A TALK WITH A SENSIBLE MOTHER*

By Ernst Walter, M.D.

Mother: I read that article on the sexual enlightenment of a little girl of three in the last number of the "Zeitschr. f. Polit. Psychologie und Sexualökonomie." When one reads that, it all looks very simple and matter-of-course. But isn't that dangerous? After all, things aren't as simple as all that!

Physician: If I remember correctly, the article didn't say that things were simple. But please tell me about your misgivings. I know that, on the whole, you have a very sensible attitude toward the sexual enlightenment of children.

Mother: Well, to be honest, many years ago I felt the same way about it as the author of that article. But bitter experience and disappointment with my own children forced me to give up that point of view.

Physician: Please explain that in some detail.

Mother: As you know, my girl is now 15, and when she was 3 or 4, I told her everything. But now she has become rather a problem child and I see that the whole enlightenment hasn't done any good.

Physician: That means you expected that correct enlightenment would keep her from becoming a problem child? What are the difficulties?

Mother: For one thing, she is terribly afraid of masturbation. I don't understand it. We not only told her, at a very early age, about the anatomical differences but we also told her explicitly that she was allowed to masturbate and that the people who say it's bad and shouldn't be done are wrong. I'm afraid we even went too far; my husband and I went bathing together naked and talked very openly about all these things. And today the child has this terrible genital anxiety; so I've come to the conclusion that all this sexual enlightenment hasn't done any good.

Physician: From your description, it really looks as if the consistent sexual enlightenment of children were the wrong thing. After the experiences you have had, how would you handle the problem today?

Mother: I really couldn't say. I just wouldn't know what to do. I suppose I would tell the child less than I did then and wouldn't force so much knowledge on her.

Physician: You believe, then, that the mistake was that of telling the child too much. But listen. Thus far, we have taken it for granted that she hasn't turned out right. But this is a very relative thing. What, really, seems to be wrong?

Mother: The child does not have the equanimity I wish she had. She often bursts out with anger and feels badly about these outbursts; she is often cranky and dissatisfied with school and everything around her; at times she is bored; in brief, something is wrong.

Physician: Have you tried psychoanalysis?

Mother: Yes. She has been in analysis for almost three years now. She has become somewhat more quiet and even, but I feel that beneath the surface nothing has really changed.

Physician: Let's try to analyze the situation a little. Not all the things you describe are of the same nature, origin, or significance. Take school, for example. You say the child is dissatisfied with school. How does she learn?

Mother: No trouble there. They all say

she has superior intelligence and is highly gifted. But she simply gets no satisfaction from school.

PHYSICIAN: Has that always been so?
MOTHER: No, there were times when she liked school very much.

PHYSICIAN: Do you have any idea what might have made the difference?
MOTHER (after some thinking): I don't know whether that's it, but I just remember that she was always dissatisfied when she went to a public school. For some time she went to a private school of the Montessori type, and then she did very well.

PHYSICIAN: Don't you think the dissatisfaction with school could have a basis in reality? That the way school is taught might make an intelligent child feel antagonistic?

MOTHER: Well, that's quite possible. But how will she make a proper adjustment in life?

PHYSICIAN: Look here. Here we come to a contradiction which doesn't seem to be quite clear to you. You seem to think that being quiet and even is being healthy—and being restless and full of protest is being neurotic or a failure. I think we shall soon agree that a neurotically inhibited child will react less strongly to an education which is objectively not in keeping with the child's needs than a lively, intelligent and critical child.

MOTHER: I can see that. But what has that to do with the inhibition of masturbation? Her analyst and I both believe that the child should have a genital structure; that is, she shouldn't have any masturbation anxiety. I know that she shouldn't be urged to do it if she doesn't want it herself; but I don't understand this anxiety, since we have explicitly allowed her to masturbate.

PHYSICIAN: Just a moment. You just said, "allowed." One can "allow" only things that are otherwise prohibited, and we both know that masturbation in children is quite generally prohibited. But let's consider two specific questions; without them, we cannot understand the whole problem:

1. What is the child's sex life like?
2. How was she brought up previous to full sexual enlightenment? Let's take question one: Does the child have what one calls a sex life?

MOTHER (somewhat taken aback): How do you mean?

PHYSICIAN: Just as I said it. Does the child have any sexual activity? Does she experience sexual gratification?

MOTHER (somewhat excited): I don't get you, doctor. I just explained to you that the child is afraid of masturbation, that she does not permit herself any genital activity, even though we do not object to it.

PHYSICIAN: Please be patient. It is not just a question of whether you object or not. You have to consider the other circumstances under which she lives. How does she live?

MOTHER: For a long time, while I had a job abroad, she lived in a home. Now she lives with me.

