THE SEX-ECONOMIC CONCEPT OF PSYCHOSOMATIC IDENTITY AND ANTITHESIS

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1. INTRODUCTION.

There are four basic concepts of the interrelation of psyche and soma:

(1) Mechanistic materialism: Every psychic disturbance has a physical cause. This concept dominated the early phases of psychiatry ("brain mythology"). It still essentially dominates neurology ("neuro-psychiatry"). In recent years it has come into new prominence in the form of "frontal lobotomy." This is a surgical technique which consists in destroying or cutting out parts of the brain for the treatment of psychoses and neuroses ("psychosurgery"). It is being seriously reported and discussed in various scientific periodicals.

(2) Metaphysical idealism: Every psychic manifestation or disturbance has an exclusively psychic cause. It is identical with the concept that "spirit creates matter" and not the reverse. For many people, this concept extends also to physical disease ("Christian Science").

(3) Psychophysical parallelism: Psychic and somatic are two parallel processes in mutual interaction. This concept dominates most of modern psychiatry and medicine, and the attempts to bring the two together, psychosomatic medicine.

(4) The functional energy concept of Wilhelm Reich.

In this article, I shall attempt to give an idea of this concept. In doing so, I claim no originality. This article is essentially nothing but a compilation of relevant data from various chapters of Dr. Reich's new book, "The Function of the Orgasm." The concept described here is based on twenty years' study of the living organism. It took its origin from Reich's first modification of the usual psychoanalytic technique: the modification of symptom-analysis to character-analysis; from the clinically correct investigation of the central problem of the neuroses and of psychosomatic research, anxiety; and from the investigation of the function of the orgasm. These investigations led far beyond a purely psychological comprehension of human functioning, into physiology, biology, and finally into physics, through the discovery of the specific biological energy, the orgone radiation. The concept is revolutionary. In spite of its clinical and experimental substantiation, it cannot count on ready acceptance in scientific circles, for two reasons: First, it is a functional concept; the average scientist is bound by mechanistic thinking and is curiously afraid of functional thinking. Second: it is based on the investigation of sexuality, a subject which, all the talk about it notwithstanding, is still taboo in science. As it is impossible to present this concept adequately in an article, without the background out of which it grew and which cannot be gone into here, the reader with more than a superficial interest in the subject must be referred to Dr. Reich's book.

The sex-economic concept of psychosomatic relationships is based on the energy function of the organism. This biological energy in itself is neither "psychic" nor "somatic." Psychic as well as somatic phenomena are expressions of this same biological energy. Psychic as well as somatic disturbances are due to the stasis (damming-up) of energy in the organism. This stasis is due to orgasmic impotence; only orgasmic potency, i.e., biologically cor-
rect discharge of sexual energy, guarantees a normal energy household (sex-economy). The stasis of energy is maintained by the physiological mechanisms of repression, which in their totality form the muscular armor. This is functionally identical with the character armor. There is a basic antithesis between sexuality and anxiety, demonstrable psychically (pleasure—anxiety), physiologically (parasympathetic—sympathetic), biochemically (potassium, cholins, lecithin—calcium, adrenalin, cholesterin), biologically (pulsation, i.e., expansion—contraction) and bio-electrically (increased—decreased surface potential). The therapeutic dissolution of the character armor and the muscular armor results in the establishment of the orgasm reflex and with it, of unitary psychosomatic functioning in the sense of the basic biological functions of expansion and contraction.

2. ENERGY STASIS.

Freud, in his early work, distinguished “actual neuroses” from “psychoneuroses.” The former, anxiety neurosis and neurasthenia, were due to a present-day disturbance of sexual life, such as sexual abstinence, coitus interruptus (withdrawal) and excessive masturbation. Their symptoms, like palpitation, tachycardia, sweating, trembling, irritability and anxiety, had no psychic origin, but were the direct expression of the dammed-up libido. As Freud put it, libido, if undischarged, underwent a “conversion” into anxiety.

The symptoms of the psychoneuroses (like hysteria and compulsion neurosis), on the other hand, had a psychic origin and meaning and a root in infantile experiences. The question as to where the psychoneuroses derived their energy from, Freud never tried to answer. He thought it likely that the psychoneuroses had an “actual-neurotic core,” but he never followed up the question, and later even repudiated his original—and clinically correct—theory of anxiety. He stated that

"the question as to the stuff of which anxiety is made has lost its interest" and in his revised theory, anxiety became a metapsychological concept, a “signal of the ego.” Most psychoanalysts denied the very existence of what Freud called “actual neuroses”; they still do.

Reich’s clinical investigations, on the other hand, showed that, beyond any doubt, the psychoneuroses also derive their energy from dammed-up sexual energy. An early case of Reich’s demonstrates this mechanism particularly clearly:

“In December 1920, Freud referred a young student to me who was suffering from compulsive rumination, compulsive counting, compulsive anal phantasies, excessive masturbation and severe neurasthenic symptoms, such as headaches and pains in the back, lack of concentration, and nausea. The compulsive rumination immediately turned into compulsive associating. It looked pretty hopeless. After some time, an incest phantasy broke through, and for the first time the patient masturbated with satisfaction. With that, all the symptoms disappeared suddenly. In the course of a week they gradually returned. When he masturbated a second time, the symptoms disappeared again, only to return again after a short time. This was repeated for several weeks. Finally it was possible to analyze his guilt feelings about masturbation and to correct some practices and attitudes which interfered with complete gratification. After that, his condition improved visibly. After nine months of treatment, he was discharged, considerably improved, and able to work. He kept in touch with me for over six years; he married and remained well.”

In the early years of the Vienna Psychoanalytic Clinic, Reich treated mainly patients of a type commonly termed “psychopaths,” who were considered inaccessible to psychoanalytic therapy. In these patients, the stasis of sexual energy was much more pronounced and its effects much more evident than in the neuroses with inhibited drives. The difficulties they
presented, the intensity of their perverse and antisocial impulses, fluctuated exactly with the degree of sexual tension and gratification. Every release of sexual tensions through genital satisfaction immediately reduced the breaking through of pathological drives.

The "oscillation of energy" between genital and non-genital attitudes, between genital and pregenital loci of excitation, a phenomenon which can be observed in all patients, is particularly well illustrated in the following case. I quote:

"About 1925 I treated a young American woman who had suffered from severe bronchial asthma since early childhood. Every situation involving sexual excitation would produce an attack. Thus, she would have an attack when she was about to have sexual intercourse with her husband, or when she flirted and started to become aroused. She would become severely dyspneic and could get relief only from special anti-spasmodic drugs. She suffered from vaginal hypesthesia; her throat, however, was highly irritable. There were strong unconscious impulses—directed against her mother—to suck and bite. She suffered from choking sensations. The phantasy of having a penis sticking in her throat was clearly manifested in dreams and actions. When these phantasies became conscious, the asthma disappeared for the first time. However, it was replaced by severe attacks of vagotonic diarrhea, alternating with sympathicotonic constipation. The phantasy of having a penis in her throat was superseded by that of "having a baby in her stomach and having to expel it." With the appearance of diarrhea, the genital disturbance became more severe; she lost vaginal sensations completely and refused to have sexual intercourse. She was afraid of an attack of diarrhea during sexual intercourse. When the intestinal symptoms subsided, she experienced for the first time pre-orgastic vaginal excitation. However, it did not exceed a certain limit. Any increase in excitation produced either anxiety or an attack of asthma. For some time, asthma, and with it the oral excitations and phantasies, were present again as if they had never been treated. With each relapse they reappeared, and again and again the excitation progressed to the genital system. Every time, there was an increased capacity for tolerating vaginal excitation. The intervals between relapses became longer. This continued for some months. The asthma disappeared with each progress in vaginal excitation and returned with each shift of excitation from the genital to the respiratory organs. This oscillation of sexual excitation between respiratory organs on the one hand and pelvis on the other, was accompanied by the corresponding oral and genital infantile phantasies: when the excitation was above, the patient became demanding in the infantile way, and depressive; when the excitation became genital again, the patient was feminine and desirous of the man. The genital anxiety which made her retreat again and again appeared at first as the fear of being injured in the sexual act. When this was resolved, there appeared a fear of bursting or dissolution with excitation. Gradually, the patient became accustomed to vaginal excitation and finally experienced orgasm. This time, the spasm in the throat failed to recur, and with it the asthma. When last heard from seven years later, the patient was still well."

