10% RH; 79-46°	Rain in Oracle in the night.
17	36-18% RH; 71-46°, wind forecasted.	High Geiger counter counts again. Theorized this was a reflection of the energy discharge and sudden release of highly pent-up atmospheric energy, much like a fever in the body expels illness. Assumed this meant that the barrier to natural self-regulation had been broken.
18	35-14% RH; 67-47°, 14 mph winds, cloudy.	High atmospheric Geiger counts.
19	30-18% RH; 72-41°, trace of rain yesterday. Bisbee had rain.	High atmospheric Geiger counts during daytime hours, low in the night in step with the sun's radiation and its variation in the daily cycle.
20	75-28% RH; 34% noon. 69-47°, wind, rain, dust, cloudy.	A-bomb test postponed. Southwest became cooler, with strong moisture and blue-grey haze. Rained in southern California, heavy clouds and dust storms were coming from the west. Felt dust storms were result of DOR being "hunted out" of the desert by fresh OE coming in behind it. As soon as the rain started, cpm came down from 100,000 to 15,000. Clouds had to be drilled; water didn't reach the ground.

Table 5C. March 1955, *cont'd*

Date	Newspaper Reports	Reich's Reports (from *Contact with Space)*
21	29-28% RH; 62-44°, cold front from the north, 40 mph winds, 0.02 in. rain. Snow in Grand Canyon, roads near Marana, Casa Grande, Coolidge. Rainstorm in Uvalde, Texas, one of innumerable southwest storms.	Rained.
22	20-8% RH; 56-30°, *record low temperature.*	
23	27-9% RH; 76-36°, sixth A-bomb test, Las Vegas; record low of 26-68°.	
24	32-6% RH; 76-36°	Routine operations and measurements stopped. Established a base at Jacumba with two cloudbusters, a truck and lab equipment.
25	30-8% RH; 13% RH at noon, 80-41°.	
26	82-43°	
27	29-13% RH; 78-43°, 40 mph winds, dust storms, part of cold front from Rockies pushed south. Dust extended from Mexico through southern California.	
28	24-19 % RH; 64-42°.	
29	32-13% RH; 73-48° warm and windy.	
30	31-9% RH; 81-45°, windy.	
31	27-7% RH; 84-46°, 75-45°, dust storms expected to pick up again. Cooler, clear with less wind expected today.	

Above-ground A-bomb tests took place March 1, 7, 12, 22, 23, and 29 north of Las Vegas, Nevada; called the Teapot Tests.

Appendix D
Newspaper Weather Reports

Newspaper reports of temperature, humidity, and precipitation generally describe events of the previous day. Relative humidity (RH) was measured at the weather bureau south of Tucson at 5:00 a.m. and 5:00 p.m. and, where indicated, at the University of Arizona (U. of Az.) in downtown Tucson at noon and 5:00 p.m. I have indicated the highlights in italics.

Table 1D. April 1955

Date	Temperature	Humidity	Comments
1	75-45°	18-7%	
2	84°	28-5%	
3	82°	13%	*Dust storms in southern Arizona.*
4	70-45°	16-7%	*Dust storms in New Mexico, Texas, Colorado, Wyoming, Montana, coming from the west.*
5	74-37°	26-11%	Chilly, clouds, wind, little dust, 20-30 mph winds.
6	70-42°		Low pressure kept dusty winds from Plains States; Flagstaff had rain.
7	75-37°	35-12 %	*Severe windstorms in Texas; dusty winds.*
8	77-41°	*51-8%*	Sunny day, cool night.
9	80-41°	*37-51%*	
10	82-41°	22-6%	
11	85-47°	16-3%	
12	77-49°		*Dusty wind, 10 miles visibility.*
13			*50 mph dust devil. Ripped roof off shop. Rain expected.* Contributed to tornadoes in Texas and New Mexico.
14	83-43°	Dry	*Blizzard in Texas and New Mexico. One ft. of snow, welcome after dust storms.*
15	89-45°		Cooler, wind.
16	90-50°		
17			
18	86-54°		*Overcast, no rain.*
19	84-61°	20-12%	*Overcast, dark, wind, no rain.*
20	81-54°	41-11%	*30 mph dusty winds, gale force in places, warmer and less windy.*

Table 1D. April 1955, *cont'd*

Date	Temperature	Humidity	Comments
21	82°	31-5%	*Worst dust storms since 1935 in Colorado, Texas, northeast New Mexico, clouds in* Tucson.
22	86-49°	15-5%	*Light precipitation* last night.
23			*Heavy dust storm hampers traffic, 50 mph winds, Highways 87, 84, 89.*
24	78-44°	*65-16%*	*Dust storms in Texas.*
25	80°		*Winds.*
26	87-52°		*Clouds*, mild weather predicted.
27			*Pacific cold front brings rain; dusty winds.*
28	79-48°	*46-12%*	
29	90-47°	32-2%	Storm front expected to relieve drought.
30	84°	*54%*	

Note: Above-ground A-bomb tests continued north of Las Vegas, Nevada on April 6, 9, and 15.

Table 2D. May 1955

Date	Temperature	Humidity	Comments
1	80°		Warm.
2	75°		*Cloudy, cooler, may rain.*
3	71-47°	*44-24%*	*Cold and sprinkles in southwest.*
4	81-47°	*45-11%*	
5	94°		
6			Warm.
7	28-17°		*Sprinkles*; moist air from southern California.
8	88°	*39-19%*	Slight wind and cooler.
9	82°		Continued *windiness, dust devils.*
10			Rain didn't reach the ground, dark clouds.
11	82-54°		Clear skies.
12	90°	37-13%	
13			Fair, warmer.
14	95°	23-7%	

Table 2D. May 1955, *cont'd*

Date	Temperature	Humidity	Comments
15			*Gusty winds, temperature drop.*
16	81°		*Cool west winds hold temperature down.*
17	*45-82°*	16-5%	*Record low temperature; Tucson had a relatively cool month, temperature readings 14° below normal, 13 mph winds.*
18	84-49°		*Gusty winds*, warmer weather.
19	85-57°		*Flash floods in Texas*, rains on the plains, windy.
20	91-55°	25-10%	*Floods in Colorado, New Mexico, Texas and Oklahoma helped drought.* Clear and hot in Tucson.
21	96-59°	28-9%	*Southeast Colorado floods at New Mexico border. Highway 85-87 washed out.*
22	92°		Clear.
23	88-56°	26-11%	*Trace of rain.*
24	94-60°	39-8%	
25	92°		*Dust winds, 30 mph.*
26	75-63°		*Rain, 0.06 in., light snowfall.*
27	*49-82°*	*62-19%*	*Record low temperature; 16 mph winds.*
28	*89-37°*	*49-17%*	*Tied record low temperature.*
29	96-59°	*39-12%*	
30	*100-63°*	25-7%	
31	91-68°	26-11%	Cool air from the west brought temperature down with thunderstorms and light rain.

Summary: May had 88% normal sunshine. *Wind was month's nemesis*. Average temperature was 71.8°, *1.3° below normal* (reported June 2, 1955). Above-ground A-bomb tests continued in Nevada north of Las Vegas on May 5 and 15.

Climatological Data, Arizona, U.S. Dept. of Commerce, Sinclair Weeks, Secretary, May 1955, Vol. LIX, No. 5: "Fifth month of *below normal temperatures*, fourth with deficiencies in precipitation. Prescott had high winds the 31st, 60 mph. Precipitation of the state 47% of normal. In many localities the continued drought has made water supply situation more serious than it has been for years."

Table 3D. June 1955

Date	Temperature	Humidity	Comments
1	85-70°		Trace of rain, dust storm, south winds, heavy clouds.
2	85-64°	36-9%	
3	*84-47°*	30-10%	*Record low temperature.*
4	*91-50°*	22-4%	
5	93°		
6	*94-60°*	25-11%	
7	*98-61°*	26-11%	
8	*104-65°*	25-10%	*Record high temperature.*
9	*109°*		*Record high temperature.*
10	*109-73°*		20 mph winds.
11	102-76°	27-7%	
12	97-75°	33-17%	
13	96-74°	37-35%	*Freak 70 mph thunderstorm hit Phoenix, Bisbee, Utah and Bryce Canyon, Tucson. Severe showers, hail, winds.*
14			*Tucson belted by rain, 3.3 in., 4 in. in Catalinas in the last 2 days. 30 mph winds. Storm from the southeast. Severe and heavy rain. Record-breaking storm dumped more water on parts of state than has been recorded in the month of June; in Payson huge hailstones.*
15	90-64°	77-15%	0.31 in. rain.
16	97-62°	46-10%	
17	95-64°	26-11%	Cooler.
18	98-59°	21-5%	
19	*100-61°*	15-4%	
20	*103*-63°	13-4%	
21	*108*-68°	17-10%	
22	*110°*	20-10%	53-year record for highest temperature tied.
23	*109*-73°		25 mph winds.
24	103-76°	24-9%	25 mph winds.
25	101-73°	36-10%	
27	101-69°		15-25 mph winds.
28	100-62°	18-10%	
29	99-66°	21-10%	
30	97-62°	21-4%	

Table 3D. June 1955, *cont'd*

Summary (reported July 2, 1955): June overdid it this year, with record heat, fewer clouds than usual and practically no moisture. *For 14 days it was above 100°, three days of 109° and 2 days of 108°. Also a record low of 47° before dawn on June 2.* This month, with the usual thunderstorms expected, skies will be a lot more overcast—to say nothing of the fact that humidity and rainfall will probably be recorded as the year's highest. June was drier than usual—about as dry as a month can get. Only 0.03 inches of moisture—normal is 0.30 in. Matter of fact, the whole first half of the year has been drier than normal. Since January 1, only 2.17 in. of rain has fallen. Normally Tucson gets 3.06 inches through June 30, and *all but 0.28 of an inch fell in January. Winds during June tallied speeds above normal.* Speed is expected to go to 60 mph during the current month.

Climatological Data, Arizona, U.S. Department of Commerce, Sinclair Weeks, Secretary, June, 1955, Vol. LIX, No. 6: "Tucson, Arizona: annual rainfall for the southeast, South Central, and Pima County. In June had the largest precipitation since 1927, southwest was dry, and southeast had below normal precipitation. *Rainfall in the northeastern and north central was very heavy.* On *June 12-13 there were thunderstorms. In the large area of most intense shower activity, amounts ran generally from 400-900 percent of the normal June val*ues. Over the state 1.07 inches, 0.72 inches above normal. Phoenix had a record high; Prescott, Flagstaff, too. Highest rainfall was at Bar T Bar Ranch with *tornado-like funnel clouds. Winds in Phoenix were 70 mph. Hail damage."*

Table 4D. July 1955

Date	Summary
2	The "monsoon season" for Arizona is at hand.
5	*Several persons reported a fire or red flare in the Santa Catalina Mountains.*
8	*Mexico City: the heaviest rains in 165 years* canceled all plane flights to the Pacific Coast today and damaged roads. *Veracruz had 10 in. of rain in one day.*
9	*Tucson: temperature was 108° to tie the record for July 8 set in 1948. A new record recorded for the minimum reading, 60°, coolest temperature for the Weather Bureau in Tucson. Although 108° and 65° extremes at the University of Arizona did not surpass any University of Arizona records, they nearly equal the 109° set in 1920 and the 63° reading of July 8, 1936.* Yesterday's prevailing winds notched only about 17 mph, the weatherman said, but *dust devils* evident in the vicinity probably contained *winds revolving at speeds up to 50 mph.*
10	Cities high and low set records: *108° and 69° erase old marks for this date.*
11	(*Front page news*) *Heavy rains started in Tucson* early this morning. Early last night, lightning was seen over the mountains. In the first 20 minutes the Weather Bureau at the airport measured 0.04 in. of rain. *The weatherman holds out a slim prospect for more rain in Tucson today.* Cooler temperatures are not in sight and today's maximum is to be near 105°, which was recorded yesterday when the humidity averaged 20%. *At 10 p.m. yesterday the humidity was 85%. Yesterday's minimum, 75°, was the warmest low so far this month. The humidity is about three times higher than usual readings for this month.*
13	Desert monsoon season starts—*Tucson records 0.25 in. of rain in 2 days; humidity hits 88%. Portales, New Mexico: hail and rainstorm broke all fence post rain gauges*—"swear to between 5 and 6 in. of rain, and I think we had more."

Table 4D. July 1955, *cont'd*

Date	Summary
14	Nighttime showers at 12 midnight not unusual. More heat and humidity expected. Preceding a massive black curtain that rolled over the Rincon Mountains yesterday was a *dust storm south and east of the city. The Rincons were blacked out for a while in the afternoon by dust.* Snappy showers followed ... A *strange flying object was seen at Buffalo, New York: moving side to side, turning blue, yellow, white and red as it circled the area and moved off to the east. It made no noise. Four persons reported it to the Buffalo Airport.*
17	*City bathed in steamy showers—humidity 71%; 100°. The dousing kept temperatures down from previous days record of 107°, but at the same time, it kept them dripping with the top humidity mark of 71%.*
19	Sheets of rain soaked Arizona. More than 100 motorists waited out sheets of water that flowed across Highway 84, halfway between Casa Grande and Gila Bend. *The Highway was closed. An 87 mi. stretch of Highway 95 from Hwy. 60-70 junction south to the Gila River was closed after the road was washed out. Diamond Point north of Payson was hit by 5.36 in. of rain in 48 hours.*
22	*1.75 in. of heavy rain hits the city.* The Weather Bureau at the airport *recorded 0.49 in. on the heels of a dust storm.*
23	*Sheets of rain and lightning leave 3.6 in. Paul Dressler, weatherman at the airport, said of the 1.5 in. of rain that fell in 40 minutes, "I never saw it rain that hard for so long a period of time."* Many fires, power failures reported. Moisture came from the east. *Storm originated in Tucson area.* Thunderstorm in Phoenix hit a hard blow. Photos: subways flooded, trucks and cars swept off roads, boys caught on the island between rising rivers, power pole hit by lightning, boy uses lariot to bring in floating log that he chops up for neighbor lady, little girl electrocuted by uninsulated guide wire.
24	*Flash flood hit Wilcox—worst flood since 1910.* 1 in. of rain on Friday, bringing total to 2.61 in community.
25	*A heavy summer storm that brought Central Arizona rainfall far above normal, closed roads and soaked the thirsty ground,* was moving slowly out of the state Sunday night.
26	*Flood ripped through Florence.*
28	Storm hit Cochise; *Tucson expects rain. Storms in Albuquerque, Detroit, and New Orleans.*
29	Showers and thundershowers, 0.01 inches fell.
30	Rainy.
31	Raining.

Climatological Data, Arizona, U.S. Department of Commerce, Sinclair Weeks, Secretary, July, 1955, Vol. LIX, No. 7: "*Temperatures were below normal for seventh consecutive month. Coolest July since 1919. Highest temperature preceded thunderstorms on the 12th to the 15th,* heaviest on the 16th to the 26th and the 30th and 31st. On the 24th and 25th, heavy rains in South Central, three to four inches over two days. *Tornado-like funnel clouds that didn't reach the ground were seen. Most of the state rainfall totals ran from well over 100-300 percent above normal.* Tucson had 5.1 inches, Phoenix 4.19 inches. Storms of the 18th to the 20th produced 24-hour catches up to three inches in South Central and southeastern localities."

Table 5D. August 1955

Date	Summary
1	*Cloudburst, gale, ripped into Tucson, 1.46 in. preceded by 46 mph winds.* Flash flood in Gila Bend—water coming down from the mountains. Floods at Arroyo Chico, between 22nd St. and Broadway, Mission Manor development south of the city, west of the airport. Saguaro cacti toppled by high winds. Lightning in the mountains. *Stone Avenue and 6th Ave. subways 6 to 8 ft. deep with water. Wind ripped roof off the Tucson General Hospital. Tanque Verde Wash "looks like the Mississippi River." Total rain in Tucson 7.27 in. More rain has fallen in the last three weeks than is normal for the first seven months of the year.*
2	"*Wettest July in the fifteen year history of the Weather Bureau.*" 5.10 in., temperature 95°, humidity 92% to 42%. Air from the East getting drier. Considered the wet month of the year, August usually has 2.15 in. Bisbee has 12 in. to date. Rain in Douglas, Prescott, Flagstaff, and Winslow.
3	Showers.
4	*2.30 in. rain in Southern Pima County ripped out bridge on Rte. 80. Scores of homes in the north were submerged underwater, conditions in the south worse.* Santa Cruz County hit by cloudburst and northern mountains had rain. Rain brought total to 9.58 in., 4.51 in. more than in the same period in 1954. *Hit-and-run weather set two low temperature marks. Forecast for scattered showers.*
5	Family drowned, wells useless. City dries out. Winslow flood—1 in. of rain, Prescott, Phoenix, Douglas, Gila Bend, Show Low all got rain. Bridge battered—trees jam against it.
7	*Morning and night rains dropped 1.71 in., coming in from Gulf of Mexico.*
8	*Flood in Santa Cruz River*, cuts off Amado.
10	*Bisbee hit by heavy rains, total 16.40, highest since records began in 1916.*
11	*Lightning storm—strikes man dead. 61 mph winds. Landslides from Mount Lemmon. 1.23 in. rain. Flooding on Route 80 to 89, Arroyo Chico, Mission Manor, Hwy 387.*
12	*Windstorm, 75 mph, trees toppled. Freak storm struck with violence unknown to old-timers. 54 trees blocked streets. Phones and electricity down.* Catalina Park took a beating. Police captain of 18 years said rain came down in sheets, he had never seen it blow so hard. *Roof ripped off the University of Arizona weather station.*
14	Rain fell in mountains around the city.
15	*Violent storms north and east of Tucson yesterday.*
16	Storms north of the city. *Dust devils* came out of the NE with heavy rains. *Lifted roofs off.*
17	80% humidity, 100°.
18	*1.27 in. fell in short thunderstorm. High winds preceded storm. Highways 80, 95, 60, 70, and 66 are all out.*
19	National Weather Bureau saw a *dangerous storm off the Mexican West Coast* between San Jose del Cabo in Baja and Manzanillo, Colima ... Rainmaking with silver iodide will be tested today at Mount Washington, New Hampshire ...*Union Pacific railroad lines knocked out by desert flash floods. Also four US highways knocked out: 60-70, 66, 91-466, and 80 between California, Nevada, and Arizona. Cloudburst scattered boulders.*

Table 5D. August 1955, *cont'd*

Date	Summary
21	Thunderstorms brewed all around the valley.
23	0.60 rain in thunderstorm.
24	*"Will it be Tucson's wettest year?" August 6 .91 in. is the highest total since 1875. Rainfall to date is 14.18 in., 5 in. short of the total 19.90 in. recorded in 1919. In 1905, 24.17 in. fell. Storm in Mojave Desert. Humidity 90%,* 88°.
25	*Not since 1897 has there been such a cool season—39 days without 100° reading. Humidity is also having a record reading of 85% consistently.* Today was 89 to 40%, 94°.
27	*95°, 85-60% humidity. Hail near Sonotia. Showers around state ...* University of Chicago scientists, with the cooperation of the U.S. Air Force, have been sprinkling clouds with dry ice to see if they can produce rain. But you can't blame Tucson's rain-drenched summer on them, because the results of their experiments are definitely inconclusive. "We have not found any effect from treating with dry ice thus far," said Dr. Roscoe R. Braham Jr. of Chicago's cloud physics project.
28	*96°, 65% humidity. Sudden windstorm.*
29	72° to 94°; 69% humidity.
30	98°, 24% humidity—*44 days since last 100° temperature reading.*
31	*Hurricane winds, hail hit Tucson—0.75 in. rain. 69 to 80 mph winds (72 mph is hurricane); cross at San Xavier Mission was struck by lightning, toppling it. Floods at the Veterans Hospital and Rodeo grounds.*

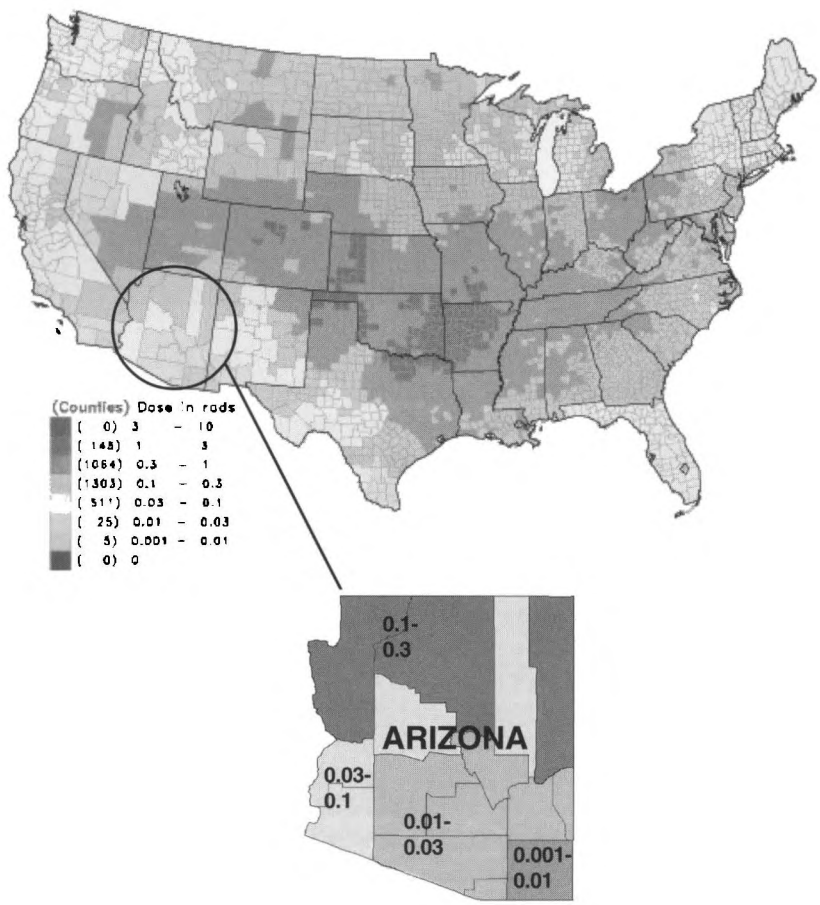
September 1, 1955: "August Weather was *Elemental Paradox*"—month that contained *only one 100° day and setting a rainfall record that broke a mark of 80 years standing. Near-hurricane winds battered the city twice during the month. The month's total of 7.93 in. was the highest ever recorded for a single month since 1867 when the Army kept records at old Ft. Lowell. The August total was 5.78 in. above normal for the month.* August's total also exceeds the 7.27 in. for the first seven months of 1955. *The whopping 15.20 in. total for the year so far is considerably above the yearly average of 10.66. Last year was 11.63 in. Highest total rainfall in a single year occurred in 1905 when 24.70 in. fell. Second highest was 19.90 in. in 1919, only 4.70 in. short of the current 1955 record.* The 95° temperature and high winds brought humidity reading down to 46%.

"Summer's Rains have Damaged Cotton Crop"—losses, which could run as high as 30-40% in some sections if the weather continues unfavorable. Unable to weed in rains. Affected by wilt and desert rust, hail and floods.

Climatological Data, Arizona, U.S. Department of Commerce, Sinclair Weeks, Secretary, August, 1955, Vol. LIX, No 8: *"164% of normal precipitation. Some places had thunderstorms almost every day.* Considerable storm damage. *Tucson was the area most heavily hit with damaging winds and flash flooding. Tucson had 7.93 inches (highest since 1867 for any month).* Highest runoff on Santa Cruz Ridge at Tucson since 1906. 'Although considerable weather damage was sustained during the month, the immediate long-range benefits of the abundant rainfall far outweigh the damage,' L. R. Jurwitz, State Climatologist at Phoenix."

Appendix E
Map of Arizona

Appendix F
Per Capita Thyroid Doses for the Population of Each County
Test Series: Teapot (1955)



Note: Per capita thyroid doses in Arizona ranged from 0.001 to 0.3 rads.

Overcoming a Problem of Attachment

IRMGARD BERTELSEN, M.D.

Hannah came to see me nine years ago. She was 36 then, a petite woman who looked and acted much younger than her age. She was unable to provide a detailed and insightful history; instead, she left me with sketchy bits of information. This is what I learned about her in our first meeting: She grew up with supportive parents in a quiet suburban environment. She had no close friends, was struggling in her job, and currently lived at home with her parents. She had difficulty thinking clearly, and in general felt overwhelmed and confused by life. Somewhere around her early- to mid-20's she had a psychotic break and was hospitalized; this has remained her only hospitalization. She had extensive outpatient follow-up, without medication, but recently took a hiatus from therapy primarily for financial reasons. Her last therapist was an orgonomist who had worked on her eyes, on establishing trust, and on eliciting anger. She reported that she cried frequently, but was unable to develop trust or connect with any anger inside. But moving her eyes had felt good, and she had continued to roll her eyes at least once a day because it made the world seem a little clearer. Her last therapist had also dismissed an earlier diagnosis of schizophrenia, and told her that she had a severe ocular block. She came to see me specifically to continue with orgone therapy.

The history and level of functioning certainly were consistent with a severe ocular block. The eyes are our primary connection to the world. Armoring in the eye segment does not refer to visual acuity, but its effect on one's ability to connect with and comprehend the world. Severe armoring in the eyes can lead to lack of contact, withdrawal from the world, emotional isolation; it can affect one's ability to think clearly, one's decision-making processes, and one's ability to gain insight and perspective. It can leave a person going through life feeling confused and overwhelmed.

Hannah's eyes were severely armored, and she made minimal eye contact. Her eyes moved sluggishly, often going out of focus. Brief contact was all she could tolerate. Whenever she started to feel overwhelmed, her eyes would roll upward and partially disappear behind her eyelids. She said that was an improvement because she used to roll her eyes "all the way up" into her head to dissociate from the world. Vacillating between reaching out and withdrawing had become a way of life for her, but she lacked the awareness to recognize this process and its ramifications.

I experienced this dichotomy first-hand early on in her therapy. One day Hannah arrived carrying a photo album. She wanted to show me some pictures, and read to me descriptions she had written underneath. She also asked if she could do this while sitting close to me. She was reaching out! She was making contact! I was delighted at this apparent progress so early in therapy. And so we sat next to each other on my couch looking at a part of her life through these pictures. The next morning Hannah left me a message. It was very brief. She said, "I just wanted you to know that when I came home last night, I burned the pictures." Fearing that she might have another psychotic episode, I called back as soon as I could. She did not understand why I had been alarmed, and assured me that she had burned the pictures safely. She told me in a matter-of-fact voice that she had made a fire in the barrel her parents use for burning things outside in their yard. I explored this incident further in the next session,

but she could not find anything odd or unusual about burning the pictures after having shown them to me. She could not "see" how she had opened a door, only to slam it shut in my face afterwards. So much for early progress! But I was delighted that this incident had provided me with an early in-depth look at the intensity and severity of her internal tug of war between her longing for contact and closeness, and her inability to tolerate it. This incident made me understand why she had no friends, felt so isolated, and why her life was such a tremendous struggle.

When we are dealing with an ocular block, we are always looking for early wounding. An infant is reaching out into the world with his eyes. He wants to find his mother's eyes, to connect with her. And when those eyes look deeply back at him, it is very pleasurable. Life is good. Being in the world, outside the womb, is good. But when an infant cannot find those eyes to sparkle with, to make contact, the tranquility of his early life is shattered. He will continue to search for those eyes for a long while, desperately and frantically at times, but eventually he will give up with deep disappointment and withdraw. The stage is set for functional limitations later in life.

But lack of eye contact is rarely an isolated circumstance. When a mother's contactfulness is diminished, such elemental functions as warm physical contact, pleasurable sucking, and basic trust can be affected as well. The infant develops without his basic, fundamental needs having been met. He grows up with a brittle foundation.

Occasionally, the problem is not a mother's inability to be contactful, but a fluke of nature. Sometimes there can be such a mismatch between the mother's and the infant's energy level that they constantly irritate each other. That, too, can interfere with bonding.

In Hannah's case, all of the above seemed to have played a role. It is always difficult to reconstruct an accurate picture of childhood. We deduce events from sketchy memories, stories that have been told by family members over the years, and comments that were made while perusing the family photo album. The crucially important earliest years are never remembered, which I always considered to be one of nature's mistakes.

Here are some of Hannah's comments and memories: "I remember standing in the crib crying for my mom, but nobody came." "My mommy didn't like to be around me." "I sometimes feel that my bottom was wet. I think I had wet diapers a lot." "My mom told me that I didn't want to breastfeed because her milk tasted funny." "My mom says I am bossy; but I think she cannot stand that I am so intense at times." "My mom did not like me to be angry." "My mom told me recently that I would never let her hold me." One day, Hannah brought in a picture of herself with her mother. It showed an attractive young woman sitting on a chair holding an infant; however, instead of holding the infant close to her and cuddling it warmly in her arms, she held it at some distance away from her body near her knees. It looked like two strangers in an awkward and detached position, with the infant looking distressed. Hannah did not burn this picture.

Hannah was eager to get back on the couch to continue working orgonomically; since she had been in orgone therapy before, I agreed to it early on in her therapy. I asked her to start breathing while looking at me, wondering what would happen. Her eyes rapidly wandered elsewhere, and soon she began to cry. As her crying continued, she increasingly withdrew into herself until she seemed to have landed in some isolated, desolate place, with nothing but utter aloneness and abandonment. I listened to the sounds of an infant in great distress. She no longer was aware of my existence; she had left me far behind, and had lost herself in that faraway place. When her crying started to

subside, I touched her gently, trying to return her to the present. But it took her a long while to find her way back, even continuing to feel a bit shaky a couple of days after that session.

The following week Hannah wanted to do more of the same because "orgonomy is about letting out emotions." I was more hesitant, but curious to learn whether she would respond differently in any way this time. Again, she withdrew into utter isolation, losing herself in that desolate place of abandonment. When a third time yielded the same outcome, I put a stop to it. Merely reconnecting with that place of early wounding and reliving it, without any minute shift at all, maintains the original traumatic situation. It is not therapeutic.

Then I learned one more thing about Hannah: She introduced me to "Little" Hannah. No, this was not a totally separate entity, but that part of her which had so very much lagged behind developmentally. Hannah was aware of her many childlike qualities, and that a part of her had never really grown up; she had difficulty understanding and reconciling these two extremes within herself. On the one hand, she was an adult trying to function responsibly in this world; conversely, there was this needy, demanding, unhappy "child" constantly interfering in her life and tripping her up. Trying to make any sense of it, and preserve her own autonomy, she gave this disturbing part a name. I came to know "Little" Hannah quite well.

