The Concept of Self-Regulation*

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Children are the most regimented individuals in the world. At birth, they are at least largely free of tension and endowed with the capacity for self-regulation, but from that moment on they are subjected to a regime which allows them little self-expression and practically no opportunity to regulate their lives. From the first, they are started on a training program suited more to their environment than the needs of the infant. Instead of being left with the mother from whom it has been so suddenly separated and whose contact it continues to need, it is placed in a nursery with dozens of other infants where it has no loving contact and an unsatisfactory environment of noise and confusion. Every four hours it is taken to its mother for feeding and allowed twenty minutes, at the most, half an hour, for the purpose of nourishment. It is supposed to be hungry on schedule and to satisfy itself within the time allotted. A nurse then appears and abruptly returns the infant to the nursery. In many cases where the doctor feels the mother should not be disturbed, the 2:00 A.M. feeding is omitted. The baby is not supposed to get hungry between 10:00 P.M. and 6:00 A.M. or, if he does, it is felt that very little inconvenience will result. Occasionally a sympathetic nurse may substitute water at that time. What is the result? The baby may simply not be hungry when he is fed and, in this case, has to wait four more hours. In the meantime he has become so exhausted from crying of hunger that he is still unable to eat. Hence, so many babies lose weight during the first week in the hospital that it is considered normal. Crying is usually not taken seriously enough. In fact, many parents and physicians feel a certain amount is necessary to develop the vocal cords and lungs. This is not true. Crying always indicates a need—whether from hunger, discomfort, or lack of love.

From an intrauterine existence of constant warmth and nourishment it enters upon a cruel and non-understanding world where nourishment cannot be depended on when needed, contact with the mother is lost, and pains from hunger are experienced. The infant develops feelings of insecurity, anxiety, and panic. Contrary to this routine, the baby should be allowed to regulate his own feedings. He should be fed as soon as he indicates that he is hungry and be allowed to nurse until he voluntarily gives up the nipple. Not only does he need sufficient food but also the contact he receives from nursing. When satisfied, he will sleep. If he continues fretful, it is an indication that he is not receiving sufficient nourishment and he should be given supplemental feedings. Too many mothers and physicians alike feel that if a baby nurses for twenty minutes or half an hour he must be getting enough to satisfy his needs, forgetting that for part of the time he may not have obtained any nourishment at all and continues hungry. Lasting impressions may result from ignorance of this fact, causing the child to grow up with feelings of insecurity and lack of self-confidence. The baby should be allowed to remain with the mother at all times unless there is some definite contra-indication. He needs the continued contact and assurance of his mother's presence. Pediatricians have worked out very adequate diets for babies and children so that in many cases nursing is no longer considered essential. However, the bottle-fed baby misses the contact of nursing unless the mother makes a definite effort to supply it. The love he receives must be real. He does not respond to an affected fondling. A properly fed baby with tender loving care is a good baby. He causes no trouble and soon works out a very satisfactory feeding schedule for himself, periods in which he needs simply attention, love, and play, and the remainder of the time he sleeps.

The second important period in the life of the child is the matter of toilet training. Mothers are proud of children who can be trained early and easily and are very much concerned when a child rebels at this training and refuses to be coerced. Even the physician outlines a time and schedule in which the child must learn to control its excretory habits. Some mothers start as early as four months. Others are content to wait until the child is almost a year old. It must be remembered that the baby does not develop sphincter control until

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* This paper is based on the principles of Wilhelm Reich, the teachings of A. S. Neill (That Dreadful School, etc.) and my own work with children.

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the age of 18 months or later. Any success prior to this time denotes either that the mother trains herself to meet the child's excretory habits or the baby is forced to withhold its movements through tension of the muscles and holding the little body rigid. Success in this respect will always result in later constipation and interfere with the general spontaneity of the child. Frequently, training is not permanent—a protest against his unwarranted regimentation—a fact which shows a healthier attitude on the part of the child but is considered a greater problem for the mother who is confronted with retraining. Here, again, the child should be left strictly to regulate himself and no training program instituted. Usually between the ages of two and three the child voluntarily asks to be taken to the toilet, becoming aware that it is more pleasant to do this than to wear wet and soiled diapers. He is not consistent in this program and may fall back into his old habits for a number of weeks before he again indicates a desire to remain clean. No concern should be felt over this and no mention made to the child. If he can train himself spontaneously, his excretory functions remain natural, pleasurable, and do not involve tension, complexes, or later constipation. It is of the utmost importance that the mother or others who care for the child maintain at all times a natural attitude towards excretion and the excretory organs. The baby is aware of any disgust the mother may show towards changing soiled diapers or handling or washing the baby's body. Also, any irritation on the part of the mother where the child does not regulate his habits to suit her convenience. Too often the home revolves around the bowel functions of the child, approval being given when the child conforms to the convenience of the household and disapproval, even punishment, being administered when the child does not. A further point that cannot be ignored is the pressure placed on the mother by well-meaning but too interested neighbors. They express serious concern when the child is not trained and no training program instituted. Usually between the ages of two and three the child voluntarily asks to be taken to the toilet, becoming aware that it is more pleasant to do this than to wear wet and soiled diapers. He is not consistent in this program and may fall back into his old habits for a number of weeks before he again indicates a desire to remain clean. No concern should be felt over this and no mention made to the child. If he can train himself spontaneously, his excretory functions remain natural, pleasurable, and do not involve tension, complexes, or later constipation. It is of the utmost importance that the mother or others who care for the child maintain at all times a natural attitude towards excretion and the excretory organs. The baby is aware of any disgust the mother may show towards changing soiled diapers or handling or washing the baby's body. Also, any irritation on the part of the mother where the child does not regulate his habits to suit her convenience. Too often the home revolves around the bowel functions of the child, approval being given when the child conforms to the convenience of the household and disapproval, even punishment, being administered when the child does not. A further point that cannot be ignored is the pressure placed on the mother by well-meaning but too interested neighbors. They express serious concern when the child is not trained and point proudly to the results they have obtained with their own children. The mother needs considerable support and knowledge that she is right to maintain an attitude of self-regulation against such pressure.