"This case," comments Reich, "again confirmed my concept of the therapeutic function of the orgasm; but in addition it revealed some important mechanisms. I understood now that non-genital excitations and modes of gratification are retained for fear of the intense orgastic sensations in the genital; they are retained because they cause the occurrence of much milder sensations. Here was an important part of the enigma of instinctual anxiety. If sexual excitation is checked, there arises a vicious circle; the checking increases the stasis of excitation, and the increased stasis diminishes the ability of the organism to decrease it. Thus, the organism acquires a fear of excitation, in other words, sexual anxiety. This sexual anxiety, therefore, is caused by an external frustration of instinctual gratification, and is anchored in-
ternally by the fear of the dammed-up sexual excitation. This is the mechanism of orgasm anxiety. It is the fear of the organism—which has become unwilling to experience pleasure—of the overpowering excitation of the genital system. Orgasm anxiety forms the basis of the general pleasure anxiety, which is an integral part of the prevailing human structure. It usually shows itself as a generalized fear of any kind of vegetative sensation or excitation or the perception of these.

The investigation of sexual stasis led to a finding which is characteristic of all neurotic individuals and the majority of so-called "normal" individuals in our society: orgasmic impotence. This means the inability to discharge, in the orgasm, an amount of sexual energy equal to that accumulated in the organism. In other words, the energy source of the neurosis lies in the differential between accumulation and discharge of sexual energy. This finding necessitated the detailed clinical investigation of the mechanisms which prevent the normal orgasmic discharge of energy.

3. THE SOMATIC MECHANISMS OF REPRESSION.

If we think of "repression" as the relegation of conscious ideas to the unconscious only, we cannot arrive at any clear idea as to what the process of repression consists of. Nor is such a purely psychological concept of any help in understanding psychosomatic interrelations or in handling psychosomatic disturbances.

Reich's character-analytic technique disclosed the real nature of the process of repression.

THE CHARACTER ARMOR

After the fact had been established that the neurosis is the expression of a disturbance in genitality, that the dammed-up sexual energy provides the source of energy for the neurotic illness, the therapeutic task became that of liberating this energy and making possible its normal discharge by establishing orgasmic potency in the patient.

Sexual energy is bound up in symptoms. Consequently, each dissolution of a symptom liberates a certain amount of energy. This amount of energy transferred itself spontaneously to the genital system: potency improved. However, although the patients discarded symptoms, became capable of doing work of a sort, relinquished abstinence or experienced more sexual satisfaction, the expectation that the liberation of energy from the symptoms would also lead to the establishment of the orgasmic function was fulfilled in only a few cases. Apparently, an insufficient amount of energy was liberated from neurotic fixation points.

Thus, the question arose: Where else, besides the neurotic symptoms, is sexual energy bound up? First, it seemed plausible to look for the energy in the non-genital, i.e., infantile pregenital activities and phantasies. If sexual interest is directed to a high degree toward sucking, biting, being petted, anal habits, etc., then the capacity for genital experience suffers. This confirms the view that the sexual partial impulses do not function independently of each other, but form a unity—like a liquid in communicating pipes. There can be only one uniform sexual energy, seeking satisfaction at various erogenous zones, and attached to different ideas. Any admixture of non-genital excitation in the sexual act reduces orgasmic potency. Only the genital apparatus can provide orgasm and can discharge sexual energy completely. Pregenitality, on the other hand, can only increase vegetative tensions.

When energy which is bound in the organism is liberated, it manifests itself first as anxiety. Reich found that whenever he succeeded in bringing about the conversion of stasis anxiety into genital exci-
tation, there were good and lasting therapeutic results. However, it was not possible in all cases to liberate cardiac anxiety and to produce its alternation with genital excitation. This raised the question: What is it that keeps the biological excitation, once genital excitation is inhibited, from manifesting itself as cardiac anxiety? Why does stasis anxiety not make its appearance in all cases of psychoneurosis?

Freud has shown that in the neurosis, anxiety becomes bound in a certain way. The patient escapes anxiety, e.g., by producing a compulsive symptom. If one disturbs this functioning of the compulsion, anxiety immediately appears. Not always, however. A great many cases of compulsion neurosis of long standing, or cases of chronic depression could not be disturbed in this way. Somehow, they were inaccessible. Especially difficult were the emotionally blocked ("affektgesperrt") compulsive characters. They gave associations in great numbers freely, but there never was any trace of affect. All therapeutic efforts bounced back, as it were, from a "thick, hard wall." The patients were "armored" against attack. There was no technique known in the literature that would shake this hardened surface. It was the whole character that resisted. Apparently, the character armor was the mechanism which was binding all energy. It was also the mechanism that made so many psychoanalysts contend that there was no such thing as stasis anxiety.

These facts are well illustrated in the following case whom Reich treated at about the same time as the student described above (p. 34). The first case illustrates the actual mechanism of cure, while the following case shows the energy-binding function of the character armor and the impossibility of mobilizing the vegetative energies without a proper technique for handling the character armor:

"This young waiter suffered from complete lack of erection. The treatment ran smoothly. In the third year, the unequivocal reconstruction of the 'primai scene' was possible. When he was about two years old, his mother had another child, and he was able to watch the delivery from the next room. He received the vivid impression of a big bloody hole between his mother's legs. All that remained in his consciousness of this impression was a feeling of 'emptiness' in his own genitals. According to psychoanalytic knowledge of that time, I connected the lack of erection merely with the traumatic impression of the 'castrated' female genital. That was doubtless correct. But not until a few years ago did I begin to give closer attention to and to understand the genital 'feeling of emptiness' in my patients. It corresponds to the withdrawal of biological energy from the genital. At that time, I misjudged the general attitude of this patient. He was quiet, placid, 'good,' doing everything that was asked of him. He never got upset. In the course of three years' treatment, he never got angry or critical. That is, according to the concepts of that time, he was a 'well integrated,' thoroughly 'adjusted' character, with only one serious symptom ('monosymptomatic neurosis'). I reported the case in the technical seminar, and earned praise for the correct elucidation of the traumatic primai scene. His symptom, lack of erection, was fully explained—theoretically. As the patient was industrious and 'adjusted to reality,' none of us was struck by the fact that just his lack of emotionality, his complete imperturbability, was the pathological characterological soil on which his erectile impotence could persist. My older colleagues considered my analytic work complete and correct. But on leaving the meeting I felt dissatisfied. If everything was as it should be, why did the impotence fail to budge? Obviously, there was a gap that none of us understood. A few months later I discharged the patient, uncured. He took it as stoically as he had taken everything else all this time. The consideration of this patient impressed on me the important character-analytic concept of 'emotional block' ('Affekstperre'). I had thus hit upon the highly important connection between the prevalent rigid character structure of today and genital 'deadness'."
In the treatment, the character armor makes itself felt as “character resistance.” It was found that the whole experiential world of the past was present in the form of character attitudes. Each layer in the character structure is a piece of life history which is preserved in another form and is still alive. It was shown that by loosening up these layers, the old conflicts could—more or less easily—be revived.

The function of the armor was to protect against unpleasure. However, the organism paid for this protection by losing a great deal of its capacity for pleasure. The energy that held the armor together consisted mostly in destructiveness which had become bound. This was shown by the fact that destructiveness would be set free as soon as the armor began to crack. It finally became clear that the destructiveness which is bound up in the character is nothing but anger about frustration in general and denial of sexual gratification in particular. If the analysis penetrated to a sufficient depth, every destructive tendency gave way to a sexual one. Destructive tendencies were shown to be nothing but reactions; reactions to disappointment in love or to loss of love. If the desire for love or for satisfaction of the sex urge meets insuperable obstacles, one begins to hate. However, the hatred cannot be expressed, it must be bound in order to avoid the anxiety it causes. That is, frustrated love causes anxiety. So does inhibited aggression; and anxiety inhibits the expression of both hatred and love.