PHYSICIAN: What was the situation in the home?

MOTHER: Well, there was a little flirtation with a boy, but nothing serious.

PHYSICIAN (surprised): What makes you think that this love affair was nothing but a little flirtation and not a serious matter?

MOTHER: Since the child had this genital anxiety, it couldn't have been a serious matter.

PHYSICIAN: I think you are making a serious mistake there. From the fact that the child has genital anxiety, that is, that she is afraid of a genital relationship with the boy, you conclude that it was nothing but a harmless flirtation. Don't you think it's possible that this flirtation was a very serious matter, as serious as children's love affairs are to them, and that she later presented it as unimportant because she was unable to go through with it and yet had
to solve the problem somehow? That she
tried to solve it by minimizing its
importance?

MOTHER: My husband and I have dis-
cussed this question a good deal. He
thinks I underestimate its importance,
because, as he says, the child has talked with
him about it in a very serious manner. I
don't believe it, because the child senses
that her father would like to see her
genitally healthy and so she tells him what
she thinks he wants to hear.

PHYSICIAN: Well, let's assume for the
moment that that is true. Does that prove
that the love affair was not a serious
matter? I can't see it.

MOTHER (somewhat confused): Well,
but she has genital anxiety.

PHYSICIAN: Here you are back at the
same old spot. You should realize that
your daughter finds herself in a conflict.
Deep down, her genital desire is genuine;
it also makes itself felt as a genuine desire.
But when it comes to its realization, it is
turned into something "unimportant" or
anxious. You cannot consider a love affair
as not serious or as unimportant because
the child, at the same time, has genital
anxiety. On the contrary, it is just when
the child comes up against the barrier of
her anxiety that she feels all the more con-
fused, being confronted with her own
instinctual urge. And don't forget that you
are not dealing with a child who is un-
conscious of her sexuality. She knows
everything and talks about everything,
doesn't she?

MOTHER: Surely. She thinks and talks
about these things a good deal, but I avoid
talking with her about them because I do
not want to push her into something for
which she is not ready.

PHYSICIAN: Now we understand each
other better. It is quite clear that when a
child knows everything and, as a result of
sexual enlightenment, considers genital
sexuality as something natural and matter-
of-course, genital anxiety presents a much
more difficult problem to her than to other
children. In such cases, genital anxiety
plays quite a different role than in children
with a sex-negative structure. Can you tell
me how the analyst handles this problem?

MOTHER: Well, she does the usual thing.
She makes the child conscious of the fear
of her own genital impulses.

PHYSICIAN: Is that all she does?

MOTHER: Surely. What else could an
analyst do?

PHYSICIAN: Another point where the
mother lacks knowledge and where the
child is made unhappy. Can you imagine
that a function which lives and works
could be handled satisfactorily by just talk-
ing about it? Talking about it is, of course,
the first prerequisite for bringing about a
change, but it is not enough. We must
realize that what the child experiences
psychically as anxiety, is represented physi-
ologically in her genital functioning. We
know from therapeutic experience that in
adults one cannot treat genital disturb-
ances in a vacuum, but that one has to
bring about a concrete change. Thus, one
does not consider their pathological genital
activities—and they are always pathologi-
cal—as an expression of their natural
genital drive; consequently, one will not
urge them to engage, without anxiety and
guilt, in their particular genital activity.
The procedure is a quite different one. We
find that genital anxiety is expressed in
pathological muscular attitudes. Conse-
quently, one has to unmask these actions,
movements and bodily attitudes as a de-
fense against genuine biological excitation
and activity. We know this from experi-
ence in adults as well as in children. I am
sure that in your child we are dealing with
the same thing.

MOTHER: Yes, I have vaguely heard
about all this, but I can't understand how
genital masturbation could be a defense
against genital masturbation. Does that
mean that the child is not really afraid of
masturbation, but that the pathological
form of masturbation is itself an expression of anxiety and a means of avoiding the fear of the biological genital rhythm? I don't understand it.

**Physician:** It is not easy to understand and yet, it is quite simple. Most people, after early education has smashed their natural biological rhythm, develop a different, artificial kind of genital activity, unless they renounce it altogether. We know now that most analysts make the serious mistake of taking these activities—which have replaced natural, biological genitality—as genuine genitality, while in reality these activities are a defense against natural genitality. Do you follow me?

**Mother:** Yes, I understand it because I have read a good deal about it. But I have no concrete conception of it.

**Physician:** There are certain clinical phenomena which make it quite clear. If one succeeds in making an inhibited relax—if that is possible—there appear spontaneous vegetative impulses and sensations, particularly at the genital. If genital anxiety is present, the individual will immediately show a definite restlessness. This is not the expression of the excitation itself, but the restless activity serves the function of suppressing the excitation. This fact is not recognized by the psychoanalytic school. Consequently, psychoanalysis of genital inhibitions can be continued ad infinitum. It cannot be successful because the attack is in the wrong place.