Treating Hannah has been an interesting journey, with many twists and turns along the way. In Hannah's case, we were not only dealing with physical armoring and repressed emotions, but with extensive developmental problems resulting in a brittle foundation, insufficient integration, and functional limitations.

We began working on her eyes, especially soft eye contact. Since she could not tolerate much contact, we went slowly, at her pace. When it became too intense for her and she started to withdraw, we would take a break. After a while, she began saying, "Little Hannah wants to look at you" or "Little Hannah wants to tell you something." Simultaneously, we also worked on physical contact. She learned that she could touch my hand, my face, and that she was not bad for wanting to reach out. At other times, "Little" Hannah started talking to me, spontaneously making gurgling sounds. Or she would tell me with great affect, babbling like an infant, all that was going on for her, both joyful and sad. At some later time, her lips began showing involuntary suckling movements, and she felt a strong urge to nurse. I bottle-fed her for a long time. It never ceased to amaze me how vigorously she sucked on that nipple while looking at me, like an infant starved for nourishment. At home, her thumb became a source of comfort and self-soothing. At times "Little" Hannah wanted to get away from all this serious work, and so we took time out to laugh and to play. This was a time to "see" and explore the world (a different world from the one she had previously encountered), and to learn to reach out again and be accepted.

Over the years, Hannah gradually became able to tolerate more contact both with the outside world and with her own feelings that would get stirred up inside. Her crying, too, had become different, although it continued to sound like that of an infant. But she no longer got stuck in that dark and desolate place. She could now hold on to me, anchoring herself in the here-and-now, and was able to find her way back with greater ease. Occasionally, some deep longing would persist for a day or two after a session, but she could now tolerate that feeling as well.

When Hannah was ready to deal with some of her anger, there were fireworks. She would hit the mattress with explosive strength and intensity, quite surprising for this petite woman who had always thought of herself as being demure, pleasing, and nonassertive. Since there was much armoring in her jaw as well, I had

her do a lot of biting into a pillow or towel, making growling and snarling sounds while angry sparks flew from her eyes. Afterwards, "Little" Hannah would often shout joyfully, "I can be angry!" and "You can take my anger!"

As "Little" Hannah was "growing up," our focus shifted more to the "adult" Hannah. It was time to deal more thoroughly with her lack of insight and perspective, her poor decision-making processes, and her confused thought patterns—all the result of a severe ocular block.

When I first met Hannah, she lived from one emotional crisis to another. As a result of her brittle structure, any even mildly upsetting situation would overwhelm her. "Little" Hannah would then take over, and she would have to work very hard at regaining her equilibrium. As her eye block became less severe and her foundation strengthened, she gained more insight and understanding into "Little" Hannah's role, and was gradually able to give that part of her less power over her life. Whereas so often in the past she had allowed "Little" Hannah to "run her life," she now learned that she had much more control over it than previously imagined, and was able to assume more responsibility herself. Hence there was a gradual shift to "preventing" crises, and contemplating decisions more consciously and mindfully, resulting in overall improved functioning.

Over the years, Hannah has made a great deal of progress. When I first met her, she was living at home with her parents. After several years, she transitioned to a friend's house, where she rented a room, and is now living independently. She is also less isolated. At some point she brought a kitten into her life, and the daily give-and-take of love and acceptance between her and this little furry creature has greatly added to her growth and ability to trust. With an increased ability to make contact, she has begun to make some friends as well. Furthermore, she is less overwhelmed at her current job. In fact, she now enjoys her work, usually feels proud and competent, and is well liked and respected by her supervisors and her coworkers.

Hannah's story is a journey from isolation created by a severe ocular block, exacerbated by extensive developmental problems. It shows how pivotal the eyes are in overcoming an inability to connect and attach. Reducing ocular armoring correlates with increased contact with the world around, more insight and awareness, less confusion, and overall improved functioning. However, in Hannah's case, her severe developmental problems needed to be dealt with simultaneously. Without a stronger foundation and better integration, she would not have been able to sustain her improvements, but would have caved in at every step reverting back to "Little" Hannah.

Hannah still goes to that dark and desolate place at times, finding more crying she needs to let out, but confident now that she will not get lost there because we are just "dipping in" and "dipping out." Recently, when a problem came up in her life, she told me, "In the past, when something happened, my whole life fell apart. Now I just deal with the problem."

Hannah continues to see me once a week; and she continues to roll her eyes every day.

Her journey continues.

Functional Encopresis: An Orgonomic Approach to Treatment — Part I

DOROTHY BURLAGE, PH.D.

Introduction

That something as natural as eating, winking, yawning, or laughing has gone terribly awry is evident from the initial conversation:

Child: I'm never going to poop and you can't make me poop!

D.B.: Why don't you want to poop?

Child: Because it hurts, so I'm not gonna do it. And I'm not gonna eat, either.

D.B.: Why won't you eat?

Child: So I won't have to poop.

*****

Mother: I need help with my five-year-old son who refuses to have a bowel movement. The pediatrician told me to call you.

D.B.: How long has the problem been going on?

Mother: For 14 days this time, and he has been doing this for months. His stool has got so large and hard that he has broken our toilet three times, and once he broke the toilet in a four-star hotel where we were staying.

*****

A pediatric gastroenterologist concerned about a child with constipation calls me:

Ped: I'm sending you a four-year-old child who won't pass stool. You have five days to get him to go; otherwise, I will put him into the hospital for a complete clean-out.

D.B.: What's a clean-out? (This was my introduction to the concept, about 20 years ago.)

Ped: I will give him a set of x-rays, hospitalize him for at least three days, and give him several rounds of enemas, suppositories, and laxatives. Then I'll discharge him—with orders for his parents to continue a similar regimen at home.

*****

Sit on the floor with me in my office, where I am trying to engage a three-year-old girl who looks eight months pregnant because her belly is as big as a watermelon. See and feel that she is lifeless, barely moves, will neither speak above a whisper nor laugh, and has eyes that have withdrawn from contact with the world. She has not defecated in a couple of weeks. She appears to be beyond fear and pain. Reaching for the rage I am sure must be inside her, I offer her an anatomically correct plastic doll and medical equipment. Then I watch a sly, mean grin spread slowly over her taut lips as she inserts a plastic tube up the rectum of the doll, clearly fantasizing revenge against the nurses and doctors who have given her colonoscopies, sigmoidoscopies, and enemas while she was hospitalized for constipation. I smile to myself. Where there is anger there is hope.

*****

Listen to the story of a boy, the son of President Franklin D. Roosevelt, who had to leave his new boarding school because he could not handle toileting in a strange place:

When I first got to Groton, I had led so sheltered a life and was so shy that I was

afraid to ask where the bathroom was. Hard as it may be to believe, I did what had to be done in my pants or the bushes. I suppose I was surrounded by foul smells. Holding back as long as I could, I started to suffer stomach pains. Not knowing the cause, school officials suspected homesickness (well, I was homesick; at home, I knew where the bathrooms were) and asked my parents to take me home for a few days to ease my adjustment.
(Roosevelt and Libby, 1976, pp. 60-61)

*****

The options for the treatment of these children are many, presenting a confusing and oftentimes frustrating situation for parents and professionals alike. As one pediatrician at a hospital commented, if a child with constipation or encopresis (soiling in inappropriate places rather than in the toilet) comes in for help, he might be sent to a gastroenterology clinic, an incontinence clinic, a department of surgery, or a psychiatric unit. The child might be admitted to the hospital or seen as an outpatient. If the gateway is the mental health department, the options multiply: psychoanalytically oriented psychotherapy, play therapy, family therapy, behavioral therapy with the use of cognitive-behavioral techniques, or behaviorial therapy with the use of biofeedback. The chances are good that the child will receive treatment in more than one of these modalities. What this confusing situation reflects is that there is no agreement about whether the child has a medical problem or a psychological problem, and if it is psychological, whether the problem is the child's or the parents'.

For the reader who thinks of constipation and encopresis as straightforward syndromes, this will seem an overly lengthy and detailed discussion. However, they can be complex and take many forms depending on age, duration, severity, cause, symptoms, and other factors. The term "encopresis," as used in the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition (DSM-IV, 1994) does not even cover children experiencing distress with learning to use the toilet or with constipation if they are under the age of four. The younger population is included in this article in spite of the limitations of the terminology. The appropriate intervention for constipation and encopresis will vary according to these many variables, whether offered by a clinician trained in conventional psychology or in orgonomy. The interplay in these children between the physiological and psychological is not unusual with other issues, such as enuresis, headaches, recurrent abdominal pain ("stomach aches"), failure to thrive, and feeding disorders.

This two-part article addresses two questions: What conventional treatments are available to children with encopresis and constipation and, second, what treatment can be offered using the insights of Wilhelm Reich? Part I of the article is intended to provide useful information for clinicians. It offers an overview but by no means a comprehensive review of the many hundreds of articles on encopresis in the psychiatric literature published in the century since Freud first formulated his paradigm of the anal phase of development. In addition to descriptions of how children experience encopresis and concomitant constipation as well as the etiology of these disorders and the conventional treatments, some background information is included, such as current practices in toilet training that may be relevant to clinicians working with children with these disorders. Part II of the article (to be published in the next issue of the *Annals*) reports on what Reich wrote about constipation and encopresis and presents cases in which his insights are used in the treatment of children.

To describe the conventional treatments for encopresis, it is also necessary for several reasons to discuss constipation. In children,

constipation and encopresis are often closely related; that is, most children who have encopresis also have constipation, and the two problems are often treated simultaneously. Constipation frequently precedes encopresis, and the latter is often not alleviated unless the former is cured. Reluctance to use the toilet or toileting refusal can accompany either disorder. Each can present in many different ways and with a variety of symptoms. An understanding of the specific characteristics of constipation and encopresis is required in order to appreciate the various treatment approaches and to evaluate their outcomes. Caveat lector: The elements and issues involved are complicated and intertwined, teased apart here for purposes of analysis. There are two disorders, constipation and encopresis; there are two professional approaches, medical and psychological; and there is the duality of psyche and soma. In this discussion, these categories sometimes overlap. The complexity of the discussion mirrors the reality of the complex clinical situation.

Description of Constipation and Encopresis

Pediatric manuals vary in how they define constipation. Spock's *Baby and Child Care* (1976), for example, refers to several types, including "chronic constipation," "psychological constipation," "temporary constipation," and "spastic constipation"—each with different characteristics. Some pediatricians define constipation as the passage of fewer than three stools every week (Brooks et al., 2000). On one hand, Hoekelman, in *Primary Pediatric Care* (1997), defines constipation simply as "a decrease in the frequency of bowel movements or incomplete evacuation of the bowels." The Minneapolis Children's Medical Center publication, *Childhood Constipation and Soiling* (1986, page 2), on the other hand, lists 11 symptoms that may indicate constipation: "very large bowel movements, especially if infrequent; small, very hard and/or dry bowel movements; very narrow and stringy stools; straining during a bowel movement; blood around the outside of the stool; abdominal pain and/or bloating, especially between bowel movements; crankiness and/or listlessness relieved by having bowel movements; loss of appetite between bowel movements; wetting, especially if both during the day and at night; smears or leakage of stool in underwear; extreme reluctance to use the toilet." There is no established length of time in which retention occurs; it can range from a few days to a couple of weeks. Once the pattern of constipation is established, it can persist for a period of a few weeks in childhood or it can continue from childhood through adolescence and into adulthood. The age of onset peaks at two through four years, frequently before toilet training has been attempted; 25 percent of children with constipation develop it during their first year (Hatch, 1988). Constipation and encopresis are more common in children with mental retardation and developmental disorders (Hatch, 1988).

Constipation may have serious medical consequences for children, including distended colon, fecal impaction, nausea, vomiting, hemorrhoids, anal fissure, and rectal bleeding. Children may have reduced appetite resulting in weight loss, lethargy, and stunted growth. Some children resist the need to urinate, fearing that the passage of urine will precipitate the passing of a painful stool and, as a result, a urinary tract crisis may occur in addition to the constipation. Of children with both constipation and encopresis, 25 percent also have enuresis because fecal impaction puts pressure on the bladder (Schroeder and Gordon, 2002).

Pediatricians report on what is called "the vicious cycle": a child, for whatever reason, has a hard stool that causes pain, often accompanied by floods of tears and screams. Fearing

the pain, the child avoids defecating and then constipation develops, which increases the hardness and dryness of stool and creates more pain the next time the child attempts to pass stool. As the child continues to withhold, the rectal walls become distended, and the child may lose the sensation of needing to pass stool. Overflow incontinence may result, increasing the frustration of both parent and child. This vicious cycle of pain, intentional withholding of stool to avoid the pain, and increased pain resulting from constipation can last for months or even years. Once the constipation has developed, 68 to 86 percent of the children will have pain with defecation (McGrath et al., 2000). Levine (1975) reports that children may have the problem for years while it goes unheeded or misunderstood by parents and untreated by physicians. Partin et al. (1992) report that painful defecation may have lasted longer than four years before children are seen at a gastroenterology clinic. This vicious cycle, in which a child intentionally withholds stool to avoid pain, can be one of the many causes of what is called "psychological constipation."

Encopresis is often referred to in the medical literature as a "hidden disease" because of the social stigma associated with the condition and the parents' reluctance to discuss it (Christopherson and Mortweet, 2001; Schroeder and Gordon, 2002). Many mothers have been pressured by friends and family to get their children trained and are ashamed to admit they have "failed"; for this reason, when speaking to the pediatrician, parents may not volunteer information about toilet training. In addition, encopresis may have a confusing presentation. A child can be constipated and become impacted, after which the parent may believe that the overflow leakage ("paradoxical diarrhea") is a normal bowel movement, or the parent may mistake the small pellets expelled from the constipated bowel for normal stool. By the time there is a diagnosis of constipation, which in some instances can be determined only with the use of x-rays, the condition may have become chronic. Pediatricians sometimes do not learn of the constipation until the condition has existed for years, by which time physical pain and shame have taken a huge toll on both the parent and the child.

In evaluating childhood constipation and encopresis, physicians consider the possibility of organic causes before deciding on a treatment plan. Constipation can result from hypothyroidism, diabetes, inflammatory bowel disease, cystic fibrosis, and other medical conditions, including the most probable organic cause, Hirschsprung's disease. With respect to Hirschsprung's, Hyman and Fleisher (1992, page 29) report that "although it is the most common of the organic causes of chronic fecal retention, it is found in fewer than 1% of children presenting for the first time with constipation — that is, 1 of every 6,000 births." The process of "ruling out" may itself prove to be stressful for the child, because it can include radiographs, manometry, and biopsies. Many physicians, to protect the child from the additional stress of the evaluation, will first try cathartics to eliminate the constipation and therefore the need for further testing (Hatch, 1988).

Diagnosing constipation in infants presents a unique situation depending on whether the infant is breast-fed or bottle-fed. Pediatricians report that it is normal for breast-fed babies to have infrequent bowel movements because they absorb most of the nutrients from the milk and that it is not uncommon for bottle-fed babies to have hard stools that result in constipation. An infant treated with daily or frequent enemas, in a regimen initiated either by the pediatrician or the parent, may respond with a continuing dependence on medical intervention. Pediatricians report (Levine, 1975, page 414) that the medical treatment of constipation may in fact prolong the problem from infancy through school age: "the energetic use of enemas,

suppositories, and digital disimpaction have been suggested as mechanisms for the establishment of an early 'anal stamp,' later leading to the development of chronic constipation and/or encopresis." As the child gets older, he may associate defecation with bodily invasion in a pattern that can last for years (Levine, 1982). Many pediatricians, such as Brazelton (1992) and Spock (1976), now recommend, when possible, changes in the feeding patterns of infants under 18 months of age rather than the use of enemas and suppositories, to avoid creating psychological problems and imprinting with the anal stamp.

Just as there is no agreement on how to define constipation, there is none on encopresis. No consensus has developed with regard to nomenclature, definitions, or the causes of encopresis. After conducting extensive research with the use of a large sample of patients at the Children's Hospital Medical Center in Boston, Levine (1975, page 415) concluded that "generalizations about causes, classifications, and etiologies are difficult to substantiate." Just as there is no agreement on a definition of the condition, there is none on what constitutes a successful outcome or on how to define "cure." It has been found that encopresis, without treatment, declines when children are about 10 or 12 years old (McGrath et al., 2000).

Historically, physicians and mental health professionals wrote about encopresis as having psychogenic causes (Christopherson and Mortweet, 2001). Then Davidson (1958) challenged the notion that encopresis was a psychiatric disorder and shifted the focus toward constipation in its etiology. Currently, constipation and encopresis are seen as medical conditions only, medical conditions combined with psychological factors, or as psychological problems ("psychological constipation"). Many professionals argue that encopresis which involves fecal withholding should initially be assessed as a medical problem, most likely caused by constipation, and then the psychological issues should be addressed secondarily.

There are classifications of encopresis that can be helpful. Different types of encopresis can be categorized because they describe particular aspects of the condition: "retentive encopresis" to describe constipation with soiling due to fecal retention and impaction with overflow incontinence; "manipulative encopresis" to describe intentional soiling for secondary gain; and "stress-related encopresis" to describe anxiety-induced and diarrheic encopresis (Walker, 1978, as cited in Ondersma and Walker, 1998).

Although the DSM-IV lists encopresis as a childhood disorder, the position of the American Psychiatric Association is that "there is a consensus that encopresis may be considered a 'mental disorder' only by tradition because children who are encopretic do not necessarily have severe emotional or behavioral disorders" (American Psychiatric Association, as cited in Schroeder and Gordon, 2002, page 176). The DSM-IV has changed its definition over time, the following being the most recent:

> *repeated passage of feces into inappropriate places (e.g., clothing or floor) ... the child must be at least 4 years ... The fecal incontinence must not be due exclusively to ... a general medical condition except ... constipation ... When the passage of feces is involuntary rather than intentional, it is often related to constipation, impaction, and retention with subsequent overflow* (p.106).

The DSM-IV includes two subtypes, "with constipation and overflow incontinence" and "without constipation and overflow incontinence." The first subtype, with constipation, is often referred to as retentive encopresis; the latter, without constipation, is referred to as non-retentive. Non-retentive encopresis rarely

has an organic cause. Encopresis is considered to be "primary" if by four years of age the child has never been toilet trained and "secondary" if the condition was preceded by a period of fecal continence for at least one year. Studies have found that boys are five or six times more likely than girls to have encopresis. It is estimated that 80 to 95 percent of children with encopresis have chronic constipation (Ondersma and Walker, 1998).

Many pediatricians and mental health professionals take issue with the age limit of four years for encopresis because it omits the large number of younger children who "experience the associated bowel problems of stool-toileting refusal and/or functional constipation before age 4" (Brooks et al., 2000). These children can simply be fearful of using the toilet for feces or be in families in which conflict has developed regarding its use. They are known sometimes as toilet refusers who "refuse to toilet train for stool for a period longer than 1 month after achieving bladder control" (Brooks et al., 2000). About 50 percent of toilet refusers develop functional constipation and then can advance to full-blown encopresis (Brooks et al., 2000). Many parents, uncertain about how to handle the problems, seek professional help for these children. In this article, the discussion of encopresis will apply to three year olds with toileting problems as well as to children four and over.

It is difficult to obtain accurate figures on the prevalence of constipation and encopresis, partly because parents tend to be embarrassed by their child's problem and do not report it to the pediatrician. There seems to have been a significant increase in the disorders: a study published in 1989 reported that "between 1958 and 1986 there was a twofold increase in physician visits for constipation for children ranging in age from birth to 9 years" (Christopherson and Mortweet, 2001). Levine (1975) found that 25 percent of all pediatric gastroenterology cases involve encopresis or fecal incontinence. (In personal interviews with the author, a sample of pediatricians reported that one-fourth to one-third of the children in their practice will at some time have problems with constipation, encopresis, or toilet training. One pediatrician said the proportion was somewhat less than 25 percent, perhaps because she took a preventive approach, educating the parents to be alert to the possibility of constipation and how to use diet to prevent it.)

There are substantial emotional consequences for children with retentive encopresis. Levine (1982) describes the "humiliation, fear of discovery, ruthless peer ridicule, social withdrawal, anxiety, and depression" experienced by encopretic children. McGrath et al. (2000) cites studies investigating the effect on children's self-esteem; such children have more emotional and behavioral problems than children without encopresis. Children can be limited in their activities—unable to have sleepovers with friends or go to summer camp— because they cannot handle elimination away from home. Some do not go swimming for fear of defecating in the pool.

There are also consequences for parents and siblings, regardless of their role in contributing to the physical and emotional problems of the child. It is not uncommon for parents to become annoyed, impatient, demanding, punitive, or angry because they have the tiresome work of cleaning soiled underwear and messy bathrooms. The parents might be awakened several times a night by a child who has abdominal pain. The family's lifestyle, whether to go on a trip or to a restaurant, can be curtailed by the child's problem, because the family feels the need to be close to the bathroom where the child can be changed and cleaned. Parents tend to become preoccupied with their child's defecation patterns, worrying constantly about when and whether the child will have a

bowel movement and when and to what extent they should intervene. These problems create tension and conflict within the family, especially given that the problems can go on for months or years.

Factors Contributing to Constipation and Encopresis

Parents, physicians, mental health professionals, and children mention many precipitants of constipation and encopresis. Pediatricians report that several medications routinely administered to children for pain relief and to treat colic, bed-wetting, hyperactivity, and nausea can cause constipation, as can antihistamines used to treat allergies, antacids, and iron supplements. In one study, it was found that 38 percent of the children developed constipation following hospitalization, illness with dehydration, or decreased food intake (Schroeder and Gordon, 2002). Lack of adequate fiber and water in the diet is also cited as a problem because children are eating more processed and refined foods and therefore do not get the necessary fiber that they would have from a diet that included fresh fruits and vegetables. Pediatricians report that infants are vulnerable to the development of constipation at times of change in their diet, for example, from breast milk to formula, from formula to whole milk, from one kind of formula to another, or when solids are added to the diet. Another contributing factor is children not getting adequate physical exercise.

In addition to the physical reasons for constipation, many psychological factors can trigger withholding, which then leads to constipation and encopresis. Some children begin to withhold as a reaction to punitive, rigid, or humiliating toilet training by the parents. They may retain stool in response to a traumatic or stressful event. Young children who are not allowed or not able to express their feelings show distress in other ways, particularly in ways that affect the most fundamental life functions: eating, elimination, and sleeping. This might occur in response to the stress of the arrival of a new baby in the family, travel, moving to a new home, changing schools, fighting between the parents, or divorce. It is often a consequence of physical or sexual abuse. Studies suggest that 25 percent of all cases of encopresis begin after a traumatic event (Schroeder and Gordon, 2002). Another problem cited in studies is a frenetic lifestyle that does not allow children the time they need to use the toilet.

Some children are pressed to use the toilet before they are developmentally ready, physically or cognitively, and then they intentionally retain stool. In order to use the toilet comfortably, children need to be able to anticipate the need to eliminate (recognize "the call to stool"), either undress themselves or ask for help from an adult, imitate the process they observe in older children and adults, have muscular control, and have a desire to learn the skill. If they are not ready to give up the diaper, they might ask to use a diaper or pull-up, but if neither is forthcoming, will try to withhold. Parents report on a variety of strategies children may use to retain. One of the simplest is a refusal to eat, based on the idea that then nothing will need to come out. Among toddlers, a pattern reported frequently by parents (used either for toilet refusal or for the "vicious cycle" and pain) is what professionals call "the withholding dance" or simply "the dance." A child will dance around, often for hours or even days, crying continuously or intermittently or with eyes darting every which way, trying to avoid eye contact; trying desperately to tighten the muscles in their legs, buttocks, and anal sphincter; walking on their toes; clenching their fists; biting their lips—doing whatever the child can to prevent defecation. The child might lean against the sofa or a chair, crossing their legs and straining.

If given a diaper, the child may go behind the sofa to defecate, still trying to avoid the bathroom.

Toilet training at an early age is often encouraged for social and environmental reasons. For example, children may be urged to give up diapers because parents know that if they are not toilet trained their children will not be accepted by preschools. Among working mothers, especially those without partners, having the child attend preschool can be critical to the financial support of the family. Children may regress because they have trouble using the toilets at school. This might happen because the toilets are dirty, the stalls do not have doors and the child is worried about privacy, or because the toilets are not readily available. Some children are expected to use the toilets at school, but because the children's arms are short and they cannot clean themselves, they begin to retain at school. Feeling shame and wishing to avoid embarrassment, children often try to hide their soiled underwear in their backpacks. Going to summer camp and sleeping away from home can be a problem. One girl, desperate to use the toilet at a camp that prohibited the use of bathrooms after "lights out," learned to defecate in her suitcase. Others come home with suitcases filled with soiled underwear.

Some children are reluctant to use the toilet because they associate it with fantasies and fears. They imagine everything from snakes and crocodiles living in the plumbing ready to eat them, or imagine themselves falling into the toilet, going down the drain pipes, and being carried out to the sewer. Some girls think a snake might come up from the toilet and enter the vagina or anus or that they might give birth to babies in the toilet. Boys report castration fears. These fantasies reveal that the children are in the anal phase, trying to learn to use the toilet, and at the same time are also in the phallic phase and preoccupied with their genitals.

Parents report that children sometimes have accidents while they are playing outdoors. The children say that they do not notice they needed to go to the bathroom or simply did not want to stop playing to come inside to use the toilet. Parents report that children also say that they soil their pants when they are "nervous" or excited and lose control. At home, parents say they find piles of soiled underwear hidden under the bed or in closets where children have put them to avoid embarrassment or punishment for soiling. The medical literature reports that some children cannot, in fact, feel the need to defecate (Christopherson and Mortweet, 2001). After the colon has been stretched (megacolon), sensation is minimized and stool can seep out. Children even become desensitized to the odor and unable therefore to use it as a cue to clean themselves.

Medical Approaches to Treatment

The medical treatments of constipation and encopresis are as varied as the causes and manifestations of these conditions. In what may have been one of the first articles on fecal incontinence to appear in a medical journal, in 1882, in *The American Journal of Obstetrics and Diseases of Women and Children* (page 988), a physician named George B. Fowler reported that "the administration of ergot, belladonna, and strychnia was successful," and that "electricity faithfully administered by a competent physician failed in my second case, ... the painless and impressionless insertion of cocoa butter and ergotin cured the disease."

When constipation has been diagnosed, a pediatrician may use one of several interventions that range from aggressive to mild. They may include various combinations of cathartics—laxatives, suppositories, and enemas. These may be used for varying periods of time and in different intensities, depending on the age of the child, the severity of the problem, and the approach of the particular

physician. The treatment of some children with constipation and encopresis can begin with a complete bowel clean-out with enemas, suppositories, and laxatives. This regimen may be continued for several months or even years. The children, predictably, find these treatments unpleasant or painful and children may even perceive them as punishment for soiling. Some pediatricians use only oral laxatives and emphasize an improved diet. Even mineral oil, used by many pediatricians, can be uncomfortable for children because it can pass through the gastrointestinal tract to the anus and then leak down the child's legs, causing embarrassment at home or at school. Children also complain that it causes abdominal pain. In addition to the medical interventions, pediatricians often address the emotional dimensions of the problem with the help of psychiatrists and psychologists.

One example of a pediatric treatment program is described by the director of the encopresis clinic at the Children's Hospital of Denver (Schmitt, 1992). That program begins with an initial clean-out followed by treatment with laxatives. For the next phase, the suggestions for treatment are behavioral, including allowing the use of pull-ups or diapers when requested by the child; offering rewards for bowel movements; and teaching the child to sit on the toilet after meals, when peristalsis is most likely to prompt evacuation. Disincentives can include taking away such privileges as television and sending the child into "poop jail"—that is, confining the child to his bedroom or the bathroom for hours or days, except to go to school or to attend other required classes, until he passes stool.

T. Berry Brazelton of the Children's Hospital Medical Center in Boston (1992) recommends for toddlers the use only of stool softeners, a high-fiber diet, and emotional support in the treatment of those who withhold stool or soil. He advises parents to avoid permitting their children to undergo invasive procedures that focus the child's attention on the part of the body involved, such as enemas or x-rays or other diagnostic tools. Like Brazelton, Benjamin Spock has a simple approach to constipation in infants and young children—the use of stool softeners, such as mineral oil, and increasing fiber intake, perhaps with prunes (Spock, 1976).

Levine's (1975) research at the Children's Hospital Medical Center in Boston is an example of a medically and behaviorally focused intervention with older children. The study included 127 patients with a mean age of eight years who had constipation for three years. Levine used an aggressive intervention, beginning with a "vigorous bowel catharsis," involving three or four cycles of enemas, suppositories, and laxatives, and sometimes requiring the child to be hospitalized for the treatment. After the catharsis, the treatment was continued for six or more months with a regimen of mineral oil and the possibility of using supplemental oral laxatives. The children were required to engage in daily toilet sitting with appropriate positive reinforcements. Both the parents and the children were followed closely for a year. One third of these children had significant constipation in infancy, 23 percent had enuresis at the beginning of the study, and 30 percent had been in psychiatric treatment; 87 percent of the children were boys; and 45 percent of the parents reported difficulty during the child's toilet training. At the end of the year, only 51 percent of the children were considered completely cured. Because of the complexity of the causes and process and because generalizations are not always helpful when working with these children, Levine recommended that pediatricians should offer an individualized plan of medical treatment and counseling for each child, with attention to "stress events, early bowel-related experiences, family problems, and defects in maternal-child

interaction." In his view, the treatment of these older children could take years.

Psychological Approaches to Treatment

Initiating the psychological approach to evaluation and treatment, Freud focused on toileting problems within his framework of the libidinal stages of development, describing what he termed the anal phase, from about the age of one and one-half or two years to three or four years (Freud, 1962). Freud's formulation of the anal stage of development, with its anal-erotic preoccupations and patterns of personality traits, was based largely on the psychoanalysis of adult patients who had suffered the misery of negative toilet training. On the basis of his cases and those reported by other psychoanalysts who were his contemporaries, it is apparent that toilet training was extremely rigid, even punitive or abusive. A clue to the toilet training methods of that era is offered by a baby care manual published in 1894, about the same time that Freud began publishing his works on psychoanalysis. A prominent pediatrician, L. Emmett Holt, published a bestseller, *The Care and Feeding of Children*, that went through 12 editions and 75 printings (Markel, 2005). His manual influenced millions of mothers, including the mother of Dr. Benjamin Spock. Holt argued that children should be toilet trained by the age of four months. (He also argued for a rigid feeding schedule and against kissing and cuddling babies.) In Europe, too, efforts were made to train children when they were only a few months old, and certainly under one year, before children are physically ready. A child might be forced to sit on a potty for hours at a time and spanked if he did not comply. In some accounts of punitive toilet training, boys were threatened with castration (Sterba, 1949); threatened with having feces smeared on their faces or actually had feces pushed under their noses (Sears et al., 1957). To stimulate elimination, soap sticks might be inserted into the rectum. Medical treatments for other disorders often involved the bowels and could be very unpleasant. When children became ill, it was widely believed that a soapy enema was necessary to remove the source of the disorder. Newborns who did not have daily bowel movements while they were being breast-fed might be administered soapy enemas daily for many months (Sterba, 1949). Babies were also routinely subjected to rectal temperature readings.