These and other observations led to the important conclusion: The orgastically unsatisfied individual develops an insincere character and a fear of any behavior which he has not thought out beforehand—in other words, behavior which is spontaneous and truly alive—as well as a fear of becoming aware of sensations of a vegetative origin.

THE MUSCULAR ARMOR AND THE BREAKTHROUGH INTO THE VEGETATIVE REALM

The further investigation of the character armor led to findings which are of extreme importance from the point of view of the psychosomatic problem. The following is quoted from Dr. Reich's book:

“In Copenhagen, 1933, I treated a man who put up especially strong resistances against the uncovering of his passive-homosexual phantasies. This resistance was manifested in an extreme attitude of stiffness of the neck (‘stiff-necked’). After an energetic attack upon his resistance he suddenly gave in, but in a rather alarming manner. For three days, he presented severe manifestations of vegetative shock. The color of his face kept changing rapidly from white to yellow or blue; the skin was mottled and of various tints; he had severe pains in the neck and the occiput; the heartbeat was rapid; he had diarrhea, felt worn out, and seemed to have lost hold. I was disturbed. True, I had often seen similar symptoms, but never that violent. Something had happened here that was somehow inherent in the therapeutic process but was at first unintelligible. Affects had broken through somatically after the patient had yielded in a psychic defense attitude. The stiff neck, expressing an attitude of tense masculinity, apparently had bound vegetative energies which now broke loose in an uncontrolled and disorderly fashion. A person with a balanced sex-economy would be incapable of producing such a reaction. Such a reaction presupposes a continuous inhibition and damming-up of biological energy. It was the musculature that served this inhibitory function. When the muscles of the neck relaxed, powerful impulses broke through, as if propelled by a spring. The alternating pallor and redness of the face could be nothing but a movement to and fro of the body fluids, an alternating contraction and relaxation of the blood vessels. That fitted
in very well with my concept of the functioning of the biological energy. The direction of 'out of the self—toward the world' kept alternating rapidly with the opposite direction of 'away from the world—back into the self.' The musculature can, by contracting, inhibit the blood flow; it can, in other words, reduce the movement of the body fluids to a minimum."

"This finding checked with earlier observations and those in recent cases. Soon, I had a multitude of facts which could be summed up in the formulation: Sexual energy can be bound by chronic muscular tensions. The same is true of anger and anxiety. I found that, whenever I dissolved a muscular inhibition or tension, one of the three basic biological excitations made its appearance: anxiety, anger or sexual excitation. True, I had been able to bring this about before, by way of dissolving purely characterological inhibitions and attitudes. The difference lay in the fact that now, the break-through of biological energy was more complete, more forceful, more thoroughly experienced, and it occurred more rapidly. Also, it was accompanied in many patients by a spontaneous dissolution of the characterological inhibitions. . . Soon, some decisive questions of the mind-body problem clarified themselves:

"The character armor now showed itself functionally identical with muscular hypertension, the muscular armor. The concept of functional identity which I had to introduce, means nothing but the fact that muscular and character attitudes serve the same function in the psychic apparatus; they can influence and replace each other. Basically, they cannot be separated; in their function they are identical."

"If the character armor expressed itself through the muscular armor and vice versa, then the unity of psychic and somatic functions was comprehended and became capable of being influenced in a practical way. Now, I was able to make practical use of this unity. When a character inhibition would fail to respond to psychic influencing, I would work at the corresponding somatic attitude. Conversely, when a disturbing muscular attitude proved difficult of access, I would work on its characterological expression and thus loosen it up."

"The loosening of the rigid muscular attitudes resulted in peculiar somatic sensations: involuntary trembling, jerking of muscles, sensations of hot and cold, itching, crawling, prickling sensations, goose flesh, and the somatic perception of anxiety, anger and pleasure. To comprehend these manifestations, I had to break with all the old concepts of psychosomatic interrelationship. These manifestations were not the 'result,' the 'causes,' or the 'accompaniment' of 'psychic' processes; they were simply these processes themselves in the somatic sphere."

The muscular armor assumes a particular significance in connection with the peculiar idea of bursting and the desire to be made to burst. This idea Reich first found in masochism, and later in all patients at the time when their orgasm anxiety became most acute. He asked himself: what is the origin of this idea of bursting, which, in all patients, makes its appearance shortly before the establishment of orgastic potency? He soon found that in most cases this idea appears in the form of a kinesthetic perception of the state of the body. In outspoken cases there is regularly the idea of the body as a taut bladder. The patients complain about being taut, filled up, as if they were going to burst, to explode. They feel "blown up," "like a balloon." They dread any loosening of their armor because it makes them feel as if they were being "pricked open." Some patients express a fear of "melting away," of "dissolving," of losing their "hold on themselves," their "contour." They cling to the rigid armoring of their movements and attitudes as a drowning
person clings to a board. Others have the strongest desire to "burst." Many a case of suicide occurs on this basis. The more acute the sexual tension becomes, the more distinct become these sensations. They promptly disappear when the orgasm anxiety is overcome and sexual relaxation can take place. Then the hard features of the character disappear, the person becomes "soft" and yielding and at the same time develops an elastic sort of strength.

The investigation of the muscular armor thus showed that the neurosis is but one thing: the sum total of all the inhibitions of the natural sexual pleasure which in the course of time have become mechanical. All other manifestations of the neurosis are the result of this original disturbance. It became clear that the original pathogenic conflict of the neurosis (the conflict between striving for pleasure and moral frustration) is structurally anchored in a physiological way in the muscular disturbance. The psychic conflict between sexuality and morality works in the biological depths of the organism as a conflict between pleasurable excitation and muscular spasm.

REPRESSION

Findings like these led to an entirely different concept of repression than that held by psychoanalysis.

While the loosening up of chronic character attitudes brings about reactions in the vegetative system, the break-through into the vegetative is all the more complete and powerful the more thoroughly we treat not only the character attitudes, but —simultaneously—the muscular attitudes that correspond to them. It became clear that the muscular rigidity is by no means a "result," an "expression" or an "accompaniment" of the mechanism of repression; it is, actually, the most essential part of the process of repression.

Without exception, patients relate that they went through periods in their childhood when they learned to suppress their hatred, anxiety or love by way of certain practises which influenced their vegetative functions (such as holding their breath, tensing their abdominal muscles, etc.). Many patients, when in the course of the treatment their abdominal sensations become too strong, begin to stare vacantly into a corner or out of the window. If one inquires about such behavior, the patients will remember that, as children, they practised this consciously every time they had to control their anger towards parents, siblings or teachers. To be able to hold one's breath for a long time meant a heroic feat of self-control. Language here clearly portrays the somatic process of self-control; certain phrases commonly heard in everyday education represent exactly what is here described as muscular armor ing. "A man has to show self-control"; "a big boy doesn't cry"; "pull yourself together"; "don't let yourself go"; "you shouldn't show that you're afraid"; "it's very bad to lose your temper"; "you must grit your teeth"; "grin and bear it"; "keep your chin up"; "keep a stiff upper lip"; etc., etc.

Analytic psychology paid attention only to what the children suppressed and to the reasons for the suppression. However, no attention was paid to the manner in which they fight against their emotions. It is, nevertheless, just this physiological side of the process of repression which merits our closest attention. Again and again it is striking to find how the dissolution of a muscular rigidity not only liberates vegetative energy, but, in addition, also brings back into memory the very infantile situation in which the repression had taken effect. We can say: Every muscular rigidity contains the history and the meaning of its origin. It is thus not necessary to deduce from dreams or associations the way in which the muscular armor developed; rather, the armor itself is the form in which the infantile experience continues to exist as a harmful agent. The neurosis is
by no means only the expression of a disturbed psychic equilibrium; much more correctly and significantly, it is the expression of a chronic disturbance of the vegetative equilibrium and of natural motility.