**Mother:** I begin to understand. But, in view of the fact that the child was given sexual enlightenment, how is it possible that she should be so much afraid of the excitation?

**Physician:** Let's take a simple example. Let's imagine a child who has been very lively and active until the age of three or four. It would climb on tables and chairs, slide down bannisters, and generally run around like a wild little animal. You and I don't believe, like so many others, that such behavior is unnatural or annoying; on the contrary. Let's assume the following situation: The child is told that all the running, jumping and romping is absolutely natural, and good for the child, and that all the others are wrong who say it is bad. The child, of course, would want to do it. But at the same time, it could not do it, it would have to sit still for one reason or another. Let's go further and assume it would have to sit still for years, prevented from letting its body move in a natural manner. At the age of 15, it would be paralyzed. But not only that. If you would try to make the child use its musculature anew, it would develop a severe fear of moving. You make the same mistake as so many progressive educators, including many of the Freudian school. You favor sexual enlightenment, perhaps you do not theoretically deny the possibility of an actual sex life for the child, but you judge the final result not from the real life of the child, as it takes place according to external and internal conditions, but merely on the question of whether it has obtained sexual enlightenment and what kind. But you will understand that a child who has not been enlightened and who does not engage in sexual activity has a much easier life than a child who has been sexually enlightened and yet behaves like a child who has not. That's the first point.

**Mother:** I understand. But we have not prevented the child from engaging in sexual activity.

**Physician:** Theoretically, no; practically, yes. Please be very patient now. These things are of decisive importance for your child. Didn't you consider the budding love relationship with the boy an unimportant affair? By doing so, did you not shirk the responsibility of helping the child? You knew that she needed help in this conflict. But you did not even talk with her about it.

**Mother:** Well, do you expect me to
force myself on the child? I give her complete freedom of action; she can do as she pleases. I don't interfere.

Physician: This is another important point where you are mistaken. We agree that the child lives in a general environment which makes genital activity impossible for her. Look here: does that environment take a neutral attitude, like you? It does not. It inhibits the child in every conceivable form, by its atmosphere, its direct admonitions and prohibitions, the school, etc., etc. The child, sexually enlightened, and thus having a relatively uninhibited sexual urge, is confronted by a sex-negating world. And in this situation you take the stand that you let the child do as she pleases! You fail to distinguish the situation of urging the child into something that she does not want, from the situation of aiding her in something she wants but of which she is afraid in a specific manner. This is the social aspect of the problem.

Mother: I'll have to think about that. I still can't see why the child does not herself find her way to a thing in which we have given her all freedom possible.

Physician: This leads us to the second question. The child not only has to struggle against a whole sex-negating world; on top of that, she is handicapped in this struggle by her own pleasure anxiety, as we have seen. Let's discuss this question.

Mother: I still fail to see why you consider this such a problem. As I see it, the child simply has genital anxiety and thus is afraid of any genital activity.

Physician: I see that without an understanding of the second question the whole thing will remain a mystery. We must assume that the anxiety which originally came from the environment, has in some way become anchored in the child, mustn't we?

Mother: Yes, that is quite clear.

Physician: You say that neither you nor your husband instilled genital anxiety in the child. Let's grant that for the moment. Let's assume, then, that the child is different from other children in that, though she shows genital anxiety now, she has not acquired it from her childhood environment. This leaves only two possibilities: either her genital anxiety is the result of the general social atmosphere; or, if we leave this out of consideration, the only other possibility is that there is some other reason for the anchoring of genital anxiety. What do you think that could be?

Mother: I don't understand.

Physician: Well, let's see. It goes without saying that the development of a child during the period of genital excitation is determined not only by the experiences in this period itself, but also—or even more so—by the experiences which preceded this period. Do you remember how you handled the problem of training to excremental cleanliness?

Mother: I still fail to see why you consider this such a problem. I don't know whether I should have a bad conscience there.

Physician: Please, it is not a matter of a good or a bad conscience, but a matter of clarifying a situation which is bad for the child.

Mother: Yes, I'll have to confess. During the first two years of her life, neither my husband nor I quite knew what we were doing. Until the age of two, perhaps even later, the child suffered from soiling her bed.

Physician: You say "suffered from"? Why? Isn't it quite natural for a child of that age, or perhaps even somewhat beyond that age, to soil her bed occasionally? Did it happen frequently?

Mother: Well, not very often; only during a certain period, which lasted a few weeks, when she wet the bed every night and occasionally also soiled it.

Physician: And what did you do about it?