In response to such experiences of toilet training and medical practice, the children described in Freud's studies became angry or excessively compliant. Freud noted their preoccupation with anal matters and the apparent pleasure they derived from either withholding stool or soiling with it. He came to believe that the child who did not satisfactorily work through this stage might develop an anal compulsive personality.

Freud described stuttering as a displacement upward of difficulties associated with elimination, equating the withholding of feces with the withholding of words (Glauber, 1958; Coriat, 1926). He thought that the displacement reflected the child's conflicted wish to, while at the same time fearing to, smear feces on the parents or on other authority figures. Psychoanalysts also connected the development of conflicts in the anal stage to difficulties in genital development, including castration anxiety, penis envy, and confusion about how babies are born (Freud, 1963; Glenn, 1977; and Barrett, 1939). Psychoanalysts of Freud's time understood the damage that could result from harsh toilet training but did not question the view that children needed to be trained in early infancy, on the parents' timetable rather than the child's.

In 1933, Wilhelm Reich (1969) elaborated on the character traits that might result from punitive toilet training. On the basis largely of his work with adults, he described compulsive

characters as "living machines," exhibiting stubbornness, ambivalence, excessive orderliness, ruminative thinking, indecision, doubt, distrust, retention of money and things. In one study conducted in Europe in 1966 by Bellman, and cited in Levine in 1975, the prevalence of compulsive neatness and hoarding was found in only 30 percent of children with encopresis. The difference between this finding and that of Reich, as well as findings by other early psychoanalysts, may reflect other differences among the patients, the most likely difference being age. The adult character structure observed by Reich had solidified, but children's personalities are flexible, in a formative stage. Reich also observed that the rigidity could lead to affect-block. He found the compulsive character to exhibit anal sadism, with the wish to kick, beat, and squash. Unlike other psychoanalysts, however, Reich believed that children would learn appropriate toileting by themselves, as a natural process, when they had sufficient physiologic control and were learning social behaviors appropriate to their age. He did not believe that a preoccupation with anal issues and fecal matter was either natural or inevitable.

By the 1940's and 1950's, several other analysts, especially those working directly with children, had modified Freud's views. Appreciating that development occurs in many domains, Erik Erikson (1950) outlined a maturational scheme he called "psychosocial," which provided a broad account of the issues with which children contend in the anal stage. In Erikson's view, the primary conflict in this stage is the contest between the child's will and social demands, the outcome of which was either autonomy or shame and doubt. He argued for a positive outcome—pride in accomplishment—for the child who is able to feel he is making decisions about his own toileting behavior and simultaneously pleasing his parents.

Selma Fraiberg, an influential child psychoanalyst, also veered away from the strict Freudian interpretation. Although traditionally Freudians had seen a child's fear of the toilet as neurotic, Fraiberg, in *The Magic Years* (1959), found it understandable that a small child might be afraid of it. She reported a case of a young boy who refused to use the toilet because he thought a monster lived there. Fraiberg was sympathetic to his fear, explaining that for a child a toilet may appear to be a large, noisy, cold machine that has an apparently bottomless hole, makes noises (grrring, whooshing) that a monster might make, and takes away parts (feces) of a child's body.

There have been no large-scale longitudinal studies conducted of the efficacy of psychoanalytically oriented techniques of play therapy in the treatment of retentive encopresis (Christopherson and Mortweet, 2001) and some small studies have shown poor results (Ondersma and Walker, 1998). Some single case studies have reported some success after many months or, more likely, years of psychotherapy, but many treatments have failed. One child psychiatrist, expressing his own frustration at the difficulty of treating children with encopresis, summarized the situation of traditional psychotherapy as a "process [that] is frustrating, prolonged, and far from uniformly successful ... [requiring] the best qualified person available. And it will often test all his skill and ingenuity" (D.A. Thom, as cited in Bemporad, 1978, page 161). Bemporad, along with many child therapists, recognized the need to help the parents as well as the child, and altered the traditional therapeutic model accordingly.

Family therapists usually describe encopresis as a symptom of family dysfunction, rather than a problem of the child alone. According to this view, parents tend to be held responsible if the child is not properly toilet trained or consider the issue as a reflection of family conflict. For

this reason, family therapists work with the parent-child dyad or with the entire family. Like the efforts of analytically oriented child therapists, those of family therapists have had mixed results and the family therapist often finds it necessary to rely on the addition of behavioral and medical treatments for the therapy to be effective (Berrigan and Stedman, 1989).

Whereas psychoanalytically oriented psychiatrists, psychologists, and family therapists focus on the psychodynamics of encopresis and pediatricians address constipation with medical solutions, behavioral psychologists developed a different approach to treatment. Eventually, most behaviorists worked in conjunction with physicians, creating what is now considered the conventional treatment. Among the behavioral techniques used are practice toilet sitting (practice sits), keeping progress charts, educating parents and children about the way the gastrointestinal system works, frequent contact and feedback between professionals and patients, and checking whether underpants are clean. Positive reinforcement may include extra play time with a parent, praise and hugs from the parent, television time, a trip to the zoo or another activity that the child enjoys (desperate parents have been known to promise trips to Disneyland!), telephone calls or letters of congratulations from members of the extended family, money, toys, and food. Aversive techniques can include withholding privileges, extended toilet sitting, the use of enemas (as punishment, rather than as medical treatment) as well as threats of enemas, extended timeouts, and requiring the child to wash his soiled underwear. One approach, developed by Wright (1975), used a combination of medical and behavioral techniques that has been successful in the cessation of soiling, but has been considered by many to be too aggressive for general use.

Behavioral psychologists have also addressed difficulties that children have with the mechanics of defecation. Perhaps as many as 45 percent of children with encopresis have problems with "defecation dynamics." Biofeedback techniques can sometimes be helpful in teaching children to exercise the external sphincter muscle, recognize rectal sensations, and synchronize the internal and external sphincter responses, thus achieving appropriate sensory-motor coordination (McGrath et al., 2000; Hatch, 1988). One behavioral strategy that seems to improve outcome is called "enhanced toilet training" (ETT), in which children receive not only medical care but also instruction and modeling in order to learn appropriate breathing, muscle straining, and relaxation (Brooks et al., 2000).

Reviews of the research indicate that differences in treatment populations, treatment techniques, and definitions of the problem are too varied for general conclusions to be drawn on the efficacy of treatment approaches. They also note that some studies focus on "success" as some improvement as opposed to "cure" or long-term cessation of symptoms. Studies do not always distinguish between primary encopresis (the child who was never toilet trained) and secondary encopresis (the child was trained but has regressed to soiling). They do not always distinguish between constipation and incontinence or between these conditions and the combination of the two. Studies do not always distinguish between retentive and non-retentive encopresis. The studies may mix children two years of age with children eight or 12 years of age, those with severe bowel impaction and anal fissure and those without these symptoms. The studies do not include adherence checks on whether the treatment guidelines are being followed. The studies vary in length of treatment and follow-up.

While acknowledging these limitations, several researchers have written reviews of the treatment literature in recent years and tried to

draw general conclusions about outcomes. Brooks et al. (2000) reviewed studies of encopresis, functional constipation, and stool-toileting refusal in pre-school and school-age children. They could not find any randomized controlled treatment studies involving pre-school children. The studies of school-age children suggested that the most effective treatments were a combination of medical and behavioral techniques. McGrath et al. (2000) reviewed 65 studies and found that no well-established interventions emerged. They report that recent studies of medical interventions alone showed 52 percent to 64 percent of the children still evidenced persistent constipation after three-and-one-half to five years. They also found that the combination of medical and behavioral strategies seemed the most promising. Ondersma and Walker (1998) also reviewed the effectiveness of various treatment approaches. They reported that psychotherapy was not effective in treating retentive encopresis (with constipation), but might be useful with manipulative and stress-related encopresis. In reviewing medical treatments alone, they found that they averaged a 70 percent success rate and that the only long-term follow-up study of medical treatment alone of retentive encopresis (with constipation) found that only "47 percent of the children treated in this manner remained symptom-free 5 years later." They reviewed studies suggesting that behavioral techniques alone were successful with only 36 percent of cases at a 12-month follow-up and that "conventional treatment" (medical and behavioral interventions) in large-scale studies had a success rate of 50 percent. Biofeedback has mixed reviews in the literature (Christopherson and Edwards, 1992; Ondersma and Walker, 1998; Hatch, 1988; McGrath et al., 2000). In sum, most reviews find that no large-scale studies have found individual psychotherapy to be helpful; that a combination of medical and behavioral approaches was more successful than single strategies; and that interventions are more successful in the treatment of patients who have retentive conditions than those who have non-retentive encopresis.

The Present Situation for Families and Clinicians

At the same time that medical and mental health professionals were expanding and refining treatments for children, toilet training methods were also changing. As Reich had noted, toilet training reflects the culture in which the child grows up and therefore reflects not only the practical situation of the parents but also their attitudes. In Freud's time, most mothers lacked conveniences for maintaining cleanliness in the home. Soiled cotton diapers, blankets, and bedding were usually washed by hand. Infants could require many changes of diapers per day, and when families were large, mothers might well be eager to have one child out of diapers before the next child came along. Some of the middle-class or upper-class mothers described by Freud had household servants, but most women could not afford such help.

Modern products—plastic pants, disposable diapers, pull-ups, and training pants, in place of heavy cotton diapers—and diaper services have made it easier for mothers to keep their babies clean and dry. They can protect children's bedding with plastic sheets, and if anything needs to be washed, they have efficient washing machines and dryers. Improved equipment means parents are less liable to become impatient while waiting for their children to learn to use the toilet. Not only do parents have new products that make their work less burdensome, but they also have more guidance available to them on how to handle toileting. Cognitive-behavioral techniques have been translated into ordinary language to help parents with the bowel training of their children, including techniques to help them educate their children about the use of the toilet, how to use

positive and negative reinforcements and progress charts. Parents are encouraged to have their children practice sitting on the toilet and to have them learn by pretending to teach their dolls.

In the 1970's, developmental psychologists took toilet training in another direction. Gradually, childrearing advice shifted from the mechanistic rigidity of some behaviorists to attention to the emotional needs and developmental readiness of the child. Developmental psychologists spelled out concepts of physical and cognitive readiness for using the toilet, educating parents about when and what their children would be ready to learn. Psychological research also helped to show which teaching methods are most effective for children at different ages. Many pediatricians use these same concepts. Currently, the average age of toilet training in the United States is between 24 and 36 months.

Guidance books for parents that argue against punitive or strict toilet training reflect this developmental view. The psychologist Penelope Leach reviewed the effects of different kinds of upbringing and discipline on personality development and wrote two influential books, *Babyhood* (1989) and *Your Baby and Your Child* (1978). This direction was also reflected in Joanna Cole's books, including *Parents Book of Toilet Teaching* (1985) and articles on parenting. These authors advocate explaining toileting skills to children only when the children are physically and cognitively ready to understand them. Leach reports studies that show that most children, if left to their own devices, will train themselves by around the age of two years, simply because they want to grow up and behave like older children. Ideas based on developmental psychology have entered the popular press. Recently, the popular series of handbooks "for dummies" added the title *Potty Training for Dummies*, which was coauthored by a physician in family practice and a health writer (Stafford and Shoquist, 2002). Mothers are being influenced also by information they find in women's magazines that are available at grocery store check-out counters as well as in self-help books on how to teach toileting skills.

There has been progress in the information and materials available to parents and children about toilet training, but very little about encopresis. In 1986, the University of Minnesota Medical School translated the technical information in their pamphlet about constipation and encopresis into language and illustrations that children can understand, along with recipes for high fiber meals (Owens-Stively et al., 1986). Books with characters beloved by children, such as Mr. Rogers, now offer information on toileting, and there are videos in which children demonstrate using the potty while singing "poop" songs.

Despite this progress, rigid, overly strict toilet training continues to be used in the United States. Not only can parents be punitive toward a child who, intentionally or not, soils, but a parent can go into an explosive rage, even to the point of murdering the child. Conflict about toilet training is one of the two behaviors (the other being colic) most often associated with fatal abuse of children (Schmitt, 1987). Surveys of toilet-training behavior are usually based on parental reports and therefore are not seen as reliable (Leach, 1989), providing, it is thought, a less than accurate picture of the extent to which toilet training practices have changed. However, researchers believe there has been a shift toward more benign treatment of children (Schaefer and DiGeronimo, 1989). According to one study, for example, the mothers who are the most anxious about sexuality are also those who are the most rigid about toilet training (Sears, Maccoby, and Levin, 1957). As attitudes toward sex have become more liberal, mothers have become more comfortable with handling their children's bodies. There may be

varying degrees of familiarity with and understanding of the most efficacious toilet training, depending on access to medical and childrearing advice, class, level of education, and geographic region. The trend seems to be that mothers are more comfortable with, as well as better informed about, teaching their children toileting skills.

The situation in which a clinician takes on a case of encopresis today can be summarized as follows. The parents may or may not have used physical punishment as part of the toilet training, but emotional pressure remains commonplace. More information and support to help parents with their children are available than was the case in Freud's time. Professionals have a better understanding of the complexity of constipation and encopresis than they did a century ago. The techniques for diagnosis have improved, as have the options for medical treatment. Psychological approaches are more refined, reflecting developments in family therapy, developmental psychology, and behavioral or cognitive-behavioral techniques. However, in spite of these extensive efforts, there is still no agreement on definitions of constipation and encopresis, no formula for the best treatment modality, the cure rate reported by most studies is not high, the intervention can take months or years, and the process can still involve intrusive, uncomfortable, or painful medical interventions.

This overview of the conventional medical and psychological approaches to constipation, toileting refusal, and encopresis and the emergence of multifaceted interventions by pediatricians and mental health professionals working together to treat them reveals how difficult it can be to meet the needs of these anxious, unhappy children and their frustrated parents.

Part II of this article considers how the work of Wilhelm Reich offers a different analysis and different therapeutic approach to the treatment of these childhood disorders.

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Clinical Symposia

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May 11, 2002

Participants include: Irmgard Bertelsen, M.D.; Hugh Brenner, RN, MSN, CNS; Dorothy Burlage, Ph.D.; Morton Herskowitz, D.O.; Conny Huthsteiner, M.D.; Louisa Lance, M.D.; Lillian Somner, D.O.; Carol Stoll, M.D.

Note: To assure confidentiality, seminar participants have been assigned italicized letters in the discussion that do not correspond to their names.

EMOTIONS OF ANGER AND SADNESS

A: Today I want to talk about the emotions of anger and sadness. First, there are various layers of intensity of emotional expression. One can be "pissed" and one can be rageful, and the manifestations are different and the intensities are different.

There was a recent experiment that has been widely advertised. A group of psychologists had people express anger to see whether that dissipated the anger. They found that it does not dissipate anger at all because the people then went out and continued to be angry; so the psychologists' conclusion was that the expression of anger does not get rid of anger.

B: They even conducted the same experiment with children and found that the children became more angry rather than less.

C: Did they ask the subjects to express the anger through their eyes? I can understand their conclusion if the subjects were disconnected.

A: The fact is, it is so obvious that this was a lousy experiment. It's the same as patients who come in and say, "Can you give me an idea of what's going to happen in therapy?" I say, "Oh, you have a great deal of sadness which is going to have to be expressed," and they say, "I cry all the time." I say, "You're crying what's spilling over the gate of the dam. That's the spillover crying. There's a whole lake behind the dam that you're never getting to." There are different levels of emotions. It is similar to spillover anger. In this experiment, the psychologists didn't get to the bottom of the real rage.

The full expression of anger involves whatever segments there are in the human body, from the tip of the hair to the toenails. Emotions that are fully expressed involve the whole body. Very often when a patient is on the couch punching and yelling, the eyes are looking blank, and that's not anger. That's a mechanical imitation of anger. It is most important that the anger be shown through the eyes. If it's not shown through the eyes it's not real. A lot of the anger that patients express on the couch is good exercise, but it's not the expression of what's important to get out.

Just a minor variation—very often patients punch with alternating arms, but there is an impotence to it and I think that it doesn't express the intensity of the rage that one feels. Now if you are actually fighting somebody there is a kind of unevenness and one alternates arms, like a boxer; but when patients are punching on the couch I think you get much more impact and intensity by having them use both arms simultaneously.

C: Do you think it's more effective to use both arms in therapy because you are also involving the chest more?

A: Yes. When we work on breathing, one of the things that I tell patients to do is one punch, one breath. Just pulling your arms way up opens up your chest. And that's what you do when you're punching down with two arms simultaneously. Some people punch much more successfully when they're on their knees and punching down. They can reach their anger much more easily than if they're lying on their back. And these are individual variations. You have to discover what works best for each patient.

I think the therapist's role is to attempt to keep intensifying the degree of the expression of the anger. When patients, for example, are yelling I try to yell louder than they do to make them yell louder still, because I feel that the therapist's role is to be a provoker. Many times it's not necessary that the patient really gets into it and experiences wild rage, but sometimes you have to provoke it and you do that by entering into the process and screaming out and making it more intense than they do in attempting to get them to reach a higher level.

D: Do you find that, when you do that, there is a process of excitation occurring?

A: Yes.

C: I find that by irritating them when they can't access their anger—I press on their masseters, which can be terribly painful, or pinch underneath the little soft part of their arms—it can be helpful in getting them to reach their anger.

A: You poke them, you irritate them however you can. In many cases you have to provoke.

C: The thing that I always find the most difficult is when patients use sarcasm, which to me is nothing more than disguised anger. "I didn't mean it, I was just kidding." I actually find that, with those patients, to get them to be really angry is difficult.

A: Yes. It's almost like you have to be a genius when you do therapy. Many times you'll do something that no therapist did before you, but it will come from your own creativity and it will be the thing to do with that patient. So do whatever you can do to make them angry. What is often effective is to ask the patient to yell "Yes" and I yell "No," or the other way around. That sometimes stimulates anger because that may be a key to what's happened in the past. So they yell "Yes" and you yell "No," and that can sometimes get them angrier than anything else can. But you have to be inventive.

C: I had a patient who was always complaining that she had no friends, nobody liked her—and it became like a mantra. I said, "Do you want me to tell you why you have no friends?" She said, "Yes, I want you to tell me." I said, "Because you are so sarcastic that you are obnoxious." She said, "I am?" So I pointed out to her how she was obnoxious. She would interrupt, she would never let anybody finish their thoughts, and on and on. Next session, when she came back, she would catch herself when the sarcasm slipped out. She began to be aware of the way she came across to others.

E: Has she changed in therapy?

C: Tremendously.

F: I try to get my patients to look at me, to get them to express the anger in their eyes before they start hitting, and then connect with it.

C: If they don't show the anger in their eyes, or their jaws are a little tight, you can get in between the ribs and press hard to help elicit the emotion.

A: Anything you can do to provoke the anger is helpful.

OK, now let's talk about sadness. First of all, about crying. The fullest crying involves the presence of tears, a total openness of the throat, and a heaving of the diaphragm. Anything less than that is not full crying. A lot of the crying you will see on the couch will be crying of a type, but it doesn't get down to the bottom of where the deepest crying is. The full expression of crying has to involve what I just mentioned, and it goes all the way down to the pelvis. As with anger, the total expression of crying involves the entire body, and an illustration of how crying reaches into the pelvis explains why so many women break out into crying after a full orgasm. The deep emotions sometimes touch off one another. I think that a full orgastic expression in women who have a great deal of sadness sometimes touches off crying after the orgastic experience. A lot of crying is held back in the throat; you can feel a tightness in the throat, which is a way of crying and holding back crying. So the throat has to be entirely open, and the diaphragm and the belly loosened in order for crying to have its most complete expression.

B: There was a study done at least three or four years ago that says women will often cry before they can get angry. Oftentimes women do cry before they get angry and they're not seeing that as a normal thing. It's not that there is something biologically wrong with doing that. Women get the clarity to feel the anger after crying. I thought that was interesting.

A: Yes, it is. I am sure that's true.

G: One of the things I have noticed is that sometimes people will cry rather than be angry, because that's the way they express their anger—particularly with children.

A: Sure. You can use any emotion to hide another emotion; any emotion that is convenient to you can be used defensively.

C: A lot of men especially will use anger defensively in order not to show their vulnerability.

A: A lot of women will cry to hide something deeper that they are not expressing.

B: How about crying and being angry at the same time?

A: Yes. They often do happen together. If you get somebody crying really openly and being totally angry at the same time, that is great. That's a nice expression! Very often you'll see patients on the couch and they are breathing, you see their eyelids starting to flutter, you see their mouth starting to go into little spasms and you know they are ready to cry and they can't do it. But if you hold them and put them next to your chest they start bawling their hearts out. There are people who need that strong personal touch in order to be able to release the sadness that's there—certainly with women, but particularly with men. It's more effective with men than it is with women.

C: Maybe it's because you're a guy. They probably have such longing for a strong father whom they had wanted to actually hold them.

A: Yes, probably so.

G: One of the things I started thinking about a lot more after a previous seminar is the difference between male and female therapists and the effects that you have. Some of the techniques you were talking about are things that, as a woman, I wouldn't want to do. But there are other things I would do that you might not choose to do.

It's interesting, though, the male/female differences. I'm thinking of one patient in particular who is a man that I'm really hard on. I'm not as hard on anybody else as I am on this guy, but I can only get away with it because

I'm a woman. He really needs it and he responds to it. I would not be able to do that if I were a man.

A: I'm sure that there are differences. Last week one of my very nice patients, who has really come a long way, said, "I think I'd like to stop with you now and talk to a woman therapist." I said, "Fine," because I agree that there may be things that some women therapists can talk about that I can't discuss with female patients.

F: I've had patients who say, "Maybe I should see a male therapist at this point."

C: I sent one of my favorite patients to Dr. Dew because I felt she needed to see a man, and the patient was furious with me for years.

I had another female patient I wasn't seeming to help, who I also referred to Dr. Dew. I had tried therapy plus combinations of medications without success. At first she couldn't completely cut me off. She interpreted it as my sending her away. I explained that it wasn't because of something with her, but because I thought it was responsible medical practice. But she was very worried that she was going to lose me. I said, "I'm not sending you away, just see him for a couple of consultations." She was nervous, but she developed a great relationship with him that lasted for five years.

D: I have patients on my unit who complain about lack of feelings. Several patients on Effexor didn't like it because they couldn't cry at all. I had one patient who said, "I need my tears." To what degree does that then become a problem for people in therapy in expressing their feelings?

E: I think it depends very much on the dose—because if there is too much crying and you use the medication, it can be very effective. The patient can still cry, if there is a lot of crying there. But if they are unable to cry and yet they are still functioning in their life, you begin to reduce the medication and then the crying will come again.

G: The way I've heard patients describe it to me is that medication is like a buffer for them, that their feelings are so overwhelming that they can't tolerate them and they fall apart and can't function. The medication makes it so they can function and tolerate feelings a little better, and through the process of therapy they begin to tolerate their feelings even more.

C: Oftentimes they feel better and they don't think they need to be in therapy.

H: We had been talking about issues of male and female therapists. Another issue is patients' transference with the therapist. I believe transference is much more likely to happen with a therapist of the opposite sex. You're much more likely to have projection, for example, when you are dealing with issues of the opposite sex parent if you are also working with a therapist of the opposite sex.

C: I think it makes a difference early on, but as therapy goes on the sex of the therapist doesn't matter.

G: I have one woman who's caught between mother and father. She'll get into this monologue, and then she'll realize that she's talking to me instead of talking to her father, which is what, in her mind, she was doing. I think that transference can really be mixed.

C: I have heard people describe *A* as a nurturing mother.

A: I'll tell you what I think that was. I think because sex rules life, essentially, girls and fathers, and boys and mothers are a strong magnetic pull.

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Spring 2002

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THERAPY AND THE SEGMENTAL MUSCULAR ARMORING

Introduction

A: Today I am going to discuss the mechanics of doing therapy, but first I want to talk about therapy in general. A couple of years ago I attended a seminar of Aaron Beck and his cognitive behavior group. One of his assistants presented a patient with a somewhat complicated phobic disorder and they did their usual thing of working on reframing the patient's negative messages. The phobia disappeared and they were all happy with the results. Now the patient was there and she had one of the worst whines you have ever heard in your life. Everything was expressed in a deep whining manner. So after the students left I said to Aaron Beck, "What about the fact that this lady is whining like this? Doesn't that indicate that there is something troubling inside her?" And he said, "That's very interesting." I'm sure he did nothing about it, but that's the essential difference between what we are interested in and what Aaron Beck is interested in. The significance of armoring and energy flow is the most important advance, certainly since Freud, and one of the most important advances ever in psychiatry. Armoring not only creates a lot of the psychiatric symptoms that Aaron Beck treats but it dictates the kind of life that one lives. It is not merely a matter of reducing anxiety or depression or to some extent psychosis, or whatever, but a much wider realm than that. The people who are armored are governed not only by their physical armoring, which makes them relatively tight compared to what humans should be, but it encloses them in an area that is cut off from a great part of what life is about. For that reason, and also because life is so short, if one goes through life like this and in a sense lives in one's village without exploring the outside world throughout one's lifetime, I think that that life is deprived of what life should be. Therefore, when I see a patient I also include efforts to expand the world for that person because armoring has the effect of contracting the world. I try to introduce people to other things, like the arts. We talk about movies, we talk about politics.

I had a very interesting experience with a girl just recently who was very overweight and has since lost 50 pounds. She was always unable to work; she now works as a hairdresser. But the thing about her is that she is bright and she is sensitive. I asked her, "Do you read?" and she said that she reads romance novels. I said, "There is a big world out there of great literature and you should try to expose yourself to it." I mentioned *Moby Dick* and Hawthorne. So she came in the next week and said, "I've

found a good book." I asked, "What is it?" She said, *The Iliad*—and she said it was good. That is an essential part of our therapy, that we do not treat sickness exclusively—but I believe it is our obligation to make the world as wide as possible for our patients. I think it's our duty to them to expand the envelope.

Now about the physical conduct of therapy—we always start with breathing because breathing provides the motor force for the movement of energy. Reich always spoke about breathing out completely, which is certainly necessary, but I think it is just as important that one breathe in as deeply as possible, because if one doesn't take a deep breath in, one doesn't get the deep pulsation out that one can get. People who just take a short breath in are not breathing fully. So I tell people to take a long, deep breath in, up to their scalps; then let that out, and breathe like that consistently. I think that's what breathing should be. One should fill one's lungs completely with every breath. Breathing is the motor force we work on before we work on any other area of armoring.

B: If someone has an asthma attack or can't breathe deeply without going into coughing spasms, what do you do with that patient?

A: Okay, you bring up another point that I am going to talk about as well. Therapy is always individualized. Every patient is like no patient you have ever seen before, to some extent. So whenever there are difficulties that stand in the way of doing any of what I am going to talk about, you have to adjust your techniques to that individual patient. In answer to your question, if someone with asthma takes a deep breath and gets choked, you can't push the breathing. You just have to say, "I'm going to try to get at this gradually," so that perhaps in a year he can take a deep breath.

C: What about someone who is so armored that the chest barely moves?

A: Same thing.

C: Do I continue to have them breathe, though, as deeply as possible and work on other armoring elsewhere?

A: Yes. We'll get to discuss these difficulties when we talk about the chest segment.

C: But the question is, do you sometimes work on the chest segment first because if they cannot breathe then you cannot generate an energy flow?

A: Yes. They have to be able to breathe to some extent in order to accomplish anything. Some people have the idea that they must start with the eye segment and work down, but if the patient can't breathe you can't be working on the eye segment as efficiently. So breathing is the first thing. Now, about the eye segment. This is the first of the seven segments of armoring.

1. Ocular Segment

A: The eye segment is extremely important because the eyes are integral to the symptom of dissociation. This segment is also involved with anxiety. When you ask people with anxiety to open their eyes wide and breathe in deeply, they either go into a panic attack or they can't do it—there is always some difficulty. Everything shows in the eyes—depression, anger, dullness. The individual should be able to express all of the emotions with his eyes, including the negative ones. The eyes should be lively.

D: You mean you have to tell the patient to let expression show in their eyes?

A: Yes. Sometimes in the first session (and it varies with each patient) I say, "Look as angry as you can and get it in your eyes, and then look and act as sad as you can"—the whole range. That way you get some kind of idea at

the beginning as to what emotions are problematic in this patient and you offer the patient a little experience of what is going to happen later on in therapy.

The eye segment involves the skull, and there are some people with tight scalps and some with very loose scalps. I have never been able to see anything diagnostic—like anxious people have a certain kind of scalp, or depressed people have another kind of scalp. The only thing I can determine is that some very tight people have very tight scalps and some very loose people have very loose scalps, and that is as far as I can get with the significance of the tightness or looseness of the scalp. People who have difficulty raising their eyes and creasing their foreheads generally have tight scalps and what I do is work on the forehead, digging deep on the forehead and the scalp. I press deeply on the temporal region, which is painful to many people and the point where their crying or anger is stuck. Then I press on the junction of the cranium and the spinal column because that's often a very tender spot. With those spots I dig in there in order to loosen their scalps.

The first thing I do with the eyes is see whether the patient is capable of looking at me and making eye contact. I have them breathe, and sometimes I do it for almost the entire hour, and some patients simply cannot look at you. Or sometimes they look at you and you see their eyes are glazed, and sometimes they look at you and they are staring and they are not seeing you. They are not making contact with you but they are trying to do what you said, to look at you. You have to instruct them to make their eyes soft and to look at you and appreciate who you are and try to make contact, to touch you with their eyes. In addition to making eye contact, I also have them open their eyes wide in inspiration and squeeze in expiration. Now one of the side effects of this is that the movement enhances the breathing. When you take your time and you open your eyes wide you tend to breathe in more deeply so that you "kill two birds with one stone." You get movement in the ocular section and you enhance the breathing.

Now with all of these eye exercises there are some patients who are so disorganized that they can't do it for any length of time. In the exercise of moving your eyes in a circle, many therapists are satisfied when patients simply move their eyes in a circular fashion. But I don't believe that's enough because I think that the movement should be to a specific spot so that the brain has a chance to connect and to see what they're seeing. I think that is the function of going around in a circle, connecting the brain with the eyes so that they see discrete areas. Also, some people complain that they can't concentrate when they read—they read three lines and their minds go off. I tell these patients to do the eye exercises when that happens. I have them pick four spots and go around and look at them; then they can get back to what they are reading and stay with it for a long time, because the exercises connect the brain with the eyes.