The term "psychic structure" assumed a special connotation. It means the character of an individual's spontaneous reactions, the condition that is typical of him as the result of all the synergistic and antagonistic forces within him. That is, a certain psychic structure is at the same time a certain biophysiological structure; it is a representation of the interplay of the vegetative forces within a person. The change in structure which we bring about by our therapy is nothing but a change in the interplay of vegetative forces in the organism.

The muscular attitudes have a particular significance for character-analytic technique. Namely, they make it possible, if necessary, to avoid the devious approach via the psychic manifestations, and to break through to the affects directly, from the bodily attitude. If this is done, the repressed affect appears before the corresponding memory. In this way, the discharge of affect is guaranteed, provided the chronic muscular attitude was well understood and properly dissolved. If one attempts to produce the affects by a purely psychological approach, the discharge of affects is left to chance. The character-analytic work on the layers of the character incrustations is the more effective, the more completely it brings about a dissolution of the corresponding muscular attitudes. In a great many cases, psychic inhibitions give way only to a direct loosening of the muscular tensions.

The rigidity of the musculature is the somatic side of the process of repression, and the basis for its continued existence. It is never a matter of individual muscles that become spastic, but of muscle groups forming a functional unit from a vegetative point of view. If, e.g., an impulse to cry is to be suppressed, not only the lower lip becomes tense, but also the whole musculature of the mouth, the jaw and the throat; that is, all the muscles which, as a functional unit, become active in the process of crying.

**ABDOMINAL TENSION AND RESPIRATORY INHIBITION**

Space does not permit describing or even enumerating the various muscular attitudes one encounters in vegetotherapeutic work. I can refer only to the fundamental mechanisms of repression: abdominal tension and inhibition of respiration. These mechanisms involve particularly three functional muscle groups: diaphragm, abdominal wall, and pelvic floor.

There is no neurotic individual who does not show a tension in the abdomen. So important has the treatment of this abdominal tension become in our work, writes Reich, that today it seems incomprehensible how it was possible to bring about even partial cures in neuroses without knowing the symptomatology of the solar plexus. If one has a patient exhale deeply and then exerts a slight pressure on the abdominal wall about one inch below the sternum, one notices a reflex-like tension or a constant resistance; very often, the patient experiences a pain similar to that when the testicle is squeezed. Patients whose complaint is that of a chronic feeling of pressure or of a girdle show a board-like rigidity in the upper abdominal musculature. This abdominal tension has the function of exerting a pressure on the solar plexus.

The same function is fulfilled by the tense diaphragm in its position of downward pressure. There is no neurotic individual who is capable of exhaling in one breath, deeply and evenly; in all neurotic individuals, without exception, one finds a tonic contracture of the diaphragm. This contracture shows itself in the fact that the patients can exhale only in a shallow
and jerky manner. Let one imagine that one is frightened, or in anticipation of a great danger. Instinctively, one will draw in one’s breath and remain in this attitude. As one cannot continue to do so, one will breathe out again. However, expiration will be incomplete and shallow; one does not breathe out completely in one breath, but in fractions, in steps, as it were. In fright, one involuntarily breathes in; the diaphragm contracts and compresses the solar plexus from above.

The patients have developed all conceivable practices which prevent deep expiration. They exhale “jerkily,” or, as soon as the air is let out, they quickly bring their chest back into the inspiratory position. In expiration, the diaphragm is raised, and the amount of pressure on the organs below it—including the solar plexus—diminishes. When, in the course of treatment, we bring about a decrease in the tension of the diaphragm and of the abdominal muscles, the solar plexus is freed of the abnormal pressure to which it was subjected. This is shown by the appearance of a sensation which is like that which one experiences on a roller coaster, in an elevator which suddenly starts going down, or in falling. With deep expiration, there appear in the abdomen vivid sensations of pleasure or anxiety. The function of the respiratory inhibition (inhibition of expiration) is exactly that of avoiding the occurrence of these sensations.

Clinical experience shows this to be an extremely important phenomenon. A full understanding of this muscular action is provided by the results of the character-analytic investigation of early infantile mechanisms. Children fight lasting and painful anxiety states, which are accompanied by typical sensations in the “stomach,” by holding their breath and pulling in their abdomen. They do the same thing when they have pleasurable sensations in the abdomen or in the genitals and are afraid of them. Holding the breath and keeping the diaphragm contracted is one of the earliest and most important mechanisms for suppressing sensations of pleasure in the abdomen as well as for nipping in the bud “belly anxiety.” This mechanism of holding the breath is aided by abdominal pressure which has a similar effect. Everyone knows these vegetative sensations in the abdomen, though they are described in diverse ways. Patients complain of an intolerable “pressure” in the stomach, or of a girdle which “restricts.” Others have a certain spot in the abdomen which is very sensitive. Everybody is afraid of getting punched in the abdomen. This fear becomes the center of very rich fantasies. Others have the feeling that “there is something in the belly that can’t get out”; “it feels like a dinnerplate in my belly”; “my belly is dead”; “I have to hold on to my belly”; etc., etc. Most of the phantasies of small children about pregnancy and childbirth center around the vegetative sensations in their abdomen.

Reich describes a patient who was on the verge of a severe melancholia. Her musculature was highly hypertonic, and during a whole year she could not be brought to the point of showing any affective reaction. Finally the situation became clear. At the merest sign of an affect, she would “adjust something in her belly,” hold her breath and stare out of the window as if looking into the distance. Her eyes assumed an empty expression, as if turned inward. The abdominal wall became tense and the buttocks were drawn in. As she said later: “I make my belly dead, then I don’t feel anything any more; otherwise, my belly has a bad conscience.” What she meant was, “Otherwise, it has sexual sensations and therefore a bad conscience.”

The way in which our children accomplish this “blocking off of sensations in the belly” by way of respiration and abdominal pressure is typical and universal. This technique of emotional control, a kind of universal Yoga method, is
something which vegetotherapy has difficulty in combatting.

Particularly in the last phases of the treatment, when preorgastic sensations become increasingly strong, one finds that the patients keep the muscles of the pelvic floor pulled up and tense. While the diaphragm compresses the solar plexus from above and the abdominal wall compresses it from in front, the contraction of the pelvic floor serves the function of decreasing the abdominal space by pressing from below. The dissolution of these tensions reveals the most varied infantile mechanisms of vegetative control and brings out all kinds of pregenital phantasies. It shows how the mechanisms of genital inhibition are acquired in the course of a premature and brutal training to excremental cleanliness, followed by the prohibition of infantile masturbation. The fear of genital excitation often appears in the form of the fear of involuntary loss of urine or feces during the sexual act.

How can the mechanism of holding the breath suppress or eliminate affects? That was a question of decisive importance. For it had become clear that the inhibition of respiration was the physiological mechanism of the suppression and repression of emotion, and consequently, the basic mechanism of the neurosis in general. Simple consideration said: the biological function of respiration is that of introducing oxygen and eliminating carbon dioxide from the organism. The oxygen of the introduced air accomplishes the combustion of the digested food in the organism. Chemically speaking, combustion is everything that consists in the formation of compounds of body substance with oxygen. In combustion, energy is created. Without oxygen, there is no combustion and consequently no production of energy. In the organism, energy is created through the combustion of food stuffs. In this process, heat and kinetic energy are created. Biopotentiality, also, is created in the process of combustion. If respiration is reduced, less oxygen is introduced; only as much as is needed for the maintenance of life. If a smaller amount of energy is created in the organism, the vegetative impulses are less intense and consequently easier to master. The inhibition of respiration, as it is found regularly in neurotics, has, biologically speaking, the function of reducing the production of energy in the organism, and thus, of reducing the production of anxiety.