The third important problem has to do with sex. Freud made two important discoveries. First, that children have a sexual life, and second, that sexual repression is at the basis of the neuroses. This knowledge is, at present, quite general and accepted theoretically by professional and lay people alike. However, we live in a sex-negating society and the thought of putting such concepts into practice is terrifying so that, practically, we continue to ignore the sexuality of childhood and adolescence. We close our eyes to it where we can and where we are confronted with it, an effort is made to cause its suppression. The mother becomes horrified when she finds her small child or even infant masturbating and arranges the clothing or blankets so that the baby cannot approach his genital, sometimes even tying the baby's hands. Older children are scolded, spanked, and threatened with dire consequences if they continue the practice. After years of such suppression the child is supposed to attain adulthood, marry, and enter into a normal sexual relationship. The results are obvious: frigidity, impotence, sexual perversion, sex crimes, and incomplete sexual pleasure—to say nothing of the countless neurotics produced. Very few attain complete orgasmic potency. The sexual urge is natural and highly important for fulfillment of health. The child should not only be allowed to masturbate freely but should receive approval and support in this habit. Guilt and compulsive masturbation are thereby eliminated. It is necessary, when he is old enough, to explain the attitude of his environment which will try to suppress his feelings and endeavor to make him feel guilty over his normal sexual urges and desire for a natural outlet. Every individual is naturally heterosexual urges that outlet is blocked, necessitating secondary drives and secondary gratifications. Where the child is allowed to be self-regulating in his sexual life, he will continue to shun all abnormal forms of gratification and will early show signs of love toward playmates of the opposite sex. He will consistently associate sex with tenderness and love. His outlet in the early years is through masturbation which is entirely natural and necessary. Later he will desire a love object. Prostitution, rape, or sexual perversion will have no part in his life nor will he be interested in the usual pickup. It is true he may find several partners in his lifetime but each one will be a true love object—left only when love ceases.

These are the three most important factors in self-regulation but the concept should be carried through in all aspects of the life of the child, his play, his associates, study, choice of food, his sleeping habits, etc. Self-regulation does not mean that the child is left entirely to his own resources. He needs the constant support of his parents, their precept, adequate explanation when difficulties arise with his environment, and encouragement and direction in his endeavors. The basic motive is to eliminate the "you ought to" or "you must" and "because I say so" which make for mechanical obedience rather than spontaneity of action. He must learn, of course, to
respect the rights of others and not endanger his own life. This is readily accepted by the healthy child. He is better able to conform to social requirements since he does so from understanding, rather than through fear with suppression of his resentments and hate. The self-regulated child early attains self-assurance, independence, and initiative. He is more graceful lacking the awkward, constrained attitude of the tense individual. His personality is more fully developed and he is better equipped to make his way in life. In short—he is alive.

All the regulations of mankind are turned to the end that the intense feeling of life may be lost in continual distractions.—Nietzsche.
Projeto Arte Org
Redescobrindo e reinterpretação W. Reich

Caro Leitor
Infelizmente, no que se refere à orgonomia, seguir os passos de Wilhelm Reich e de sua equipe de investigadores é uma questão bastante difícil, polêmica e contraditória, cheia de diferentes interpretações que mais confundem do que ajudam.
Por isto, nós decidimos trabalhar com o material bibliográfico presente nos microfilmes (Wilhelm Reich Collected Works Microfilms) em forma de PDF, disponibilizados por Eva Reich que já se encontra circulado pela internet, e que abarca o desenvolvimento da orgonomia de 1941 a 1957.

Dividimos este "material" de acordo com as revistas publicadas pelo instituto de orgonomia do qual o Reich era o diretor.
01- International Journal of Sex Economy and Orgone Research (1942-1945).
02- Orgone Energy Bulletin (1949-1953)
03- CORE Cosmic Orgone Engineering (1954-1956)

E logo dividimos estas revistas de acordo com seus artigos, apresentando-os de forma separada (em PDF), o que facilita a organizá-los por assunto ou temas.
Assim, cada qual pode seguir o rumo de suas leituras de acordo com os temas de seu interesse.
Todo o material estará disponível em inglês na nuvem e poderá ser acessado a partir de nossas páginas Web.

Sendo que nosso intuito aqui é simplesmente divulgar a orgonomia, e as questões que a ela se refere, de acordo com o próprio Reich e seus colaboradores diretos relativos e restritos ao tempo e momento do próprio Reich.
Quanto ao caminho e as postulações de cada um destes colaboradores depois da morte de Reich, já é uma questão que extrapola nossas possibilidades e nossos interesses. Sendo que aqui somente podemos ser responsáveis por nós mesmos e com muitas restrições.

Alguns destes artigos, de acordo com nossas possibilidades e interesse, já estamos traduzindo.
Não somos tradutores especializados e, portanto, pedimos a sua compreensão para possíveis erros que venham a encontrar.

Em nome da comunidade Arte Org.
Textos da área do desenvolvimento infantil
Texts from the area of child development

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