C: What if someone can only tolerate it for just a little bit?

A: When it becomes apparent that they can't tolerate it, I tell them,"OK, stop and breathe for a while." If they breathe for a while they can build up a little higher level of energy and then go back to it.

C: What about people who take one breath and get dizzy?

A: I tell them to breathe a little more quietly. You have to adjust everything you do to the patient's tolerance.

E: Is it important to check in with a patient or ask a patient to let you know when they are not tolerating something? I have patients who are such "good girls" that they will do anything to please me.

A: No, I think that you can always see it. You see if they are having difficulty, and then back off. The most important thing in therapy during the first few sessions is to establish the fact that you, the therapist, are an open human being, because I believe that therapy must start with the idea that whatever they do *you* can tolerate, as long as the behavior isn't harmful. I know that some therapists start by criticizing the patients by saying things like, "You know, I think that you are a baby." I feel that's the wrong way to start because the most important thing is for the patient to recognize that you are on his or her side, that you are not the antagonist. Your critical comments mean much more when the patient has faith in you than if you are the enemy. So I think it's most important to establish in the beginning that you are on the patient's side and that you are a decent human being.

When you work on the eyes that's a great indicator of the extent of pathology in human beings, because there are so many people who can't perform the simplest eye functions—for example, when you ask people to express anger in their eyes. Another thing, when you are working with any segment, very often you can't get the full significance of that segment without incorporating other segments. For example, when you say, "Look as angry as you can," they may not be able to do it very well. But when you say, "Get as wild as you can and as angry as you can—punch, kick, scream," then you may see the eyes light up with more anger than they did when you just asked them to look angry. So a lot of human emotions require more than just one segment at a time; they require incorporation of whatever body processes are necessary for expression of that emotion. If there is one significant area of the eyes that the therapist finds in most patients, it is the inability to look softly at you for an extended period of time and that indicates an inability of intimacy, of opening yourself enough to be intimate with another human being. In opening the eyes wide, when you are trying to get the patient to express fear, I tell the patient to open the eyes as widely as possible and concentrate on exaggerating inspiration, because in fear one holds one's breath. So you try to get the patient to do that. Sometimes if that isn't going too well and the patient's not getting into it, I make a sudden lunge for the throat or a sudden lunge for the genital area and the fear appears. Then they are able to express the fear later in successive tries without me lunging.

C: Have you ever had patients who would get an outright panic attack?

A: Yes, they would start to have the panic attack and I would tell them, "OK, look into my eyes softly and take long, slow deep breaths," and the panic attack would go away.

F: I have a question. Sometimes when I have tried that, the patient freezes. They are not able to respond. They freeze completely. What do you do?

A: You have them breathe again and start over. Another thing—everyone does therapy differently. This is the way I do therapy. Each of you is going to do therapy your own way. I think that your therapy should be creative. I get patients to do things that I know no one else is doing, but they work for me. For example, I box with patients with open hands, and most particularly with people who can't beat me up. With open hands you don't hurt one another. Very often when you are boxing with a patient you can tell something about their character. For example, I go for their face, I go for their belly, and they go for my hands. They're only punching my hands. So I reveal to them that they let me "hurt" them but they don't even try to "hurt" me. You have to look at that. So just from an exercise such as boxing you can tell something about character. Another

thing that I do (I'm getting off the eye segment now) with patients who have no aggression—I have them lie on the couch, I get up on the side of the couch and pin their arms down and say, "Get me off you; you can do anything but bite or scratch." And they go "uh, uh, uh." It's not a strong effort. I ask them, "Are you doing everything you can to get me off here?" They say, "Yes," and I say, "You could kick me. You're not even trying to kick. There are various other things you can do to get me off you." So that's my own modification of techniques. Everyone should have his or her own creative experiences in doing therapy. Sometimes I get patients to dance—anybody who has a stiff body or doesn't move. I turn on some jazz on the radio and we go to the next room and I say, "Kick your legs up, move around," etc., etc. So you improvise whatever kind of thing that you see this patient is unable to do that he should be able to do. Well, we've drifted, but let's get back to the eye segment.

F: Can the looking or asking the patient to look at you also be too much for them?

A: Yes. For example, I'm treating a 60-year-old repressed, obese lady with a very bad background. There is a possibility that there is incest from her father; she had a very repressive husband, had a period of sexual wildness. After two sessions of intensive looking, she had an unusual complaint in the following session. She said that when she looked, the looking caused her to have a vaginal discharge all week. So we are getting into dangerous territory because that's what the looking turns on in her. So you have to learn to modify your procedure according to the patient's character structure. Sometimes the looking evokes things that you hadn't anticipated, and then you have to deal with that.

E: You said that Reich asked you to look at four points in the room as you breathed?

A: Yes, he did that.

C: What about the different points of focus, i.e., changing the focus from far to close?

A: Yes. For the people who have a tendency to dissociate I use a technique. I ask them to look at the corner of the room and that with each change of breath they change their eye focus. Let's say, at expiration they look at the corner of the ceiling. With inspiration they look at the tip of their nose. Then with expiration they look back at the corner of the ceiling, and with inspiration they look at the "third eye" in the middle of their forehead.

C: Can you demonstrate looking at the third eye?

A: Yes, what you do is go cockeyed trying to look at the spot, crossed eyes up. What that does is to shift the focus from looking at an objective object to "going off." You can't focus on your third eye. So they have eye contact, they connect with their brain, then they disconnect. I think this gives them a conscious experience of, as it were, dissociating—and they learn how to control that experience.

D: With expiration or inspiration looking at the ceiling?

A: Either one, as long as with each change of breath they change their focus. Is there anything else about the eye segment?

B: Yes. What occurred to me as we were talking about this is that, while working with patients with Post-Traumatic Stress Disorder, EMDR (Eye Movement Desensitization and Reprocessing) does the same thing; that in moving the eyes back and forth the person will go from remembering to not remembering.

A: There is no doubt that working on the eyes is useful. Throughout therapy there are times

when you have to go back to work on the eyes. I have read that with some people, when they look to the right, that may be where a traumatic event occurred and therefore that makes the connection with a traumatic scene that occurred on that side. I tried to find out whether that's so and I have never confirmed it.

Try to think of anything else in the eye segment that you have questions about.

G: Does the eye segment really include the whole head, including the face and the neck?

A: No, it only goes down to the jaw. It goes to the occiput (two prominent bones at the back of the head) and the area around the ears. Another very interesting thing is that very often when the eyes go off the ears also go off, so if the patient's eyes are disconnected, you say something and they don't hear you. So it's very clear that the whole segment is out.

E: I am working with two people who dissociate very profoundly, so it's almost impossible to keep them focused through a whole session. I've been working in the eye and head regions, but I sometimes find that it's too hard for me to remain there, and I wonder if I should work on loosening some other segments for awhile.

A: Yes, and that's a good idea. When you find that you are up against a stone wall and nothing is happening, move to someplace else and come back to there.

C: Since the ears are part of the ocular segment, is there any way to work on the ears?

A: Not as directly. Referring back to the girl to whom I said, "You ought to read some good books," I had extra tickets to the current concert at the Kimmel Center and I said to her, "Have you ever gone to a symphony concert?" and she said "No." I said, "Would you like to go?" and she said "Yes, but what do I wear?" So I said, "Just wear something sexy." She came to the next session and I said, "Did you like the concert?" It was a Shostakovich concert, and it was not easy music. She said, "I cried through the whole thing." So that opened her ears.

G: I find it fascinating that the most common complaints from parents when I ask, "What's bothering you?" is "My child doesn't listen." The parents say that they don't obey because they either don't hear or they don't listen.

D: You told your patient to go to a concert and the music did something to her, and she started to cry. And that's true. Lots of things do move people—whether it's music or something nostalgic that evokes some memory and brings up feelings that otherwise would be hard to get at. It's hard to know what type of auditory stimulation is going to evoke emotions.

F: Sometimes I ask people to listen to certain kinds of music. For example, if somebody has a lot of longing that they are heavily defended against I'll suggest, if they are aware of it, that they go home and listen to some sad music, and there is a lot of it out there. I give them examples of different kinds of music that would stimulate energy movement. I have one patient who whines all the time. I couldn't stand it so I said, "Tape record yourself."

There are lots of ways that you can work on the temporalis muscles and the muscles of the jaw by having the patient open and close their mouth. I don't know that the two segments really work independently of each other.

A: I'm sure that they don't. I believe that frequently multiple segments are involved in an action.

E: We know there are a lot of important acupuncture sites on the ears. Sometimes I pull on the ear lobes and pull the ears away from the skull. For some patients it really moves energy because it moves the skull bones a bit, and the skin around it.

A: That's a nice idea.

G: It's an interesting thing, because kids pull on their ears, probably to relieve tension.

A: A lot of people, unaware, poke their scalps which may relieve tension.

G: It's a way to keep their ears loose.

E: There was a woman who had treatment-resistant sinusitis and was even hospitalized for it. After hospitalization it came back again. I did some work with her, having her put her voice up as nasally as she could in order to vibrate her sinuses as much as possible and she improved immediately. The next day she called me and said she couldn't believe the sinuses were now finally open because she had spoken differently. Otherwise she was speaking way back in her throat, very low. She couldn't bring any tones forward into her facial bones. If you're trying to vibrate different parts of the skull and you hum on an M or an N, an M in particular, you can feel the vibration in your skull.

A: Music is a very mysterious thing because it obviously touches us more deeply than anything else, which is why we play our radios all the time. It's clear that for some people who are really emotionally dead, there is a pleasure in ultra-loud rock music because it gets into areas that are totally blocked and helps to bring those people alive. There was recently an article by Oliver Sacks, who had a partial paralysis. He had been in rehab and they were working on reeducating him on how to move his legs and he was listening to one of his favorite symphonies. He said his body got a certain curve in the music that instructed his leg how to move. After that, his progress was totally different.

F: The different compositions of Mozart are found to be helpful in treating a variety of learning disabilities ("The Mozart Effect"), in part because of Mozart's capacity for writing in higher octaves. His music is distinctive for that reason. There are certain principles involved in that and you can extend it to other things.

A: There is an auditory problem with some autistic children. One researcher plays tones which the kids learn to tolerate, and this apparently helps the autism.

G: I have a patient with an autistic grandchild who made a song for everything that her grandson needed to do—putting clothes on, eating his food, tying his shoes, everything. She had a repertoire of little children's songs she created to teach him. She did a remarkable job in improving his condition.

F: In a recent article by Sacks, he mentioned that people seem to actually respond best to music that they already have good and positive associations with; so it is very important to know what music somebody already knows.

A: Yes. Sometimes you listen to a composition and it just goes by you, but when you get to love it, it has a totally different effect on you.

F: For a sad piece of music try Mozart's *Requiem*, which is incredibly intense. If you want to pick music that would elicit sad feelings, that would certainly be one of the best selections.

E: There have been anecdotes about people with cancer who learned how to play the harp. There was a whole group of them and they would meet for harp lessons and to play chamber music. None of them knew how to play initially and they painstakingly learned how to do it. They found that the people who tried this did very well with their illnesses. Their blood counts improved and emotionally they felt much better.

F: I suspect that all the things we are talking about with music have to do with resonance and vibrations, that the music has a resonance that you can relate to on an energetic level.

A: I had a patient who was a psychologist, a very nice lady, who got into a terrible auto accident, was in a coma for a while, and had severe brain damage. She started on a program at Bryn Mawr Rehab where they did all kinds of therapy, but she also started on her own program of rehab. She would suck on mints to reestablish taste. She bought a cello and would play it in order to feel vibrations. So those kinds of things come naturally to some people; they seem to intuitively know what will help them.

H: Very exciting therapy.

A: Music is one of the most mysterious things. It is amazing how sound waves can affect us that deeply and we can experience it so profoundly. Obviously there is music therapy, but maybe these other modalities we have discussed relating to the eye segment should be incorporated more in the treatments of our patients.

D: We also need to be more aware of the cultural difference of our patients.

C: And that's why it's so important to individualize our treatment.

2. Oral Segment

A: Let's move on to the oral segment: the jaw. Many people have armored jaws. Fair numbers of our patients wear bite plates at night so that they don't grind their teeth and a lot of them walk around with jaws that are obviously tight. I think that, for the most part, tight jaws indicate anger that's repressed. The traditional way of dealing with jaw armoring is to work on the masseters and to dig in until it hurts like crazy. There are some people who go inside the mouth and get at those muscles from inside the mouth. You can diagnose jaw armoring by trying to move the jaw. Some patients hold the jaw as rigidly as possible—you just cannot move it. But if they do let go momentarily, there is a danger of breaking their teeth because there is such resistance. So one thing that I do is, as the patient is breathing, I tell them to open their mouth as wide as possible on inspiration, and, on expiration to mouth "wa, wa, wa" until it aches. I think that that has as much effect, or more, as physically working on the masseters. Jaw armoring is very difficult to remove, and if you succeed as you go through all the layers of armoring in reducing the amount of anger in that individual, you have a better chance of getting through the jaw armoring.

E: I recently had a patient who was furious, and I was considering trying to address the anger from a cognitive perspective, because he's up in his head. His intellectual concepts don't allow other options than to feel rage all the time. I know we don't usually talk much about cognitive interventions.

A: At one point Reich said to me, "Someday you'll get to the point where you won't have to utter a word. You'll be so good at reducing armoring that you won't have to utter a word in therapy." I think he was wrong. It was one of the things that Mickey Sharaf always criticized Reich for, that Reich didn't incorporate enough cognitive interventions (talking) with his patients in his therapy. I know of some cases, one in particular, where Reich really missed the boat in not seeing this man's pathology. I think that we all have to remember that we must talk to our patients and our patients must talk. There is no other way, for example, of getting at guilt except by talking about it—you can't do it entirely by physical work. Any other questions about working on the jaw?

E: I actually had a session with an osteopath, who basically worked on the root of my tongue. I never had somebody do something like that.

It was terribly tender. It was pretty intense to have someone move the base of your tongue around. Sometimes when I am working on the jaw, I have the person stick their tongue out as far as possible and say "aah." It loosens their tongue and their jaw.

A: When the osteopath worked on the back of your tongue, do you know if it had any other effects on you besides being painful?

E: He felt that my cranial pulse was low, and that I was exhausted and I wasn't aware of it; so when he did this I felt a lot of sadness afterwards and was unbelievably exhausted for about three days. I thought he was working at the base of the tongue in order to affect my skull pulse, because he didn't do any other work on my skull that I can remember, and it was terribly painful. He told me I could do it to myself, but I haven't chosen to inflict that pain.

D: What did he do?

E: He went in with his thumb and started pressing at the very base of my tongue. Some of the spots were very tender; others were not so tender. He pressed at the root of the tongue, under the tongue, at the side of the tongue.

F: If you have an occiput that doesn't move you're going to get a lot of GI dysfunctions. For example, I work a great deal with patients who have GI reflux, which is really a cranial dysfunction. So you can treat a lot of GI disturbances by using myofascial release.

A: That's interesting, because usually we work on the obvious muscles but there are also some muscles that aren't so obvious that can be just as important.

3. Cervical Segment

A: Now we will talk about the cervical segment (the throat and the neck). The emotions that are revealed or not expressed in this segment include anything you can vocalize—anger, crying, fear, screaming. Tension in the posterior cervical muscles represents fear or anxiety of being hit. In a very general way, cervical tension is a way of separating your head from your body. And contrariwise, letting your neck go means a very important way of giving in. Say that you discover cervical armoring while the patient is lying on the couch and you lift the head and let it drop—people who have a lot of cervical armoring can't do that. It's as if there is a lock there and they just cannot let their heads fall. I remember a long time ago Dr. Rafael said that you can never get rid of cervical armoring. Indeed, it is very difficult to eradicate strong cervical armoring totally because it means that somebody who is guarded has to learn to be defenseless, which is a tough road to hoe. You work on it by getting into these muscles, and really you have to get into the deep cervical muscles, and the patients may yell like crazy because it hurts a lot, but you have to go deep to get into where the action is at holding that neck so stiffly.

About the voice—I think many, many people do not speak with their natural voice and most people speak with a higher voice than their natural voice. It's higher because their throat is more tense, which produces higher notes. For example, a lot of female patients speak with little girl voices instead of their natural voices. An interesting thing is that in Asian cultures women use that high voice much more than women in European cultures, because they have learned to be little girls using a more docile, less threatening voice than if their throats were open. So when people are speaking in too high a voice, I get them to sigh in the deepest voice they can, or to sing down the scale, and just reach for lower and lower notes. When they get to a note with their whole throat, you can hear resonance and yet they don't speak in that voice. Usually it's a voice that they've never heard, but that's their real voice. Then they have

to practice extensively to speak in that voice, which is tough to do, because when you're used to your voice being up here, that's you, and your real voice does not feel like you until you get used to it.

Whining is a combination of two things: complaining and annoying. I think you're only complaining if you do it with full voice. If you want to bug somebody, you whine. You have to talk about that with patients and they have to work on it. Every time they whine, you have to correct them, "You have to speak naturally," and they can do it if they think about it.

Does anyone have anything else about the cervical segment?

G: What is the whining about? I hear children doing it.

A: I think it's mostly that they have a complaint, which is often legitimate—but it is also a way to annoy their parents. They express their complaints in an annoying fashion, so that to some extent they are giving back to their parents what they feel their parents are giving to them.

G: Children's whining is not often about fear, it's more often about sadness or something that has disappointed them and they can get back at their parents that way.

C: Often the parents don't hear the child, so the child gets into this whining and annoying the parents, so that the parents will pay attention and give in.

F: I remember Dr. Dew said that whining is repressed crying.

A: It has some crying in it but it's more than that. There's an angry component to whining.

H: Do children sometimes whine if they feel that they can't be direct with their parents?

A: Yes. Now I want to just mention gagging. The gag reflex is a combination of a reflex that involves the throat and the diaphragm. The reflex goes the whole distance. We will discuss this more fully when we talk about the diaphragmatic segment.

4. Thoracic Segment

A: Now we are going to talk about the chest segment and, as I indicated in the beginning, the chest segment affects all the other segments because the chest segment is the motor force for everything else that goes on. When you stop breathing, there is no motor force and nothing else matters or works. Specifically, in the chest segment you are dealing with the shoulders, the upper extremities, the chest down to the diaphragm, and the dorsal area. The shoulders are important in anxiety because when we raise our shoulders in fear, what we are trying to do is turtle ourselves. We are trying to take our turtle shell and raise it up to protect our head so that nobody can beat on us. It doesn't work any more because we are too far removed from the turtles, but it is our way to try to keep from being hit either by psychological or physical blows. Work on the shoulders is very obvious. You dig into the supraclavicular and all the muscles in the shoulder region. You dig in hard and you elicit whatever emotions are to be released there.

As regards breathing itself, as I mentioned in the beginning, Reich stressed complete expirations, which is of course very significant, but I believe that there was not sufficient emphasis on complete inspirations, because if you breathe shallowly, which is how a lot of people breathe, you are not getting full breaths and you are not raising much energy. What I do is to instruct people to try to breathe in up to their scalps, up to their hair. If you take a full breath in then you can have a full expiration and much more is going to happen energetically. Lots of people, when they expire, try to force the expiration, which is not free breathing. There should be a full inspiration and then sim-

ply a collapse of the expiration while giving sufficient time for all the air to be expelled.

J: I think we would agree that all the effort should be on the inspiration, and that expiration is passive.

A: Yes. It's like blowing up a balloon. When you release it, it deflates automatically. Back to enhanced breathing. I do two things: First of all, I tell patients to open their eyes wide with inspiration and squeeze them with expiration. The act of opening the eyes wide tends to make them breathe in more deeply. I think that unless they close their eyes tightly there is not enough impulse to open them wide. This motion creates the greatest distance.

C: But there are some patients who cannot squeeze their eyes while simultaneously breathing. Some are also tightening their jaws or their bellies.

D: Do you have any idea why they tighten up their bellies and their jaws?

A: First of all, because of the lack of emotional expression. But they also have to learn to separate muscular groups.

J: When they tighten their jaws and bellies it is an attempt to control.

A: Yes. But eventually they have to learn to let everything else loose and just squeeze their eyes.

C: Sometimes I have to remind them over and over again to stop tightening the jaw.

A: Yes. What you do is have them open their jaws wide as they are doing it, and they learn that they can squeeze their eyes and keep their jaws wide; it is part of the process of isolating the musculature of the jaw.

D: When the patient squeezes or tightens the belly, is there any other technique to deal with this besides talking to them about it?

A: When they squeeze their belly, you poke their belly just to make them aware that they are doing it. They do these things so automatically that you can tell them about it, but they don't really feel it as well as when you keep your hand there. Then they become aware that they are doing it.

J: And if they put their hand on their own belly they can feel it.

A: And then to enhance the freedom of the chest, it is very helpful to work on the intercostals. What I do is go down each intercostal and dig in to each intercostal space which, in people who have very inhibited chests, is very painful but you do this and loosen up each intercostal down to the bottom and you get freer breathing. Also, if you're turning them over and you do the same thing along the paraspinal muscles, that also loosens up the chest. Then I have them do one punch, one breath, which helps open up the chest. They have to raise their arms above their head and punch down hard. That also loosens up the chest.

In general, you just have to learn how to associate various segments. I have them open their eyes wide, then squeeze them shut while breathing deeply and it's almost like educating all of these segments to recognize one another. When patients punch to get the anger out of this segment, very often they punch with a tap, tap, tap, which is meaningless. So you know there's a point at which you have to think of the energetic functional element and that's where the interplay between the therapist and the patient comes in. If someone is doing this meaningless kind of punching, the therapist steps in and provokes a greater response. We do it either by poking them or we do it by performing the act at a higher emotional level ourselves by first equaling and then exceeding theirs, so a part of your energetic system pro-

vokes theirs to raise their energy level and raise the depth of their expression of that emotion to a point where function meets mechanics.

Another important function of the chest segment is taking care of the longing that is held in the chest. The patient does that by stretching out the arms and, with breathing and sighing, tries to feel the longing that one felt for some intimate person in one's history. Now often when you ask the patient to reach out with longing, their fingers are curved inward and they say, "Ah, Mama," but this is again meaningless because unless their hands are really reaching out and their fingers are outstretched, it's just a meaningless exercise. The therapist has to distinguish a valid emotional expression from a performance of what looks like an emotion.

J: Do you ever stand over them and have them reach out to you?

A: No, I have never done that. I tell them to try to visualize someone that they are longing for, either a lost love or their mother.

J: It's pretty powerful if you're standing there over them and they can't quite touch you.

A: I've never done that.

J: A lot of times if I have felt that the emotion is real I let them grab my hands. Usually they just dissolve into tears.

A: That's great. And with people who have been raised in a foreign country and speak a foreign language—if they are calling for their mother, I tell them to call for her in their native tongue and speak words to her in their childhood language because that often has a deeper emotional impact than if they speak in translated English.

D: How do you decide whom to get them to call out for—their mother or whomever you feel is appropriate?

A: From their history. In the beginning you gather some history and in the course of therapy up until that time you've heard some stories from them. Sometimes you miss, like sometimes they don't long for their mothers at all—it may be a lost girlfriend or whomever.

D: So you can suggest they call for whomever they miss most?

A: Yes. Since so many kids are deprived of sufficient maternal love, very often it will be the mother who is the offending person they need to call to bring out that longing. But sometimes it's not.

D: Many times patients have learned to defend themselves against a particular person and are less defended psychologically against another person whom they miss. So a man might be less strongly defended when reaching out for his brother than he is when reaching for his mother, against whom he has developed more armor. So you have to dissolve some of the armor before he can get to his mother.

A: Yes.

J: I think some of the biggest longing comes with the opening of the pelvis.

A: Concerning hypersensitivity: if you're working on the intercostals and it causes either extreme ticklishness or extreme pain, it's an indication of strong armoring in that segment. You should be able to do a certain amount there without people overreacting to the pressure on those intercostal muscles.

G: I have a question about that. Why do armored children react so strongly if you tickle them?

A: What they are reacting to is the fact that the people who have tickled them came at them suddenly, and all of us react that way. If somebody comes at you suddenly, you tighten these

muscles, which does make them hyperresponsive. But if you are tickling kids, I would come at them very gently; then you'll see far less of an overreaction.

J: I have another question: Why do people tickle kids?

A: Because they don't have enough contact with the children ordinarily. That's how they get a response that they are not getting in their daily lives.

C: I have on occasion had patients who have been really traumatized by that because when they were little the adult did not know when to stop tickling, and they felt that they would just die, that they couldn't breathe, literally.

H: Do most children dislike being tickled?

A: No, some kids ask to be tickled, because it does free their chest a little bit and if you don't do it cruelly it may be one of the rare times that kid laughs.

J: Or maybe even is touched.

A: Yes, or even touched.

D: I think it stirs up energy in the child, so that it becomes a little bit pleasurable.

A: Sure.

J: Sometimes I find that getting patients to kick helps to loosen the chest. The other thing I have done for a long time with the chest, especially in people who are really heavily armored there, is to get them to punch the bed with their elbows—really jam the elbow while yelling.

A: Yes. Also, just pushing down on the chest is a way to deal with people whose chests are terribly tight, just to get some movement there.

J: More and more lately, I've seen that people are getting into exercising—especially the guys. If they do isometric exercises I find that the chest actually gets tighter. I had one patient who was doing very well. He came back and his chest was armored again like crazy and I asked him, "What have you been doing that is different?" He was my first patient to get into isometrics. You know, lifting is fine, but I find that just contracting and relaxing with no movement is awful for the chest.

D: Do you think that exerting pressure on the chest to loosen it up might be dangerous to the patient? Certainly, we have to be very careful, but perhaps we should consider discouraging this practice.

A: No, because if you do it judiciously you're not going to cause any harm, and it's often very helpful. For example, with people who have a very tight chest, if you press it down and they start breathing, they appreciate the difference.

J: It's not like you're forcing it down, you're just really sort of assisting it down. Sometimes with patients who have trouble with the softer emotions, if you put your hands around the bottom of their rib cage and rock them, either from the front or the back, it can give a great sense of relief. I have one guy who tells me he only comes to be rocked—a macho guy.

C: But the difficulty is, I have one guy who is tremendously overweight. I can hardly reach the rib cage.

A: Yes, with very, very obese people you have two different kinds of armoring to deal with—the basic muscular armoring and the fat armoring. So you have a double measure to deal with.

J: I have one woman like that. I can't feel her ribs from the front. I primarily work on her back, press her back down as she is breathing.

D: Before you go further, do you expect specific emotions to be released from each segment or is that not relevant? In other words, in the

loosening of the chest armor, is there more loosening of sadness and crying, just as there is more anger associated with the jaw?

A: Every emotion is held in the chest. There is no emotion that exists that doesn't have a representation in the chest. Anger, sadness, love, longing, fear—all are in there. Even though every emotion is held in the chest, there is some degree of specificity in some areas of armoring. For example, dissociation is primarily in the eye segment. There is some dissociation in the chest too, but that's a minor factor. Stubbornness would be in the neck and back, but the chest holds everything. That's why it is so important to get the chest mobilized. You have to remember that the fullest emotional expression often involves practically the entire body. When you are totally enraged, it goes from your toes to your scalp, and everything in between. Even though there is some degree of specificity in the various layers of armoring, full emotional expression usually requires more than one segment.

5. Diaphragmatic Segment

A: Let's discuss the diaphragmatic segment now. The diaphragm is typically approached in two ways: Through physical work and through gagging. The physical work involves poking under the ribs to try to move the diaphragm. An important point—in crying, the person has not cried completely unless there is a "ho, ho, ho" movement of the diaphragm in the crying, just as the absence of tears means that the sadness is not sufficiently deep. The absence of heaving in the crying means the diaphragm is being held, and it should not be held in the fullest of crying.

So there is the physical work on the diaphragmatic area, but the chief modality is gagging because gagging involves a reflex at least from the throat to the diaphragm. I think it was Theodore Wolff who said the most complete gag reflex includes farting. It goes all the way through. What I do is to have people drink a certain amount of water, and then take a full breath, stick their finger down their throat and regurgitate the water they have swallowed. Now what usually comes into a defense against that is coughing. The defense against gagging is coughing, so they develop a cough reflex instead of a gag reflex—or they just tighten their throat and don't permit the full expression to come up through their throat. When patients are trying to regurgitate it is important to take full, deep breaths to keep this flow going, and as they begin to successfully vomit they should not stop taking deep breaths and putting their fingers down their throat, because as it gets closer to really vomiting, people tend to take their hands out and just run away at that moment. So the closer it gets to full gagging, the more intense the effort has to be at staying in there, taking deep breaths and pursuing it.

J: It is difficult for some people to let go enough to do that, but I find that if they lean over the toilet or put their head over the toilet like they did as kids, to relax the area, it is really helpful.

A: I've never done that, but I can believe it.

G: There's something I'd like to ask about kids. They'll come in and say they're having stomach aches, especially right before school or if they're anxious and I'll always ask, "Where does it hurt?" Most kids will say "down here" or "up here." I assume they're referring to the diaphragm when it's "up here" but what is it when they say "down here"?

A: It might be the intestines, stomach, or abdominal muscles—any of those.

G: And sometimes they actually do throw up on the way to school.

A: Yes, but you see, kids are less heavily ar-

mored than grownups, so they can throw up much more easily. Infants throw up automatically—as my cats do, unfortunately.

F: In my practice I see people with reflux in particular. I give them gagging to do and it's extremely helpful. But I don't have them vomit; I just have them gag. The other thing is, a lot of times people will have lower back trouble and if you give them gagging to do, you have to make sure to tell them to bend their knees really deeply because otherwise their sacrum is tight when they have a whole gag reflex and it will hurt their back.

D: Has anyone ever run into any problems with too aggressive gagging?

A: First of all, you have to realize that all of this is with a very limited number of patients, so we're not speaking of the community at large. But in my experience I've never had any problem with that.

C: I think that what you are talking about is the projectile vomiting associated with some illnesses where there can be a blockage somewhere. When there is so much force behind the vomiting, it can cause a tear. When everything is moving and open, the likelihood is very small.

J: We're not talking about a lot of vomiting. They've just drunk a little bit of water. I tell them to try three or four times and, if they don't have success, to try again tomorrow. I don't think you have to be obsessive.

A: I've known patients who can't succeed in vomiting. I instruct them to do it every morning, the first thing in the morning before they brush their teeth, to just give it a try every morning to try to loosen up that whole mechanism.

D: Do you want the whole thing to come up?

A: Yes, the whole thing to come up. That is the full expression of an open diaphragm.

J: And along the way they can bring up a little water to keep loosening it up.