An example will illustrate the significance of respiration for the activity of the abdominal vegetative ganglia. In one patient there occurred, in the course of repeated deep expirations, a marked sensitivity of the pelvic region. To this he would react with holding his breath. If one touched his thigh or lower abdomen, ever so gently, he would pull himself together with a start. However, if one had him exhale deeply several times, he did not react to being touched at all. When he held his breath again, the irritability of the pelvic region promptly reappeared. This could be repeated ad libitum.

This clinical detail, Reich comments, is very revealing. Deep inspiration (holding the breath) dams up the biological energy of the vegetative centers and thus increases the reflex irritability. Repeated deep expiration reduces the stasis and with it the anxious irritability. The inhibition of respiration—specifically, of deep expiration—thus creates a conflict: the inhibition serves the purpose of damping the pleasurable excitations of the central vegetative apparatus; but just in doing so, it creates an increased susceptibility to anxiety and increased reflex irritability. Another bit of the problem of the conversion of sexual excitation into anxiety thus became understandable.

The neurotic inhibition of respiration, then, is a central part of the neurotic mechanism in general, in two ways: It blocks the normal vegetative activity of the organism; and thus it creates the
source of energy for all kinds of neurotic symptoms and phantasies.

4. THE BASIC ANTITHESIS BETWEEN SEXUALITY AND ANXIETY.

Freud's original concept of the relationship between sexuality and anxiety was this: if somatic sexual excitation is barred from perception and discharge, it is converted into anxiety. But how this conversion took place, nobody knew. However, Reich found the therapeutic problem to be that of reverting this process, i.e., of liberating sexual energy, of turning stasis anxiety back into sexual excitation. The question was, therefore, how does this original conversion of sexual excitation into anxiety take place? Reich's observations led to an important revision of Freud's original formulation. I quote:

"In 1924, I treated two women with cardiac neurosis in the psychoanalytic clinic. With them, whenever genital excitation appeared, cardiac anxiety subsided. In one case the alternation of cardiac anxiety and genital excitation could be observed for weeks. Every inhibition of vaginal excitation would immediately result in oppression and anxiety in the region of the heart. This observation beautifully confirmed Freud's original concept of the relationship between libido and anxiety. But it showed more than that: it was now possible to localize the seat of the sensation of anxiety: it was the cardiac and diaphragmatic region. The other patient showed a similar interrelationship, but, in addition, she showed an urticaria. When the patient did not dare to permit her vaginal excitation to make itself felt, there occurred either cardiac anxiety or large itching wheals in various places. Obviously, sexual excitation and anxiety had something to do with the functions of the vegetative nervous system."

"Freud's original formulation thus underwent the following correction. There is no conversion of sexual excitation into anxiety. The same excitation which appears in the genital as pleasure, manifests itself as anxiety when it stimulates the cardiovascular system. That is, in the latter case it appears as the exact opposite of pleasure. The vasovagal system will function at one time in the direction of sexual excitation, and again, when the latter is inhibited, in the direction of anxiety. . . . Sexuality and anxiety represent two opposite directions of vegetative excitation."

This antithesis, it was subsequently shown, was only one in a series of antithetical phenomena which form the basic antithesis of vegetative life in general: the fundamental functions of expansion and contraction. They can be demonstrated in the psychic as well as the somatic sphere. All biological impulses and sensations can be reduced to these fundamental functions.

There is a functional antithesis between center and periphery of the organism. Sexuality is the biological function of expansion ("out of the self") from center to periphery. Conversely, anxiety is but the reverse direction from periphery to center ("back into the self"). Sexuality and anxiety are one and the same process of excitation, only in opposite directions. In sexual excitation, the peripheral vessels are dilated; in anxiety, one feels a tension within one—(in the center)—as if one were going to burst; the peripheral vessels are contracted. In sexual excitation, the penis expands, in anxiety it shrinks. The "biological energy center" is the source of the functioning energy; at the periphery is the functioning itself, in the contact with the world, in the sexual act, in the orgasmic discharge, in work, etc.

What is, Reich asked himself, the relationship between these two fundamental functions of expansion and contraction,
and the autonomic nervous system? Upon detailed examination of the highly complicated vegetative innervation of the organs, one finds the parasympathetic operative wherever there is expansion, hyperemia, turgor and pleasure. Conversely, the sympathetic is found functioning wherever the organism contracts, withdraws blood from the periphery, where it shows pallor. (parasympathetic dilation), the pulse is full and quiet. In anxiety, the heart contracts and beats rapidly and forcibly. In the first case, it drives the blood through wide blood vessels, its work is easy; in the second case, it has to drive the blood through constricted blood vessels, and its work is hard. In the first case, the blood is predominantly distributed in the peripheral vessels; in the second case, the constricted blood vessels dam it up in the direction of the heart. This makes it immediately evident why anxiety is accompanied by the sensation of oppression, and why cardiac oppression leads to anxiety. It is the picture of cardiovascular hypertension, which plays such an important role in organic medicine. This hypertension corresponds to a general condition of sympathicotonic contraction in the organism.

Further consideration shows the identity on the one hand of parasympathetic function and sexual function; on the other hand of sympathetic function and the function of unpleasure or anxiety. We may see that the blood vessels during pleasure dilate at the periphery, the skin reddens, pleasure is felt from mild pleasurable sensations to sexual ecstasy; while in a state of anxiety, pallor, contraction of the blood vessels and unpleasure go hand in hand. In pleasure, “the heart expands”

The following table presents the two series of functions according to their depth:

<table>
<thead>
<tr>
<th>PERIPHERAL VESSELS</th>
<th>ANXIETY SYNDROME</th>
<th>PLEASURE SYNDROME</th>
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<tr>
<td></td>
<td>constricted</td>
<td>dilated</td>
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<td></td>
<td>accelerated</td>
<td>retarded</td>
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<td></td>
<td>decreased</td>
<td>increased</td>
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<tr>
<td></td>
<td>paralyzed or spastic</td>
<td>in a state of tonus, relaxed</td>
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<th>HEART ACTION</th>
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<th>BLOOD PRESSURE</th>
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<th>PUPIL</th>
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<td>dilated</td>
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<td>decreased</td>
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<th>SECRETION OF SALIVA</th>
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<th>MUSCULATURE</th>
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<td></td>
<td>paralzed or spastic</td>
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On the highest, i.e., psychic level, biological expansion is experienced as pleasure, contraction as unpleasure. On the instinctual level, expansion and contraction function as sexual excitation and anxiety, respectively. On a deeper physiological level, expansion and contraction correspond to the function of the parasympathetic and sympathetic, respectively. According to the discoveries of Kraus and
Zondek, the parasympathetic function can be replaced by the potassium ion group, the sympathetic function by the calcium ion group. We thus get a convincing picture of a unitary functioning in the organism, from the highest psychic sensations down to the deepest biological reactions.

On the basis of this formula of unitary-antithetical psychosomatic functioning, some seeming contradictions of autonomic innervation became clear. Previously, the autonomic innervation of the organism had seemed to lack order. Muscles are made to contract one time by the parasympathetic, the other time by the sympathetic. "Center," the heart, and the "periphery," the blood vessels and muscles. The parasympathetic stimulates the blood flow in the periphery by dilating the blood vessels, but inhibits the heart action; conversely, the sympathetic inhibits the blood flow in the periphery by contracting the vessels, but stimulates the heart action. In terms of the total organism, this antagonistic innervation is understandable, for in anxiety the heart has to overcome the peripheral constriction, whereas in pleasure it can work peacefully and slowly. There is a functional antithesis between center and periphery.