Mother: We scolded her and pointed out to her how wrong it was. I remember
our doing that even before she talked, that is, before she was one year old.

**Physician:** Do you remember any particular changes in the child?

**Mother:** I remember that between the age of two and three, she went through a period of crying and tantrums; sometimes she would scream like mad and could hardly be quieted down.

**Physician:** Well, the mystery seems to clear up. You know, don't you, that a child reacts by crying and temper tantrums when the adults prohibit something, particularly if they do it at a time when the child understands neither what is being prohibited nor why. This is one of the most tragic experiences of childhood. The children do something which is entirely harmless, having not the faintest idea that it is "bad." The parents, who have no more of an idea what they are doing, and being afraid for the "cultural" future of the child, interfere in some clumsy way.

**Mother:** Yes, I know, now. But what has that to do with genital anxiety? That's what we are dealing with.

**Physician:** It has a lot to do with it. As you probably know, psychoanalytic theory contends that the infant holds the feces back because it derives anal pleasure from doing so. More recent investigations have shown this to be incorrect. What happens is this: At first the child is quite innocent in its anal function and simply derives the corresponding pleasure from it. Then, usually very early, at the age of six months, certainly not later than the end of the first year, it is prohibited from soiling its bed. This prohibition is enforced more or less severely. What the child develops now is, to begin with, not a pleasure in retaining the feces, but a fear of letting the feces out. Objectively, of course, this expresses itself as a holding back; this may easily be misinterpreted as a holding back in order to obtain pleasurable anal sensations, as if the child were perpetuating the earlier anal pleasure in a different form. That is not so. The child is afraid of what will happen if it lets go. When does it begin to hold back, anyhow? When the familiar rectal sensation appears which indicates the downward movement of the feces. If you imagine this sensation clearly, you will find that it is very similar to the sensations of beginning genital excitation. So we see: as soon as the child feels the excitation in the rectum, it begins anxiously to clamp down and to hold back. That's the way in which the diverse kinds of infantile constipation come about.

**Mother:** Yes, but I still don't get it.

**Physician:** You will, very soon. The child has a conflict between an internal tension and a fear which prevents the release of this tension. If, now, the anus lets go during sleep and the punitive measures are repeated, this conflict becomes intensified. Analyses show clearly that spite reactions at such an early age make their appearance always as a result of such training to excremental cleanliness as you described. One can distinguish two phases. In the first phase of the spite reaction, the child still fights, in an entirely healthy manner, against the violence done to it by the educational measures. In the second phase, the child, under the pressure of guilt feelings or the fear of losing its mother's love, represses its spite and becomes compulsive and self-tormenting. This is what your child went through.

**Mother:** Yes, but I still don't see what that has to do with genital anxiety.

**Physician:** We are coming to that. When a child with such sphincter training enters the genital phase, it will inevitably develop the condition your child finds herself in. Genital activity as such is not inhibited; the child affirms it intellectually as well as emotionally. But, of course, this activity is accompanied by certain sensations of current in the genital. If, now, there has been the wrong kind of training to cleanliness, the child associates the genital sensations with the anal sensa-
tions, which it has come to consider as dangerous. This happens all the more easily in that the sensations are of the same quality. Thus the child develops a kind of genital anxiety which expresses itself at the genital but which in reality is not genital anxiety but a fear of soiling herself.

**Mother:** At last I begin to understand.

**Physician:** That is lucky for both your daughter and you.

**Mother:** There is one thing I don't understand. The child is being analyzed. Doesn't the analysis dissolve the anal inhibitions?

**Physician:** This is another misconception prevalent in psychoanalytic therapy. It is not a matter of recognizing a certain anxiety and of "interpreting" it. It is a matter of a technique which makes it possible to reverse this process which has taken place in the child: the displacement of the anxiety from anus to genital, or, in other words, the displacement of the fear of anal excitation to a fear of genital excitation. This cannot be done by interpretation, not even, as experience has shown, by character-analysis along purely psychological lines. This requires a technique which dissolves the various forms of anxiety and defense which the child has developed in a definite sequence which corresponds to the development of the neurosis. But I can't go into that here because it is too technical.

**Mother:** But what should I do now?

**Physician:** First of all, let the things we have discussed sink in; check them with the actual life of your child; and, most important, try to find out whether deep down in your own attitude toward these things, you are ready to put into practice what you intellectually know to be true. Very often, the mothers' own earlier experiences prevent them from drawing the practical conclusions from their knowledge and convictions. We'll discuss it again, and then, I hope, we'll understand each other even better. These things are very difficult and in part still unrecognized and misunderstood. Everything takes time to mature.
Projeto Arte Org
Redescobrindo e reinterpretando W. Reich

Caro Leitor

Infelizmente, no que se refere a 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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