A: There are some people who are wonderful vomiters and you don't to have to make them gag every day. Their diaphragms are loose.

C: Here's a bad joke! You spoke about your cats throwing up. My cat often throws up a hairball. So maybe if someone who has trouble vomiting had a hairball it might help!

A: Throwing up is beyond your control and that's why so many people are afraid of it, because it is totally involuntary and you can't do a thing about it. That's scary for a lot of people—to let themselves get to a state where an involuntary process takes over. Anything more about the diaphragm?

J: I was just thinking about when the cats throw up, and anybody who has a cat knows this. In the middle of the night you hear that awful gagging noise that only cats can make, and then they retch.

A: I think that infancy is the prototype for healthy diaphragms.

G: What about colic?

A: To me colic is largely an unknown—I think it is to everybody. I don't believe it is specifically a diaphragmatic problem. You would know better than I do. Do the colicky infants differ at all from the other infants who can vomit freely? Can the infants with colic also vomit freely?

G: It's not so much a matter of vomiting. Apparently they seem to be chronically uncomfortable. It apppears as if it's the belly that is bothering them, but nobody is absolutely sure. And it's frustrating in that it really will start "just like that" and then stop "just like that." It's really like a neurological response, like the brain gets to some place where it can manage it and then it's over.

A: What do you think, *X*?

X: Colicky kids tend to be a little more irritable, and anxious and hyper.

G: I think it's a question of cause and effect. How can a baby feel happy about being in the world if they can't eat and feel good and, moreover, their parents can't comfort them? They can be up all night crying and life is hell. So how could they have a good attitude about being in the world?

J: And then the mothers are anxious.

G: Yes, and they feel bad because they can't comfort their own babies.

C: When it comes to colicky kids, one of our colleagues said that cranial-sacral work with infants and babies has a really good effect. You can get the baby into a much more tranquil and relaxed state and the colic will just stop.

G: I have the mothers perform infant massage, and that helps a lot. Eva Reich has written handouts about this. The technique was developed at the University of Texas Health Sciences Center in Dallas, and now they are doing a lot of work on it at the University of Miami Medical School. It's basically a rub-down done from the top down to the bottom on the front, including the belly; then turning the infant over and doing it on the back. The book is out on this now, but the technique was originally from the East Indians, where the mothers would oil the babies and rub them down. The anthropologists wrote a great book about it called *Touching*. For example, all animals lick their young. If a new pup is not licked, the dendrites don't grow. There is a lack of brain development. They took all that into consideration. The first study was on an experimental group and a control group of preemies and they did the infant massage for 20 minutes, four times a day. Either the mothers did it when the preemies were still in the hospital or the nurses did it, and those babies were caught up completely within a couple of months on cognitive development, motor development, and weight. It was just miraculous. At the University of Miami Medical School they tried it on babies born on crack cocaine who were having seizures and when that was successful, they started applying it to a number of conditions—depression, asthma, whatever. It's really simple. I have some books in my office to show parents —you basically just use common sense. You give the infant a good rubdown, start on the head, and I demonstrate the basic techniques so the parents don't feel like they have to follow the book.

J: Are there other routes to the diaphragm?

A: Tickling—although with hypersensitive people there is a point at which you have to stop tickling them because it does become very uncomfortable. You just tickle them enough to loosen them up a little bit.

J: Somebody said that kids often say that when someone tickled them they hated it and they would throw up.

A: Yes

G: But other kids are really up for it and then they feel relief.

6. Abdominal Segment

A: Now let's talk about the abdomen. A lot of people keep their abdomens tight the way they keep their chests tight; they walk around with constant tension in these muscles. When you approach their abdomen they are the ones who react with anxiety, or they react with extreme pain that is beyond what they should feel when being poked in this area. For a lot of people it is almost intolerable to be touched on their abdomen. These are all signs that there is signi-

ficant armoring in that segment. To work on the abdomen, besides poking and prodding, I think that there is more work that could be done with gentle touching than there is with the forceful physical work. If you just barely stroke the abdomen, first of all, I think that very often you feel a lot of movement of energy down through that segment. Secondly, I think you get closer to the sadness or the anxiety that people are holding in their abdomens. You have to remember that this segment goes through to the lower area of the back too, so you can work on the front and on the back. Very often when you get a fair amount of energy moving it creates anxiety in the next lower segment, which is the pelvis. After a certain point it becomes ntolerable to patients and you have to be udicious about how much energy is tolerable o them, energy that is heading in the direction of their pelvis.

Now also in the abdominal segment, I do a kind of rocking, pushing the contents of the abdomen from side to side. I heard a colleague talk about breaking up fascia attachments and you sometimes do feel that. You feel that something is coming apart as you are pushing from side to side on the abdomen.

J: Are you describing a kneading motion in the belly?

A: Yes, pushing and pulling. But that tender stroking of the abdomen is what I believe gets the most energy moving in the abdomen and becomes most scary to patients who have big pelvic blocks. So all this has to be judicious, and of course there are patients who feel sexually stirred when you do this so you have to be cognizant of what's going on in the patient at that time. I think of the abdomen as the final big barrier to the pelvis. When you succeed in loosening the abdominal armoring you often see the beginning of more anxiety in your patients than you had seen for a long time because more energy is flowing toward the pelvis. All those people who have big pelvic blocks start to get scared and you see manifestations when they report what's going on in their life and in their behavior—what all this energy movement down there is doing to them.

7. Pelvic Segment

A: Now we go down to the pelvic segment. This is a dangerous segment for a couple of reasons. The patient certainly regards it as dangerous because of all of the sex-negative material that has been stirred down there. All these verbotens and the "do nots" are about to be dealt with and that's a very scary practice. That's one reason that it's a dangerous segment. Another reason is that when energy begins to flow in that segment there is a danger to the therapist because it is a possible point of broaching boundaries, when the therapist becomes affected by movement of the patient's energy through the pelvis. It sometimes becomes a sexual stimulant to the therapist and I am sure that boundary breaks occur most frequently in orgone therapy at this time. So there is a two-fold danger.

Both Reich and Elsworth Baker talked a lot about the fact that when the pelvic segment is approached, physical problems relating to segments higher up in the therapy will be touched off, making this a physically dangerous time for the patient. For example, if you had asthma attacks before, when you start working on the pelvis you could be more prone to recurrences of asthma attacks, or whatever physical pathology you had in the past will tend to blossom in ways that it never blossomed heretofore. Now I have never experienced that, but it is certainly true that when you start working on the pelvic segment, old armorings flare up again because your body does try to hold that energy back from going down there and making you feel so uncomfortable. So if you had eye armoring, you'll tend to rearmor in the eyes or the neck or wherever you were accustomed to armor. But I have never run into the

kinds of catastrophies that, for example, Elsworth Baker used to talk about. I am not saying that they don't occur, but it has never happened to me.

D: What you just said is like a car that you are driving at high speed and suddenly someone pulls the emergency brake.

A: Yes, that is it. The emphasis is on contracting excessively in the old ways in those previously armored segments.

J: An extension of that is when a lot of anxiety comes back up, and also an intense period of irritability. I get a lot of that, but no major events.

D: I have a patient who I felt was progressing well and improving and feeling much better from crying and feeling that this was making her better, and then suddenly she became much worse and actually went back to the way she used to be. But I'm not sure whether I was getting to the pelvis or not. It could have happened anyway. I don't know.

A: That happens when you are approaching any new segment. That phenomenon—the patient is doing great and then suddenly they are doing terribly. That can happen anywhere along therapy, but it tends to happen more often when you are approaching the pelvic segment.

J: It is among the most miserable feelings that they can have.

A: Yes.

D: Can you explain that?

J: Intense anger, intense anxiety, intense longing in a way that they haven't experienced in the upper segments. And it makes some people really, really miserable. It's like they are saying, "I don't want to go there, it's too much." That's the time when I often find them really trying to push me away, that I'm the bad guy. Do you find that, *A*? I mean, it's like everything is designed to keep me away from them.

A: Yes, because it's clear that you're the guy who's making them feel lousy.

When I work on the pelvic segment, I have patients open their thighs with expiration and bring them back with inspiration. This has an effect on the adductors of the thighs, which Reich called the "morality muscles." Breathing and doing this brings energy down into the pelvis. In the beginning you have to be judicious and make sure that you are not overwhelming the patient because they start to feel energetic flutterings in this musculature and that can cause acute anxiety in some patients. The more they learn to tolerate it, the longer you go with it; and then at some point, when you are aware that there is energy in the pelvis, you instruct the patient to just keep their legs up and parallel. Keeping their knees bent and their legs parallel causes a certain amount of tension in the system, which keeps the energy flowing. At the point at which it becomes intolerable to the patient, you stop.

You can also work on the muscles of the lower extremities, and that may vary considerably among patients. With some patients you can barely touch their legs and it is intolerable. Other patients regard it as a massage and they love it. You also work on the muscles of the buttocks.You find the painful spots in the buttocks and you press on them and that evokes whatever is held in them. In addition to that, I have patients breathe and move their pelvis forward with expiration—making sure that they are not doing it from their legs and just lifting their buttocks, but instructing them to use the pelvis to move the pelvis itself and not just lift their buttocks. All of these things can be very anxiety provoking, so you have to go very carefully.

G: Do men get more anxious with you than women?

J: Most of the time women don't get as anxious if their therapist is also a woman.

G: Women don't get as anxious with you as they might with a male therapist? What about male patients?

A: It's clear that the opposite sex has the greatest problems.

J: Some people have no idea what you mean when you ask them to move their pelvis.

A: Right. They raise their buttocks.

J: I have patients who don't comprehend how to start to move their pelvis. A lot of people are not wired from here. I actually have to move their pelvis for them.

A: The ideal at the end of all this is the appearance of the orgasm reflex. By the way, when I'm working on the pelvis is when I often go into discussion with the patients about their sexual functioning, what their sexual fantasies are, what sexual positions are most stimulating to them, everything concerning the intimate matters of sexuality. For example, we discuss things like whether they hold their breath when approaching orgasm, which is a very common phenomenon, and they discover that if when they are approaching orgasm they enhance their breathing, they have a much larger orgastic experience. So this is the time when I try to deal with all of the sexual myths and misconceptions that are part of their sexual psychic experience.

J: Before you talk about the orgasm reflex, can you just mention how you deal with the pelvic rage?

A: Yes. I have patients lie prone and use their pelvis as a hammer against the couch, taking care not to throw their backs out. It is interesting that very often when they have succeeded in doing this, what follows is a flood of warm sexual feelings. After the expression of really intense pelvic rage there is often a flow of energy into the pelvis and positive sexual feelings that follow it.

J: Do you think there is any correlation when people tell you they have great sex after a really good fight?

A: That's right, it's the same process. A good fight gets things flowing. And I'm sure if it was a really good fight some of the pelvic rage had to be involved in it, which is why the healthy sexual energy was freer to flow. You have to be careful that patients don't throw their backs out, though, because that has happened. Again, you have to do it judiciously.

D: Do you find there is a relationship between the patient's psychological state and physical improvement? For example, in observing the patient you might feel that the armor has been resolved and now their pelvis moves much more freely and is not rigid, or the stomach is not rigid anymore. But do you sometimes find that you thought the pelvis was freed but the patient has not improved psychologically, and consequently you feel perhaps your observation has not been complete?

A: Well, actually, the symptomatic improvement should have been taking place from the very beginning of therapy. If people had a problem with dissociation, their concentration and their tendency not to dissociate and to stay with life's events should have started improving from that point on, so that by the time you get down to working on the pelvic segment a considerable amount of behavioral and psychological improvement should have occurred already. Otherwise you shouldn't be working on the pelvis. I think the additional improvement that occurs when you are working on the pelvic segment can be variable. A lot of people experience a totally different kind of sexual experience and, along with that, a deeper kind

of sexual relatedness to their mates, but it's variable. Sometimes that doesn't happen for months after the pelvis is beginning to move more freely and you don't see any improvement, and then three or four months later they say, "Boy, there is a difference in how I experience sex," etc. The improvement is not exactly uniform.

C: I've had a question about something in Dr. Elsworth Baker's book since I first started reading it. He waits until the very end when he has talked about the pelvic segment and then he says "and then [only after that] the patient's health has to be restructuralized." He makes it sound as if at every segment that one works on, nothing really is happening in terms of the patient's stability, but that all of this is going to happen at the end.

G: Do you see a difference between male pelvic rage and female pelvic rage?

A: I don't know. I can think of some females who have tremendous pelvic rage, so I'm not sure. I mean, the men may appear to have more rage but that's because they have more musculature so it looks more violent.

C: Wouldn't that depend on the degree of repression?

A: Yes.

G: I think it happens differently in boys and girls. That's why I'm asking.

A: I think so, too. I believe there's a difference in sexual feeling in general between males and females.

G: But my sense of what happens to three-year-old boys when they are just beginning to feel their sexuality is that the parents shut them down *in toto* because they are acting out *in toto*. In other words, they become more aggressive. They should be out chasing lions, but instead, the parents—and often nursery schools—have them clamped down in a classroom from ages three to six. Then the child seems to shut down all over, but I think it starts with the parents being triggered by the child's sexuality.

Someone came in the other day with a child, and this was not unusual, saying that when this kid was in the womb she was kicking all the time, and I'm thinking that children are born with these patterns. So how much armoring is in utero and how much is further on?

A: I'm not sure that the amount of kicking in utero is correlated with the amount of the fetus' anger or his confinement within the womb. I think that it's more likely a correlate of how much energy is flowing in that fetus. I think of it more as running rather than kicking.

G: But to me the point wasn't that one instance, it was more that children start armoring in the nursery. Why isn't more being done to reach the kids before they get older? Studies have been done on women who are anxious during their pregnancy. They clamp down and it affects the fetus. The studies found that anxious mothers have a more difficult delivery, which can cause harm to the baby. We need to get back to the idea of working with mothers during the prenatal period.

A: I'm not sure I understand your question.

G: Reich tried to do it. I believe he called it the "Infant Trust." So why did it not take off more than it did? I guess that's my question.

A: Well, you've told me there is much more neonatal research now than there used to be, and I think that either the impetus came from Reich's pronouncements or he was just a little ahead of the researchers in time.

G: But my question is, why didn't orgonomists get into it more than they did or stick with it

longer? Why did that project sort of fade away? Do you remember?

A: One very practical reason is that the people involved in it were the wrong people to be in charge of that area. And then I think there's another practical side—the therapists were making their living out of doing therapy, so they weren't experimenting with Geiger counters or accumulators. They were making money doing therapy and that's where their energy was going.

J: Probably most of them were interested in adults.

A: Yes.

D: You were talking about the pelvic segment and then you started to talk about the orgasm reflex but you didn't continue. Do you want to continue that discussion?

A: What I was going to say is that only occasionally, really very rarely, have I seen patients experience an orgasm reflex in therapy. I think people have put out figures—15 percent, 10 percent. The percentage that I've seen in therapy is significantly lower than that.

J: Yes, very few. They tell me about how it happens when they are at home.

A: Yes, they report it. What they say is, "Boy, did I have a love-making session this week. We were in the midst of it and all of a sudden something happened that never happened before. My pelvis started moving back and forth and I couldn't stop it—it was just going by itself, like a motor." Then you know it is happening.

D: So in session you rarely see that.

J: I had seen it early on in my practice where you didn't want to see it—with a schizophrenic. Their pelvis is wide open and their head is clamped. It's a scary thing. You have to try to get them to close their pelvis down.

A: Yes. OK, any questions about all this?

H: I've heard of women who have been pregnant and all the way through the pregnancy they have been totally unaware that they were pregnant. Apparently they felt no movement. Would that be considered armoring?

A: I think so. I think that's a kind of deadness. There's another interesting phenomenon to mention. Some people have reported that when they breastfed their baby the orgasm reflex happened for the first time. Suddenly their pelvis is going.

G: It sounds so simple in some ways, yet it can be horrendously difficult.

A: Yes. It's like the way our cats vomit—naturally and easily. But for somebody who can't get a gag reflex, it becomes a very difficult task.

G: Isn't it true that whenever you're working on one segment, in fact, a lot of the others are involved at the same time?

A: Sure. But you don't want the others to rearmor, like the tightening of the jaws, while you're doing work on the pelvis.

G: Then you go back up?

A: Yes.

D: Going back to cats, there's a question in my mind. How is it that when cats want to move their bowels or urinate, they go to their litter box—they consider that excretion, but they don't go to their litter box when they vomit? When they vomit, they vomit anywhere. When they eliminate, they restrict themselves.

A: Humans vomit in the emergency room, they vomit on the street.

D: Yes, but first they will run to a toilet.

G: I'm seeing a five-year-old boy who had encopresis for years. For two years he had chronic diarrhea, so toilet training him was really hard, a nightmare. The mother came to me, and the thing that amazes me is that after a little bit of work, just a few meetings, she can say to him, "Go into the bathroom and defecate," and he'll do it, just like that. I mean, he can defecate on command. She'll say, "Now we're leaving the house, go in there and do it." Or, "It's bedtime, go do it." Now how can this happen? It's incredible.

A: The mother probably knows when she says it that, according to the child's timetable, it's time to do it.

G: I was very impressed. The other thing that is fascinating to me is, do you buy the Freudian view of at what age sexuality develops in different parts of the body—the oral, anal, etc?

A: In general, yes. I think three to five years is the age of genitality.

G: There are studies that show that eighteen-month-olds exhibit genital behavior, even orgastic behavior.

A: I'm sure that's true, but I believe the range is wider than that. Those are the approximate times. I certainly don't think that age nine or ten is the age of no sexuality, but because of our present culture it appears that way superficially.

G: And the shopping malls prove that, because the girls of that age are out buying earrings and short skirts.

C: Yes, when Freud was alive, the young girls didn't mature as fast as they do now. They still wore skirts down to their ankles, even when they were eighteen years old—and there was no television.

G: One of the interesting things about that is that menses are beginning younger for girls all the time, and it's one year younger for black girls than for white girls. It's also younger for girls who have been molested than for girls who have not been molested, so it's clearly the molestation that triggers the artificial development of their sexuality.

A: Yes. Well, we have now covered all seven segments of armoring and hopefully we will continue to learn more and more. We need to always keep in mind the individuality of the patient and our own uniqueness as therapists as we continue doing therapy.

Spirituality and Orgonomy

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Faith in the united God is always enlightening by leading back the human to the unity of his own inside.

Johann Wolfgang von Goethe

In this article I will describe my understanding of the relationship between orgonomy and spirituality. Certain characteristics define genuine, healthy spirituality in feeling, thinking, and acting. I make no claim to objectivity or general validity. This paper is the deeply felt expression and personal testament of a medical orgonomist and psychotherapist.

Many thanks to Matthew Appleton, my friend and colleague, for his valuable comments.

Introduction

The lives of all great persons invite examination and interpretation, including that of Jesus Christ. There have been many evaluations of Reich's life and work, some of which would imply that orgonomy and spirituality are mutually exclusive. On the other hand, there are many evidences of Reich's spirituality in his books, articles, and letters. To demonstrate this I will quote some of his statements. The reference to Jesus has personal meaning for me. During childhood I experienced a mild but nevertheless pathogenic Christian-Catholic education. I lost a natural religious feeling gradually by the life-negative attitudes in family, church, school, and society. Early on I intuitively sensed the insincerity, the hypocrisy, and the falseness of the Christian church, and I felt the repression of sexuality keenly and very painfully. Thus, at age 14 I refused all religious education and finally withdrew from the church at age 18. Later my mother tried to blackmail me with 1.7 million DM into baptizing my children. She didn't succeed, and disinherited me. My husband and I wanted our children to find their own convictions in their own way in their own time. I received criticism and lost a lot of money for sticking to my beliefs. My spiritual development blossomed within me in spite of this very painful experience. At some later time I forgave my mother, but only after all of my rage and despair had been expressed. My ability to forgive emerged finally out of deep insight and love.

Since 1976 I have been deeply devoted to orgonomy, in loving cooperation with my husband, Manfred Fuckert, M.D. Through the years it became increasingly clear how much not only my emotional and professional development, but also a spiritual pathway, were influenced by orgonomy. The hallmarks of the spiritual direction of my thinking were Reich's image of man, his functional thinking, and his cosmology. A deeper spiritual feeling developed through special experiences during my own psychiatric orgone therapy, especially through recurring feelings of cosmic longing and a sensation of oneness with everything, with all humans and all life. I felt I was a part of the one great energy ocean flowing back and uniting again with this energy source. Special observations and phenomena in my therapeutic work with patients led me to wonder more and more about a spiritual realm of existence. Who

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knows for sure if the orgone doesn't keep an individual consciousness after death and can flow again into a new living body? Many people in the world believe in reincarnation. The strongest influence in regard to a spiritual awareness was through the love I feel for my husband and my children as well as through my deep contact with other people—qualities I attribute to my own personal therapy.

Through my work, I have been able to link scientific research, experience from various therapeutic methods and other learning to orgonomic truths. Countless seminars in different fields broadened my vision of the world, including experiences with Robert Monroe's work *Far Journey*.[1] Through this development, I also came to realize some limitations and errors in Reich's work, in the scientific realm as well as in some other aspects. I started wondering if orgonomy has anything to do with spirituality and if so, what? Had Reich been spiritual in any sense? What is a spiritual person? To answer these questions I put together some criteria and conditions which are, for me, signs of a genuine, earth-grounded spirituality:

Signs of Genuine Spirituality

1. Character qualities: gentleness; friendliness; humility; courage; genuineness in both positive and negative feelings; "persona and shadow" are integrated; deep feelings; clarity in thinking and acting; stable and sound ego structure; strong self-esteem without selfishness.

2. Strong rational emotions; sexuality that goes with the heart, and the head that goes with the heart; lively pulsation and flow of orgone energy in the organism.

3. Positive image of man; a belief in the biological core with its natural goodness; natural connectedness in thinking, feeling, and acting; empathy; understanding; acceptance; tolerance; cooperativeness; critical faculties; equal giving and taking; peacefulness, but also self-assertion and power; sincerity; devotion; simplicity; and modesty. It is about natural human qualities in contrast to the standardized values of the social facade.

4. Hope for positive changes in people in the upbringing of children, in society, and in mankind; faith in a positive human evolution; no postponement of happiness and fulfillment into a life after death.

5. Functional thinking; holistic, energetic conception of the world.

6. Deep love for all living organisms.

7. Genital and sex-economical functioning as essentials for enduring health and love; the capacity for giving up conscious control in the orgasm, for the temporary loss of ego boundaries, for surrendering to involuntary feeling, movement, and merging.

8. Capacity of having life-positive visions beyond time and space.

9. Search for a framework of reference—for a sense and transcendence in life; experiences of an energetic and spiritual connectedness with people; feelings of being one with nature and with the cosmos; clear sensation, perception or at least ideas of an all-pervading, self-regulating, self-organizing life-energy, of the creative life force itself.

10. Natural religion with a pantheistic concept of God. He, She, or It is everywhere, in every single cell and organism, in every atom and molecule. One can feel it, see it, and experience it directly. But there is a critical distance from rigid religious dogmas, from institutions and leaders with any claim for power.

None of these 10 criteria alone is sufficient to define a person's spirituality. However, if several qualities are there, a genuine spirituality may exist. Any devaluation of the body, of sexuality, or of life on earth is not at all spiritual but a sign of emotional illness and armoring. People with those attitudes compensate for their neurotic conflicts with a kind of pseudo-spirituality. Experiences of some healthy, everyday trance states and of some meditation techniques may actually enhance spiritual development.[2]

I will now elaborate on a few of the criteria. My conviction is that Reich was spiritual in his emotional core, in his love for people and for nature, in his search for knowledge. His functional approach dissolved the split between thought and emotion, sex and spirituality, science and religion. He was a spiritual man regardless of some errors and limitations as a human being. Among the limitations I count are a certain over-emphasis of scientific research, a too-strict definition of perception through our five senses, of knowledge only through thinking (even if it is functional), because he excluded other reality dimensions for much of his life. My impression is that he had a bit of a narrow scope in regard to exceptions to the rule and little consideration of different world views. For many years, he pathologized religious feelings despite his understanding of some mystical aspects. If Reich had lived longer, I believe he would have proceeded into further fields of experience and knowledge. I wonder what he would have thought about recent clinical and scientific research in parapsychology (ESP), homeopathy, acupuncture, hypnotherapy, reincarnation studies, research of consciousness, chakras, and auras.

Wouldn't Reich have linked some of the most fascinating results to some modern concepts in physics or to some very old wisdom of native cultures? He would also most likely have admitted some of his errors and would have corrected them. I believe this, because he never stopped searching for more knowledge and truth. He had an attitude of cosmic longing, an inner need for reaching a spiritual level. In his life he went through a metamorphosis of attitudes which was especially marked before his death. He went from a complete refusal of religion in Freud's time to the development of deep religious feelings before he died. There are detailed descriptions of this metamorphosis including its life-historical, political, scientific, and social background in *Wilhelm Reich: The Man Who Dreamed of Tomorrow*[3] and also *Wilhelm Reich: Psychoanalyst and Radical Naturalist* by Robert S. Corrington, a professor of philosophical theology.[4]

I see the main turning point in Reich's religious attitude after he moved to Maine, where he developed a creative contact with nature, and enjoyed a new fulfilling family life. There he began to differentiate more clearly between authoritarian, life-negative and sex-negative religion and a more genuine natural spirituality. He stressed repeatedly that certain religious experiences may even have a liberating function. However, he simplified the complexities with the generalization that the old, "natural" matriarchal religions were life-positive, in contrast to the younger patriarchal religions.

Some Personal Criteria of Spirituality

I think of Reich's humility, e.g., his lifelong loyalty—not uncritical—toward Freud. My first therapist, Walter Hoppe, one of Reich's students, included a chapter in his book, *Wilhelm Reich und andere große Männer im Kampf gegen den Irrationalismus*, about "Reich's inner storms":

> *I expressed to Reich my astonishment, when I found photos of Freud and Einstein on his desk, although both had dis-*

appointed him in certain respects. It was typical for him not to grumble irrationally behind Freud in contrast to Alfred Adler. He appreciated men such as Freud and Einstein highly, even if his research went beyond theirs. "Still," explained Reich to the psychoanalyst Eissler in 1952, "Freud has been a great man."[5]

A person who had been in therapy with Reich and/or had read his books would know about his deep contact, sincerity, and gentleness. Morton Herskowitz, therapist and friend of mine, as well as a former student of Reich's, writes:

He was ever alert to the honesty of one's intentions and the purity and depth of one's motivation ... He was tough and a master at getting under one's skin. His capacity for tenderness was equally intense. His gentle eyes made one know that one's pain was comprehended. All one's deepest expression was encompassed and understood ... I had never seen such eyes. They were totally clear, penetrating and bespoke a deep sadness. There was no trace of self-pity, but of a deeply perceived Weltschmerz. Later, in the course of my therapy I discovered the gentleness in Reich's eyes.

I think it is not by chance that Reich often alluded to the eyes of a deer in his writings; his eyes were closer to a deer's than any I have ever seen.

I once asked him how he felt about doing therapy. He said, "I feel two ways about it ... Sometimes I feel that there is nothing more valuable than helping another human being find his way to nature, and at other times I look out of my window at a deer in the field, grazing and alive to his atmosphere, and I think what the hell am I doing in this room with screaming, punching, kicking people?"[6]

Authenticity and Tolerance

Herskowitz also writes:

Reich had a remarkable antenna that swayed incessantly to distinguish what was real from what was facade. He tolerated all kinds of sick expression, i.e., the product of one's secondary layer, so long as it was honest garbage. But he was brutal in exposing one's feints and poses and censoring, i.e., the superficial layer. Because one knew that he tolerated secondary layer expression, it was easier to deliver up the product of that layer.[6]

Healthy spirituality means integration of emotions, sexuality, and mental functions. Reich's functional understanding of the relations between body, psyche, and the orgone as the connecting energy source gives evidence of a genial mind—so does his three-layer model of character formation and his sex-economic concept. His function of cosmic superimposition gives proof of an enlightened, spiritual consciousness. Genuine spirituality must integrate the capacity for free expression of primary emotions. In my experience orgone therapy, however, bears a certain risk of getting entangled in an endless discharge of secondary emotions. They don't dissolve by themselves in every patient. Anger and hate can go on for years. Sometimes we, as therapists, can stop a too-long raging or grieving and redirect a patient to the core functions—feelings of longing, love, and joy. I do this sometimes by leading him/her to remember and to feel again the strongest love they ever felt in life.

There is a term called "spiritual bypass." John Welwood, a well-known American psychotherapist with a Buddhist background, describes it as the widespread tendency to misuse spiritual ideas and practices to avoid unresolved personal, emotional, or social conflicts; to support an unstable self-structure

and low self-esteem.[7] Basic needs, emotions, and developmental tasks are devalued in the name of enlightenment. Thus they strive for transcendence, when they would first need a firm ground under their feet. This applies especially to all personality disorders, early childhood traumata, and dissociative structures. I recommend *The Individual Development of Human Consciousness, Its Disturbances and Therapy*, by Ken Wilber.[8] In the worst cases of a spiritual bypass, severe anxiety disorders, mental collapse, and/or psychotic episodes can be seen which urgently need therapeutic help. Numerous publications on this topic were written by Christian Scharfetter, a specialist in religion and spirituality at the psychiatric clinic of Zurich University.[9] In short, spirituality can be sound and healthy only on the basis of core functions after the middle layer of armoring has largely been dissolved.

Reich was skeptical about Yoga practices, Eastern religions, and philosophies. He saw an attitude of passivity and indifference towards human misery and he was aware of their repression of women. He attributed the social inertia in the East to the prevailing patriarchal religious doctrines. And he always remained extremely critical of how religious ideology can be used for extreme manipulations of sexual, family, political, and social life.

I think Reich's knowledge of Eastern philosophies, i.e., of Buddhism, Ayurveda, and Taoism, was not sufficient to justify a complete rejection of religion. He was not totally free of prejudices. However, it is not my aim in this paper to search for an integration of Eastern religion into Western philosophy or into therapy. There are many intelligent books on this theme. My argument here is that for the development of a genuine spirituality the secondary layer of armoring must largely be dissolved and the primary emotions should govern life. However, emotions in general should not have absolute control of every other life function. I found the Buddhist image of the "Lion's Roar" quite appropriate to illustrate my statement.