The reduction of autonomic innervation

<table>
<thead>
<tr>
<th>Parasympathetic</th>
<th>Sympathetic</th>
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<tr>
<td>Swelling, expansion</td>
<td>Shrinking</td>
</tr>
<tr>
<td>Increased turgor (surface tension)</td>
<td>Decreased turgor (surface tension)</td>
</tr>
<tr>
<td>Central tension low</td>
<td>Central tension high</td>
</tr>
<tr>
<td>Opening up</td>
<td>Closing up</td>
</tr>
<tr>
<td>&quot;Toward the world, out of the self&quot;</td>
<td>&quot;Away from the world, back into the self&quot;</td>
</tr>
<tr>
<td>Sexual excitation; skin warm, red</td>
<td>Anxiety; pallor, cold sweat</td>
</tr>
<tr>
<td>&quot;Streaming&quot; from center to periphery</td>
<td>&quot;Streaming&quot; from periphery to center</td>
</tr>
</tbody>
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Vagotonia, relaxation oscillating between Sympatheticotonia, hypertension

The attempt to bring order into what seemed a chaos was successful when Reich began to examine the vegetative innervation of each organ in terms of the biological functions of expansion and contraction of the total organism. In other words, he asked himself how this or that organ would normally function in pleasure and anxiety, respectively; and what kind of autonomic innervation would be found in each case. Thus, the seemingly contradictory innervation, when examined in terms of the function of the total organism, revealed itself as entirely orderly and understandable.

This can be most convincingly demonstrated by the antagonistic innervation of the basic biological functions of expansion and contraction was, of course, an important step forward. The parasympathetic, then, always stimulates the organs—regardless of whether it is in the sense of tension or relaxation—when the total organism is in a state of pleasurable expansion. Conversely, the sympathetic stimulates the organs in a biologically meaningful way when the total organism is in a state of anxious contraction. The life process, in especial respiration, can thus be understood as a constant state of oscillation in which the organism continues to alternate, pendulum-like, between parasympathetic expansion (expiration) and sympathetic contraction (inspiration).

If this biological state of oscillation is disturbed, if either the function of expansion or that of contraction predominates, then
a disturbance of the biological equilibrium in general is inevitable. Long continuation in a state of expansion is synonymous with general vagotonia (parasympatheticotonia); conversely, long continuation in a state of anxious contraction is synonymous with sympatheticotonia. Thus, all somatic conditions which are clinically known as cardiovascular hypertension, become understandable as conditions of a chronically fixed sympatheticotonic attitude of anxiety. In the center of this general sympatheticotonia is orgasm anxiety, that is, the fear of expansion and involuntary contraction.

Reich points out that the physiological literature contained a wealth of data regarding the complicated mechanisms of autonomic innervation, and that the achievement of his sex-economic theory was not that of having discovered new facts in this field. The achievement was, rather, that of having reduced generally known innervations to a generally valid basic biological formula. Thus, the orgasm theory could claim to have made an essential contribution to an understanding of the physiology of the organism.

Finally, these clinical findings, corroborated by a multitude of previously unrelated physiological and biological facts, were experimentally confirmed. Reich measured the electric potentials on the surface of the organism and found: An increase in bio-electric charge occurs only with biological pleasure accompanied by the feeling of vegetative current. All other excitations—pain, fright, anxiety, pressure, annoyance, depression—are accompanied by a decrease in surface charge of the organism. Sexual excitation was thus found to be identical with bio-electrical charge of the periphery. All other excitations are accompanied by a decrease in surface charge. Sexual excitation alone represents bio-electrical functioning in the direction of the periphery (“toward the world—out of the self”). In other words, the basic antithesis between sexuality and anxiety was experimentally confirmed by the finding of the same antithesis in the bio-electrical reactions of the organism.

In these experiments, individuals who are not psychically disturbed and who are capable of orgasmic sensations, individuals, in other words, who are not vegetatively rigid, are able to state what is taking place at the apparatus in the adjoining room. The intensity of the pleasure sensation corresponds exactly to the quantity of the bio-electric charge of the surface, and vice versa. The sensations of "being cold," "being dead," "having no contact" which are experienced by neurotic individuals, are the expression of a deficiency in bio-electric charge in the body periphery. Correspondingly, it was found that in individuals who were strongly blocked emotionally, who were vegetatively rigid and incapable of orgasmic sensations, the bio-electrical charge in the body periphery was low and showed no, or only minimal, fluctuations.

The formula of tension and charge, a clinical finding, thus found its experimental confirmation. Biological excitation is a process which, in addition to mechanical tumescence, requires bio-electrical charge. Orgastic gratification is a bio-electrical discharge, followed by a mechanical relaxation (detumescence).

The biological process of expansion, as exemplified in the erection of an organ or the putting out of pseudopodia in the ameba, is the outward manifestation of the movement of bio-electrical energy from the center to the periphery of the organism. What is moving here is—in the psychic as well as the somatic sense—the bio-electrical charge itself.

Since only vegetative pleasure sensations are accompanied by an increased charge of the body surface, pleasurable excitation must be considered the specifically productive process in the biological system. Thus,
the process of sexual pleasure is the life process per se. This is not just a manner of speaking, but an experimentally proved fact.

Anxiety, as the fundamental functional antithesis of sexuality, is concurrent with death. It is, however, not identical with death. For, in death, the central source of energy becomes extinguished; in anxiety, however, the energy is withdrawn from the periphery and dammed up in the center, creating the subjective sensation of oppression.

These facts give the concept of sex-economy a concrete meaning in terms of natural science. It means the manner of regulation of bio-electric energy, or what is the same thing, of the economy of the sexual energies of the individual. "Sex-economy" means the manner in which an individual handles his bio-electric energy; how much of it he dams up and how much of it he discharges ergastically. As we have to take the bio-electric energy of the organism as our basic point of departure, a new avenue of approach to the understanding of organic disease is opened.

The neuroses now appear to us in a fundamentally different light than to the psychoanalysts. They are by no means just the result of unresolved psychic conflicts and infantile fixations. Rather, these fixations and conflicts cause fundamental disturbances of the economy of the bio-electric energy and thus become anchored somatically. For this reason, a separation of psychic from somatic processes is not possible or tenable. Psychic illnesses are biological disturbances, manifesting themselves in the somatic as well as in the psychic sphere. The basis of the disturbances is a deviation from the natural modes of discharge of biological energy.

Psyche and soma form a functional unity, having at the same time an antithetical relationship. Both function on the basis of biological laws. Deviation from these biological laws is a result of social factors in the environment. The psychosomatic structure is the result of a clash between social and biological functions.

The function of the orgasm becomes the measuring rod of psychophysical functioning because in it the function of biological energy is expressed.

5. The Orgasm Reflex and Unitary Psychosomatic Functioning.

The orgasm formula. Even early clinical investigation of the orgasm had made clear the fact that the mechanical functions of tumescence and detumescence cannot account for the ergastic phenomena. For example, the genital may be filled with blood, there may be erection, ejaculation and detumescence, yet, any trace of pleasurable excitation may be absent, and the sexual act may not only fail to give satisfaction, but may be followed by unpleasurable sensations and disgust. That is, erectile and ejaculative potency are nothing but prerequisites for ergastic potency. In the course of the years, clinical observation as well as bio-electrical experiment showed the orgasm to be a phenomenon of electrical discharge. In other words, what has to be added to the mechanical functions of tumescence and detumescence, in order to produce ergastic sensations and the ergastic reaction, is the electrical function of charge and discharge. On closer investigation of the process, one discovers a peculiar four-beat: 1) The organs fill with fluid: erection with mechanical tension. 2) This leads to an intense excitation, which is of an electrical nature: electrical charge. 3) In the orgasm, the electrical charge or sexual excitation is discharged in muscular contractions: electrical discharge. 4) This is followed by a relaxation of the genitals through a flowing back of the body fluids: mechanical relaxation. This four-beat: mechanical tension → electrical charge → electrical discharge → mechanical relaxation Reich termed the orgasm formula.
The orgasm reflex. In the vegetotherapeutic process of dissolving the muscular rigidities, one regularly observes a most impressive phenomenon. When a chronic muscular spasm is dissolved, there appear clonic contractions of the musculature, accompanied by various vegetative sensations (often described by patients as "flowing sensations" or "currents"). As time goes on, these contractions lose more and more their chaotic, disjointed character and take on the form of a unitary reflex which takes in the whole body in one co-ordinated movement which corresponds to that of sexual surrender. This is what Reich termed the orgasm reflex. The very same motions which, appearing in individual muscle groups, represent pathological reactions of the organism in the service of warding off sexual pleasure, are—in their totality, in the form of a wave-like movement of the total body—the basis of spontaneous vegetative capacity for pleasure. The orgasm reflex does not get fully established until orgasm anxiety is completely overcome, which presupposes a complete dissolution of the character armor and the muscular armor. At a time when the successive layers of the character armor have been almost completely dissolved and the vegetative energies almost completely liberated, the patient experiences orgasm anxiety in its undisguised form. At this point it becomes clear that all the psychic and somatic defenses with which one had to struggle were only a superstructure and were motivated by this basic orgasm anxiety. To this, the patient reacts with an intensification of his psychic defense mechanisms as well as the muscular ones. The defense against the orgasm reflex causes a series of vegetative disturbances, as, e.g., chronic constipation, muscular rheumatism, sciatica, etc. In many cases, constipation, though it may have been present for decades, disappears with the development of the orgasm reflex. Its full development is often preceded by nausea and vertigo, spastic conditions of the throat, isolated contractions in the abdominal musculature, the diaphragm, the pelvis, etc. All of these symptoms, however, disappear as soon as the full development of the orgasm reflex succeeds. The "stiff, dead, retracted" pelvis is one of the most common vegetative disturbances in the human. The chronic retraction of the pelvis is so common that the resulting pathological lordosis is generally considered as "normal." The resulting "lower back pains," an everyday complaint particularly of women, are a therapeutic problem which surgeons often try to solve through immobilizing the pelvis by "sacroiliac fusion"; it can be really solved only by the opposite measure, that of mobilizing the pelvis.

The investigation of the orgastic function raised many questions involving the psychosomatic problem. The study of the relationship between stasis neurosis and psychoneurosis, e.g., raised the question as to the relationship between idea and somatic excitation. Gradually it became clear that the intensity of an idea depends upon the intensity of the somatic excitation with which it is connected. Emotions originate from the instincts, consequently from the somatic sphere. Ideas, on the other hand, certainly are a definitely "psychic," "non-somatic" thing. What, then, Reich asked, is the connection between the "non-somatic" idea and the "somatic" excitation? For example, the idea of sexual intercourse is vivid and forceful if one is in a state of full sexual excitation. For some time after sexual gratification, however, it cannot be vividly reproduced; it is dim, colorless and vague. Just here must the secret of the interrelation between the "physiogenic" anxiety neurosis and the "psychogenic" psychoneurosis be hidden. The compulsive stu-
dent (above, p. 34) temporarily lost all his psychic compulsion symptoms after he had experienced sexual gratification; with the return of sexual excitation, they recurred and lasted until the next occasion of gratification. The waiter with erectile impotence (above, p. 37), on the other hand, had meticulously worked through everything in the psychic realm, but in him, sexual excitation remained absent; the unconscious ideas at the root of his erectile impotence had not been touched by the treatment.

Thus, Reich found that an idea, endowed with a very small amount of energy, is capable of provoking an increase of excitation. The excitation thus provoked, in turn makes the idea vivid and forceful. If the excitation subsides, the idea collapses also. If, as in the case of the stasis neurosis, the idea of sexual intercourse does not arise in consciousness, due to moral inhibition, the excitation attaches itself to other ideas which are less subject to censorship. From this, Reich concluded: the stasis neurosis is a somatic disturbance, caused by sexual excitation which is misdirected because it is frustrated. However, without a psychic inhibition, sexual energy can never become misdirected. Once an inhibition has created the sexual stasis, this in turn may easily increase the inhibition and reactivate infantile ideas which then take the place of normal ones. That is, infantile experiences which in themselves are in no way pathological, may, due to a present-day inhibition, become endowed with an excess of sexual energy. Once that has happened, they become urgent; being in conflict with adult psychic organization, they have to be kept down by repression. Thus, the chronic psychoneurosis with its infantile sexual content develops on the basis of a sexual inhibition which is conditioned by present-day circumstances and is apparently "harmless" at the outset. This is the nature of Freud's "regression to infantile mechanisms." This mechanism Reich found in all patients. If the neurosis had developed not in childhood, but at a later age, it was shown regularly that some "normal" inhibition or difficulty of the sexual life had created a stasis, and this in turn had reactivated infantile incestuous desires and sexual anxieties.

Freud had postulated a physiological foundation for psychoanalysis. His "unconscious" was deeply rooted in the biophysiological realm. But in studying the function of the orgasm, Reich learned that, in the somatic realm, it is not admissible to think in terms derived from the psychic realm. Every psychic occurrence has, in addition to its causal determination, a meaning in terms of a relation to the environment. To correspond the psychoanalytic interpretation.

However, in the physiological realm, there is no such "meaning," and its existence cannot be assumed without re-introducing a supernatural power. The living simply functions, it has no "meaning." The study of the physiological foundation of psychic life raised the new question as to the correct method of investigation. To say that the soma influences the psyche, was correct, but one-sided. That, conversely, the psyche influences the soma, was an everyday observation. But it is inadmissible to enlarge the concept of the psyche to the extent of applying its laws to the soma. The concept that psychic and somatic processes are mutually independent, and only in "interaction," is contradicted by daily experience.

Reich reasoned: The psyche is determined by quality, the soma by quantity. In the psyche, the determining factor is the kind of an idea or wish; in the soma, however, it is the amount of energy at work. But the study of the orgasm showed that the quality of the psychic attitude depended on the amount of the underlying somatic excitation. What was clear was only that the biological energy dominates
the psychic as well as the somatic. Insofar, there is functional unity. True, biological laws can apply in the psychic realm, but the converse is not true. This necessitated a critical evaluation of Freud's concept of the instincts.

The unconscious itself, according to Freud, cannot be grasped. But if it "dips into" the biophysiological realm, it must be possible to grasp the common factor which dominates the whole biopsychic apparatus. This common factor cannot be the "meaning," nor can it be the "purpose"; these are secondary functions. From a consistent functional point of view, there is, in the biological realm, no purpose, no aim; only function and development, following certain laws. There remained the dynamic structure, the balance of forces. This is valid in all realms. What psychology calls "tension" and "relaxation" is an antithesis of forces. This antithesis of forces is at work in the whole biopsychic apparatus. There is unity of the psychic and the somatic, and along with unity, there is, at the same time, antithesis.

Every psychic impulse is functionally identical with a definite somatic excitation. The concept that the psychic apparatus functions by itself and influences the somatic apparatus—which also functions by itself—is not in keeping with the facts. A jump from the psychic into the somatic is inconceivable, for the assumption of two separate fields is erroneous. Nor can an idea, such as that of going to sleep, exert a somatic influence unless it is itself already the expression of a vegetative impulse. The development of an idea from a vegetative impulse is one of the most difficult problems confronting psychology. Clinical experience leaves no doubt that the somatic symptom as well as the unconscious idea are results of a conflicting vegetative innervation. This finding does not contradict the fact that one may be able to eliminate a somatic symptom by way of making its psychic meaning conscious; for, any alteration brought about in the realm of psychic ideas is of necessity identical with alterations of vegetative excitation. That is, not the becoming conscious of an idea in itself is what cures, but the alteration that is brought about in the vegetative excitation.

Thus, we find the following succession of functions in the course of the influence of an idea upon the somatic sphere:

a) The psychic excitation is identical with the somatic excitation;

b) The fixation of a psychic excitation occurs as a result of the establishment of a definitive vegetative state of innervation;

c) The alteration of the vegetative state alters the functioning of the organ;

d) The "psychic meaning of the organic symptom" is nothing but the somatic attitude in which the "psychic meaning" expresses itself. (Psychic reserve expresses itself in a vegetative holding back; psychic hatred expresses itself in a definite vegetative attitude of hatred; the two are identical and cannot be separated);

e) The established vegetative state in turn acts on the psychic state.