> *The lion's roar is the fearless proclamation that any state of mind, including the emotions, is a workable situation. Then the most powerful energies become absolutely workable rather than taking you over, because there is nothing to take over if you are not putting up any resistance. Indian Ashokan art depicts the lion's roar with four lions looking in four directions, which symbolizes the idea of having no back. Every direction is a front, symbolizing all-pervading awareness. The fearless covers all directions.*[7(p191)]

Healing the Human Split

Reich's orgonotic sense and his orgonomic functionalism as a methodical approach reveal a deeply rooted holistic perception of the world. He wrote that he was particularly influenced by Friedrich Hegel in dialectic thinking. Interestingly enough, Hegel was particularly well informed and influenced in Taoism. As Reich didn't mention this, I assume he didn't know it, as most people don't. In 1816 Hegel started lecturing at Heidelberg University (where I studied medicine) on Taoism, Confucianism, and the philosophy of the I Ching. We find the following passage in one of his lectures:

> *We still have the main writing of him (Lao Tzu*), and it was translated in Vienna; I saw it there. A principal phrase is particularly frequently taken off: "Without the name is Tao the principle of the sky and the earth; with the name it is the mother of the universe (all things) ... The highest one, the last one, the original, the first, the origin of all things is the*

*Lao Tzu is another name for Lao Tse.

nothing, the emptiness, the completely indefinite (the abstract universal); it is called also Tao ..."[10]

The following statement reminds one of the main principle of orgonomic functionalism: "The value of the Tao lies in its force of being able to unite contrasts, opposites on a higher level of consciousness. This force is represented in Taoism symbolically as light."[10] Reich rediscovered the truth of functionalistic thinking by his own impartial observations and by his orgonotic sense. He developed his knowledge mainly by himself, although he was inspired by some outstanding people like Hegel, Freud, and others. He made the energetic source (the orgone) perceivable, seeable, and touchable. This makes his work extraordinary. It is mainly due to his functional thinking that the deep human split between formerly unbridgeable polarities could now be brought together, and could become whole again. This applies to every realm of existence—to the organism and nature, to science and spirituality.

Hope for a Positive Human Evolution and Social Responsibility

Herskowitz writes:

He was essentially optimistic. Though he was more aware than anyone of the negative forces loose in the world, he thought exclusively in terms of the forward movement to overcome them, never of being boxed or stymied. He believed firmly in the power of the truth, not in lifespan time, of course, but in scientific time.[6]

Reich was one of the first people in the twentieth century to develop a deep concern for the well-being and needs of children. In the 1950's he showed a real interest in the development of children at international, ethical and scientific levels—as did Lloyd de Mause later on.[11]

Reich believed in an evolutionary process, a very slow ongoing process over centuries.

The revolution in pedagogical thought has nevertheless begun. This is a genuine, gigantic, hitherto unknown form of revolution; a social revolution, operating out in the open, without weapons, police or informant. It can no longer be stopped and will totally change our society ... in addition, all politically oriented circles have sunk to the level of useless parasites of society. For us the child—his health, freedom of development, and future—has become the central point of our practical biological position. We measure all social and cultural phenomena by whether they are useful or harmful to the child. We therefore urgently require a law to protect the child and its development. We need laws to protect and advance the existence of teachers and educators to [sic]. *We need such laws urgently and quickly, if we are to prevent confused youth from creating a new form of totalitarianism...This social revolution is a process, which will extend over centuries. Its object is not the state of the nation or the execution of capitalists ... it is: the assessment of all events from the standpoint of happiness of the human masses, the self-regulation and self-administration of all branches of human existence...*[12]

Reich always expressed a strong social responsibility. In 1952—five years before his death in prison—he wrote a three-page proposal to the Congress of the United States, "On laws needed for the protection of Life in newborns and of truth":

It is obvious that the future of the USA and the world at large depends on the rational upbringing of the newborns in each generation which will enable them

to make rational decisions as grown-ups. There do not exist any laws as yet to protect newborns against harm inflicted upon them by emotionally sick mothers and other sick individuals. However, there are many old laws rendered obsolete long ago by progress in the understanding of the biology of man, which threaten progressive educators with extinction if they transgress technically these old laws.[13(p275)]

All these wars, all the chaos now—do you know what that is to my mind? Humanity is trying to get at its core, at its living, healthy core. But before it can be reached, humanity has to pass through this phase of murder, killing and destruction. What Freud called the destructive instinct is in the middle layer. A bull is mad and destructive, when it is frustrated. Humanity is that way, too. That means that before you can get to the real thing—to love, to live, to rationality—you must pass through hell. This has very grave implications for social development.[14(p100)]

In a personal letter to Hoppe, Reich wrote:

Only few responsible humans are today aware that a limited world is breaking down and a new hopeful world is born under pain.[5]

Love for Children, the Sparks of the Cosmic Energy Ocean

Reich was one of the first people to recognize how the earliest life phases of childhood were treated in a destructive manner and alienated the child from nature. He recognized the essence of human pathology and the means of its repair. His work consists of many books, single writings, and numerous journals; parts of it are studies between 1926 and 1952 about the damage which humans cause to the developing child by violating and frustrating the natural, inborn needs and so perverting them. In 1948 Reich created (along with a team of 40 physicians, therapists, educators, and social workers) the Orgonomic Infant Research Center. Its goal was to examine the effects of emotional, psychosomatic, and bioenergetic disturbance at the beginning of life, and how a child could develop under optimal conditions from conception on. He described in detail some consequences of the disturbed natural processes in pregnancy, birth, and handling the newborn. On the basis of clinical and psychophysiologic studies he had discovered the armoring process as the tangible physical substrate of the fundamental human pathology. This manifests itself physically, emotionally, mentally, and in social behavior. Reich observed that it is already detectable in the newborn child. It develops when natural impulses and needs of the growing fetus and infant are inappropriately answered and by other situational traumata.[15,16]

Reich's commitment to children has been quite practical, as shown by the following episode which Walter Hoppe related to me. They walked along a street together and heard a child crying in one of the houses they passed. Reich rang the doorbell and said urgently that the crying child was in emergency, was suffocating, and needed help immediately.

I have throughout all of my lifetime loved infants and children and adolescents, and I also was always loved and understood by them. Infants used to smile at me because I had deep contact with them and children of two or three very often used to become thoughtful and serious when they looked at me. This was one of the great happy privileges of my life, and I want to express in some manner my thanks for that love bestowed upon me by my little friends. May Fate and the great Ocean of Living Energy, from whence they came and into which they must return

sooner or later, bless them with happiness and contentment and freedom during their life times. I hope to have contributed my good share to their future happiness." [17(p3)]

In *Emotional Armoring*, Herskowitz writes:

Reich was no wild-eyed visionary. He did not expect that his call would alert society to this truth, that parents would turn about and raise their children rationally, and that in one or two generations the "new man" would emerge. Reich spoke in terms of many, many generations and hundreds of years before the "children of the future" would emerge in significant number. But now we are enlightened by his vision and we can make a beginning. He said, "We cannot tell our children what kind of world they will or should build. But we can equip them with the kind of character structure and biological vigor which will enable them to make their own decisions, to find their own ways to build their own future and that of their children, in a rational manner."[18] *It is imperative that the orgonomist fills the spaces left in Reich's pioneering scientific discoveries and ultimately extends these insights, that he rests on the problems of society and its institutions in the light of his awakened discernment and, above all, that he helps protect the future of humanity by making what inroads he can on the processes of child-rearing that perpetuate the human sickness.* [19(p147)]

Fulfilled Sexuality as a Prerequisite for Persisting Love and for "Heaven on Earth"

It is not necessary to state the fundamental meaning of sex-economy to an insider of orgonomy. A few extraordinary people seem to be healthy in spite of their longstanding sexual abstinence. This is obviously related to the fact that they are deeply devoted to a major task in life. Reich's sex-economic principle, however, applies to all other people as it does to me, my friends, patients, and most people I know. I could not stay healthy, keep my capacity for work, love, and joy in life without a fulfilling sexuality. There may be a spiritual pathway without sexuality, but in Tantric Buddhism and in natural religions the central meaning of a happy, fullfilled sexuality is emphasized. I also would not like to devalue those people who, due to inevitable hardships, blows of fate, or diseases have to live sexually abstinent and therefore choose a spiritual pathway. On the other hand, like Reich, I will never believe that to be religious in the good and genuine sense of the word one has to ruin one's love life, to become rigid and dry in body and soul. Reich was convinced that the fundamental truths of all great human teachings were similar and come down to the common denominator: "The basic truths in all teachings of mankind are alike and amount to only one common thing: to find your way to the thing you feel when you love dearly."[14] Reich wanted to make possible "Heaven on Earth" from his very heart and no longer postpone it to the next world, as most religious institutions do.

Sexual Longing, Surrender, and Merging as a Spiritual Experience

Reich gives us one of the most beautiful descriptions of the human love act in the third chapter of *The Murder of Christ*, titled "The Genital Embrace."[13] In another place he expresses the cosmic, spiritual function of the sexual superimposition:

It is not the fuck, do you understand, not only the embrace, not the sexual intercourse. What I mean is the emotional, the primary emotional experience of the fusion of two organisms. The real emotional experience of the loss of the self, of the entire individual being.[14]

Notions of a spiritual function of human sexuality seem to germinate despite the sexual permissiveness and perversion of today. With the genital embrace the divine part of man and woman could come to light, if we would permit it. We experience that we are participating in something larger and more beautiful, if we are open to it. In complete merging an infinite moment beyond time and space develops in which the orgone is re-creating itself. I regard these moments in sexuality as highly spiritual. This requires optimal conditions from both partners: openness, readiness, self-confidence and trust, communication without words, courage, surrender, a complete release and, finally, the good fortune to find the right partner at the right time.

Deep Eye Contact as Spiritual Experience

I have described deep eye contact in another article as "energetic trance." A trance state is characterized by a change of the focus of concentration, and the brain-wave patterns differ (more alpha, delta and theta) from those in a highly awake or sleeping state. I observed quite often:

> *... how in breastfeeding a baby looks into the eyes of his mother as if hypnotized, and how it goes into deep trance state when it is finished. This happens with an orgasm of the face and without it. Or as lovers look into each other's eyes in the middle of a crowd, as if nobody and nothing is around and time seems to stand still. The genital embrace is an example of such energetic trance, however, only if the partners do not avoid the deep eye contact.*[2]

"Why is eye contact such a guarded, revealing, often embarrassing and potentially cosmic experience?" asks Welwood.[7] The orgonomic answer: first, because it reveals the emotions of the middle layer. Who would want to show them? Secondly, because with deep eye (core) contact a spontaneous longing and love expresses itself, emotions which then have to be handled. We look into the mirror of the soul. And thirdly, we can see a nameless presence which is not separated from our essence. We see an internal light, which wants to connect itself with our internal light. In this spiritual moment we can no longer hold upright the separation, can no longer objectify our counterpart. This kind of eye contact overcomes space and time and any splitting. It means "... to see each other wholly and in face of the wide sky," as Rilke said.[2]

Connectedness with Nature and the Universe

Reich describes how this feeling develops from the perception or awareness of an all-connecting life energy. Many people nowadays reveal high sensitivity or even mediumship, but these are not indispensable for a healthy spirituality. Often those people have fascinating experiences and insight, but a lack of rootedness in their bodies; they cannot function well in their daily lives due to dissociation.

> *For many years I had enjoyed the friendship of a seventy-year-old trapper and fisherman in Maine ... he fell ill with cancer and his doctors had given him only six to twelve months to live. The news affected me deeply. We had become close friends years before, when I had told him about the nature of bions. This simple man revealed a natural understanding of the living process far more acute than academic biology or physics could have provided. I had my large microscope with me and I asked the man if he would like to see the life energy in bions. To my complete astonishment, my friend correctly described bions even before looking into the microscope. For many decades he had been observing, with the keen instinct of a human being intimately attuned to*

nature, the growth of seeds and the character of earth humus. He had formed the following picture: Everywhere, he told me, there are very small, very delicate "bubbles" (vesicles); they represent "life": and from them everything that is "life" develops; they are so small that they cannot be seen with the naked eye; but the moss on the rocks develops from them, and the rock, permanently exposed to rain, "softens" on the surface and forms these "life bubbles." He had often tried to talk with academic visitors about them, but their response was always a strange smile. Yet he knew he was right. I knew he was right also, for how could moss "seeds" "strike root" in the rock? ... He was deeply religious in the good sense, but he despised the church business ... When I asked him one day whether he believed in God he replied: "Of course, he is everywhere, in me and all around us. Just look over there." He pointed to the blue color in front of the distant mountains. "I call it life, but people laugh at me, so I don't like to speak about it." Thus, he too was aware of the existence of orgone energy in the atmosphere ... The effects of the accumulator, combined with my psychotherapeutic efforts, were successful ... also ... He knew too much about nature, love, and life to possess the highly respected characteristic of "resignation to fate"... Here was a man who was supposed to have died a long time ago. Yet at the time this report was written he was still alive and lively, with almost no pain and no need to use drugs. Whatever his future fate might be, he was enjoying, at the end of his life, the power of what he called "God" and "life." This man was Herman O. Templeton. He became the first manager of the Orgone Institute Laboratories, which we established under the name Orgonon.[20]

Universal Life Energy and Cosmic Superimposition

Reich revived the age-old human knowledge of a universal energy system which is the basis for all creation. This means the return to the deepest human understanding of life and cosmos; his own source and his origin: a non-material, primary energy which is intelligent, "everywhere," filling space, penetrating every matter, flowing and pulsating in rhythms, self-creating and self-organizing, self-conscious as in the human process of knowing and consciousness, and in the primary creation as well. The thousands-of-years-old Ayurvedic wisdom describes the Creation process as the first splitting into subject, object, and into the observing process. From this first splitting, sound and resonance have developed. There are some approaches in modern physics into the direction of such a functional and spiritual view of the world.[21,22,23]

The view of the superimposition of two energy units during the creation process of non-living matter such as galaxies and hurricanes is something beautiful, magnificent, and divine. Likewise this is true of the understanding of the genital embrace as a pleasurable fusion of two organisms and of the creation of new life. Is there any cosmology which is more holistic and spiritual than that of Reich? Not for me. Because it developed from observation and from experience, it contains transcendence toward all in everything and toward an experience of the divine. I think of Reich's terms "cosmic superimposition" and "orgonotic roots of men in nature."[5]

Isolation and Crises: "The Dark Night of the Soul"*

Many great people wrote and spoke about deeply emotional, mental or vital crises—heavy

*The term is from Johannes vom Kreuz and used by Ken Wilber as symbol of a special form of spiritual crisis.[8]

losses, offenses, isolation, diseases, accidents, strokes of fate, torture, disasters, or other catastrophies. They described how a spiritual process was evoked or developed by these experiences, particularly when these crises were mastered, when important insight and human strength came out of it. With the term "stage and meadow" Reich describes his understandable ambivalence between the earthly activities on the one hand, and a longing for spiritual depth and transcendental experience in nature on the other hand. Reich himself experienced real isolation during the Oranur experiment, when Orgonon had to be evacuated and Reich remained there alone. He recorded his experiences of the intense loneliness on a tape which he titled "WR—alone."[24]

Reich's Visions

People with deep spirituality often have a momentary telepathic viewing as well as a visionary ability to see future possibilities. The difference between visions and hallucinations lies in the fact that true visions are constructive and positive.

The fundamental insights on the effects of orgone energy, Reich's orgonomic functionalism and his obviously immense life impulse (= optimism) helped him to bring the oranur experiment to a fortunate ending. If the strength of the oranur effect is tolerated by the organism, it can happen that one gets highly transparent insights, even visions (not in the hallucinatoric sense). Such experiences are not new. They are often described in other words, due to other circumstances, as mystic experiences, illumination or the like. Essentially it is, however, nothing different than the immediate complete integration of all sensory impressions and mental thoughts.

That cannot be caused arbitrarily. It happens spontaneously, as with every other intense emotion. It is a feeling of unity and clarity: the natural unity of the self with the environment; clarity in oneself and the clear perception of the environment, this being again an inseparable unit. I am convinced that many humans had similar experiences in more or less strong intensity, be it "only" in one's dreams at night. I assume: the richer the personal history, the deeper the mental ability and the more unblocked the orgone flows in the organism, the more frequent, clear and extensive are one's visions.

With sufficient knowledge of Reich's work it is not difficult to understand that he attached to his appeal to the court of justice an explanation with the title: "Outlook at crossroads ahed [sic]*."*[25] *Herein, "he outlined a visionary program, consisting of seven ways in which orgonomy would effect basic changes in the world. This was of particular interest since it constituted a summary of what he must have considered at that time the most important aspects of his work. One of these was the 'biological revolution:' that is, the development of a way of child rearing that would permit children to grow up unarmored and thus lead to a 'new type of man.' This was the only one of the seven areas to which Reich applied his method of biopsychiatric therapy. The next was the mastery of gravity ... which would lead to the third area: space travel. The fourth way in which orgonomy would bring about crucial changes in the world would be through the 'Cosmic Energy Motor' which would replace conventional types of motors and would enable future space ships to carry their gravitational fields with them and thus usher in the 'cosmic age.' The fifth would be the introduction of 'atmospheric medicine.' Since diseases are fundamentally 'the pathogenic*

effects of Life Energy gone stale,' they can be treated by draining off this stale energy by means of the medical DOR-buster. The next area would be that of pre-atomic chemistry which through orene, one of the substances that developed from the oranur experiment, would make it possible to produce organic soil from rocks and thus grow all kinds of foods artificially. And, finally, the seventh way in which orgonomy would effect a basic change in the world would be that of desert fructification."[26]

The discoverer (Reich) is aware of the meaning of such realizations for industry empires. He is not concerned about old financial or political privileges, but about the preservation of the planet earth. How visionary these prospects still are, is indicated by the fact that only point 1. is recognizable in practice. But during the lifetime of Jules Vernes it was not different. The future will show which concepts of Reich can be validated—assuming that the researchers themselves can do the work impartially and cleanly in character. In my opinion Reich was not crazy; we are crazy as "little men," being split from our true nature.[27]

Hoppe quoted from a letter by Reich:

Above all I would like to thank your wife for the dedication of her beautiful poem. It affected me deeply. In an oranur experiment one feels completely floating in the BEGINNING, VERY MUCH in the beginning, as if nothing would have been before as the "word." How very right the Bible is, without knowing it, and how different really is, what it had suspected!! Of old physics no stone will remain on the other. Even the exactness is erroneous, because it is an illusionary exactness.[5]

For a few years now some physicists admit the illusionary exactness in physics. Even the so-called natural constants are no longer absolutely constant. Einstein's theory of relativity was the beginning, and quantum physics continued with the relativity of physical objectivity.[23, 28]

Religion

Regardless of the fact that Reich, like Freud, remained extremely critical of churches, religion, and mysticism, I see him as a searching man, searching explicitly scientifically, but implicitly spiritually. In his books on therapeutic and scientific subjects also many deep spiritual insights are revealed. In the letters to his wife, Ilse Ollendorff Reich, one can read that Reich expressed explicitly his religious feelings and a deep faith in God during the last phase in prison. He wrote that he had attended some Protestant church services.

I was deeply moved; I felt a new, universal faith in Life and Love [emphasis by Reich], comprising all monotheistic beliefs, races etc. is becoming a dire necessity to counterweight and -act the "enemy of man." [29(p195)]

She goes on:

... many of his letters after this one showed a kind of religious fervor—somewhat difficult to understand in the man, who for so many decades of his life had fought very articulately any kind of organized religion. He spoke about "harbours for life," "churches for life," "sanctuaries for life." He told Peter not only to cry when the emotional pain became too hard to take, but to pray. He talked about the prayers he was composing, and on June 14 he sent three of these prayers, entitled "Resurrection—Life is Eternal, Indestructible," "Prayer for Strength" and "Prayer for Self-Realization." I have not been able to understand this development of Reich as it is so far

removed from his thinking as I have known it.

Maybe his Christ identification came into the picture here, the idea he too would be crucified and that he was preparing a life-positive renewal of Christ's message of Love, the beginning of which he had laid in his book The Murder of Christ.[29(p198)]

From my own experience, I can understand this development of Reich in the face of his death. I have seen the spiritual and/or religious awakening in this transitional phase in many people who were not religious before. From my observation of patients who faced their death, I assume that Reich could have felt this awakening intuitively. I know that due to this precognition a spiritual opening often develops. So it was with my 76-year-old father who, in suspecting his forthcoming sudden death, developed a kind of intensive homesickness, a longing for his true home. He became more gentle, more soft, more tender than before, and particularly he found more inner consolation and hope. To me, this meant that his remaining armor was dissolved in the short time of a few weeks.

When I worked in hospitals I saw many dying people who denied their dying out of fear; their armoring dissolved only in the death moment, and in some people not even then. In an earlier letter to his son, Reich wrote:

My present predicament is in a way an honour, since I am held here on the basis of an unconstitutional, i.e. unlawful court order. I am proud in the company of Socrates, Christ, Bruno, Galileo, Moses, Savonarola, Dostoevski, Gandhi, Nehru, Mindszenty, Nietzsche, Luther, and many others who fought the devil of ignorance, unlawful acts of Government, social evil ... you know and have learned to trust in God as we have understood the Universal Existence and rule of Life and Love.[29(p195)]

Reich's contribution to a social—and spiritual—evolution of mankind lies certainly more in his therapeutic implications than in specific ideas of religion and society. The goal of dissolving and preventing armoring is entering more and more into the fields of body therapies, alternative medicine and research, midwifery, and education. His most important contribution is the prevention and the release of chronic muscular, mental, and character armoring from the basic human fear. It is the fear of the orgasm reflex with involuntary convulsions and a momentary loss of ego control. This fear is functionally identical with a fear of dying. It separates us from ourselves, from others, from nature, and the cosmos. The dissolving of armor and fear usually takes place in the therapy process over a longer time. Reich showed us how to prevent the armoring in children. Freedom from chronic armoring does not guarantee enlightenment, but it is the most substantial condition for a genuine, healthy spirituality. With this discovery Reich made religion and spirituality natural. It gives us an entrance to happiness and health, to a natural, ethical code and to the chance for deep joy of life, which other spiritual ways convey less authentically.

We live in a time of tremendous changes in every realm of life, and in the face of all the horror on earth we can easily understand a deep longing to be freed into "higher ethereal spheres." But we should keep in mind Reich's warning that helplessness prepares the soil for the development of religious ideologies and cults, especially in the face of social violence, natural or man-made disasters and cultural crises. Old wine will be filled again into new bottles—in the guise of diverse religious traditions and spiritual practices with more or less hidden claims for abstinence, emotional and sexual repression, denial of fulfillment, and pleasure in life. One should take care not to replace one psychological trap with another. Let us be watchful! Reich's perspective will

help us to differentiate between unhealthy spiritual or religious expressions and genuine ones. Life on earth still offers many beautiful, lovable values, many fascinating things and potentials which are still to be discovered.

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Orgonomy as Treatment for Seizure Disorder

MARY ALICE CULLINAN

When I first went into treatment with a medical orgonomist in 1976, I was 27 years old. I had been having grand mal seizures since I was 16. I had two young children and went into therapy because I was depressed, anxious, and my life felt out of balance. I had frequent seizures even though I was on high doses of phenobarbital and Dilantin. It was never definitely determined what initially caused the seizure disorder. I had been hit by a car when I was 10 years old and, in addition to fractures, I had sustained head injuries and was in a coma for a short time. My parents felt I was a highly sensitive, emotional child and it was hard for them to understand how the seizures began "out of the blue." I had many EEGs and only once did they detect an abnormal pattern in the left temporal lobe.

My seizures would be preceded by an aura, usually auditory, as if there were music or a voice or a high-pitched sound almost out of my hearing range. Then I would lose consciousness. My eyes would roll up, I would fall to the ground, my bladder would empty, my muscles would go into spasms and twitch, and I would bite my tongue. Accompanying the sounds at times would be a strange smell or a feeling like I was just a pace off of reality or just outside of myself. At these times, the world seemed more dull or mundane and everything seemed devoid of meaning or color. Sometimes there was a sense of *deja vu*—this happened many times, whether I had a seizure or not.

After a seizure I would have no memory of anything. In the first years, I would forget my name, not know who I was or who my family was, and not even recognize my mother or my room. Simple math or current events were gone. I would be exhausted and scared and would be in bed for several days, coloring in children's coloring books and napping. Gradually things would come back to me, but sometimes there would be blanks in my memory that did not return. I would only know of the gap when someone referred to an event that was totally foreign to me. Much of my childhood is still not available to me. After a while I would come to, recognize I had had a seizure (I might have an extreme headache, a bloody tongue, bumps on my head, or be exhausted and disoriented). I would try to compose myself, calming myself even though I would be very angry and frustrated. I would have to ask myself such basic questions as: "Do I live at home?" or "Do I have children?"

The seizures could be brought on if I forgot to take my medicine, was too tired, went to bed upset, or if a highly charged event was coming up such as visiting my family for the holidays.

When I first saw my psychiatrist, my eyes were blocked and they expressed little emotion. I experienced little feeling in general and had not cried in years. I suspected it was due to the medication and resented taking it. I had a lot of repressed anger and my jaw was extremely tight as were my forehead, the base of my skull, my throat, my chest, and my lower back.

My therapist began to have me move my eyes and breathe and sigh. He loosened the muscles of my forehead, occiput, and jaw. This brought up a great deal of anger. He also pressed hard into the long muscles of my back. He had me kick and hit and yell. It took me a long time to

fully feel the emotions that came up. It was also a long time before I cried and I was very self-conscious about that.

I would miss or get lost on the way to many of my orgonomy sessions then, as my thoughts were often not clearly focused. After three years of treatment, I felt more of a sense of myself, had increased self-esteem, and felt that I could take charge of my life. I wanted to get off the medication. Seizures were still occurring, but less frequently.

We gradually began to cut back on the medication I was taking four times daily. I continued to work on expressing my feelings even though strong feelings brought on auras that my therapist would have me manage by staying grounded, moving my eyes, breathing, and remaining focused. When I was awake and well grounded I generally did well. The problem was that if I wasn't well grounded, the auras would come during the night. Sometimes I would wake up just as they were starting and I would panic, but eventually I became better at focusing, standing up, walking around, and calming down.

There were many setbacks. After a seizure, I would go back up to my usual dose of medication and gradually work my way down again. Before a trip to see my family, I would go over any possible triggering situations that might occur. Although I was getting better, I would never know until a seizure occurred how much therapy was helping me. The ups and downs went on for years, but gradually the frequency and intensity of the seizures began to lessen. What had been at least a monthly occurrence began to stretch out to two months, then to six months. One time after doing well for several months, I had a major seizure after I awoke in the middle of the night with an aura. I panicked and tried to stand too soon. I fell and hit my head on the night table. Another time, after several years of therapy, the lights and atmosphere in a mall began to trigger a seizure. I was with my children and the thought of having a seizure with them right there was overwhelming. I began to run with them to get outside, hoping the fresh air would restore me. I fell just as I reached the doors and awoke with the embarrassment of a crowd, an ambulance, and crushing disappointment.

I had my last seizure that I know of in 1981 when I was 32 years old. I am now 55 and have not taken any medication for the seizure disorder since then. I have occasionally had an aura or been awakened in the middle of the night feeling a kind of buzzing, odd, pre-seizure sensation. I have been able to reorient myself by moving my eyes and checking in with my emotions, and have avoided seizures and their side effects.

I feel very fortunate to have had the opportunity to experience orgone therapy. After some years I changed therapists, began seeing Dr. Louisa Lance, and have continued my therapy with her. I am in touch with my feelings, have continued to grow, and feel more confident and capable in my life.

Notes from Afield

Notes from Afield is intended as a forum for the presentation of findings from other sciences that bear more or less directly on any aspect of orgonomy. Readers are invited to contribute such material, citing the author, title, source, and date of publication. In the case of books or excerpts from books, the name of the publisher should be included. Contributors may also, if they wish, provide a commentary indicating the relevance of the information to orgonomy. The editors reserve the right to alter, revise, or add to such contributions as they deem necessary.

IOS Editor's Note: This is an exact reprint from the original article. The "Editorial Comment" below is a part of the original article.

IS THERE AN UNCONSCIOUS NATIONAL CONSPIRACY AGAINST CHILDREN IN THE UNITED STATES?*

BY MICHAEL ROTHENBERG, M.D.

The author's thesis is that there is indeed an unconscious national conspiracy against children in our country. He presents data in relation to seven areas in which children function, to support his thesis. He then proposes an approach to understanding how this state of affairs has come about and makes specific recommendations that he feels will help us move toward a solution to this problem.

Editorial Comment: This is a deliberately provocative title and article. The author in correspondence with the editors states "My use of the word conspiracy is analogous to the old story about the Arkansas mule—once you have hit him over the head with a 2 by 4 to get his attention, all you have to do is whisper in his ear and he will do exactly what you want." Some of the material is very controversial and may even offend some of our readers. Nevertheless, after much soul searching, the editors have accepted the article; because it does define the case of the extremist child advocate. We would have preferred that the author include some acknowledgment that there is some good, well motivated work on behalf of children. However, he insisted, "I have spent altogether too much time and bent too far over backwards to always be stressing the 'ups' and have failed to sufficiently bite the bullet and confront the underlying issues that have stood in the way of our making sufficient substantive progress in behalf of children." The editors did not subscribe to the author's overview, but are providing a forum for him to state his feelings.

THIS HAS BEEN a difficult presentation to prepare. The difficulty has been threefold: First of all, I have had to undergo a good deal of frequently painful introspection concerning my own childhood, my feelings about it and the effect of those feelings on my ability to write this paper; secondly, I have had to engage in a review of my own clinical experiences during nearly twenty-five years as a pediatrician and child psychiatrist working with severely disabled, disturbed and disadvantaged children and their families, as well as immersing myself

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This paper was developed from the author's talk presented as the response to the keynote address, "Human Needs and Political Realities," at the 13th Annual Conference of the Association for the Care of Children in Hospitals, Washington, D.C., June 5-8, 1978.

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in many others' often vividly detailed accounts of their own similar experiences; and finally I have had to struggle to find the balance of factual presentation and personal and professional outrage which, I hope, might move at least some of my readers to action.

In an attempt to set the question posed in my title into a helpful perspective, I want to take at least a brief glimpse into the history of childhood in the Western world. The first attempt at a history of childhood from a psychological viewpoint was published in 1974 by a group of ten psychohistorians under the leadership of Lloyd DeMause.[1] Their first sentence is, "The history of childhood is a nightmare from which we have only recently begun to awaken." Like the historical biographers, the historical sociologists and the literary historians, this group of psychohistorians unfolds a tale of horror, beginning in antiquity, that includes infanticide, abandonment, brutal toilet training, physical discipline which today would universally be called battering, and sexual abuse of every sort and description.

My thesis, in this presentation, is that there is indeed a national conspiracy against children in our country, albeit one that is to a significant degree unconscious for most of the adults participating in it. I will present some facts to support my thesis, propose an approach to understanding how this state of affairs has come about and make some recommendations that I feel will help us move toward a solution to this problem.

Some Facts

Americans idealize and romanticize their children more than any other people on the earth. But in the face of this, as Kenneth Keniston has said, "For 200 years Americans have valued the child mainly as a producer—first on the farm, then in the factory and now as a cognitive whiz."

I have limited myself to a very brief survey of data in relation to seven areas in which children function. In these areas, the persistence of negative—if not out-and-out destructive—conditions suggests the presence of a national conspiracy against children.

Child Abuse

At first blush, it appears that there is a great deal of national activity in the area of child abuse. Both professional literature and popular publications abound with articles on the subject. All 50 states have passed child abuse reporting laws. There is even a federal office that concerns itself with this issue. Programs for the prevention and treatment of child abuse have been repeatedly documented as necessary and effective. However, on closer inspection, one discovers that the money and personnel necessary to carry out these programs are simply not available. Indeed, what happened in the State of Washington is not atypical: Within 18 months after passing a mandatory child abuse reporting law, the State Legislature, as part of an overall economy drive, cut the budget for Children's Protective Services in the State by 50 per cent.

The issue of child abuse has, with few exceptions, been dealt with only on one level, that of dealing with the interaction between the abused child and his or her caretaker. David Gil's[2] concept of three levels of child abuse is largely ignored. Gil has attempted to call to our attention the multiple problems of institutional abuse of children (the second level)—in schools, day care settings, correctional institutions, residential treatment centers and hospitals—about which so little is written or said and even less is being done. Finally, Gil points to a third, and perhaps most important level of abuse—child abuse as a matter of public policy.

The Educational System

Our society's emphasis on conformity is per-

haps nowhere more strikingly manifested than in the area of education. When the United States Office of Education asked schools across the country to forward the number of gifted and talented children, more than half responded that there were none—a statistical impossibility. Albert Einstein said,[4]

> *It is nothing short of a miracle that the modern methods of instruction have not yet entirely strangled the holy curiosity of inquiry, for this delicate little plant, aside from stimulation, stands mainly in the need of freedom; without this it goes to wrack and ruin without fail. It is a very grave mistake to think that the enjoyment of seeing and searching can be promoted by means of coercion and a sense of duty.*

Most recently, we find ourselves confronted with what has been called "the 'elastic mind' movement."[5] Psychologists Bertram Cohler of the University of Chicago, Jerome Kagan of Harvard University and others are espousing the theory of what Kagan calls "the baby's elastic mind."[6] Their thesis is that the way parents raise their children, and the extent to which the parents themselves might be troubled, doesn't really matter in how the children will turn out, because people keep remaking their lives *all* their lives; and what happens to children later, including what they do for themselves, pretty well compensates for earlier disadvantages and upbringing. This movement ignores the extensive work of such investigators as Klaus and Kennell, Spitz, Broussard and Fraiberg, to name only a few. Obviously, the "elastic mind" theory could be applied to children in all arenas, not just the educational system.

Let me end this section with Dr. Gilbert Kliman's response to the elastic mind movement:

> *We in our culture are finding it increasingly difficult to bear the pain of our children. We no longer have the excuse we used to have when people had large families and could say they were too busy to give each child a lot of individual attention. So we must rationalize our collective neglect of children by denying that the neglect does them any harm. Just as each of us has individually repressed all the painful memories of those earliest, most vulnerable years, we would like to be able to say of children in general: early experience doesn't matter. It all just goes away and is forgotten.*[5]

The Law and Justice System

With our legacy of English common law, children in the last quarter of the 20th Century in America are still seen as chattels. This idea is dramatically represented by the 1977 United States Supreme Court decision upholding corporal punishment in our public schools: the majority of the Court reasoned that the Eighth Amendment proscribing "cruel and unusual punishment" applies only to criminals and criminal law.

The United States Senate Subcommittee to Investigate Juvenile Delinquency recently reported the following statistics: Although youngsters from 10 to 17 account for only 16 per cent of our population, they account for nearly 50 per cent of all persons arrested for serious crimes; 31 per cent of all crimes solved involved persons under 18; the peak age for arrests for violent crime is 18; the peak age for arrests for major property crime is 16.[7]

When the National Commission for Children in Need of Parents met in Seattle at the end of March, 1978, the Captain, who is Commander of the Juvenile Division of the Seattle Police Department, and has himself been a foster parent to 94 abandoned, abused and neglected children, challenged the Commission to list the constitutional rights of foster children. Pointing out that such rights were listed for parents,

Captain Knechtel said, "I'll save you some time. There aren't any. There is no law or statute or anything that lists the rights of foster children." He reminded the Commission that nationally more than 350,000 children live temporarily, sometimes from birth to age 18, in a succession of foster homes, bouncing from foster home to foster home or from their natural parents' home to a foster home and back "like a yo-yo." Knechtel cited research showing that between 60 and 65 per cent of multiple juvenile offenders —those who have had more than five contacts with the police—had their first contact as a neglected, abandoned or abused child. These multiple juvenile offenders account for 50 per cent of all crime and 70 per cent of all violent crime commited by juveniles.

Howard James' book, *Children in Trouble: A National Scandal,*[8] presents a massive quantity of data in relation to the juvenile justice system. The book is accurately described on its dust jacket as, "A sensitive yet shocking study of the juvenile penal system in America which has consigned more than 300,000 children, some as young as four and five, to the deadening brutality of prisons, reform schools and detention homes."

The Children's Defense Fund of the Washington Research Project has accumulated a great deal of data concerning the inequities of the law and justice system on all levels in this country in relation to children. I would refer those who are interested in more details in this area to their office in Washington, D.C.

The Legislative System

In December of 1976, Dr. Stephen P. Hersh, Assistant Director for Children and Youth at the National Institute of Mental Health, wrote the following in his Annual Report to the National Advisory Mental Health Council:

> *There are 106 programs as far as we know relevant to child and maternal health throughout the federal government. These are found within five distinct executive departments. Within these departments the programs are scattered over 15 agencies, 45 offices, bureaus or institutes. ... These 106 programs expend at least 32 billion dollars a year, of which only 2.2 billion are specifically involved in actual health services for children and their mothers. The 106 programs are based on 58 pieces of legislation. These pieces of legislation have passed through almost 30 congressional committees and subcommittees. ... Coordination, cooperation, similar regulations, similar guidelines, similar standards, similar ways of distributing and allocating of public funds are the exception rather than the rule. We have no National policy. We have no National leadership and commitment at the highest level thus far.*

Despite a considerable organizational shake-up at the National Institutes of Health, I can detect no national policy or leadership and commitment at the highest level in the current national administration.

I have said in another context[9] that children have neither money nor the vote and therefore are no politician's constituency. There are, fortunately, some rare exceptions to this view. One of them is Vice President Walter Mondale. While still in the Senate, Vice President Mondale was interviewed by Dr. Milton Senn in connection with Senn's book, *Speaking Out for America's Children.*[3] Among other things, Mondale said, "... I don't know of anyone who has studied this field who thinks those programs and their funding or the way in which they are administered in any way approximate the scope of the problem."

The Advisory Committee on Child Development of the National Academy of Science was set up in 1972 to take stock of what was known and to develop recommendations for national policies. They examined the White

House Conference Report of 1909 and all the ones since, and concluded that 90 per cent of the recommendations made in 1909 are still suitable today, but that most of these have still not been acted upon in any way by a policy body. As Dr. Orville Brim concluded:[3]

> *... this implies two things: there is a continuity in what professionals believe is desirable for child-care practices over the past sixty years; and secondly, that the children of the United States do not seem to be an important political constituency. ... Rather than attempt to hand in another set of items without priorities, we said, "Why not just run off another copy of the 1909 White House Report, put the committee's signature on it, and hand that in?"*

The Mass Media and Children

During the past decade, two national commissions and several congressional hearings have addressed themselves to the issue of violence in America generally, and violence on television specifically. A massive amount of documentation now exists which attests to the negative effects of television viewing on children's behavior, on their nutrition and on their overall psychosocial growth and development. While less is known about the effects of other mass media, such as movies and comic books, there is certainly a strong suggestion that the effects are similarly negative.

Even though these data have been repeatedly presented to appropriate government officials, nothing has been done through either legislative channels or government commissions, such as the Federal Communications Commission, to protect children from this public health hazard which Dr. Anne Somers[10] called "pollution of the mind." Perhaps this is because twenty-five per cent of the television industry's profit comes from the seven per cent of its programming directed at children.

The Economic System

The Pulitzer Prize-winning investigative reporter, Howard James, in his devastating book, *The Little Victims: How America Treats Its Children,*[11] points out that if there is a State religion in America it is what he would call "hedonistic consumerism." This is an obvious fact of adult life in America to even the most casual observer. What is less apparent is the organized and deliberate manner in which, particularly with the increasingly widespread use of television over the last 25 years, the child and adolescent consumer has been targeted by American Industry.

In 2250 B.C., the Code of Hammurabi made selling something to a child or buying something from a child without power of attorney a crime punishable by death. In 1978 A.D., the average American child will have been exposed to somewhere between 300,000 and 350,000 television commercials alone by the time he reaches age 18. Fifty-five per cent of these commercials are for edibles, and 65 per cent of all the food advertised is sugared. Calculating at an average cost of $35,000 per commercial, there is an expenditure of some 700 million dollars annually in television commercials alone.

American children and youth are the targets of multibillion dollar food, clothing, cosmetic, toy and music industries. The toy industry alone consists of 925 companies which gross a total of 2.8 billion dollars annually.[12] It is shocking to juxtapose this figure with the fact that a government agency has estimated there are 700,000 toy-related accidents each year in the United States, some 10,000 of them serious enough to lead to the hospitalization of the child.

Perhaps the issues involved in the effect of the economic system on children can best be summarized by the following filler that appeared in the New Yorker Magazine in October, 1977:

"Our Children Are Our Jewels!"
Fashion Lecture

One of the slides was of a woman stepping off a curb holding a little girl by the hand. "Look at this beautiful woman!" said Dorothy Waxman. "Look at the stunning neutral palette of colors she has chosen—the hat just a slightly brighter shade than the jacket. The colors aren't flashy, but they really come alive. And look at the beautiful little blonde girl. What a wonderful accessory!"

The Health Care System

In January 1978, a panel of medical experts was called together by Representative James H. Scheuer (D.–N.Y.) for two days of hearings on possible revisions to the U.S. Maternal and Child Health Act, under consideration in Congress.

Representative Scheuer cited the following figures:

- Some 10 million children under age 16 receive no medical care whatever in this country.
- About half of all children in the United States under the age of 15 have never seen a dentist.
- 19 million children are not fully immunized against polio.
- 14 million children are unprotected against measles and German measles.

At the same hearings, Dr. Saul Robinson, President of the American Academy of Pediatrics, pointed out that between 1960 and 1975, federal health dollars invested in child health declined from one of every two to one of every ten spent. Dr. Robinson said, "The early formative years require better health service, yet we still have not adopted a national policy for promoting health, preventing disease and illness and guaranteeing our youngest citizens the right to a healthy future."

It has been estimated that at least 10 million of the 67 million school children in the country need help for psychological disturbances if they are to complete successfully their school work. There are over 2 million severely disturbed adolescents housed in state hospitals and correctional institutions. Despite these figures, and the fact that there are fewer than 2,500 trained child psychiatrists in the country, with other child mental health professionals in equally short supply, the training of all child mental health workers has been sharply curtailed in recent years.

Although they make up 40 percent of the population, children and adolescents receive less than 5 percent of available mental health services in the country.

The concept of therapeutic play, particularly as a way to prevent emotional trauma in an enormous variety of hospital situations, remains unknown to most physicians and nurses and poorly understood by the vast majority of those who are even aware of it. No more than a handful of all children's hospitals in the country have child life and education programs which are funded out of the basic, annual hospital budget. Restriction of visiting hours remains the rule in most children's medical settings, particularly in relation to visits from young siblings. It is my conviction that children's hospitals are still run for the convenience of the adults who work in them, with only a secondary focus on the needs of the children treated in them.

If it feels as if I have burdened the reader with too many awesome and awful statistics, I can only say these represent a very small proportion of the mass I have accumulated during the past few years.

Discussion

How did this "conspiracy" against children begin, and how is it sustained at the present time?

DeMause[1] postulates that when an adult is face-to-face with a child who needs something, the adult has three major reactions available: (1) He can use the child as a vehicle for projecting the contents of his own unconscious (projective reaction); (2) he can use the child as a substitute for an adult figure important in his own childhood (reversal reaction); or, (3) he can empathize with the child's needs and act to satisfy them (empathic reaction). While the projective and reversal reactions are far more common in the past history of childhood, they remain all too familiar today, as in the common reversal reaction of the child batterer who says, "When he cried, it meant he didn't love me. So I hit him."

In a *Commentary in Pediatrics*[13] in the fall of 1977, I said:

> *A lot of people go into pediatrics because they are more comfortable with children than they are with adults or because they have an urgent need to be in total control of their patients—or even out of classical reaction formation, i.e., reacting against their basic dislike of and discomfort with children by doing exactly the opposite of their impulse and spending most of their time working with children. Individuals who have chosen pediatrics for any of these reasons are obviously not going to be interested in becoming very involved in psychosocial and behavioral issues, since such involvement would inevitably lead to their being confronted with their own motivations for going into the field. I think we need to bring this hidden agenda out in the open and build in answers to the questions it raises, within our pediatric training programs ...*

While I am far less familiar with others who work with children than I am with pediatricians and child psychiatrists, I feel that similar processes often underlie the decision of people to enter other professions and vocations that primarily involve work with children.

It is my impression, then, that the "national conspiracy" against children has been produced by and is sustained by these projective reactions, reversal reactions and reaction formations which are largely unconscious in all of us, or of which we are only superficially and transiently aware.

I feel that very few of us are fortunate enough to enter adulthood without a frightened, hurt and angry child still very much alive within us. It seems to me that this is what causes each of us to suppress or repress an awareness of these projective and reversal reactions and reaction formations—unless we make a major, conscious effort to bring our feelings out into the open and work them through.

Recommendations

I would urge those interested in becoming involved in a broad based child advocacy plan on a community level to spend five minutes familiarizing themselves with Howard James' Lafayette Plan. James' plan was developed in Lafayette, Indiana in May 1971, and in time became the basis of a statewide advocacy group for children.[11] The details are laid out in seven pages in his book. Suffice it to say that, with minimal guidance from James, two women in the community with less than $1,000 in start-up money were able to launch a full-scale advocacy program for children and youth.

For those of us who spend our working lives in the child health care field, I am calling for a national campaign, to be supported by a consortium of all of the organizations to which we belong. The campaign will have three objectives: First, to get in touch with our ambivalence about children and youth to the point that we can—second, take a leadership role in helping all others who work with children to a similar awareness of their ambivalence so that—third, we may all be able to work

together, *focused on the needs of children,* rather than on the power, "turf" and money issues which have so fragmented and effectively destroyed our efforts to bring about substantive changes for the children of America.

I know that it's an awesome task to confront one's ambivalence about children. But I'm convinced that we can go about it in a practical way, which doesn't involve each of us in long-term psychotherapy.

The first step is for each one to accept that it's at least possible that he or she has negative feelings towards children.

Second, one must ask oneself what it is that one really wants from one's work with children and adolescents.

Third, we have to recognize that it's easier for us in the health care field to be care*givers* than care*takers*. That is, we *give* care *to* others easily, but it's much harder for us to *take* care *from* others. This is important, because each of us will have to turn to coworkers and colleagues for support, while we undergo the painful process of getting in touch with the angry and resentful feelings which we experience during our work with children and their families. This is formally called peer group support and consultation.

Fourth, we may have to engage in small group workshops and seminars *(not* "encounter" or "sensitivity" groups) with consultants from *outside* the group who have special skills in helping working groups engage in mutually-supportive self-examination.

Fifth, we shall have to work together to convince administrators in our work settings that the time and money needed for this process is not a luxury, but a critical necessity for the provision of quality services to children and their families.

A Final Word

For those who work in health care settings for children, let me suggest the prayer of Sir Robert Hutchison, a 19th Century English pediatrician, as a guide to meeting human needs in the context of political realities:

From inability to let well alone;
from too much zeal for the new
and contempt for what is old;
from putting knowledge before wisdom,
science before art, and cleverness before common sense;
from treating patients as cases, and from making the cure of the disease more grievous than the endurance of the same,
Good Lord, deliver us.

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Early Experiences Alter the Baby's Brain*

Preemies must be brought up to date

WILLIAM J. CROMIE
HARVARD NEWS OFFICE

Preterm babies are born with preterm brains. They need to learn in the harsh world outside the womb what normal babies learn inside the comfort of their mothers' bodies.

Differences in brain structure and function in preemies as young as 28 weeks show up when they are compared with full-term babies (40 weeks). MRI scans show significantly fewer connections in the early brains, which are reflected in the way these babies move, and how they explore themselves and the rest of the world.

For all babies, leaving the comfort of the womb is a traumatic separation from a rich, nurturing environment. Life is especially difficult for preemies who must be cared for in newborn intensive care units to survive. They are suddenly exposed to bright lights, loud sounds, and touching by many hands and instruments, and are crowded into a plastic incubator. They are probed, prodded, and pricked with needles. Tubes are put into their mouths, and stomachs. They are resuscitated, reanimated, washed, wrapped, and, worst of all, separated from their mothers and fathers.

The parents are premature, too. Mothers "lose" their child unexpectedly, often before they have started childbirth classes.

"Preterm infants are fetuses who find themselves too early and unexpectedly in a hospital environment instead of the evolutionary promised mother's womb," says Heidelise Als, associate professor of psychology at the Harvard Medical School who works at Children's Hospital in Boston. About 20 years ago, she gave birth to a new effort called Newborn Individualized Developmental Care and Assessment Program (NIDCAP), which aims to reduce the discrepancy between womb and intensive care unit.

"We have just completed the first experiment to show that developmental care offered by NIDCAP can alter the structure and function of the developing brain," Als notes. "Our earlier studies showed that NIDCAP improves the ability of preemies to learn and think. Now we are coming closer to knowing why this is so. About 50 percent of preemies have cognitive or disciplinary problems in school. So the program, if more broadly implemented, might save a huge amount of rehabilitation and special schooling efforts and expense."

Baby Body Language

NIDCAP aims to change the culture of newborn intensive care units. Rather than regarding a preterm baby as a system of organs that must be kept alive, the program treats preemies as small people who, by their own behavior, let you know what they need and want.

"If you put babies on their backs with their arms outstretched, they will fight you," Als explains. "They want to curl up into a ball, put their hands in their mouths and shoulders against the incubator's wall. They're telling you that they want to get back to the life they left in the womb. Preemies push with their hands, arch their backs, splay their fingers, gag, spit, and grasp. You've got to learn their language."

NIDCAP developmental specialists work with daily caregivers to help them recognize stress and comfort signals and to act accordingly. Nurses are encouraged to think of the infants as active participants in their own care. Mothers and fathers shouldn't have to adhere to restricted visiting hours. They are encouraged

*Article (dated May 20, 2004) reprinted courtesy of the Harvard University Gazette.

to hold their babies in recliner chairs during difficult and stressful procedures. They can enjoy skin-to-skin contact even when the infant is on a respirator, with a breathing tube in its mouth or nose. They can sleep with the baby in the chair.

Parents also are helped to personalize their baby's incubator area. For example, they can use privacy screens with soft-colored cloth panels, as well as crib canopies with bows and ribbons. "Such custom-made materials create soothing islands in the midst of an otherwise large, active, and often hectic newborn intensive care unit," Als comments.

Better Brains and Behavior

Als and her colleagues reported on the latest results of such treatment in the April issue of the journal Pediatrics. Thirty preemies, 28 to 33 weeks in the womb, were split into two groups. All of them had healthy mothers and were free of other medical problems. Fourteen received conventional treatment at the newborn intensive care unit of Brigham and Women's Hospital in Boston, a highly rated teaching facility of Harvard Medical School. Sixteen began NIDCAP care within 72 hours of admission to the same intensive care unit. That care continued until the age of 2 weeks (adjusted for their prematurity).

At 2 weeks and 9 months adjusted age, all the preemies underwent a battery of mental and motor development tests, as well as MRI scans and electroencephalograms to check the condition of their brains.

"Differences were dramatic," Als says. The NIDCAP babies were more relaxed than their counterparts. They showed less uncontrolled extension of their arms and legs, and their movements were smoother and more controlled. "They were more like healthy full-term babies than those who did not receive the extra support," Als adds.

Their brains looked significantly different, too. NIDCAP infants possessed more white matter, the material crucial for learning, thinking, and decision making. Als can show you MRI images of connections between areas of brain that control movements and those that think about and plan such movements. "The nerve tracks between these areas are thicker and better organized," she points out.

The same is true for activity in connections between brain areas that control senses, such as vision, and the thinking areas that integrate what is seen and otherwise sensed. The dissimilarity is reflected in behavior.

"NIDCAP infants look at you and follow you with their eyes," Als notes. "They show more attention, interest, engagement. Those in the comparison group stare more, are less responsive, less engaging. At age 9 months we see remarkable variations in how members of the two groups pick up cubes and beads, hold crayons, grab, crawl, and transfer objects from one hand to another. Such differences predict how well infants will function cognitively at later ages."

NIDCAP care will involve greater expense. However, Als believes it will be well worth it in terms of lower costs for rehabilitation, special schooling and handling disciplinary problems, as well as for providing a higher quality of life for children born prematurely.

Preemies often have poor math and language skills. They generally are hypersensitive, overreactive, disorganized, and indecisive. They may be overwhelmed by homework or daily tasks that other children take in stride.

Als is aware, of course, that her latest findings are not going to change the culture of newborn intensive care immediately. More proof has to be obtained. She is looking for funds to keep following the 30 infants in her latest study into adolescence. She also plans to do a larger study that would evaluate about 100 preemies from earlier NIDCAP studies, who are now adolescents.

"Such further research needs to be done," Als insists. "The results so far put us at a great responsibility for how we care for preterm babies in the future."

Summerhill School 2000

SID AND ALI ANDERSON

Just recently we made our first visit to Summerhill School. We have been reading the writings of the founder, A. S. Neill, for many years and own a whole shelf of his books. He changed our lives, as he has many thousands of others around the world. We were privileged to walk around the campus, talking with many children and teachers, and sat in on a school meeting.

Our adventure started when we asked our taxi driver at the train station in nearby Saxmundham if he knew where Summerhill School was: "I certainly do. A wonderful school! I've driven many students to and from the airport over the years, and seen them change from unhappy-and-scared to laughing-and-self-confident ... sad to leave school, happy to get back. They recently won their court case against the government education office officials (DFEE) ... who wanted them to conform, have compulsory class attendance, etc., but of course Zoe [Neill's daughter] knew that would compromise Neill's most basic principles. The government began to realize that Summerhill had so much going for them, so they backed off. Zoe won, and the school has gotten a lot of favorable publicity." Our driver, the proprietor of a taxi company and also a retired police officer, volunteered to pick us up at 5:30, and told us more. We were amazed and happy!

We met Claire in the office, Zoe and her husband Tony, some of their four children (one is the woodwork teacher and expert on the newly-built skateboard ramp). Seven-year-old Gabriel (eagerly waiting for his science teacher to come back in the van) showed us the woodwork shop. We helped him put away the giant two-foot-high outdoor chessmen in the storage shed, then the rabbits and guinea pigs, and the "stained glass" paintings on the windows of the art classroom. Suddenly he said goodbye and ran off for his class when the science teacher returned.

Of 69 students this year about 10 are Japanese. One asked if we were ex-Summerhillians. We replied: "We wish!" He was interested that I had spent a wonderful summer at Lake Nojiri. A teenage boy, playing the piano beautifully, told Ali he was self-taught, didn't know what key he was playing in, just played by ear, and didn't mind if we listened.

Then, hearing that the school meeting was about to start, we asked if we could sit in on it, and were told: "Probably. Students and teachers will vote. We'll let you know." In a few minutes, we were invited to come in, where all were seated on the floor against the four walls of a small gym. Incidents were dealt with rapidly but following strict parliamentary procedure. A house parent was chairwoman that day and each student or teacher would raise their hand and be recognized before speaking. One case involved a boy accused of being chronically sloppy. It was suggested that he clean up his room today, and keep it tidy, to be followed up at the next meeting. Those approving said "hear, hear." The boy had a lot to say in his own defense, but finally accepted the majority opinion.

Another case was a girl who said: "I'm really pissed off, because Michael [her English teacher] promised to give me a class in creative writing, and didn't show. When he finally came in the van he acted as if he didn't care, just said we could do it another time. But I was waiting. We had an appointment, for today!" The teacher apologized. She again blasted him, and he apologized further, admitting she was right.

Other cases involved a boy who hit another in the face, and another boy who picked on a smaller boy. Fines were sometimes in money, sometimes in reduced privileges (such as no swimming for a week). When a witness was not present, someone was sent to get them. As for classes, students attend only when they choose. One teenage boy was accused of tossing a soda can on the way back from town on his bike. He admitted, with good humor, that he had tried to toss it into a refuse basket but had missed, and didn't go back to pick it up. He accepted the suggested fine as fair.

There were times that day when tears came to our eyes. There is not the slightest doubt that Summerhill is alive and well, and will be far into the future. Neill would be happy, and thousands are happy, including 69 students, teachers, and us.

Zoe told us they are in the process of forming a foundation to raise money and scholarships, with details to follow in a few months. We wanted to share our experience with you, hoping that you also may wish to put Summerhill School high on your priority list of the world's most worthy causes.

With Zoe we feel: "If only my old Dad could have seen what a deep impact he had on the lives of so many people."

In a letter dated October 5, 2005, the authors add:

A. S. Neill was the first to point out that Summerhill-type democracy would not work in the average school. It can succeed only when children come young, and there are no severely unhappy rebels or emotionally disturbed children.

Maybe, however, in our own daily interaction with children we can profit from the concept of "freedom without license" (personal freedom without hurting anyone else). At Summerhill more than 200 laws have been created by the school community. For instance, no one may play loud music after quiet time, ride someone else's bike without permission, or infringe in any way on someone else's freedom. In our own lives, we must never allow children to endanger their health or life, but we should encourage them to take part in family and group decision making, and carefully think through their personal choices.

Too often in our culture we confuse "permissiveness" with "freedom." Here is an interesting quote from Salvatore Iacobello, M.D.:

> *Recognize that permissiveness is not preferable to authoritarianism and moralism; it is not to be confused with freedom and it does not make children happy. Promote individual and social responsibility as a basic and essential component of health.*

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Wilhelm Reich and the Cold War

by JIM MARTIN

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Until this time there has been no work that dealt so particularly with Reich's contention that the campaign ushered in by the Mildred Edie Brady article in the *New Republic*, pursued by the Food and Drug Administration that eventually led to his imprisonment and the wholesale book-burning, was the result of a Communist conspiracy.

If for no other reason than that the evidence that Martin has gathered firmly confirms Reich's accusation, this book is valuable. At the time of the occurrence the contention of a Communist source was held to be evidence of Reich's paranoia in the community that had already labeled him psychotic.

There were two essential sources of those who considered Reich outside the limits of normalcy. The first were those individuals who considered the paradigms of their lives, the systems they believed and within which they operated, violated by Reich's new paradigms in psychotherapy, biology, physics, etc. The second source were those of the Communist persuasion who felt betrayed by Reich's embittered renunciation of The Cause. The second group sought their revenge, and marked him for a target.

In addition to unveiling the Communist vendetta Martin has attempted to continue Reich's biography past the trial period. He does this by providing whatever documentation was available to him, and by providing interviews with coworkers, prison mates, and especially an interview with Reich's daughter Eva.

The interview with Eva Reich is remarkable in its forthrightness and emotional impact. Eva, who had been labeled dismissively years ago in the American College of Orgonomy as an hysteric, reveals the sacrifice and the intimacy of the relationship with her father. She also tells of his increasing refuge in alcohol (accounting for some of his late behaviors and utterances) as the pincers closed on his life.

The book begins with a brief biographical account of Reich's life. It continues with a description of the social and political environment of early psychoanalysis. The confluences of Communist ideology and the lives of some early psychoanalysts (including Reich) are examined.

In the political arrangements of the Party outside of Russia various strategies are employed. There are the Party members but they are often not the chief operators. Others are not admitted as official members of the Party but, having swallowed Party doctrine whole, are insinuated in other organizations to maneuver Party thought into the proceedings. Another, smaller group, overtly renounce the Party lines and sit silently in important places until such critical times when they can influence direction.

Mildred Edie Brady had crossed paths with Reich more than a decade before she wrote "The Strange Case of Wilhelm Reich," published in the *New Republic* in 1947. It was at the International Psychoanalytic Association conference in Lucerne in 1934. She had been in attendance with her lover, Dexter Masters, who was later her boss at *Consumer Reports*. Dexter later told a colleague at Columbia University that he "knew that Reich was psychotic."

When questioned later on what grounds the opinion that Reich was psychotic was based, Brady answered, "Dr. Reich made the soundest speeches, but the signs of psychosis were already in Dr. Reich's behavior; he was living

in a tent on the hotel lawn, with a dancer, and wore a dagger."

In an interview with Dr. Kurt Eisler, head of the Freud Archives, Reich commented, "[the analysts] lived in hotels, sat around in smoky lobbies, and so on. I didn't. I lived with my wife in a tent at the Lucerne Lake. I had a dagger, you know, as you have when camping. Today, nobody would find anything peculiar in it."

In the 1940's Mildred Edie Brady was the managing editor of a news weekly called *Friday* which, after the Soviet-Nazi Pact of non-aggression, followed the Soviet line advocating non-US intervention in the war against Hitler. At this point many decent, thoughtful Party members effected their split with Soviet policy. Stalin's faithful followers towed the line. The act exposed the hardliners.

Consumers Union, of which Brady was a functionary, split from its parent organization, Consumer Research, in a communist-supported strike. Consumer Research archivists discovered "powerful evidence of the Stalinist sympathies of the Bradys."

As an important member of Consumers Union (which the Communist Party considered a front group of its own), Brady had engineered the enhanced regulatory powers of the FDA. Martin writes, "Today the evidence records over ten years of direct contact between Moscow's espionage networks and Mildred Edie Brady, who had the ear of the FDA as a top functionary of the Consumers Union ..."

Reich's immediate response to Brady's hateful article was to initiate a libel suit against Brady and the *New Republic*. He so advised his lawyer, Arthur Garfield Hays, who, unbeknownst to Reich, was a cosponsor of Consumers Union with Brady. Hays dissuaded Reich from initiating a libel suit. He indicated in a reply that "If you could sue a person for what he *thinks* of you, you could do it; but the writer of this article was clever enough to avoid a libel suit." Thus, despite Brady's characterization of Reich as a money-grubbing charlatan (an assessment not easily supported), a libel suit was never instituted in court.