The perception of an actual danger functions identically with a sympathetic-cotonic innervation; this in turn increases the anxiety; the increased anxiety calls for an armoring process which is synonymous with binding of vegetative energy in the muscular armor; this armor, in turn, reduces the possibility of discharging energy and thus increases the tension, etc.

The psychic and the somatic operate, from the point of view of biopsychic energy, as two systems which are unitary as well as conditioning each other.

As an illustration, Reich gives the following, unusually interesting case:

"An extremely pretty and sexually attractive young woman complained about the feeling that she was ugly, as she did not have a unitary feeling of her body. She described her condition as follows: 'Every part of my body acts on its own. My legs are here and"
my head is there, and I never really know where my hands are. I don’t have my body together.’ That is, she suffered from the well-known disturbance of self-perception, the extreme form of which is schizoid depersonalization. During the vegetotherapeutic work, she showed a very peculiar connection between the various functions of the muscular attitudes in her face. From the very start of the treatment, the ‘indifferent’ expression in her face was striking. This expression of ‘indifference’ gradually became so intense that the patient began to suffer keenly from it. When one would talk to her, even about serious subjects, she would always stare into a corner of the room or out of the window. With this, her face would wear an indifferent expression and her eyes would have an empty, ‘lost’ look. As this indifferent expression was thoroughly analyzed and dissolved, a different facial expression appeared clearly of which one had seen only a trace before. The region of mouth and chin had a different expression from eyes and forehead. As this new expression became more distinct, it became clear that mouth and chin were ‘angry,’ while eyes and forehead were ‘dead.’ These were the words that expressed the inner perception that the patient had of these attitudes.

I proceeded first to work out separately the expression in mouth and chin. In the course of this work there developed incredibly violent reactions of inhibited impulses to bite; they had been developed toward her father and her husband, without, however, being lived out. The impulses of violent anger which were thus expressed in the attitude of her mouth and chin had been covered up by an attitude of indifference in the whole face; it was only after the elimination of the indifference that the angry expression at the mouth came to light. The function of the indifference was that of keeping the patient from constantly being exposed to the painful perception of the hatred that would have been expressed by her mouth. After about two weeks’ work at the mouth region, the angry expression disappeared completely in connection with the analysis of a very intense reaction of disappointment. One of her outstanding character traits was the compulsion to demand love constantly and to become angry when her impossible demands were not satisfied. After the attitude of mouth and chin was dissolved, there appeared preorgastic contractions in the whole body, at first in the form of a wavelike serpentine movement which also took in the pelvis. However, genital excitation was inhibited at a definite place. During the search for the inhibitory mechanism the expression of eyes and forehead gradually became more pronounced. The expression became one of an angry, observing, critical and attentive gaze. Only now did the patient become aware of her attitude ‘never to lose her head’; she always had to be ‘on guard.’

The way in which vegetative impulses come to light and become more distinct is one of the most peculiar phenomena which we see in vegetotherapy. It cannot really be described; it has to be experienced clinically.

In this patient, the ‘dead’ forehead had covered up the ‘critical’ one. The next question was that as to the function of the ‘critical, angry’ forehead. An analysis of the details of her mechanism of genital excitation revealed the fact that her forehead ‘watched closely what the genital was doing.’ Historically the severe expression of eyes and forehead derived from an identification with her father who was a very moral person with a strict ascetic attitude. At a very early age, her father had again and again impressed on her the danger of giving in to sexual desires; in particular, he had pictured the ravages of the body by syphilis. Thus, the forehead had taken the place of the father in guarding against the temptation of giving in to a sexual desire.

The interpretation that she had identified herself with her father is in no way sufficient. The question is, first, why did this identification take place just where it did, namely at the forehead; and, second, what maintained this function in the immediate present? We have to make a strict distinction between the historical explanation of a function and the dynamic explanation in terms of the immediate present. These are two entirely different things. We do not eliminate a somatic symptom by making it historically understandable. We cannot do without the knowl-
edge of the function which an attitude serves in the immediate present. (This is not to be confused with the present-day conflict.) The derivation of the watchful forehead from the identification with the severe father would not budge the orgasmic disturbance in the least.

The further course of the treatment proved the correctness of this view. For, to the same extent to which the 'dead' expression was replaced by the 'critical' expression, the defense against genitality became accentuated. Following this, the critical, severe expression began to alternate with a cheerful, somewhat child-like expression in forehead and eyes. That is, at one time the patient felt in harmony with her genital desire, the other time she had a critical defensive attitude toward it. With the final disappearance of the critical attitude of the forehead and its replacement by the cheerful attitude, the inhibition of genital excitation disappeared also.

This patient, comments Reich, had the sensation of a body that was divided, not integrated, not united. This is why she lacked the consciousness and the feeling of her sexual and vegetative gracefulness. How is it possible that an organism which, after all, forms a unitary whole, can "fall apart" as far as its perception is concerned? The term "depersonalization" means nothing, for it needs itself to be explained. How is it possible, Reich asked himself, that parts of the organism, as if separated from it, can function on their own? Psychological explanations will not get us anywhere here, for, the psychic depends, in its emotional function, completely on the functions of expansion and contraction in the vegetative apparatus. This apparatus is a non-homogeneous system. Clinical and experimental evidence show that the process of tension and charge may take place in the body as a whole as well as in individual groups of organs alone. The vegetative apparatus is capable of showing parasympathetic excitation in the upper abdomen and at the same time sympatheticicotonic excitation in the lower abdomen. Similarly, it may produce tension in the muscles of the shoulders, and at the same time relaxation or even flaccidity in the legs. This is possible only because, as stated before, the vegetative apparatus is not a homogeneous structure. In an individual engaged in sexual activity, the region of the mouth may be excited, while at the same time the genital may be completely unexcited or even in a negative state, or vice versa.

These facts provide a sound basis for an evaluation of what is "healthy" and what is "sick" from a sex-economic point of view. The basic criterion of psychic and vegetative health is the ability of the organism to act and react, as a unit and as a totality, in terms of the biological functions of tension and charge. Conversely, we have to consider as pathological any non-participation of single organs or organ groups in the unity and totality of the vegetative function of tension and charge, if it is chronic and represents a lasting disturbance of the total functioning of the organism.

Clinical experience shows, furthermore, that disturbances of self-perception really disappear only after the orgasm reflex is fully developed. Then, it is as if all organs and organ systems of the body were gathered into one single experiential unit, with regard to contraction as well as to expansion.

From this point of view, depersonalization becomes understandable as a lack of charge, i.e., as a disturbance of the vegetative innervation of individual organs or organ systems, of the fingertips, the arms, the head, the legs, the genital, etc. Disunity of the perception of one's own body also is caused by the interruption, in this or that part of the body, of the current of excitation. This is particularly true of two regions; one is the neck, where a spasm blocks the progression of the wave of excitation from chest to head; the other is
the musculature of the pelvis, which, when spastic, interrupts the course of the excitation from abdomen to genitals and legs.

Every disturbance of the ability to experience fully one's own body, damages self-confidence as well as the unity of the bodily feeling. At the same time, it creates the need for compensation. The perception of one's vegetative wholeness, which is the natural and the only safe basis for a strong self-confidence, is disturbed in all neurotic individuals. This disturbance manifests itself in the most diverse ways; its extreme degree is the complete splitting of the personality. There is no fundamental difference between the simple sensation of being emotionally cold and stiff on the one hand, and schizophrenic dissociation, lack of contact and depersonalization on the other hand; there is only a quantitative difference, though it shows itself also qualitatively. The feeling of wholeness is connected with the feeling of an immediate contact with the world. When, in the course of therapy, the unity of the orgasm reflex is established, the feeling of depth and earnestness, which was lost long ago, comes back. In this connection, patients recall that period in their early childhood in which the unity of their bodily sensations was as yet undisturbed. Deeply moved, they relate how, as small children, they felt one with nature, with everything around them, how they felt "alive"; and how all this was subsequently broken to pieces and destroyed by their training.
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 funcionalismo orgonômico

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