In a book by J. B. Matthews, *Odyssey of a Fellow Traveler* (an autobiographical account), published in 1938, Arthur Garfield Hays is described as a Communist Party supporter by way of the "united front" organizations. Matthews coined the word "fellow traveler" for non-Party individuals who fronted for the Stalinist cause. Matthews had shared the "united front" dais frequently with Hays. Martin writes:

> *At no time did Hays advise Reich that he knew Mildred Brady, or that Mildred Brady had been employed as a writer for "The League of Women Shoppers," which was directed by Mrs. Arthur Garfield Hays. There was obvious conflict of interest here which Hays was obliged to reveal, but never did.*

The publisher of the *New Republic* was Michael Straight. In 1983 he publicly revealed that he was recruited into Soviet intelligence when he was a student at Cambridge University in 1935. He was aware that his Cambridge comrades had become Soviet moles inside British Intelligence (the Cambridge Five). One of the five, Donald Maclean, later revealed some of the first details of the Manhattan Project to the Russians.

A lawyer dedicated to Reich's purpose and with sufficient interest in the case to conduct serious research might have sued Brady, Straight, and the *New Republic* for libel. It is within the realm of possibility that an impassioned attorney, with Straight testifying under oath, could have elicited facts of Soviet penetration of British Intelligence in 1947 as it was ultimately in 1965. Straight (in what was probably a retrospective alibi) later said that he would have liked to confess, but was waiting to be asked.

Reich's charge of a Communist conspiracy in the case against him was, as revealed by what we now know of Brady and her associates, evidence of perspicacity rather than paranoia.

In reviewing Reich's later scientific work, it is interesting to learn that the Oranur experiment started as an attempt to find a means of treating radiation effects in mice. The unanticipated results of the initial experiment turned it into a study of the excitatory effect of radiation on orgone energy.

The germ of cloudbusting, which Reich mentioned to Tom Ross, was the observation of soldiers in World War I on the Italian front that when scores of unloaded rifles were pointed at the sky, at rest, the clouds cleared.

As to the question of Eisenhower's awareness of Reich and interest in his work (which Reich assumed), Reich sent Eisenhower a copy of his recent Oranur work entitled "Atoms for Peace." The U.N. accepted Eisenhower's proposal for the international cooperative use of atomic energy on November 22, 1955. It was called "Atoms for Peace."

It is obviously a matter of opinion, but for this reviewer there is more space devoted to the subject of UFOs than the topic deserves. One can make the case that, if Reich saw UFOs and disabled them, they deserve the space. On the other hand, many of us would prefer a first-hand experience in such a controversial issue.

There is relatively little known of Reich's prison experiences. We know that he died suddenly seven days before his parole date. There are unsubstantiated rumors of poisoning. The autopsy revealed arteriosclerosis and a heart attack while sleeping. Prison acquaintances report that he had contact with prison chaplains because they were sensitive to emotional distress. To those of us who knew Reich, his death in prison was no complete surprise. An eagle cannot survive being caged for long.

One of the final chapters is a yearly chronology of Reich's life which lists contemporary events in science and world affairs with scenes in Reich's life. For example, among a host of other entries for the year 1915 we note: "W.R.'s love affair with a Ukranian teacher and flees with her after a new Russian invasion ... Italy declares war on Austro-Hungary ... First transcontinental telephone conversation ... Einstein's theory of General Relativity ... Robert H. Goddard illustrates rocket propulsion in a vacuum at Clark University ... A. S. Neill publishes first book, *A Dominie's Log* ... W.R. gets emergency graduation diploma."

These annual cross-sections remind one of anatomy class and the troublesome recitations of structures encountered in travel from one side of a body part to the other. Some of these annual summaries are quite informative. For example, the entries for 1957 give details of Reich's final year in prison that involved conscientious research. The annual listings continue through 1997 and include a German dissertation on Reich's medical contributions and Monica Lewinsky hired as a White House intern.

The final chapters include the aforementioned fascinating interview with Eva Reich and a conversation with Orson Bean, among others. The book ends with an extensive bibliography and an index. In general, the annotation and documentation of the textual material is excellent.

One could quibble with the redundancies and with material that is not germane to the book's purpose. But, in general, the reader owes the author a deep debt for research of import, and diligence in pursuit of important material in orgonomy.

Morton Herskowitz, D.O.

The All Souls' Waiting Room

by PAKI WRIGHT

1stbooks, 2002, 228 pages

The All Souls' Waiting Room is a darkly humorous novel about growing up in a "... circle of worshipful analysts, patients and followers of Wilhelm Reich." It is based on the author's "... decidedly different childhood ..." "I was to be kept free of repressive sexual and societal mores, largely through the child rearing theories ..." of Wilhelm Reich. In the novel, 18-year-old Johnnine attempts suicide and winds up in the psychiatric waiting room of Sigmund Freud, the purgatory for "... souls brought up on the dogma of Psychiatry rather than the dogma of religion." Here she meets various spirits. There is the dryly-humored Akashic Recorder: "... suffering was salubrious, the only way humans were brought to their real, i.e., spiritual senses. But the Recorder also knew there was such a thing as too much of a good thing." Here Johnnine also meets her principal guide Xophia, "... the essence of the long-banished and much-maligned feminine principal." Providing psychiatric commentary are the spirits of Sigmund Freud and Wilhelm Reich. The subsequent sub-text discussion and commentary shed a refreshingly honest light on orgonomy, its flaws and strengths.

The story shifts perspective between the Akashic Recorder's cinematic "Life Review" of Johnnine's crucial developmental episodes, and that of the last years of Reich's life. With adolescent sarcasm and honesty, Johnnine describes the philosophical absurdities, emotional violence, and exploitation she faced in the name of "emotional health." To one familiar with orgonomy, this book takes on several important roles. Through the eyes of her character, Ms. Wright tells us of the destructive power of orgone therapy in the hands of mystical followers, misguided parents, and sick orgonomists.

The character of Johnnine's mother, Dinah, simultaneously draws one's sympathy and anger. She clearly loves her daughter and tries to be a modern "progressive" parent. There is a scene where she encourages toilet training by demonstrating the task at hand. But when infant Johnnine bites her mother's breast when teething, Dinah accuses her as being "plaguey." When asked if she spanks 4-year-old Johnnine she replies, "Never! Good God. No, I slap her across the face when she needs it, it's much more honest ..." Dinah's lover is the orgonomist and obstetrician Daniel Pahlser. Dr. Pahlser is seemingly oblivious to natural functioning, and winds up abusing Johnnine in the name of promoting her emotional well-being. Zealously committed to Reich's work, when Reich receives an order to appear in court to answer the FDA's accusation of fraud, Pahlser goads him into refusing to respond. When he flagrantly violates a court-ordered injunction on interstate shipping of orgone accumulators, Pahlser sets in motion the legal justification for Reich's ultimate imprisonment. As Reich observes the events of Johnnine's life from his purgatory perch he alternately cheers for expressions of "healthy genitality" and is rendered desolate by the sins and excesses committed in his name. As he was in reality, Reich is a study in contrasts. He has profound insight into social structure, yet naively expects to be rescued from the court order by President Eisenhower. He is at once acutely aware of the flaws of humanity, but sometimes fails to see the flaws in those around him. As Freud comments to him, "You chose some of your

disciples none too wisely or well."

In the course of telling this story, Ms. Wright provides a number of clear examples of emotional armoring, in both expression and behavior. For example, when she thinks of her parents receiving the news of her death, "Johnnine imagined her father's look when he hears the news, the same vacant out-to-lunch look he'd worn at her high school graduation." She provides a good example of the swallowing of the voice in a throat block. There are also introductions to some of the principles of orgonomy, such as when Ms. Wright delivers a chilling commentary on the effects of the medicalization of the birth process.

This is a wonderful, insightful book. Ms. Wright's wry humor makes some of the otherwise distressing material emotionally accessible. Her fluid style and thoughtful construction pull the reader along. I would recommend this book even to one unfamiliar with orgonomy. To one familiar with orgonomy, however, it is a warning of how harmful Reich's work is when distorted.

Ultimately this is not a story about orgonomy, but of healing. It is about the same mess we all dealt with growing up—how to make sense of a crazy world; how to deal with the angry, loving, distant, too-close, sad, smart, and sometimes stupid adults who have all the power. As Johnnine complains to her spirit guide about her parents, Xophia gently explains, "Darling, parents are both the road and the potholes in the road. Your spiritual task is to get past the potholes without falling in."

Hugh Brenner, RN, MSN, CNS

Wilhelm Reich: Psychoanalyst and Radical Naturalist

by ROBERT S. CORRINGTON

Farrar, Straus & Giroux, 2003, 288 pages

To be fair, one must begin the review of this book with a caveat. Reich's earliest disciples in this country were psychiatrists who were attracted to his work because it provided insights and answers that were hitherto unavailable. We were led, sometimes dragged, by the force of Reich's personality and imaginative exploration into new realms of biology, physics, sociology, and ultimately cosmology—areas in which we had no expertise, and in which, only over time, could we gain some degree of familiarity.

Robert Corrington, a professor of philosophical theology, comes to Reich from another side. Though he is well versed in psychoanalysis, especially as shaped by Jung, he is most concerned with Reich's path from psychoanalysis to the place of orgone energy in nature. He examines this progression as a philosopher, and ultimately as a theologian. Our differences are not due to text but to language. The language of philosophy will be difficult for many readers. This is unfortunate because this is a deeply considered work, worthy of a wide audience.

In the preface he says: "Reich is rarely written about these days, let alone read by serious students of psychology or historians of ideas. The standard view is that he had some promising ideas about character formation, emotional armoring, the latent negative transference, stasis anxiety, orgastic potency, the formation of the fascist personality, and defense mechanisms, but that by the mid or late 1930's he had succumbed to a latent psychosis (probably paranoid schizophrenia) and strayed from psychoanalysis into pseudo-scientific terrain with his exploration into so-called bions, the cancer biopathy, and cosmic orgone energy."

The depth of this neglect and ignorance is revealed in the following comment on Reich in the textbook[1] which is regarded as the standard in American psychiatry: "The therapeutic process—called *will therapy*—emphasizes the relationship between patient and therapist—the goal of treatment is to help patients accept their separateness. A definite termination date for therapy is used to protect against excessive dependence on the therapist." Where on earth did they find such misinformation?

The biographical material in the book is interesting because it contains material from the archives which were provided to the author and are not yet publicly available. There are fascinating glimpses of the Jewish family into which he was born where the Yiddish language was forbidden and its use was punishable. He was educated by tutors from local universities. His sexual education was precocious—non-coital with a maid at four and regular coitus with the cook starting at eleven-and-a-half. In his autobiography he speaks of his powerful libidinal drive and brothel visits from his teenage years.

The story of the betrayal of his mother's infidelity and her suicide have been told but the details and the effects on Reich's psyche are amplified here by the newly provided source material.

There are new details of Reich's service in the Austrian army in the First World War and its possible effects in relieving the guilt of the past and providing a hero myth and source of direction in Reich's psyche. Corrington says, "This heroic myth can also be seen in Freud, Adler, Jung, Einstein, and many others. In fact,

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[1]Kaplan & Sadock's *Synopsis of Psychiatry.* Eighth Edition, Lippincott, Williams & Wilkins, 1997

it may be a necessary condition for genius-level productivity."

The author gives a Jungian twist to Reich's procedure of overcoming emotional repression to ultimately achieve the free flow of energy and increased libidinal expression. He assumes that unconsciously Reich has employed the hero myth which posits the bearer of light who must battle forces of darkness that constantly tend to pull him back. He also assumes that the pan-nature myth may apply in which nature is the expression of life energy that breaks through static boundaries. Finally, there is the myth of ecstasies in which one is "drawn out of himself or herself into another realm entirely." One may employ myths to characterize all sorts of events, but in this case they serve more as an intellectual game than an aid to understanding. The simple fact is that with keen observation Reich discovered the process of armoring, its role in emotional repression, and the effects of its release. Dreams of glory abound, but important, fruitful discoveries are rare.

To return to the biographical material, there is an account of the raucous period of Reich's early love adventures. The first was with an analysand, Lore Kahn, whose therapy was probably terminated prematurely to permit the pursuit of a relationship. The romance was complicated by a simultaneous attraction to a fellow student, Lia Lasky. Lore Kahn's story ends with a possible abortion, separate living quarters that were unheated, and death from sepsis.

The second relationship (also with an analysand) was finalized in marriage and resulted in the birth of two daughters. His diary reveals the mind games Reich played. "What must I do? Terminate the analysis? No, because afterwards there would be no contact! But she—what if she remains fixated on me as Lore did? Resolve the transference thoroughly! Yes, but is transference not love, or better said, isn't all love transference?" He concludes, "A young man in his twenties should not treat female patients."

Corrington examines the dreams of this turbulent period and, as with all dream interpretation, in spite of its usefulness, one recalls the possibly apocryphal story of the seven analysts with seven interpretations of the same dream. Of the early psychoanalytic papers the author says, "While fellow psychoanalysts were still working with a model of conflicting and antagonistic drive forces, Reich was probing into the psychic structure that housed all these forces. He went beneath the drive theory itself into the domain of genital sexuality that would become his *summum bonum*, or highest good."

With the publication of *The Function of the Orgasm* in 1927 Reich announced his theory of genital potency and encountered the enmity of the inner Freudian circle. The failure to comprehend the fullness of Reich's meaning of orgastic health and to confuse it simply with sexual climax persists to this time. We are indebted to Corrington on his footnote 31 in Chapter 6[2], for informing us of a meaning closer to Reich's.

The material dealing with the relationship between armoring and the social structure is handled skillfully. The author appreciates the distance in the leap from psychoanalytic stolidity to the multidimensional functional analysis of Reich. The constraints of the social fabric, regarded as a given in psychoanalysis, are revealed as a product of armored structures. The hopelessly locked forces of societal restraint versus core biological drives, which

[2]*The Collected Dialogues of Plato.* Eryximachus says: "And so, gentlemen, the power of *eros* in its entirety is various and mighty, nay all embracing, but the mightiest power of all is wielded by that *eros* whose just and temperate consummation whether in heaven or on earth, tends toward the good. It is he that bestows our every joy upon us, and it is through him that we are capable of the pleasures of society, aye, and friendships even, with the gods our masters."

Freud regarded as inevitable, were clearly defined by Reich as a misdirection occasioned by an armored humanity. An unarmored populace in which the society reflects basic human needs precludes the atmosphere of conflict. The role of society as reflector and perpetrator of armored functioning is exposed. And the deep emotional roots of Red and Black Fascism are elucidated. Corrington is clearly at home with this material.

The descriptions of the neurotic character types—the hysteric, compulsive, masochistic, and phallic-narcissistic—as defined by Reich, are essentially accurate, although often described in unnecessarily esoteric language. He notes that "while sharing family resemblances" with concepts like id, entelechy and elan vital, orgone energy differs in that it has "empirical manifestations." But then he has a predilection to enter the realm of theology, a place where Reich never took orgonomy.

He says Reich is "a thinker who affirms that matter is really a manifestation of a deeper organic pulsation that is the underlying dynamics of an evolutionary nature. Put in more theological terms, Reich is not asserting that orgone is a conscious or even personal divine being but that it is a dynamic energy that is a form of nature creating nature out of itself alone. Insofar as we are in healthy contact with orgone, especially in the sexual sphere, we are also in contact with the ground of the world."

Although Corrington is correct in his understanding of orgonotic contact, he is in error in attempting to bring it under a theological umbrella. It is not and has no doctrine or system of belief—it simply *is*. It is *other than* religion. Theologies imply an outside force acting to affect nature. What Corrington calls "nature-nurturing," the implication of orgonomy, is not a variety of a theological species; it is another genus.

The time of scientific observations that became the fundaments of the concepts of orgonomy was a time of personal misfortune for Reich. Following expulsion from several psychoanalytic societies, Reich eventually established a base in Norway. There, aside from hostile criticism from academics, he endured the assault of more than a hundred articles in leading Norwegian newspapers from 1937-1938. They ranged from "The Quackery of Psychoanalysis," "The Jewish Pornographer," to "God Reich Creates Life." Corrington assumes that the Norwegian period of professional hostility and criticism evoked a psychic disruption in Reich, which resulted in personal ego inflation. He quotes from a letter Reich wrote to his wife in 1934: "I am not a megalomaniac; I just have agonizingly good intuition. I sense most things before I actually comprehend them. And the most important 'intuitions' usually turn out to be correct, like the belief I expressed to Seefeld in 1923 that an erection is identical with the reaching out of a pseudopod, that anxiety is a retreat into oneself. Now, eleven years later, a whole new area of physiology revolves around that."

As corroborative evidence for the argument of ego inflation he quotes from Reich's daydream in 1936 in which he saw himself riding into Berlin as a triumphant knight on a white horse while the band played Ravel's *Bolero*. Actually this may not be evidence of ego inflation as much as a compensatory fantasy in the face of self-doubt.

In another dream (nocturnal) in 1939 Reich is on an express train rushing over wide plains night and day with passengers getting on and off. Some experienced motion sickness because of the terrific speed. This dream is not far from the truth. In conferences we would often ask for recesses. Reich would ask, "Am I too much for you?" and we would answer, "Yes."

Corrington's view of Reich's "psychic inflation" is not pejorative. He writes: "To say that Reich had some stasis anxiety of his own to wrestle with is merely to recognize that part of

his brilliant diagnostic and taxonomic gifts came from his unconscious projection of inner conflicts. For me this is a necessary condition for theoretical work in psychoanalysis and orgonomic functionalism."

Between 1939 and 1944 Reich wrote four papers under the general title *Orgonomic Pulsation*. In these essays Reich encapsulates the ideas derived from his bioelectrical experiments and his later orgonomic theories. They are a conceptual summary that expands from the realm of biology to the relationship of orgone energy to electromagnetism and on to a cosmic theory of orgone energy. The author interprets the work as Reich's path to the creation of a religious cosmology. He regards *Ether, God and Devil* and *Cosmic Superimposition* as the supporting texts for the "new ecstatic naturalist religion" in which "each type of person will have a person-specific way of rendering the world intelligible." The unarmored person will know the world in a different way from the armored individual. The unarmored human who thinks functionally "becomes a dynamically progressive force of social development by observing, criticizing and changing mechanistic-mystical civilization from the standpoint of the natural laws of life and not from the narrow perspectives of state, church, economy, culture, etc."

In contrast to this clear statement, here is a quotation to illustrate the obfuscating language that is often employed in the book: "Moving beyond Reich it has now become necessary to reframe the semiotic self within the context of a community of interpreters for whom all signs, unless they are private, are open to scrutiny and analysis."

Corrington quarrels with Reich's positioning of orgone energy as the foundation of nature. He says, "Orgone may or may not be in nature, but it cannot be equivalent to nature." He refers to Reich's metaphysical privileging of orgone "... however important in its own right." He thinks "that the concept of cosmic orgone must continue to spur serious inquiry, that new scientific and research protocols must be developed for examining 'it' and that the working paradigms of the life sciences must be open to transformation."

The author suspects that "Reich's drive toward personal self-control also had implications for his metaphysics ... he projected the concept of self-control onto the universe at large." He argues that nature is an endless realm, and only its parts can be grasped by any definition.

He calls Reich an ecstatic naturalist. For Reich the manifestation of orgone is an epiphany experience which gives nature a deepened meaning. He says, "It is clear that Reich was a naturalist—that is, he denied a realm of the supernatural, and he affirmed that nature was self-created and continually self-creating." He concludes that Reich "remains a potency that has yet to emerge into its full scope and power. I strongly believe that his perspective, whatever its flaws, will be part of the emancipatory 'bursting front of the new.'"

One can quarrel with parts of this book. The title, for example, is one that Reich would not have enjoyed. It is true that the author covers Reich's work from psychoanalysis to "radical naturalism," but the title implies that Reich is a psychoanalyst. In seminars whenever anyone brought up a psychoanalytic point, Reich would say angrily, "We are past that."

The biographical references, and their pimples-and-all character, contain some new material and are welcome. This is a serious, well-researched, committed study which should serve to inform those interested in learning about Reich's work and its meanings. Hopefully, it may move some who have been unaware or dismissing to examine and explore Reich's *oeuvre* and become infected with its implications.

Morton Herskowitz, D.O.

It Can Be Done

A film by JON EAST and ALEX PANTON

"It Can Be Done" is a 22-minute film that attempts to provide a sketch of Wilhelm Reich's work. The format is a fictionalized depiction of the FDA's destruction of Reich's books and orgone energy accumulators at Orgonon in Maine in 1956.

I applaud the writers, Jon East and Alex Panton, for making a film about Reich. I am reluctantly critical, as I believe they tried to do a good work. Mr. East wrote on the liner notes,

> *... the film corrects some of the widespread misunderstandings that continue to surround this most unusual man. Although events have been conflated, it is a truthful if poetic account ...*

If the goal was to educate the public, then it mostly missed its mark. The filmmakers delivered a well-crafted and entertaining short that conveyed the FDA's inquisitorial persecution of Reich. They certainly bit off more than they could chew by trying to condense so much information into such a small package. When it came to describing Reich's work in orgone research, medicine, psychotherapy, and the influencing of weather, the cartoon-like quality of the film lent an air of fantasy that detracts from the significance of Reich's work and the tragedy of his death.

The film opens with the statement, "The events in this film took place during 1956 in Maine, USA." It then cuts to a pseudo-documentary, "The Evil In Our Midst, the bizarre case of Doctor Wilhelm Reich." Here Reich is portrayed as a "depraved charlatan" who used hypnosis to molest a buxom young woman. A representative of the pharmaceutical industry admonishes the public to steer clear of Reich, and the documentary ends. I assume this is an allusion to the FDA and Mildred Brady's smear campaign.

The film then cuts to Orgonon where we see Reich conducting psychiatric orgone therapy on a client suffering from a tumor. As the client comes out of an accumulator box Reich says, "The accumulator will take care of the tumor, but the tumor is only the symptom. Now we deal with the cause." Reich waves a DOR buster over the client and proceeds to work on his muscular armor, eliciting rage and tears. The actor portraying the client does a nice job of portraying a passive, energetically constricted individual in the process of opening up. This is the highlight of the film. It then moves to a scene on the lawn of Orgonon, where a young woman physician is conducting a talk on orgone theory and on infant massage (apparently a reference to Eva Reich).

Cue the foreboding music, enter the FDA agents. These agents look like the prototypical "Men In Black," steely and moralistic, toting dark Ray-Bans. Up to this point, the film has done a fair job of providing the flavor of orgonomy, if not exactly the facts. From here on it becomes increasingly exaggerated to the point of becoming cartoon-like, and I could no longer take it seriously. The agents start smashing up the lab. They find a large blue glowing glass sphere, which they hustle away. As they pile his books on the fire, Reich is absurdly nonchalant. "At least they only want to burn my books. The Nazis and Communists wanted me on the fire too." Reich, for no apparent reason, uncorks a cloudbuster. There is a wavy effect in front of the tubes as the cloudbuster draws in orgone energy. We see time-lapse photography of clouds racing by. Within moments rain begins to fall. The woman physician burns

her hand and Reich heals it in seconds with an orgone shooter. Small luminescent UFOs start zipping all over the place. "What are they, Doctor?" "I wish I knew!" The rain quenches the fire. Reich and the woman physician smile triumphantly and hug in the rain. As Reich experiences one of the worst days of his life and as our world is robbed of this tragic genius, the film ends on a happy Hollywood note.

As noted above, the film begins with the statement, "The events in this film took place during 1956 in Maine, USA." This leads one to think that one is about to see a historically accurate depiction. Perhaps if the film had stated up front that it was only loosely based on fact, I would have been more sympathetic. I do not begrudge the filmmakers some poetic license, but Reich's work and scientific findings were fantastic in and of themselves, and when overblown become mere fantasy.

Reich related the story of the day the FDA arrived to take his books and equipment. He said that his anger was so intense that the agents were sheepish and apologetic for what they had to do. I would have thought that the story of this day in 1956 would have been sad and moving, deeply emotional. This film did not move me, nor did it depict the work of Reich in a clear way.

Hugh Brenner, RN, MSN, CNS

Communications and Notes

Myron R. (Mickey) Sharaf, Ph.D.

Myron Sharaf (July 7, 1926–May 13, 1997) was endowed by nature and nurture with a sharp intelligence, playful humor, and a conscience that directed him to examine issues from many sides. He was a warm, serious colleague; one always enjoyed his company.

Myron came to his intense appreciation of Reich in adolescence. His mother had already been so impressed by her readings that she arranged a meeting with Reich and conveyed her enthusiasm to her son. Myron was equally impressed after reading Reich's works and, upon receiving his baccalaureate degree from Harvard College in 1949, he established a working relationship with Reich, serving as translator and editor, a relationship that lasted for many years. His formal education continued; he received a master's degree in education from Tufts in 1953 and a doctorate in education from Harvard University in 1960.

Dr. Sharaf had faculty appointments at Tufts and at Harvard. He introduced many classes of psychiatry residents at both institutions to Reich's concepts. From report, he was one of the most highly regarded and beloved mentors at both institutions.

He had a long-established private psychotherapeutic practice which was deeply informed by his orgonomic studies. His candor, his wit, and his contactful caring were the qualities which his patients valued. Myron did not suffer fools gladly. He had an especial distaste for Reichian cultists who he referred to as "orgonomaniacs."

His magnum opus which involved, from various reports, 10 to 12 years of deliberate labor was his book, *Fury on Earth: A Biography of Wilhelm Reich*. This, the most thoughtful and comprehensive review of Reich's life and work to this time, has been received with both acclaim and censure in the various orgonomic communities. One thing is certain: it is the product of sincere thought, respect, and honesty.

Myron sought to speak of Reich and his work whenever the opportunity afforded. He traveled widely. In May of 1997 he was the keynote speaker at the conference in Vienna marking the 100-year anniversary of Reich's birth. After the conference he traveled to Berlin to see patients. He was scheduled to see a patient on the morning of May 13, 1997, but he died in his sleep, as it were—"with his boots on."

Those of us who knew him miss his chain-smoking discussions delivered with his characteristic nervous mannerisms. We also miss his dedication, his brightness, and openness. Orgonomy has lost one of its most loyal, informed, intelligent, vital ambassadors.

Michael B. Rothenberg, M.D.

Mike Rothenberg had the great fortune of working in Reich's laboratory in his youth. He was a close friend of Myron Sharaf, who introduced him to Reich's writing while both were students at Harvard University. Later, Myron introduced him to Reich and facilitated his volunteer service in the laboratory.

Mike brought the zeal and dedication which characterized him to the work. Allegedly he wanted to stay on as a lab assistant, but Reich recognized his potential and encouraged him to apply to medical school.

Following his graduation and certification in adult and child psychiatry he became an early member of the American College of Orgonomy where his intelligence and his character marked him as one of its outstanding participants.The political conservatism of the College was anathema to him. (In those days liberal views were considered to be a character defect). He

ultimately separated himself from the College bias, striking out on his own in Seattle.

He rose to professorial rank in his new community. He used that position to imbue hosts of young physicians with the common-sense values and insights which he had gained in his orgonomic education.

Later he was sought out by Dr. Benjamin Spock to aid in editing the later editions of the Spock books on child rearing. Allegedly, Mike's views helped to bring Spock to more enlightened views on some matters, e.g., newborn circumcision.

Mike was a soft, strong, decent human being. He was a model of healthy structure. His devotion to children, to humanity—and to orgonomy—were exemplary. All who knew him are grateful for his contributions.

John Cranendonk, M.D.

The members of the Institute for Orgonomic Science are saddened to report the death of Dr. John Cranendonk.

John was a loyal, helpful member of the organization. We remember him as a decent, thoughtful person whose opinions were always welcomed and whose contributions were always valued.

Lois Wyvell

Lois Wyvell, a stalwart representative of orgonomy, came to the end of her life of over 90 years in 2004. In her person and in her performance she demonstrated the ability that marks a healthy life.

For many years Lois acted as personal secretary to Wilhelm Reich. Later she was the Managing Editor of *The Journal of Orgonomy*. When that role ended she undertook to publish "Offshoots of Orgonomy." This was an enormous task which required that she gather the articles, edit them, and arrange for their publication—without assistance. That she accomplished this task so successfully attests to her devotion and abundant energy.

Lois was a loyal, dedicated worker in orgonomy. Her absence is deeply felt.

Report from Morton Herskowitz, D.O. and Connny Huthsteiner, M.D.

Dr. Morton Herskowitz and Dr. Conny Huthsteiner attended the summer conference of 2005 at Orgonon, Rangeley, Maine, the site of the Wilhelm Reich Museum.

Dr. Herskowitz spoke on his personal "Recollections of Reich." Dr. Huthsteiner gave a presentation on a project using orgone accumulator devices in the treatment of burns in humans.

Report from Hugh Brenner, RN, MSN, CNS

Hugh Brenner gave a series of lectures in the Philadelphia area on various orgonomic subjects.

Manuscripts

The Annals invites the submission of articles on any of the several aspects of orgonomy. Manuscripts may be submitted electronically or in hardcopy.

Electronic submissions should be emailed as an attachment (preferably a Word document) to annals@orgonomicscience.org.

Hardcopy submissions should be typed on one side of white paper and mailed in triplicate (the original and two copies) to the Annals of the Institute for Orgonomic Science, P.O. Box 2069, Philadelphia, PA 19103-2069.

Manuscripts should be double-spaced, with margins of no less than one inch. A letter should

be included indicating the category of the paper and should provide the name, address, and telephone number of the author. The title page must include the following information about the author(s): first name, middle initial, and last name; academic degree(s), occupation, and institutional affiliation (if any). Regarding scientific articles, an abstract of 150 words or less—also double-spaced—is requested, stating what was done, the results obtained, and conclusions reached. References should include only those actually cited in the paper and are to be listed and numbered in the order of citation. Within the article itself, references are indicated numerically in parentheses on the line of typing. Journal references should include the author(s), title, name of the journal, volume, page numbers, and year. In the case of books, the name(s) of the author(s) and editor(s), number of the edition, name of the publisher, city of publication, and year are required. The format indicated below should be followed:

1. Herskowitz, M.: "Human Armoring: An Introduction to Psychiatric Orgone Therapy," *Annals of the Institute for Orgonomic Science*, Vol. 3, No. 1, 1986, pages 66-87.
2. Reich, W.: *Character Analysis*, 3rd Edition, New York, Orgone Institute Press, 1949.

Tables should be double-spaced. Figures and graphs should be scaled to fit within a 5-3/4 to 8-1/2 inch format. All should be clearly labeled. Manuscripts accepted for publication are subject to copy-editing. They become the property of the Institute for Orgonomic Science and may not be reproduced without the consent of the authors and the Institute.

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